DEC 3 1 2014 PRINTED: 11/21/2014
FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL079051 | A. BUILDING: _____ B. WING _____ ls | R 11/07/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HOME AWAY FROM HOME | 334 ZEB ROAD GIBSONVILLE, NC 27249 County: Rockingham |

| (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 |
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| C 145 | 10A NCAC 13G .0406(a)(5) Other Staff Qualifications<br><br>10A NCAC 13G .0406 Other Staff Qualifications<br>(a) Each staff person of a family care home shall:<br>(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 2 staff (Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire according to G.S. 131E-256.<br><br>The findings are:<br><br>Review of personnel files revealed:<br>-Staff B's date of hired was 9/3/14.<br>-Staff B's job description was supervisor-in-charge/medication aide.<br>-There was no documentation that a HCPR had been done prior to Staff B's hire date.<br><br>Interview with Staff B on 11/05/14 at 4:15 pm revealed:<br>-She was hired in September 2014, she was unable to recall the exact date of employment.<br>-Her daily responsibilities included cooking, cleaning, overseeing residents taking showers, washing clothes, and medication administration.<br>-She worked 24 hour shifts, 3 or 4 days per week.<br>-The Administrator or Manager were not present when she worked.<br><br>Interview with the Manager on 11/05/14 at 4:05 pm revealed: | C 145 | All background Checks and educational Check offs have been completed<br>A process has been Put in place that will allow all Need checks, forms and background information to be done and received prior to employment of all staff<br>There are no 24 hour shift 12hrs + Daytime until Next Am<br>See attached Sheets | 10/10/14 |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/12/14



POC Approved
per H. Hawkins / ls
01-23-2015

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| C 145 | Continued From page 1<br>-It was the Administrator's responsibility to ensure HCPR checks had been done.<br>-There was no system in place to ensure HCPR checks were done prior to employment.<br>-Staff B's HCPR check was overlooked and she was not sure how or why.<br><br>Interview with the Administrator on 11/05/14 at 5:00 pm revealed:<br>-She was responsible to ensure the HCPR check had been completed for Staff B.<br>-The month went by so fast she must have forgot to obtain a HCPR check for Staff B.<br>-She will complete a HCPR check on Staff B.<br>-If there are findings on the HCPR Staff B will be released from employment. | C 145 | | |
| C 147 | 10A NCAC 13G .0406(a)(7) Other Staff Qualifications<br><br>10A NCAC 13G .0406 Other Staff Qualifications<br>(a) Each staff person of a family care home shall:<br>(7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record review, the facility failed to have a criminal background check obtained prior to hire in accordance with G.S. 114-19.10 and 131D-40 for 1 of 1 staff (Staff B).<br><br>The findings are:<br><br>Review of personnel files revealed:<br>-Staff B's date of hire was 9/3/14.<br>-Staff B's job description was | C 147 | | |

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| C 147 | Continued From page 2<br>supervisor-in-charge/medication aide.<br>-There was no documentation that a criminal background check had been done prior to Staff B's hire date.<br><br>Interview with Staff B on 11/05/14 at 4:15 pm revealed:<br>-She was hired in September 2014, she was unable to recall the exact date of employment.<br>-Her daily responsibilities included cooking, cleaning, overseeing residents taking showers, washing clothes, and medication administration.<br>-She worked 3 or 4 days 24 hours shifts.<br>-The Administrator or Manager were not present when she worked.<br>-She was unaware if the facility did a criminal background check on her.<br>-She was unable to recall signing documents for permission to obtain a criminal background or having a discussion that a criminal background check would be done on her.<br><br>Interview with the Manager on 11/05/14 at 4:05 pm revealed:<br>-It was the Administrator's responsibility to do a criminal background check on Staff B.<br>-There was no system in place to ensure criminal background checks had been done.<br>-She was unsure why a criminal background check was not done on Staff B.<br><br>Interview with the Administrator on 11/05/14 at 5:00 pm revealed:<br>-It was her responsibility to ensure criminal background checks were done on all staff.<br>-She was not sure how or why she did not do a criminal background check on Staff B.<br>-She will complete a criminal background check on Staff B. | C 147 |  | |

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| C 171 | Continued From page 3 | C 171 | | |
| C 171 | 10A NCAC 13G .0504(a) Competency Validation For Licensed Health<br><br>10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to assure 1 of 1 facility non-licensed staff, the Supervisor-in-charge/Medication Aide (MA), was competency validated for the Licensed Health Professional Support (LHPS) personal care task of collecting and testing of fingerstick blood samples.<br><br>The findings are:<br><br>Review of personnel files revealed:<br>-Staff B's date of hire was 9/3/14.<br>-Staff B's job description was supervisor-in-charge/medication aide.<br>-No documentation Staff B had completed the LHPS competency validation.<br><br>Interview with Staff B on 11/05/14 at 4:15 pm revealed:<br>-She had worked at the facility since September 2014, unable to recall the exact date of hire. | C 171 | | |

