



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER OAK HAVEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 506 MATTOX ROAD GREENVILLE, NC 27834		
(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 Pitt County Department of Social Services conducted an annual survey on August 9, 2016 - August 10, 2016.	D 000		
D 468	10A NCAC 13F .1309 Special Care Unit Staff Orientation And Train 10A NCAC 13F .1309 Special Care Unit Staff Orientation And Training The facility shall assure that special care unit staff receive at least the following orientation and training: (1) Prior to establishing a special care unit, the administrator shall document receipt of at least 20 hours of training specific to the population to be served for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement. (2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents. (3) Within six months of employment, staff responsible for personal care and supervision within the unit shall complete 20 hours of training specific to the population being served in addition to the training and competency requirements in Rule .0501 of this Subchapter and the six hours of orientation required by this Rule. (4) Staff responsible for personal care and supervision within the unit shall complete at least 12 hours of continuing education annually, of which six hours shall be dementia specific.	D 468		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Douglas Francis

TITLE

Administrator

(X6) DATE

09/08/2016

STATE FORM

8800

YWK11

If continuation sheet 1 of 7

Revised or Accepted 9/13/16 sm

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER OAK HAVEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 506 MATTOX ROAD GREENVILLE, NC 27834		
(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 468	Continued From page 1 This Rule is not met as evidenced by: Based on observation, interviews, and review of personnel files, the facility failed to assure 4 of 5 staff (A,B, F and I) sampled who were responsible for personal care, supervision and medication administration within the special care unit (SCU) completed 20 hours of training specific to the population of the special care unit. The findings are: 1. Review of Staff A's personnel record on 8/9/16 revealed: -Staff A was hired on 8/22/13 as a Medication Aide. -Staff A had completed 6 hours of SCU (Special Care Unit) orientation training. -Staff A had no further documentation of any other training specific to the SCU population within six months of hire from her start date of 8/9/13. -Staff A had completed six hours of training required for Medication Aides for 2016. Review of the staff schedule from 8/7/16 - 8/10/16 revealed that Staff A worked as a Medication Aide on third shift 11:00 PM - 7:00 AM. Telephone interview with Staff A on 08/10/16 at 10:16 AM revealed: -She had been working at the facility for about 2 ½ years. -She worked as a Medication Aide on the assisted living and Special Care Unit. -She did remember getting training to work in the Special Care Unit, but she was not sure how much training she got and when it was done. -The owner of the facility who was a Registered	D 468	In response to the rule for 20 hours of training specific to the population of the special care unit. We do feel that the training was administered to each employee noted in the deficiency, as indicated by the time cards and weekly schedules included. We have formulated a written course outline (Attachment A) and a certificate (Attachment B) upon completion of this training. We will continue the training of our employees and have documentations in their personnel files.	08/12/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER OAK HAVEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 506 MATTOX ROAD GREENVILLE, NC 27834		
(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 468	Continued From page 2 Nurse taught the training and she also received some training from another lady (unknown) that does in-service training. -The last time she received training was some time this year but she was not sure when that was done. Refer to the interview with the Owner on 8/9/16 at 3:00 PM. Refer to the interview with the Special Care Unit Coordinator (SCU) on 8/10/16 at 9:50 AM. Refer to the interview with Administrator on 8/10/16 at 9:45 AM. 2. Record Review of Staff B's personnel record on 8/9/16 revealed: -Staff B was hired on 4/26/13 as a Personal Care Aide/Medication Aide. -Staff B had completed six hours of SCU orientation training. -Staff B had nine hours of training specific to the SCU from 4/26/13- 10/26/13. -There was no further documentation of any other training specific to the SCU population within six months of hire from her start date on 4/23/13. -Staff B had completed six hours of training required for Medication Aides for 2016. Review of the staff schedule from 8/7/16 - 8/10/16 revealed that Staff B worked as a Medication Aide on second shift 3:00 PM - 11:00 PM. Attempted telephone interview with Staff B on 8/10/16 at 10:06 AM was unsuccessful. Refer to the interview with the Owner on 8/9/16 at 3:00 PM.	D 468		

