DEC - 8 2014

PRINTED: 11/18/2014 via email
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
	HAL060130	A. BUILDING: _____ B. WING _____	11/05/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CROSSINGS AT STEELE CREEK	13600 S TRYON ST CHARLOTTE, NC 28278 County: Mecklenburg

(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
D 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted an initial survey on November 4-5, 2014.	D 000		
D935	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 medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. 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. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration,	D935		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dee Leachey — TITLE: Executive Director — (X6) DATE: 12/9/14

POC Approved,
per L. Blalock
2-2-15 /ls

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D935	Continued From page 1 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. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to assure medication aide staff successfully completed the requirements for 1 of 3 sampled staff (Staff C) prior to performance of medication aide duties. The findings are: Observation of the morning medication pass on 11/5/14 between 8:00 am and 8:30 am revealed: -Staff C was assigned to prepare and administer medications to 11 residents. -Staff C prepared and administered 9 oral medications and 2 eye drop medications to a resident during the medication pass. Review of Staff C's personnel and training records revealed: -She was hired 8/19/14. -She had previously worked as a medication aide in an out of state assisted living. -Documentation of successfully passing the medication aide test on 11/7/01. -Documentation of Medication Skills Checklist completed 9/23/14. -There was no documentation Staff C completed or attended a 5, 10 or 15 hour medication aide	D935	I. Staff C was immediately Removed from med cart when the non-compliance was discovered. She completed the 15 hour course on 11/21/14 & was Returned to the Med Aide schedule. 1. Executive Director will CREATE a "Medication Technician Readiness Checklist to monitor completion of 131D-4.5 B(6) prior to scheduling staff to perform unsupervised medication aide duties ~~Note~~ See attached 2. Executive Director will complete an audit of all currently employed medication aides using the "Medication Technician Readiness Checklist" to determine compliance with 131D-4.5 B(6) See attached	12/1/14 12/8/14

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D935	Continued From page 2 training. -There was documentation of completion of a Medication Aide Program offered by a local community college. -Staff C was not listed on the Medication Aide registry. Interviews with Staff C on 11/5/14 at 9:30 am and 11:20 am revealed: -She was hired several months ago, but only began full time employment approximate 2-1/2 weeks ago. -She was employed to work in the Special Care Unit but there have been no residents admitted as yet. -She stated she had only been working as a medications aide for 2-1/2 weeks when she began full time employment. -She stated she gave oral medications, eye drops and insulin injections regularly. -She remembered taking some classes but could not be sure if she took the 5, 10 or 15 hour medication class. -She remembered a nurse watched her pass medications. Interview with the Resident Care Coordinator (RCC) on 11/5/14 at 11:15 am revealed: -She was responsible for maintaining the training records. -She scheduled new staff for required training and hiring requirements. -She stated she received the 5 hour class medication test via email from the contract nurse and would print the test for the nurse to administer. -She thought the nurse completed the 5 hour training but had not asked specifically for the certificate. -She was not aware Staff C did not complete the	D935	3. Executive Director or designee will complete a "Medication Technician Readiness Checklist" for all newly hired Med Aides during new hire orientation. Only after the form has been successfully completed according to 13D-4.5B (b) will any Med Aide be allowed to perform unsupervised Med Aide duties 4. The executive director or designee is responsible for ensuring implementation and ongoing compliance with all components of this plan of correction.	Ongoing

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D935	Continued From page 3 5 hour medication aide training prior to administering medications. Interview with the contract nurse on 11/5/14 at 11:23 am revealed: -She administered the 5 hour medication aide test to Staff C because she (the nurse) required a score of 100% before completing the medication skills checklist and observation of medication administration by staff. -She stated she never conducted the 5 hour medication aide training on site or even the 10 or 15 hour classes, but all aides must go to the pharmacy office to take the training. -She believed the facility's RN provided the 5, 10 and 15 hour classes for new medication aides. Interview with the Administrator on 11/5/14 at 11:30 am revealed: -He was not aware Staff C had not received the 5 hour required medication aide training. -He relied on the RCC and the Business Office Manager to oversee the new hire requirements and training.	D935		

Medication Technician Readiness Checklist

The Crossings at Steele Creek

Name: _____

Hire Date: _____

I, _____, (Executive Director) certify that the above named person is authorized to work as a medication technician in The Crossings at Steele Creek Adult Care Home as evidenced by the following:

Either

Med Tech Verification Letter from (see attached)

Adult Care Home where qualifying work performed: _____

Date of Verification Letter: _____

Or (all three)

1. Competency Skills Check Off by Registered Nurse.
    a. Date of Check Off: _____
    b. RN performing check off: _____
2. 5-hour training completed (attach certificate).
    a. Date of Training: _____
3. NC Med Aide Testing Passed satisfactorily
    a. Date test passed: _____

Executive Director Signature: _____

Executive Director Name: _____

Date: _____

Blank Form

Shook, Linda

From: Blalock, Linda
Sent: Monday, February 02, 2015 7:28 PM
To: Shook, Linda
Subject: POC - The Crossings
Attachments: 2014 Survey - MedAideTraining.pdf

The POC is approved as presented.

Linda F. Blalock, BSN
N.C. Department of Health and Human Services
Adult Care Licensure Section - Division of Health Service Regulation
Lexington Region - Home Based
12 Barbetta Drive, Asheville, North Carolina 28806
Courier Service: #03-23-11
Phone: 704-898-1047
Fax: 704-986-2204
linda.f.blalock@dhhs.nc.gov
www.ncdhhs.gov/dhsr/acls

From: Hill Teachey [mailto:hill.teachey@saberhealth.com]
Sent: Monday, February 02, 2015 4:26 PM
To: Blalock, Linda
Subject: POC

Hi Linda,

Here is another copy of the POC. I decided to send it this way so the copy would be better. Let me know if you need anything further.

Thank You,

Hill Teachey
Executive Director
The Crossings at Steele Creek
704-705-2727 – Office
704-504-3204 – Fax

Saber HEALTHCARE GROUP
Caring for *life*

Shook, Linda

From: Shook, Linda
Sent: Tuesday, February 03, 2015 9:56 AM
To: Nina Anderson (Nina.Anderson@mecklenburgcountync.gov)
Cc: Blalock, Linda; Burns, Pam S
Subject: THE CROSSINGS at STEELE CREEK - MECKLENBURG COUNTY
Attachments: The Crossings at Steele Creek 2014-12-09 POC-Y0P711.pdf

Please find attached copy of the approved Plan of Correction (POC) for the above referenced facility.

Thank you.

Linda Y. Shook, Processing Assistant
Adult Care Licensure Section
NC Department of Health and Human Services
Division of Health Service Regulation
12 Barbetta Drive, Asheville, NC 28806
Phone: (828)670-3391 x 149
Fax: (828)670-5040
Linda.Shook@dhhs.nc.gov
www.ncdhhs.gov/dhsr