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| C 171 | Continued From page 4<br>-She usually worked 24 hours shifts, 3-4 days per week.<br>-She worked as a medication aide, administering medications, checking blood sugars and insulin injections.<br>-She was unable to recall completing the LHPS competency validation with return demonstration, of the collecting and testing of fingerstick blood sugars.<br><br>Interview with the Manager on 11/05/14 at 4:25 pm revealed:<br>-She thought that Staff B had LHPS competency validation.<br>-She was not sure where the document was located.<br>-There was no system in place to ensure all required medication training and competencies were in place prior to staff completing the job duties.<br><br>Interview with the Administrator on 11/05/14 at 5:05 pm revealed:<br>-She was unaware if Staff B had completed the LHPS competency validation.<br>-She was aware the document was supposed to be in Staff B's record.<br>-If the document was not in Staff B's record she was unsure if Staff B had completed the LHPS competency validation. | C 171 | | |
| C 346 | 10A NCAC 13G .1004(n) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent | C 346 | ✓ Staff person no expired day of visit Staff person was sent home 11/5/14 | 11/7/14 |

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| C 346 | Continued From page 5<br>cross-contamination and provide a safe and sanitary environment for staff and residents.<br><br>This Rule is not met as evidenced by:<br>Based on record review, observation, and interview the facility failed to assure medications were administered in accordance with infection control measures to prevent the development and transmission of disease or infection for 2 of 3 residents receiving medications. (Residents #1 and #2)<br><br>The findings are:<br><br>Observation and entrance to the facility on 11/05/14 at 8:25 am revealed:<br>-The medication aide left the building and went to another building next door (100 feet away).<br>-Two residents were sitting at the dining room table consuming their meal.<br>-Four containers filled with residents' medications were sitting out on an island counter top sectional that was located between the kitchen and dining room.<br>-No staff was present in the kitchen or in the dining room.<br>-The medication aide returned to the facility within 4-6 minutes.<br>-The medication aide punched out the medications into 2 ounce clear plastic cups for four residents.<br>-The medication aide took the four containers filled medications to the room where the washer/dryer was located and locked them in a cabinet.<br>-Two residents were in their room, and the medication aide took two cups of medication to the bed room with her and left three cups of medications sitting on the counter top sectional that was located between the kitchen and dining | C 346 | and not work until Medication Certification was obtained —<br><br>Staff relieved of duties day of observation. Staff to review policy and procedures for medication administration and rules of medication administration | 10/7/14<br><br>10/7/14 thru 10/10/14 |

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| C 346 | Continued From page 6<br>room.<br>-The medication aide returned to the kitchen and proceed to administer medications to the two residents sitting at the dining room table.<br><br>A. Review of Resident #3's current FL-2 dated 07/18/14 revealed:<br>-Diagnoses of open-angle glaucoma, diabetes mellitus, Parkinson tremor, organic brain syndrome, hypothyroidism, and vertigo.<br>-Medications orders included: Refresh optic (used to treat dry or irritated eyes) eye drops, one drop in each eye three times daily; Lumigan (used to treat high pressure due to glaucoma) 0.01% one drop in each eye three times daily; and Combigan (used to treat eye pressure associated with open-angle glaucoma) eye drop, one drop in each eye in the morning.<br><br>Observations on 11/05/14 at from 8:25 am to 8:40 am revealed:<br>-Resident #3 and another resident were sitting at the dining room table consuming their meal.<br>-The medication aide had pre-poured Resident #3's medications into a 2 ounce cup.<br>-The medication aide returned to the dining room and gave Resident #3 the medications.<br>-The medication aide proceeded to administer all three eye drops to Resident #3 as follows:<br>-Using her thumb and forefinger to open the resident's eye.<br>-She put the first eye drop into the resident's eye.<br>-The medication aide immediately proceed to administer a second and third eye drop into Resident #3's eye using the same technique.<br>-The medication aide did not wait between eye drops, did not put eye drops in the corner of the resident's eye, and did not put on gloves, wash her hands before or after administering medications to Resident #3. | C 346 | All medications for residents are in home and proper ~~Adi~~ administer demonstrated by staff. | 10/20/14 |

