

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL030002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/15/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAGNOLIA PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>270 DUKE STREET MOCKSVILLE, NC 27028</b>
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C 000	Initial Comments  The Adult Licensure Section conducted an annual survey on August 15, 2016.	C 000		
C 171	<p>10A NCAC 13G .0504(a) Competency Validation For Licensed Health</p> <p>10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (a) A family care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure staff (Staff B) was competency validated for Licensed Health Professional Support (LHPS) personal care tasks before performing the tasks.</p> <p>The findings are:</p> <p>Review of Staff B's personnel record revealed: -Staff B was hired 4/4/12 as a Nursing Assistant (NA) in a sister facility. -Staff B completed NA training 3/15/12. -Staff B had a LHPS validation checklist dated 4/05/12 for a sister facility. -Staff B did not have a LHPS competency validation for residents' personal care tasks at the current facility in the record.</p>	C 171		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 171	<p>Continued From page 1</p> <p>Interview with Staff B on 8/15/16 at 4:20 pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff B assisted residents with transfers, ambulation using a cane, and standby assistance with bathing and the residents.</li> <li>-Staff B remembered having the LHPS competency validation checklist completed by a nurse at another corporate facility.</li> <li>-Staff B did not have a LHPS competency validation checklist completed for the current facility prior working at the facility on 08/05/16.</li> <li>-Staff B thought the completed LHPS competency validation checklist for one facility was good for all the corporate facilities.</li> </ul> <p>Interview with the Supervisor in Charge on 8/15/16 at 4:25 pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff B worked as a relief person when she was not at the facility.</li> <li>-When Staff B worked she was the only staff member at the facility.</li> <li>-Staff B did provide hands on assist with transferring and ambulation to two residents living at the facility since Staff B started working on 8/5/16.</li> <li>-The administrative staff at the home office was responsible for hiring staff and assuring all paperwork was complete prior to sending staff to work at the facility.</li> <li>- Staff B had not been scheduled to complete LHPS competency validation, because Staff B had LHPS competency validation at another corporate facility prior to coming to this facility.</li> </ul> <p>Interview with Business Office Manager (BOM) on 8/15/16 at 4:30 pm revealed:</p> <ul style="list-style-type: none"> <li>-The BOM was responsible to file all staff documents and check requirements from a master list.</li> <li>-Staff for this facility and all the facilities owned by</li> </ul>	C 171		

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C 171	Continued From page 2  the company were hired by the administrative staff at the main (corporate) facility. -Staff B was hired at the main facility in April of 2012 as a Nursing Assistant (NA). -Staff B had completed the LHPS competency validation checklist for residents' personal care tasks at the main corporate facility before she assisted the residents at that facility. -She was not aware Staff B needed a completed LHPS competency validation checklist for residents' personal care tasks at the current facility before she assisted the residents at the current facility. -Going forward, the parent facility had hired a new Resident Care Coordinator at the main corporate facility, who started today (8/15/16), that would be responsible for assuring NA staff had completed all requirements prior to assisting residents with personal care tasks.  Interview on 8/15/16 from 4:35 pm to 4:40 pm with 3 residents revealed: -Staff B had worked as a relief staff at the facility. -Staff B worked a weekend and occasional day of the week at the facility. -When Staff B worked at the facility, no other staff was at the facility. -Staff b helped two residents with ambulation and transferring (getting out of a chair sometimes, getting in and out of shower, and dressing). -Two resident said Staff B worked a couple of days ago.	C 171			
C935	G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency  G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.	C935			

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C935	<p>Continued From page 3</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> <li>a. The key principles of medication administration.</li> <li>b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</li> </ol> <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <ol style="list-style-type: none"> <li>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <ol style="list-style-type: none"> <li>1. The key principles of medication administration.</li> <li>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</li> </ol> </li> <li>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</li> </ol> <p>This Rule is not met as evidenced by:</p>	C935		

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C935	<p>Continued From page 4</p> <p>Based on interviews and record reviews, the facility failed to ensure 1 of 2 staff (Staff B) who administered medications had documentation of successful completion of the medication clinical skills validation portion of the competency evaluation prior to administration of medications.</p> <p>The findings are:</p> <p>Review of Staff B's personnel file revealed: -Staff B was hired 4/4/12 as a Nursing Assistant in a sister facility. -Staff B passed the Medication Aide (MA) test on 8/30/12. -Staff B had a medication clinical skills validation checklist dated 8/29/12 for a sister facility. -Staff B did not have a medication clinical skills validation checklist for the current facility.</p> <p>Review of Medication Administration Records (MARs) for August 2015 revealed Staff B administered medications to residents on 8/5/15, 8/6/15, 8/11/15 and 8/12/15.</p> <p>Interview with Staff B on 8/15/16 at 4:20 pm revealed: -Staff B administered medications to the facility residents. -Staff B remembered having the medication clinical skills validation checklist completed by a nurse at another corporate facility. -Staff B did not have a medication clinical skills validation checklist completed for the current facility. -Staff B thought the completed medication clinical skills validation checklist for one facility was good for all the corporate facilities.</p> <p>Interview with the Supervisor-in-Charge on 8/15/16 at 4:25 pm revealed:</p>	C935		
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C935	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-The Supervisor did not have a copy of a medication clinical skills checklist for this facility.</li> <li>-Staff B had been administering medications at the facility since Staff B started working on 8/5/16.</li> <li>-The administrative staff at the home office was responsible for hiring staff and assuring all paperwork was complete prior to sending staff to work at the facility.</li> <li>-The Supervisor was not aware Staff B did not have a completed medication clinical skills checklist prior to administering medications at this facility.</li> </ul> <p>Interview with Business Office Manager (BOM) on 8/15/16 at 4:30 pm revealed:</p> <ul style="list-style-type: none"> <li>-The BOM was responsible to file all staff documents and check requirements from a master list.</li> <li>-Staff for this facility and all the facilities owned by the company were hired by the administrative staff at the main (corporate) facility.</li> <li>-Staff B was hired at the main facility in April of 2012 as a Nursing Assistant, then became a Medication Aide in August 2012.</li> <li>-Staff B had completed the medication clinical skills checklist at another corporate facility before she started administering medications at that facility.</li> <li>-She was not aware Staff B needed a medication clinical skills checklist completed at each corporate facility prior to administering medications at each facility.</li> <li>-Going forward, the main corporate facility had hired a new Resident Care Coordinator at the corporate facility, who started today (8/15/16), that would be responsible for assuring MA had completed all requirements prior to medication administration.</li> </ul>	C935		