

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/22/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HERITAGE PLACE ADULT LIVING CENTER

**1372 EUFOLA ROAD
STATESVILLE, NC 28677**

(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 Iredell County DSS conducted an annual survey and complaint investigation on-site September 20 and 21, 2016 with a telephone exit on September 22, 2016. Staff at Iredell County DSS initiated the complaint on August 17, 2016.	D 000		
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 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:	D935		

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

TITLE

(X6) DATE

ADMINISTRATOR

10-4-16

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NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677		
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D935	Continued From page 1 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 observations, interviews and record reviews, the facility failed to assure 1 of 3 medication aides (Staff D) successfully completed the medication competency examination within 60 days of hire as a medication aide. The findings are: Review of Staff D's personnel record revealed: -Hire date as personal care aide on 8/13/09. -Completion of 28 hours medication aide (Medication Aide) training on 11/10/15. -MA clinical skills evaluation completed on 1/19/16. -No documentation of the medication competency examination ever been taken or passed. Review of Staff D's Medication Aide training from the local college revealed: -Staff D "completed the NC Board of Nursing approved medication aide coursework requisite for medication aide competency evaluation" on	D935	<i>FACILITY HAS IMPLEMENTED A POLICY TO CONFIRM THE ACCURACY OF ALL LICENSES AND CERTIFICATES.</i> <i>THIS POLICY WILL BE ENFORCED BEFORE HIRING AND MONITORED BY THE ADMINISTRATION.</i>	10-1-16

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D935	Continued From page 2 11/10/15. -The Registered Nurse instructor had a Certification Number "issued by the NC board of Nursing." Review of the Medication Administration records for one resident revealed Staff D intermittently documented the administration of medications including insulin from 9/1/16 until 9/21/16. Telephone interview with Staff D on 9/22/16 at 2:45pm revealed: -She took the medication aide training at a local college and "on the last day of class, the instructor gave them an application and envelope to apply for the medication competency exam," and she thought it was for the Adult Care Licensure Section medication aide test so she sent it in with \$55.00 registration fee. -She took a medication aide test on 11/10/15 and she thought it was the test given by the Adult Care Licensure Section. -After she took the test, her address changed and she never received any results and she thought a family member intercepted her mail. Interview with the Administrator-in-Charge on 9/22/16 at 11:20am revealed: -The medication aides register for the medication aide competency exam and then bring her the certificates for filing. -She thought the certificate from the local college on file for Staff D was the medication aide competency certificate since it resembled the medication aide competency certificate and had Medication Aide written on it. -After Staff D completed the medication classes in November 2015, Staff D was checked off on medication clinical skills, but they did not need her to work on the medication cart until May 2016	D935		

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D935	Continued From page 4 medication opened and sprinkled in applesauce. -All residents were properly identified prior to receiving their medications. -Each resident was observed taking and swallowing the medication. -All medications were properly documented on the Medication Administration Record (MAR) after administration. -All medications were accurately prepared, administered and documented as administered by Staff D during the medication administration observation.	D935		