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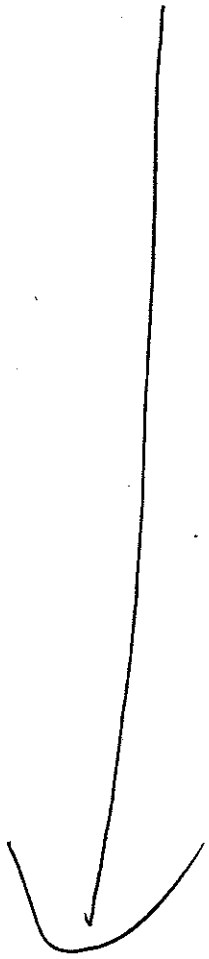
| C 346 | Continued From page 7<br><br>Based on observation, record review and attempted interview on 11/05/14 at 9:00 am it was determined that Resident #3 was not interviewable.<br><br>Interview with the medication aide on 11/05/14 at 3:55 pm revealed:<br>-She was aware that she did not use proper sanitizing techniques when administering Resident #3's eye drops.<br>-She was in a rush because she was late administering the medications.<br>-She also needed to go check on the residents in the house next door.<br><br>Interview with the Administrator and Manager on 11/05/14 at 5:14 pm revealed:<br>-They knew the medication aide had been trained to use proper sanitizing technique when administering medications.<br>-There was no system in place to monitor the medication aide when passing medications.<br>-The medication aide had clinical skills training but had not taken the written test.<br><br>B. Review of Resident #1's current FL-2 dated 07/18/14 revealed:<br>-Diagnoses of dementia, chronic airway obstruction, dysphagia, muscle weakness, osteoporosis and unspecified anemia.<br>-Medications orders included: Artificial tears (blurred vision and dermatitis) four times daily.<br><br>Observations on 11/05/14 at from 8:25 am to 8:45 am revealed:<br>-Two residents were sitting at the dining room table.<br>-The medication aide administered one resident's medications and eye drops, then went to the | C 346 | FL 2 updated for resident<br><br>  | 11/7/14 thru 11/10/14<br><br>11/7/14 thru 11/10/14 |

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| C 346 | Continued From page 8<br>second resident, Resident #1.<br>-The medication aide did not wash or sanitize her hand before she started to administer medications to Resident #1.<br>-Resident #1's medications included two 2 ounce cups, one cup had pills, a second cup had a liquid medication, and eye drops.<br>-The medication aide gave Resident #1 the pills, then the liquid medication, lastly the eye drops.<br>-The medication aide did not wear gloves, sanitize or wash her hands.<br><br>Based on observation, record review and attempted interview on 11/05/14 at 9:00 am it was determined that Resident #1 was not interviewable.<br><br>Interview with the medication aide on 11/05/14 at 3:55 pm revealed:<br>-She was aware that she did not sanitize or wear gloves when administering Resident #1's Artificial tears eye drop.<br>-She was running late and in rush to administer Resident #1's medications.<br><br>Interview with the Administrator and Manager on 11/05/14 at 5:14 pm revealed:<br>-They was aware that the medication aide had been trained to use proper sanitizing techniques when administering medications.<br>-There was no system in place to monitor medication aides when passing medications.<br>-The medication aide had clinical skills check-off and was aware of infection prevention techniques. | C 346 | Review Medication administration demonstrat. Staff relieved of duties. | 10/7/14 thm 10/10/14 |
| {C 912} | G.S. 131D-21(2) Declaration of Residents' Rights<br><br>G.S. 131D-21 Declaration of Resident's Rights | {C 912} | | |

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| {C 912} | Continued From page 9<br>Every resident shall have the following rights:<br>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding ACH Medication Aide Training and Competency.<br><br>The findings are:<br><br>Based on interviews and record reviews, the facility failed to assure 1 of 3 medication aides (Staff B) sampled who administered medications had received additional 10 hour medication training and passed the medication aide written exam within 60 days of hire as a medication aide. [Refer to Tag C935, G.S. 131D-4.5B(b) (Type B Violation)]. | {C 912} | | |
| {C935} | G.S. § 131D-4.5B (b) ACH Medication Aides;Training and Competency<br><br>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.<br><br>(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 | {C935} | | |

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| {C935} | Continued From page 10<br>an adult care home or successfully completed all of the following:<br>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:<br>a. The key principles of medication administration.<br>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.<br>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.<br>(3) Within 60 days from the date of hire, the individual must have completed the following:<br>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:<br>1. The key principles of medication administration.<br>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.<br>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.<br><br>This Rule is not met as evidenced by:<br>TYPE B VIOLATION<br><br>Based on interviews and record reviews, the facility failed to assure 1 of 3 medication aides (Staff B) sampled who administered medications | {C935} |  | |

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| {C935} | Continued From page 11 | {C935} | | |

had received additional 10 hour medication training and passed the medication aide written exam within 60 days of hire as a medication aide.

