Received 6/17/16 ACLS

PRINTED: 06/03/2016
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
	FCL058001	A. BUILDING: _____ B. WING _____	05/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRICE FAMILY CARE HOME	1385 BROWN ROAD JAMESVILLE, NC 27846

(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
C 000	Initial Comments The Adult Care Licensure Section and the Martin County Department of Social Services conducted an annual survey on May 24, 2016.	C 000	In order to correct Deficiency C934 G.S. 131D-4.5B(a) ACH Infection Control Prevention Requirements;	
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 1 sampled medication aides (Staff A) completed the annual state medication infection control training. The findings are: Review of the personnel records for Staff A, medication aide, revealed: - The staff had been Co-Administrator for the	C 934	Administrator will have All Staff whom are Med. Aides, Complete in service training and have documentation on File. See Sample 1 (Staff A) certificate Attached. 6/17/16 Admin. will develope Staff yearly training check list to ensure or prevent reoccurring issue, Please See check list enclosed 6/17/16 Admin. will Review Said Checklist monthly, Documenting Number of CEUS in area or initial if No CEU's obtained.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kathleen C. Thrall TITLE: Admin. Asst (X6) DATE: 6.17.16

STATE FORM 6899 QI2M11 If continuation sheet 1 of 2

Reviewed & Accepted Edwards 6/21/16

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C 934	Continued From page 1 facility since 5/11/2011. - She passed the State medication administration test on 4/13/12 and had also been working as a medication aide. - A State Infection Control training certificate dated 12/17/13 was in her personnel file. - There were no subsequent State Infection Control training certificates for 2014, 2015, or 2016. Interview on 5/24/15 at 2:30 pm with Staff A revealed: - She was not aware the State Infection Control training required completion yearly. - The facility had 1 resident who required glucose monitoring by finger stick blood sugars twice a week; the resident required no insulin injections. - A registered nurse would be contacted to obtain the infection control training as soon as possible.	C 934		

Kathleen C. Hollis Admin Asst. 6-17-16