Rcd Email 12-15-14 HRP

mw 12/15/14

Division of Health Service Regulation

PRINTED: 12/02/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL088013	A. BUILDING: _____ B. WING _____	C 11/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELKIN ASSISTED LIVING	500 JOHNSON RIDGE ROAD ELKIN, NC 28621

County: Surry

(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 conducted an annual and follow-up survey, and complaint investigation on November 18, 2014 and November 19, 2014. The complaint investigation was initiated by the Surry County Department of Social Services on November 12, 2014.	D 000	See attached POC (2 pgs.) ls	
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure implementation of a physician's order for 1 of 5 sampled residents (Resident #5) for twice daily checks of blood pressure (B/P). The findings are: Review of Resident #5's record revealed an admission date of 01-02-13. Review of Resident #5's current FL2 dated 07/04/14 revealed: - Diagnoses included bilateral pneumonia, COPD, DM. Review of Resident #5's record revealed a signed subsequent physician's order dated 11/03/14 for B/P checks to be performed twice daily for 2 weeks. Resident #5 had a B/P on 11/03/14 of	D 276		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Angela Wheeler

TITLE: Ex. Director

(X6) DATE: 12/10/14

STATE FORM 6899 TURN11 If continuation sheet 1 of 8

✓ Approved 12.15.2014 HRP

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D 276	Continued From page 1 176/96, as recorded by Home Health. Review of Resident #5's electronic vital sign records revealed: - 11/07/14 B/P = 157/76. - 11/14/14 B/P = 104/62. Interview on 11/19/14 at 4:10 pm with the Medication Aide (MA) revealed: - The 11/03/14 order for B/P to be checked twice daily had not been implemented. - The MA on duty would be the staff person performing the ordered B/P check. - The ancillary order had not been entered into the electronic MAR. - The medication orders were entered into the electronic MAR by the pharmacy. - The ancillary orders were entered into the electronic MAR by the RCC (Resident Care Coordinator). Interview on 11/19/14 at 3:40 pm with the Director revealed: - She had never seen the 11/03/14 order for B/P to be checked twice daily for 2 weeks. - Someone else, perhaps from an outside agency, had filed the order in Resident #5's record. - The order had not been entered into the electronic MAR and had not been implemented. - The facility was currently checking Resident #5's B/P weekly and the results were in the electronic vital signs. - Ancillary orders were usually entered into the electronic MAR by the RCC, who was currently out on leave. - The Director and the Business Office Manage (BOM) were currently performing the duties of the RCC.	D 276	See attached POC	

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D 276	Continued From page 2 On 11/19/14 at 4:00 pm, Resident #5's B/P was checked by the MA and it was 142/70. Interview with pharmacy representative on 11/19/14 at 4:10 pm revealed the pharmacy did enter ancillary orders into the electronic MAR in the past, but it is currently the responsibility of the facility. Interview on 11/19/14 at 4:50 pm with the physician's representative revealed: - He had already been advised that Resident #5's B/P at 4:00 pm on 11/19/14 was 142/70. - He had already been informed that 11/03/14 order for B/P to be checked twice daily for two weeks had not been implemented. - It was his expectation that the facility inform him immediately of any order not carried out. Based on observation and record review on 11/18/14 and 11/19/14, Resident #5 was determined to be not interviewable.	D 276	See attached POC	
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	D935		

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D936	Continued From page 3 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. 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 interviews and record reviews, the facility failed to assure 1 of 3 sampled medication aides (Staff C) who administered medications had passed the medication aide written exam within 60 days of hire. The findings are: Review of personnel files revealed:	D935	See attached POC	

