

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>fci079067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/29/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAITHWORKS ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>814 LINDSEY STREET</b> <b>REIDSVILLE, NC 27320</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	<p>Initial Comments</p> <p>The Adult Care Licenseure Section conducted a follow-up survey on September 29, 2016.</p>	{C 000}		
C935	<p>G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</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> <p>a. The key principles of medication administration.</p> <p>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.</p> <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> <p>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <p>1. The key principles of medication administration.</p> <p>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if</p>	C935		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>fc1079067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/29/2016</b>
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C935	<p>Continued From page 1</p> <p>applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <p>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 2 staff (B) who administered medications in the facility had completed the 5 hour, 10 hour or the 15 hour state approved medication administration courses as required.</p> <p>The findings are:</p> <p>Review of Staff B's personnel file revealed: -Staff B was hired on 05/27/16. -Staff B was hired as Medication Aide/Supervisor-in-Charge. -Staff B completed the Medication Aide Clinical Skills checklist on 07/01/16. -Staff B passed the written Medication Aide Exam on 09/13/10. -There was no medication aide verification form indicating Staff B's qualifying date of working as a Medication Aide at another assisted living facility. -There was no documentation Staff B working as a medication aide prior to 05/27/16. -There was no documentation of Staff B completed the 5 hour, 10 hour, or 15 hour state approved medication aide training courses.</p> <p>Review of the September 2016 Medication Administration Records (MARs) revealed: -Staff B administered medications on 09/26, 27, 28, and 29, 2016.</p>	C935		

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C935	<p>Continued From page 2</p> <p>-Staff B had administered medications each month from 06/01/16 through 09/29/16.</p> <p>Interview on 09/29/16 at 12:25 pm with Staff B revealed:</p> <ul style="list-style-type: none"> <li>-She worked at least 4 days per week, and sometimes on the weekend.</li> <li>-She started working at the facility 4 months ago, and was unable to recall the exact date.</li> <li>-She had worked as a Medication Aide prior to employment at the facility.</li> <li>-The Administrator had scheduled her to do the Medication Aide training, but she did not know the exact date of the training.</li> <li>-Her job responsibilities included administering medications to the 4 residents living at the facility.</li> <li>-She administered 3 residents' medications three times daily, and one resident's medication four times daily.</li> <li>-No residents at the facility received fingerstick blood sugar or insulin injections.</li> </ul> <p>Interview on 09/29/16 at 1:05 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-Staff B started working at the facility in May 2016.</li> <li>-Staff B responsibilities included administering medications to residents at the facility.</li> <li>-He was aware Staff B needed the 15 hour Medication Aide training, but had not provided the training because he had a difficult time finding someone to provide the 15 hour training.</li> <li>-He did not do the employment verification on Staff B because she left her last employment under less favorable terms.</li> </ul>	C935		