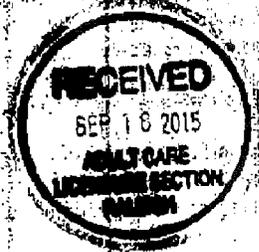


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL1922106	(02) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(03) DATE SURVEY COMPLETED 08/21/2015
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NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LORLEY PLACE RALEIGH, NC 27810
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(4) 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)	(5) COMPLETE DATE
C 000	Initial Comments The Adult Care License Section conducted an annual survey on August 20, 2015 to August 21, 2015.	C 000		
C 076	<p>10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings</p> <p>(a) Each family care home shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner; free of all obstructions and hazards.</p> <p>This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to assure a clean and orderly environment that was free from all obstructions and hazards as evident by ants in the kitchen area. The findings are:</p> <p>Observation during tour of kitchen on 8/20/15 revealed:</p> <ul style="list-style-type: none"> Moderate amount of ants seen on counter where condiments such as pancake syrup was stored. The ants were the size of a pencil point. <p>Review of North Carolina Department of Environmental and Natural Resources Division of Environmental Health Inspection of Residential Care Facility dated 7/25/2014 revealed:</p> <ul style="list-style-type: none"> Facility received six demerit points for "vermin control". An ant infestation was present in the kitchen on July 25, 2014. 	C 076		

Division of Health Service Regulation
 LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Jacinta Okell* TITLE: Administrator
 DATE: 8/21/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2015
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NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610
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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on August 20, 2015 to August 21, 2015.	C 000		
C 078	<p>10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to assure a clean and orderly environment that was free from all obstructions and hazards as evident by ants in the kitchen area. The findings are:</p> <p>Observation during tour of kitchen on 8/20/15 revealed:</p> <ul style="list-style-type: none"> - Moderate amount of ants seen on counter where condiments such as pancake syrup was stored. - The ants were the size of a pencil point. <p>Review of North Carolina Department of Environmental and Natural Resources Division of Environmental Health Inspection of Residential Care Facility dated 7/25/2014 revealed:</p> <ul style="list-style-type: none"> - Facility received six demerit points for "vermin control". - An ant infestation was present in the kitchen on July 25, 2014. 	C 078		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2015
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C 078	<p>Continued From page 1</p> <ul style="list-style-type: none"> - Recommended that a Professional pest treatment be completed to remove the ant infestation. <p>Interview with facility's residents revealed that they did not notice the ants in the kitchen or anywhere else in the facility.</p> <p>There were no staff available for interview.</p> <p>Interview with Administrator on 8/21/15 at 3:55 P.M. revealed:</p> <ul style="list-style-type: none"> - Ants were treated by previous owner but they came back. - Not sure how long since they have been back. - Took over ownership of facility in March 2015. - Could not remember if ants were present at that time. - The previous owner said if the ants reoccurred to call the exterminator company. - Did not know the name of the exterminator company. - Previous owner has contact information. - Will get contact information from previous owner. - The previous owner will get in contact with the exterminator company about ant problem because she dealt with them before. 	C 078	<p>The facility has already contracted with blood termite and pest control company. The company will be coming out bi-monthly to manage any insect/pest control issues</p> <p style="text-align: right;"><i>on-going</i></p>	
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall:</p> <p>(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p>	C 145		