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D935	Continued From page 4 -Staff C's date of hire was 08/08/14. -Staff C's job description was supervisor-in-charge/medication aide. -Staff C completed the medication clinical skills checklist on 09/10/14 (60 days November 10, 2015). -Staff C completed the state approved 15 hour medication aide course training on 09/10/14. -No documentation Staff C had taken or passed the written medication aide exam. Interview with Staff C on 11/20/14 at 9:38 pm revealed: -She had worked at the facility since August 2014. -She worked the third shift as a medication aide and personal care aide. -When she was first hired she was a personal care aide. -On September 10, 2014 was trained to be a medication aide. -Initially she observed someone on the medication cart, then someone observed her on the medication cart. -In October 2014 she was left alone on the medication cart. -She was unaware that she had 60 days to take the written exam. -The Director scheduled the exam for 11/24/14. Review of the October and November 2014 medication administration records of five residents in the facility revealed: -Staff C documented administering medications, checking finger stick blood sugars and insulin injections to residents on various dates in October and November 2014. Interview with the Director on 11/20/14 at 4:50 pm revealed: -Staff C was trained as a medication aide in	D935	See attached POC	

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D935	Continued From page 5 September 2014. -Although there is no specific date of hire documented for the medication aide position, more than likely Staff C's date of hire was date the training was completed. -Staff C was scheduled to take the medication aide written exam on 11/24/14. -The facility had at least four people to take the medication aide written exam and the earliest date where all staff was available to take the test was 11/24/14. -She did not realize Staff C's scheduled date to take the medication aide written exam was 60 days past the date of hire. Confidential interviews with five residents revealed: -Staff C mostly worked the third shift as a medication aide, passing out medications to all residents. -Two residents stated Staff C checked their blood sugar and administered insulin injections. -The residents were unable to recall exactly when Staff C started to administer medications, but thought since October 2014.	D935	See attached POC	

Elkin
ASSISTED LIVING
A Victorian Senior Care Community

Plan of Correction
DHSR Survey 11/19/2014
License # HAL 086013

Regulatory Areas Cited:
10A NCAC 13F .0902(c)(3-4) Health Care
The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.

Corrective Action:
Order for twice daily blood pressure checks for resident #5 implemented according to doctor's order.
11/19/2014

Order for twice daily blood pressure checks for resident #5 d/c'd by primary care physician on 12/9/14.
12/9/2014

Facility Med Aides and Resident Care Coordinator/Designee retrained on how to enter ancillary orders into electronic MAR.
11/20/2014

Monitoring System:
New doctor's orders will be reviewed by Med Aide and Resident Care Coordinator/Designee prior to sending to pharmacy to be placed on electronic MAR. Prior to 11/19/2014 & ongoing

Resident Care Coordinator/Designee will review new orders daily to ensure orders are implemented correctly. . Prior to 12/15/2014 & ongoing

Executive Director/Designee will perform chart audits weekly for one month, every other week for one month and monthly thereafter to ensure orders have been implemented correctly.
12/15/2014 & ongoing

Regulatory Areas Cited:

G.S. 131D-4.5B 9(b) ACH Medication Aides; Training and Competency

Corrective Action:

Staff C pulled from the medication cart until State Med Exam completed. 11/19/2014

Staff C took State Med Exam. 11/24/2014

Staff C passed State Med Exam and facility confirmed passing results. 11/26/2014

Monitoring System

Facility will ensure Medication Aides meet requirements in GS 131D-4.5B

Prior to 11/19/2014 & ongoing

Office Manager/Executive Director will monitor Medication Aide training and competency requirements to ensure requirements are met prior to administration of medications.

Prior to 11/19/2014 & ongoing

Office Manager/Executive Director will audit HR files monthly to ensure competency requirements are met.

12/9/2014 & ongoing

Regional Director/Designee will randomly audit HR files to ensure competency requirements are met.

Prior to 11/19/2014 & ongoing

Angela Wheeler

Signature Executive Director

12/10/14

Date

✓ plan Approved 12-15-14 HR

pg. 2 of 2

Shook, Linda

From: Shook, Linda
Sent: Tuesday, December 16, 2014 3:21 PM
To: Susie Branch (branchs@co.surry.nc.us)
Cc: Peedin, Ray (ray.peedin@dhhs.nc.gov); Blalock, Linda (linda.f.blalock@dhhs.nc.gov)
Subject: ELKIN ASSISTED LIVING - SURRY COUNTY
Attachments: Elkin Assisted Living 2014-12-10 POC-TURN11.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
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Division of Health Service Regulation
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