STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011195	A. BUILDING: _____ B. WING _____	02/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN LIVING HOME #3	103 COUNTRY TIME LANE LEICESTER, NC 28748

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C 000	Initial Comments The Adult Care Licensure Section and Buncombe County DSS conducted an on-site annual survey on February 3, 2015.	C 000		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40; This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that 1 of 2 staff (Staff B) had a Criminal Background Check completed upon hire. The findings are: Review of Staff B's personnel record revealed: -Staff B was hired as a supervisor-in-charge on 9/15/14. -There was no record of a Criminal Background Check. Interview with the facility Administrator on 2/4/15 at 1:00pm revealed: -She thought she had completed the Criminal Background Check for Staff B. -She shared Staff B with another facility Administrator and the other Administrator had completed the Criminal Background Check for Staff B. -She would check in her office to see if there was record of a Criminal Background Check for Staff B and order one if it had not been completed.	C 147		

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C 254	Continued From page 1	C 254		
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure 2 of 2 non-licensed staff (Staff A and B) were competency validated for the Licensed Health Professional Support (LHPS) personal care task of ambulation using an assistive device (Hoyer lift). The findings are:	C 254		

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C 254	Continued From page 2	C 254		

Review of Resident #2's FL2, dated 12/30/14, revealed diagnoses which included:
-Status post stroke
-Left hemiplegia

Review of the Resident Register revealed Resident #2 was admitted to the facility on 1/2/15.

Observation of Resident #2 in her room on 2/3/15 at 9:05am revealed Resident #2 in the bed and a Hoyer lift at the foot of the bed.

Interview with Resident #2 on 2/3/15 at 9:05am (through a language interpreter) revealed:
-Staff A, the Supervisor-in-Charge, (SIC) used the Hoyer lift to get her in and out of bed.
-Only one staff was required when using the Hoyer lift.
-Staff never had problems when using the Hoyer lift.
-She had never been injured while staff used the Hoyer lift.

Review of Resident #2's record of a physician note, dated 9/16/14, revealed:
-"Will order a Hoyer lift."
-"Physical therapy consult for a Hoyer lift training."

Review of Resident #2's Licensed Health Professional Support (LHPS)review, dated 1/14/15, revealed:
-The use of the Hoyer lift was not assessed.
-The nurse did assess fingerstick blood sugars, the use of the wheel chair, and documented Resident #2 required "total" assistance with transfers.

A. Review of Staff A's personnel file revealed:
-Staff A was hired on 12/9/14.
- A LHPS Competency Validation was completed

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C 254	Continued From page 3	C 254		

dated 12/9/14.
-No documentation of Hoyer lift training.

Interview with Staff A on 2/3/15 at 11:00pm revealed:
-When she began working at the facility, the previous SIC had shown her how to use the Hoyer lift.
-She had used a Hoyer lift "many years ago" when she worked at another facility.
-She used the Hoyer lift by herself with Resident #2.
-She had never had any problems using the Hoyer lift.
-She stated that, Staff B, an SIC from next door worked at the facility as relief staff on her (Staff A's) day off.
-Staff A reported she did not leave the facility on her days off and she was the only staff who used the Hoyer lift with Resident #2.

Refer to telephone interview with the registered nurse who completed the LHPS Competency Validation for the facility on 2/3/15 at 11:15am.

Refer to telephone interview with the facility Administrator on 2/3/15 at 1:00pm.

B. Review of Staff B's personnel file revealed:
-A hire date of 2/1/13.
-A LHPS Competency Validation dated 2/1/13.
-No documentation of Hoyer lift training.

Interview with Staff B on 2/3/15 at 2:10pm revealed:
-She did relief work when Staff A had a day off.
-She had not been trained on use of a Hoyer lift.
-Staff A did not leave the facility on her days off and Staff A always used the Hoyer lift for Resident #2 when necessary.

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C 254	Continued From page 4 -Staff B stated she did not use the Hoyer lift. Refer to telephone interview with the registered nurse who completed the LHPS Competency Validation for the facility on 2/3/15 at 11:15am. Refer to telephone interview with the facility Administrator on 2/3/15 at 1:00pm. _____ Telephone interview with the registered nurse who completed staff LHPS Competency Validation for the facility on 2/3/15 at 11:15am revealed: -She had not completed Hoyer lift training for Staff A or Staff B. -She stated the LHPS Competency Validation was completed away from the facility and there was no Hoyer lift available for the training. -She would return to the facility to complete the Hoyer lift training. -Resident #2 was in the living room in a chair when she completed her assessment on 1/14/15 and she was not aware Resident #2 had a hoyer lift. Telephone interview with the facility Administrator on 2/3/15 at 1:00pm revealed: -She was not aware Staff A and Staff B had not been trained on the Hoyer lift because the LHPS nurse just recently trained new staff. -Resident #2 was admitted recently to this facility from a sister facility. -Staff A and Staff B were not working or not present when the Hoyer lift was first delivered for Resident #2.	C 254		

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C992	Continued From page 5	C992		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (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 examination and screening.	C992		

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C992	Continued From page 6 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure examination and screening for the presence of controlled substances was performed for 1 of 1 staff (Staff A) hired after 10/1/13. The findings are: Review of Staff A's (supervisor-in-charge) personnel file revealed: -Staff A was hired on 12/9/14. -No documentation of a consent for controlled substance examination and screening. -No documentation of a controlled substance examination and screening. Interview with Staff A on 2/3/15 at 10:45am revealed: -She thought she had a drug screening "some time ago" before beginning work at this facility. -She did not recall being asked by facility Administrator about a required drug screening when hired. Telephone interview with the facility Administrator on 2/3/15 at 2:00pm revealed: -She was not aware of the drug screening requirement. -She would have a drug screening completed for Staff A as soon as possible.	C992		