STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL033009	A. BUILDING: _____ B. WING _____	06/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY GUARDIAN ANGEL FAMILY CARE HOME	514 COKEY ROAD ROCKY MOUNT, NC 27801

(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 Edgecombe County Department of Social Services conducted an annual survey on June 6, 2016.	C 000		
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 reviews and interview, the facility failed to ensure that 1 of 1 Medication Aides (Staff A) completed the annual state medication aide infection control training. The findings are: Review of the personnel record for Staff A (Medication Aide/Administrator) revealed: -There was no hire date in Staff A's personnel record.	C 934		

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C 934	Continued From page 1 -Staff A passed the state medication exam on 7/16/2014. -There were certificates that Staff A had completed diabetic training on 10/28/2014 and 12/12/2014. Interview with Staff A (Medication Aide/Administrator) on 6/6/2016 at 8:10 AM revealed: -He had started working at the facility in 2009 (date unknown). -He was the only employee at the facility until 6/6/2016 when he hired a new staff as an office assistant. -He was the only Medication Aide that worked at the facility. -He did not know there had to be a separate infection control training. -He had completed the diabetic training and infection control for injections and finger stick blood sugars was covered. -He was aware of infection control methods required when he performed injections and finger stick blood sugars. -He would contact the company that performed all of his training and ensure the infection control training was completed as soon as possible.	C 934		