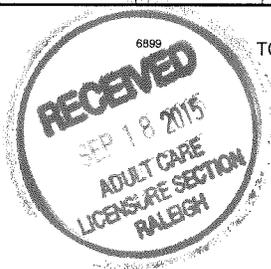
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2015
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C 145	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Type B Violation Based on interview and record review, the facility failed to check the Health Care Personnel Registry (HCPR) for 1 of 2 sampled staff (Staff B) to assure there were no substantiated findings. The findings are:</p> <p>Review of Staff B ' s personnel files revealed:</p> <ul style="list-style-type: none"> - He was hired on 8/11/15 as a Medication Aide/ Supervisor in charge. - No HCPR check was completed for Staff B prior to hire. <p>Interview with a resident on 8/20/15 at 7:40 P.M. revealed:</p> <ul style="list-style-type: none"> - Staff B started working at facility "this past week". - He cooks, gives us medication and reminds us to take our showers. <p>Interview with another resident on 8/20/15 at 7:45 P.M. revealed:</p> <ul style="list-style-type: none"> - Staff B has been working at facility around a week. - He gives me my meds and cooks. <p>Interview with a third resident on 8/20/15 at 7:55 P.M. revealed:</p> <ul style="list-style-type: none"> - Staff B has been working at facility around a month. - "They switch so much it's hard to keep up with it." - He makes breakfast, gives me a lunch to take with me to my day program and also makes dinner. - He gives me my medications. 	C 145	<p>The administrator will be responsible to ensure that before a new staff can start working at the facility, the NC HCPR check is conducted, printed and placed in the new staff file. The administrator shall also review to ensure that there is substantiated finding associated</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2015
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C 145	<p>Continued From page 3</p> <p>Interview with fourth resident on 8/20/15 at 8:05 P.M. revealed:</p> <ul style="list-style-type: none"> - Staff B has been working at facility since August 10, 2015. - He cooks meals, clean up and takes us places. - He sleeps over when he works here. <p>Interview with Staff B on 8/20/15 at 4:30 P.M. revealed that he has been working at facility since last Tuesday, August 11, 2015.</p> <p>Review of resident records revealed:</p> <ul style="list-style-type: none"> - Staff B has been documenting administration of medications since August 11, 2015. - Communicating with physician ' s office concerning residents ' medical concerns such as medications. <p>Interview with Administrator on 8/20/15 at 8:10 P.M. revealed:</p> <ul style="list-style-type: none"> - Staff B has been working at facility as a Medication Aide/ Supervisor in Charge since August 11, 2015. - His duties include cooking, housekeeping, administration of medications and communicating with physician or pharmacy when needed. - Administrator states that she is responsible to do HCPR checks before hiring staff. - Administrator did not check the HCPR for any findings for Staff B prior to hire. - Will check HCPR for Staff B as soon as possible. - In future will check HCPR prior to hire. <hr/> <p>Plan of Protection dated 8/20/15 revealed:</p> <ul style="list-style-type: none"> - Administrator will check with the Health Care Personnel Registry for any findings for current staff. - Before hiring a new staff, Administrator will 	C 145	<p><i>w/with the new hire or current employees.</i></p>	<p><i>9/18/15</i></p>
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C 145	Continued From page 4 make sure to check with the Health Care Personnel Registry to assure there is no substantiated findings. - Administrator has to monitor it to make sure its done. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED October 5, 2015	C 145		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Type A2 Violation Based on observation, interview and record review, the facility failed to assure the administration of medication for 1 of 3 sampled residents (Resident #1) was in accordance with physician's orders. The findings are: Review of Resident #1's FL-2 dated 1/23/15 revealed: - Diagnoses included Mental Retardation, Psychotic Disorder, Schizoaffective Disorder and Migraines. - He was admitted to facility on 2/08/10 - Scheduled medications included Divalproex	C 330	 <p>The facility will retrain the Administrator, Residential care staff on medication administration</p>	9/18/15

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C 330	<p>Continued From page 5</p> <p>Sodium ER (Depakote used to treat manic episodes associated with bipolar disorder and to prevent migraine headaches); Fanapt is used for the acute treatment of schizophrenia in adults; Benzotropine Mesylate is used to treat involuntary movements due to the side effects of certain psychiatric drugs; Topiramate (Topamax) is used to prevent migraine headaches.</p> <p>Review of Resident #1's May 2015 Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> - The medication Fanapt was computer printed on the MAR. - The MAR showed documentation that the Fanapt was given every day at 8:00 A.M. and 8:00 P.M. <p>Review of Resident #1's June 2015 and July 2015 MAR revealed that the medication Fanapt was not listed on these MARs.</p> <p>Interview with Resident #1 on 8/20/15 at 8:05 P.M. revealed:</p> <ul style="list-style-type: none"> - Resident did not know that he was missing any of his medications. - He was administered medication twice each day, in the morning and again in the evening. <p>Interview with Administrator on 8/21/15 at 11:00 A.M. revealed:</p> <ul style="list-style-type: none"> - She was not aware that the Fanapt medication was not listed on the June and July 2015 MARs. - She did not know why it was taken off the MARs for these two months. - The pharmacy did not send Fanapt medication for June and July 2015. - She did not know why he was on the Fanapt medication. - She had not received an order from 	C 330	<p>The Administrator will review the MAR monthly, compare the old MAR with the current month MAR. The Administrator will ensure that all the active/current orders are documented on the current MAR.</p>	9/18/15

