STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL068032	A. BUILDING: _____ B. WING _____	04/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVEWELL COKER HILLS	202 N ELLIOTT ROAD CHAPEL HILL, NC 27514

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C 000	Initial Comments The Adult Care Licensure Section and Orange County Department of Social Services conducted an Initial Survey on 04/20/16.	C 000		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interview and record review, the facility failed to ensure there was at least one staff person on the premises at all times, who had completed within the last 24 months, a training course on cardio-pulmonary resuscitation (CPR) and choking management for 13 of 19 night shifts during April 1, 2016 to April 19, 2016 for 1 of 3 staff. (Staff C). The findings are: Review of the employee record for Staff C	C 176	The following measures to correct the deficient practice have been implemented: 1) Retraining on the CPR and choking management requirement was conducted with the facility manager who was present during the 4/20/16 survey and with all team leaders involved in hiring.	5/5/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Diane Beckett 5/13/16

5/23/16 Approved KMiles

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C 176	Continued From page 1 revealed: - Staff C was hired as a Supervisor-in-Charge on 10/27/15. - There was no documentation of staff CPR and Choking management. Review of the facility's April 2016 Staff Shift Schedule revealed, Staff C worked 13 of 19, 11 p.m. - 8 a.m. shifts from April 1, 2016 - April 19, 2016 revealed there was only one staff working these shifts, Staff C, with CPR certification. Interview with the facility manager on 4/20/16 at 4:10 p.m. revealed: - Staff C was the only staff and personal care aide on the night shift and usually worked from 11 p.m. - 8 a.m. 5 nights per week. - She worked alone on these shifts, with no other staff person with CPR certification. - She thought Staff C had CPR training, but she had not brought the certification in for the record. - She would contact Staff C to bring in her CPR certification. - Staff C would be off of the schedule alone until she brought in her CPR certification. - The facility manager was responsible for the staff records. - The facility manager had recently scanned in staff records to ensure they were available by computer. - A new system would be instituted to ensure all qualifications for staff were scanned and available. No CPR certification was provided by the end of the survey. Review of the facility's Plan of Protection dated 4/20/16 revealed:	C 176	2) Policy change effective 5/5/16 all newly hired staff will have their CPR verified prior to hiring. 3) The Administrator will be responsible for monitoring CPR and staff qualifications compliance. 4) Policy Change effective 5/5/16, the facility manager and Administrator will conduct a semi annual review of CPR and other staff qualifications (Jan and June). 5) Additionally all staff files will be maintained at the facility in a secured area.	5/5/16 5/5/16 5/516 5/10/16

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C 176	Continued From page 2 - Staff C would immediately be removed from the facility staff roster. - Staff C and no staff would be allowed to work on any shift without CPR certification. - If Staff C did not provide CPR certification proof within 48 hours, she would have to be enrolled in a CPR class. - Facility would ensure all team members' employee files CPR certification were up to date. - All employee files will be checked semi-annually ongoing for current CPR training. - For newly hired, CPR certifications would be checked upon hire. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 4, 2016.	C 176	Staff C was removed from the roster This measure was put in effect immediately. Staff C was enrolled in CPR class and received certification. Certification was faxed to survey leader on 4/26/16. A complete review of all staff files was conducted by facility manager and deemed compliant inaccordance to regulations. Policy change effective 5/5/16 all newly hired staff will have their CPR verified upon hiring.	4/20/16 4/20/16 4/21/16 4/26/16 5/15/16
C 912	G.S. 131D-21(2) Declaration of Residents' Rights 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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure each resident received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to cardio-pulmonary resuscitation (CPR) training for staff. The findings are: Based on interview and record review, the facility	C 912		

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C 912	Continued From page 3 failed to ensure there was at least one staff person on the premises at all times, who had completed within the last 24 months, a training course on cardio-pulmonary resuscitation (CPR) and choking management for 13 of 19 night shifts during April 1, 2016 to April 19, 2016 for 1 of 3 staff. (Staff C). [Refer to Tag D 0176, 10A NCAC 13G .0507. (Type B Violation)]	C 912	This deficiency was corrected.	4/21/16
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 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	C935		

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C935	Continued From page 4 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 interview and record review, the facility failed to assure 1 of 3 medication aides (Staff C) completed the 15 hour medication administration training program prior to passing medications within 60 days of hire. The findings are: Review of the employee record for Staff C revealed: - Staff C was hired as a Supervisor-in-Charge on 10/27/15. - There was no documentation of a medication aide verification of working as a medication aide previously. - A medication administration aide clinical skills check list was documented as completed on 12/22/15 and 6/18/15. - There was documentation of Staff C passing the medication aide written examination on 1/29/15. - There was documentation of 10 hour state medication aide training on 3/18/15. - There was no documentation of the 15 hour medication aide training.	C935	The following measures have been put in place to correct the deficient practice: 1) Facility Manager who participated in the 4/20/16 survey along with all SIC's were retrained in the 15 hour medication requirement. 2) Staff C completed the 5 hour medication aide training.	5/516 4/26/16

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C935	Continued From page 5 Review of facility medication administration records for April 2016 revealed Staff C had initialed as administering medications for residents. Interview with the Facility Manager on 4/20/16 at 4:50 p.m. revealed: - Staff C had the 10 hour medication training required. - She was not aware Staff C needed 15 hours medication aide training. - Staff C had been passing medication since 2015. - Staff C worked the night shift and had administered medications at 8 a.m. this month. There was no documentation of the 15 hour medication administration training was provided by the end of the survey.	C935	1) Facility Manager who participated in the 4/20/16 survey along with all SIC's were retrained in the 15 hour medication requirement.	5/5/16