The findings are:

Review of personnel files revealed:
-Staff B's date of hired was 9/3/14.
-Staff B's job description was supervisor-in-charge/medication aide.
-Staff B completed the medication clinical skills checklist on 09/04/14 (60 days November 4, 2015).
-Staff B completed the state approved 5 hour medication aide course training on 05/14/14 (prior to employment).
-No documentation Staff B completed additional 10 hours of medication aide training course work.
-No documentation Staff B had taken or passed the written medication aide exam.

Interview with Staff B on 11/05/14 at 4:15 pm revealed:
-She had worked at the facility since September 2014.
-She usually worked 24 hours shifts, 3-4 days per week.
-She had completed the medication clinical skills checklist in September 2014.
-She had not taken the medication aide written examination.
-When she worked she administered medications to the residents including checking blood sugars and insulin injections for two residents.
-She was scheduled to take the medication aide written exam next week, but could not recall the date the test was scheduled.

Review of the September 2014 medication administration records of four residents in the

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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} | Continued From page 12<br>facility revealed:<br>-Staff B documented administering medications to residents in the home on 09/05/14.<br><br>Interview with the Manager on 11/05/14 at 4:25 pm revealed:<br>-Staff B was scheduled to take the medication aide written exam.<br>-She was unable to recall the date the examination was scheduled.<br>-She was unaware that Staff B only had 60 days from date of hire to take the written examination.<br><br>Interview with the Administrator on 11/05/14 at 5:05 pm revealed:<br>-She was unaware that Staff B only had 60 days from the date of hire to take the medication aide written exam.<br>-Daily Staff B duties was to administer medications at two family care homes.<br>-She would find someone to replace Staff B for medication administration.<br><br>The facility provided the following Plan of Protection:<br>-Immediately Staff B was taken off the med-cart.<br>-On 11/05/14 the Manager scheduled additional training for Staff B.<br>-Staff B was scheduled to take the written medication aide examination the end of November 2014.<br>-The manager will review all staff records to ensure required training was obtained.<br>-The manager and administrator will review staff records monthly to ensure all training required was obtained.<br><br>THE DATE OF CORRECTION FOR THIS TYPE | {C935} |  | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL079051 | A. BUILDING: _____ B. WING _____ | R 11/07/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOME AWAY FROM HOME | 334 ZEB ROAD GIBSONVILLE, NC 27249 |

| (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} | Continued From page 13<br>B VIOLATION SHALL NOT EXCEED DECEMBER 29, 2014 | {C935} | | |
| C992 | G.S. § 131D-45 G.S. § 131D-45. Examination and screening for<br><br>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.<br><br>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior | C992 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL079051 | A. BUILDING: _____ B. WING _____ | R 11/07/2014 |

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|---|---|---|---|---|
| C992 | Continued From page 14<br>examination and screening.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to ensure examination and screening for controlled substances for 1 of 3 staff (Staff B) hired after 10/01/13.<br><br>The findings are:<br><br>Review of personnel files revealed:<br>-Staff B's date of hire was 9/3/14.<br>-Staff B's job description was supervisor-in-charge/medication aide.<br>-There was no documentation that examination and screening for controlled substances was completed prior the hire date.<br><br>Interview with Staff B on 11/05/14 at 4:15 pm revealed:<br>-She was hired sometime in September 2014, she was unable to recall the exact date of employment.<br>-Her daily responsibilities included cooking, cleaning, overseeing residents taking showers, washing clothes, and medication administration.<br>-She worked 24 hour shifts, 3 or 4 days per week.<br>-She was unable to recall taking a controlled substance examination and/or screening.<br><br>Interview with the Manager on 11/05/14 at 4:05 pm revealed:<br>-It was the Administrator's responsibility to ensure Staff B had a controlled substance examination screening.<br>-There was no system in place to ensure controlled substance examination had been completed prior to employment. | C992 |  | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | FCL079051 | A. BUILDING: _____ B. WING _____ | R 11/07/2014 |

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|---|---|---|---|---|
| C992 | Continued From page 15<br>-Staff B's was overlooked, she was not sure how or why.<br><br>Interview with the Administrator on 11/05/14 at 5:00 pm revealed:<br>-She thought that Staff B had a controlled substance examination and screening.<br>-She was not sure why it was not done.<br>-The month went by so fast she must have overlooked Staff B getting a controlled substance examination. | C992 |  | |

## Shook, Linda

**From:** Hawkins, Harriett
**Sent:** Friday, January 23, 2015 8:24 AM
**To:** Ferrell, Felissa
**Cc:** Shook, Linda
**Subject:** Home Away From Home #1 2014-11-07 UHW612
**Attachments:** Home Away From Home 2014-11-12 POC-UHW612 REVIEW.pdf

The attached plan of correction is approved as of 2015-01-23.

Keturah-Elizabeth Harriett Hawkins, MHA
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Facility Survey Consultant I
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