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C 330	<p>Continued From page 6</p> <p>resident's physician to stop Fanapt medication.</p> <ul style="list-style-type: none"> - She did not call the pharmacy to find out why they did not send the Fanapt medication for June and July 1015. <p>Review of Resident #1's records revealed no physicians order to stop Fanapt medication for the months of June and July 2015.</p> <p>Review of Resident #1's August 2015 MAR revealed:</p> <ul style="list-style-type: none"> - A handwritten entry on the MAR for the medication Fanapt. - Documentation on the MAR showed that the resident started getting Fanapt again August 1, 2015 at 8:00 A.M. and 8:00 P.M. <p>Interview with Pharmacist on 8/21/15 at 2:30 P.M. revealed:</p> <ul style="list-style-type: none"> - They had not dispense the Fanapt medication for Resident #1 the months of June and July 2015. - They did not have an order from resident's physician to stop or hold dispensing the Fanapt medication for June and July 2015. - Fanapt is one of Resident #1's psychiatric medications. - The last time the Fanapt medication was dispensed before June and July 2015 was at the end of April 2015 for the month of May 2015. - The Fanapt was dispensed again on July 27, 2015 for the month of August 2015. - Pharmacist did not know why the Fanapt medication was not on the MAR and was not dispensed for the month of June and July 2015. - Pharmacist stated that they, the facility may have told them to stop the Fanapt medication. - Sometimes Fanapt medication is held if resident gets too groggy. - Pharmacy had no documentation on file that 	C 330		

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C 330	<p>Continued From page 7</p> <p>facility told them to stop or hold the Fanapt medication.</p> <ul style="list-style-type: none"> - Pharmacy started to dispense Fanapt medication again at the end of July when they received a faxed of a new order from facility. <p>Interview with physician's Clinical Administrative Assistant (CAA) on 8/21/15 at 2:45 P.M. revealed:</p> <ul style="list-style-type: none"> - Resident #1 was started on Fanapt medication on January 14, 2015. - There was a physician order in August 2015 to continue medications as ordered. - Another physician order on June 19, 2015 to continue medications as ordered. - There was also a physician order dated May 14, 2015 for the Fanapt medication. <p>Physician was not available for interview.</p> <p>Interview with Administrator on 8/21/15 at 2:50 P.M. revealed:</p> <ul style="list-style-type: none"> - When facility receives a new medication order, that order is faxed to the pharmacy. - When the new MARs comes in from the pharmacy, they are compared to the medications that are in the resident's container to make sure that whatever medications are in the container matches what's on the new MAR. - She did not see any Fanapt medication in Resident #1's container for the month of June and July 2015. - She does not compare the new MAR to the old MAR to see if the listed medications match. - She denies any behavioral concerns with Resident #1 during the months of June and July 2015. - She will start comparing all new MARs when they come in from the pharmacy to the old MARs to make sure there are no missing medications. 	C 330		

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C 330	<p>Continued From page 8</p> <ul style="list-style-type: none"> - If there are medications missing, the physician will be called for a clarification order. <hr/> <p>Plan of Protection dated 8/21/15 revealed:</p> <ul style="list-style-type: none"> - Make sure staff look at all the Medication Administration Records (MAR) for the residents and compare them to previous month MARs. - If there are any medications that are missing on the new MARs, the staff will call the doctor's office for clarification. - Then call the pharmacy. - In the future all MARs should be compared to previous MARs to ensure that all medications are transcribed to new MARs as prescribed. - Administrator and Supervisor-in-Charge will monitor on a monthly basis that this has been done. <p>CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED SEPTEMBER 20, 2015.</p>	C 330		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate and in compliance with rules and regulations as related to medication administration, other staff qualifications,</p>	C 912	<p>The administrator will ensure that new staff HCPR is conducted, reviewed and printed and placed in the employed records The administrator will ensure that</p>	

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C 912	Continued From page 9 medication aide training and resident rights. The findings are: Based on observation, interview and record review, the facility failed to assure that the administration of medication for 1 of 3 residents sampled (Resident #1) was in accordance with physician's orders. [Refer to Tag C330, 10A NCAC 13G .1004(a)(1) (Type A2 Violation).] Based on interview and record review, the facility failed to check the Health Care Personnel Registry (HCPR) for 1 of 2 sampled staff (Staff B) to assure there were no substantiated findings. [Refer to Tag C145, 10A, NCAC 13G .0406(a)(5) (Type B Violation).] Based on interview and record review, the facility failed to assure that 1 of 2 staff (Staff B) had documentation showing that staff completed the clinical skills validation portion of the competency evaluation and had 5 hour, 10 hour or 15 hour medication training or validation of previously worked as a medication aide during the previous 24 months prior to performing unsupervised medication aide duties. [Refer to Tag C935, G.S. 131D-4.5B (b) (Type A2 Violation).]	C 912	every staff will have appropriate medication aide training before assuming responsibility. The administrator will ensure that an RN validates the medication checklist for the new hire. The administrator will ensure that non-qualified staff cannot administer medication to residents.	
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. (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	C935		