Employee "B" does not work in the Special Care Unit.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA074036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER OAK HAVEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 506 MATTOX ROAD GREENVILLE, NC 27834			
(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 468	Continued From page 3 Refer to the interview with the Special Care Unit Coordinator (SCU) on 8/10/16 at 9:50 AM. Refer to the interview with Administrator on 8/10/16 at 9:45 AM. 3. Record Review of Staff F's personnel file on 8/9/16 revealed: -Staff F was hired on 10/2/09 as a Personal Care Aide/Medication Aide. -Staff F completed 5 hours of SCU orientation training in 2009. -There was no documentation of any other training specific to the SCU population within 6 months of hire from 10/2/09-4/2/10. -Staff F had completed six hours of training required for Medication Aides for 2016. Review of the staff schedule from 8/7/16 - 8/10/16 revealed that Staff F worked as a Medication Aide on first shift 7:00 AM - 3:00 PM. Interview with Staff F on 8/10/16 at 9:45 AM revealed: -She remembered receiving 6 hours of training when she started in the SCU. -She had been working in the SCU since 2009. Refer to the interview with the Owner on 8/9/16 at 3:00 PM. Refer to the interview with the Special Care Unit Coordinator (SCU) on 8/10/16 at 9:50 AM. Refer to the interview with Administrator on 8/10/16 at 9:45 AM. 4. Review of Staff I's personnel record revealed: -Staff I was hired on 1/27/15 as a Personal Care Aide/Medication Aide.	D 468			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER OAK HAVEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 506 MATTOX ROAD GREENVILLE, NC 27834		
(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)	(X6) COMPLETE DATE
D 468	Continued From page 4 -Staff I completed 6 hours of special care unit training on 1/27/15. -There was no documentation of any other training specific to the SCU population within 6 months of hire. Review of the staff schedule from 8/7/16 - 8/10/16 revealed that Staff I worked as a Medication Aide on second shift 3:00 PM - 11:00 PM . Telephone interview with Staff I on 08/10/16 at 10:08 AM revealed: -She had been working at the facility for 10-12 years. -She worked as a Medication Aide on the Special Care Unit. -She had taken some classes to work in the Special Care Unit but was not sure when she took them. -She felt that she had done 20 hours of training to work in the Special Care Unit. -There was a nurse that did her 6 hour initial training but she was not sure who the nurse was that did the training. -She would take the 20 hours of training if she needed to have it done. Refer to the Interview with the Owner on 8/9/16 at 3:00 PM. Refer to the interview with the Special Care Unit Coordinator (SCU) on 8/10/16 at 9:50 AM. Refer to the interview with Administrator on 8/10/16 at 9:45 AM. Interview with the Owner on 8/9/16 at 3:00 PM revealed: - She used to do the trainings for staff but now an	D 468		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER OAK HAVEN ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 506 MATTOX ROAD GREENVILLE, NC 27834		
(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 468	Continued From page 5 outside company comes in and does their trainings for them. -The outside company training staff was good about coming in and just training two or three people at a time, if it was needed. -The staff had all been working in the Special Care Unit for a long time -She was not sure about the number of training hours they received when they began working in the Special Care Unit. Interview with the Special Care Unit Coordinator (SCU) on 8/10/16 at 9:50 AM revealed: -The Staff had to have 6 hours of SCU training prior to coming to the unit. -After the staff completed their 6 hours of SCU training, then they are required to have 20 hours of SCU training during their first six months after they are hired. -They had a schedule posted of the trainings so the staff would know when the outside company would be coming do trainings. -The certificates were kept in the staff records. -She did not keep up with the SCU training hours for the staff because they were usually kept in their staff records. Interview with Administrator on 8/10/16 at 9:45 AM revealed: -Staff were getting their 20 hours of SCU training by working with someone already in the SCU for 1-2 weeks for 7 ½ hour shift. -The 1-2 weeks depended on if they came from another agency and had experience. -They usually obtained the six hours of SCU training by watching an orientation DVD, and reading and reviewing their Special Care Unit manual. -They also had trainings twice a month with an outside company that were posted for staff and	D 468			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER OAK HAVEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 506 MATTOX ROAD GREENVILLE, NC 27834			
(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 468	Continued From page 6 they could attend those trainings. -Some of those trainings were specific to the population of the SCU.	D 468			