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C935	<p>Continued From page 10</p> <p>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 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: Type A Violation</p> <p>Based on interview and record review, the facility</p>	C935	<p>The administrator will ensure that all new hire/current staff shall pass the medication aide exam within 60 days.</p>	9/18/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2015
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NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610
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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
C935	<p>Continued From page 11</p> <p>failed to assure that 1 of 2 staff (Staff B) had documentation showing that staff completed the clinical skills validation portion of the competency evaluation and had 5 hour, 10 hour or 15 hour medication training or validation of previously worked as a medication aide during the previous 24 months prior to performing unsupervised medication aide duties. The findings are:</p> <p>Review of Staff B's personnel files revealed:</p> <ul style="list-style-type: none"> - He was hired on 8/11/15 as a Medication Aide/Supervisor-in-Charge. - No 5 hour, 10 hour or 15 hour medication training documented in Staff B personnel file. - Staff B did not have documentation showing completion of a Medication Clinical Skills validation prior to administering medications. - No verification that Staff B had previously worked as a Medication Aide during the previous 24 months prior to performing Medication Aide duties unsupervised. <p>Interview with a resident on 8/20/15 at 7:40 P.M. revealed:</p> <ul style="list-style-type: none"> - Staff B started working at facility "this past week". - He cooks, gives us medication and reminds us to take our showers. <p>Interview with another resident on 8/20/15 at 7:45 P.M. revealed:</p> <ul style="list-style-type: none"> - Staff B has been working at facility around a week. - He gives me my meds and cooks. <p>Interview with a third resident on 8/20/15 at 7:55 P.M. revealed:</p> <ul style="list-style-type: none"> - Staff B has been working at facility around a month. - "They switch so much it's hard to keep up 	C935		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610
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C935	<p>Continued From page 12</p> <p>with it."</p> <ul style="list-style-type: none"> - He makes breakfast, gives me a lunch to take with me to my day program and also makes dinner. - He gives me my medications. <p>Interview with fourth resident on 8/20/15 at 8:05 P.M. revealed:</p> <ul style="list-style-type: none"> - Staff B had been working at facility since August 10, 2015. - He cooks meals, cleans up and takes us places. - He sleeps over when he works here. - He gives me my medication in the mornings and evenings. <p>Interview with Staff B on 8/20/15 at 4:30 P.M. revealed that he has been working at facility since last Tuesday, August 11, 2015.</p> <p>Review of facility Medication Administration Records (MAR) revealed:</p> <ul style="list-style-type: none"> - Staff B had been documenting administration of medications since August 11, 2015. - Among the medications that were administered by Staff B per documentation were: Bumex, (diuretic (water pill) used to treat fluid retention and high blood pressure); Ziac, Norvasc, Prinivil, Aldactone, Coreg (are all medications used to treat high blood pressure and/or congestive heart failure (CHF)); Zyprexa, Fanapt (are used to treat psychotic mental disorders such as schizophrenia or bipolar); and Topamax, Depakote (used to treat seizures and prevent migraine headaches). - Communicating with physician's office concerning residents' medical concerns such as medications. <p>Interview with Administrator on 8/20/15 at 8:10</p>	C935		

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NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 LOXLEY PLACE RALEIGH, NC 27610
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C935	<p>Continued From page 13</p> <p>P.M. revealed:</p> <ul style="list-style-type: none"> - Staff B had been working at facility as a Medication Aide/Supervisor-in-Charge since August 11, 2015. - His duties included cooking, housekeeping, administration of medications and communicating with physician or pharmacy when needed. - Administrator did not check the Health Care Personnel Registry (HCPR) for any findings for Staff B prior to hire. - Will check HCPR for Staff B as soon as possible. - In future will check HCPR prior to hire. - Administrator states that he did complete the medication clinical skills checklist prior to starting to work at facility. - Did not have medication clinical skills checklist on hand - Staff had taken the 15 hour medication training. - Have to get the certificate from pharmacy where training was done. - Staff B did not receive a certificate from pharmacist to show that he had done the 15 hour medication training. - Administrator stated that he did complete the medication clinical skills checklist prior to starting to work at facility. - Did not have medication clinical skills checklist on hand for review by surveyor. <p>Facility did not have documentation of HCPR check for Staff B on hand for review by surveyor by the end of survey.</p> <hr/> <p>Plan of Protection dated 8/20/2015 revealed:</p> <ul style="list-style-type: none"> - Administrator will as soon as possible get all current staff paperwork necessary to work as medication aide. - Administrator will always be on site to 	C935		

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C935	<p>Continued From page 14</p> <p>administer medications until she can get a qualified person to do it.</p> <ul style="list-style-type: none"> - Before hiring a new staff, Administrator will assure they have all the necessary training and paperwork prior to administering medications. - Administrator will make sure to hire someone who is qualified to take good care of the residents. <p>CORRECTION DATE FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED SEPTEMBER 20, 2015.</p>	C935		