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	HAL068003	A. BUILDING: _____ B. WING _____	R 10/07/2016

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VILLINES REST HOME	401 WEST QUEEN STREET HILLSBORO, NC 27278

(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 conducted a follow-up survey on October 7, 2016.	{D 000}		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to assure that 2 of 6 sampled staff (B, C) had a criminal background check in accordance with G.S. 114-19.10 and 131D-40. The findings are: 1. Review of Staff B's personnel file revealed: -Staff B was hired as a Supervisor in Charge (SIC) on 09/01/2016. -There was no consent for a criminal background check signed by Staff B. -There was no documentation of a criminal background check done for Staff B. Interview with Staff B on 10/07/2016 at 3:00 p.m. revealed: -She did not recall signing a consent for a criminal background check. -She did not know if a criminal background check was done. Refer to interview with Administrator on 10/07/2016 at 6:15 p.m. 2. Review of Staff C's personnel file revealed:	D 139		

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D 139	Continued From page 1 -Staff C was hired as a Medication Aide on 09/01/2016. -There was no consent for a criminal background check signed by Staff C. -There was no documentation of a criminal background check done for Staff C. Staff C was not available for interview. Refer to interview with Administrator on 10/07/2016 at 6:15 p.m. _____ Interview with Administrator on 10/07/2016 at 6:15 p.m. revealed: -A criminal background check was not done for either staff person. -She was responsible for making sure that the criminal background checks were done. _____ Review of the Plan of Protection dated 10/07/2016 revealed: -Administrator will make sure that staff will have their criminal background checks immediately. -Administrator will make sure that background check is done before staff start to work. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 21, 2016	D 139		
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational	D 161		

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D 161	Continued From page 2	D 161		

licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision.

This Rule is not met as evidenced by:
TYPE B VIOLATION

Based on observations, interviews and record reviews, the facility failed to assure that 3 of 6 staff sampled (A, B, E) had been competency validated for personal care tasks specified as licensed health professional support (LHPS) tasks such as assistance with ambulation with assistive device, transfers, applying and removing TED (antiembolic) hose and collecting and testing of fingerstick blood samples. The findings are:

Observation of residents during tour on 10/07/2016 at 10:30 a.m. revealed that there were four residents with rolling walkers that required assistance.

Interview with a Medication Aide on 10/07/2016 at 6:40 p.m. revealed that there were two residents that were diabetic and received fingerstick blood sugar checks.

1. Review of Staff A's personnel file revealed:
-She was hired as a Nurse's Assistant (NA) on 10/30/2014.
-There was no licensed health professional support (LHPS) staff competency validation for Staff A.

Interview with Staff A on 10/07/2016 at 6:50 p.m.

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D 161	Continued From page 3	D 161		

revealed:
-She assisted residents with their walkers, transferring and applying and removing TED hose.
-No one checked her off on the tasks that she did for residents.

Observation of Staff A on 10/07/2016 at 3:30 p.m. during second shift revealed:
-Staff A was assisting residents with their walkers.
-Staff A was assisting residents with transfers.

Refer to interview with Supervisor in Charge (SIC) on 10/07/2016 at 3:00 p.m.

Refer to interview with Administrator on 10/07/2016 at 6:15 p.m.

2. Review of Staff B's personnel file revealed:
-She was hired as a Supervisor in Charge/ Medication Aide (MA) on 09/01/2016.
-There was no licensed health professional support (LHPS) tasks competency validation for Staff B.

Observation of Staff B on 10/07/2016 at 12:10 p.m. during first shift revealed:
-Staff B was assisting residents with their walkers.
-Staff B was assisting residents with transfers.

Interview with Staff B on 10/07/2016 at 3:00 p.m. revealed:
-She had LHPS tasks competency validation at her other job.
-She thought that the same LHPS tasks competency validation was transferable to this facility.
-She did not know and was never told that she had to have another LHPS tasks competency

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D 161	Continued From page 4 validation for this facility. Refer to interview with Supervisor in Charge (SIC) on 10/07/2016 at 3:00 p.m. Refer to interview with Administrator on 10/07/2016 at 6:15 p.m. 3. Review of Staff E's personnel file revealed: -She was hired as a Medication Aide (MA) on 04/01/2007. -There was no licensed health professional support (LHPS) staff competency validation for Staff E. Interview with Staff E on 10/07/2016 at 6:40 p.m. revealed: -She assisted residents with their walkers, transferring and perform fingerstick blood sugar checks. -No one ever checked her off on any LHPS tasks at this facility. -She recalled having been checked off on LHPS tasks at the previous facility that she worked before starting to work at this facility. -"I had all my paperwork from my previous facility, so we did not know that I could not use the same paperwork for this facility." Observation of Staff E on 10/07/2016 at 3:15 p.m. during second shift revealed: -Staff E was assisting residents with their walkers. -Staff E was assisting residents with transfers. Refer to interview with Supervisor in Charge (SIC) on 10/07/2016 at 3:00 p.m. Refer to interview with Administrator on 10/07/2016 at 6:15 p.m.	D 161		

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D 161	Continued From page 5 Interview with Supervisor in Charge (SIC) on 10/07/2016 at 3:00 p.m. revealed: -She started working at facility in September 2016. -She was not aware that all new staff to facility had to be LHPS tasks competency validated for this specific facility. -If she had been aware that was the case it would have been done. Interview with Administrator on 10/07/2016 at 6:15 p.m. revealed: -She did not know that paperwork could not be transferred from one facility to another. -If she had known, the LHPS tasks validation would have been done. -"You are the first person that has come in and told me that we could not transfer paperwork." -"I have been responsible for doing all the paperwork prior to hiring new SIC in September 2016. " Review of Plan of Protection dated 10/07/2016 revealed: -Administrator will make sure that all staff will have their License Health Professional Support as soon as possible, meaning the next 2-3 working days. -Administrator will make sure that a nurse will do the License Health Professional Support validation at the work place. -Administrator will make sure that for any new employee, the nurse will be notified to do the License Health Professional Support. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 21, 2016.	D 161		

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D 164	Continued From page 6	D 164		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure that training on the care of diabetic residents was provided to 2 of 4 sampled staff who administer medication (B, C) prior to the administration of insulin to residents. The findings are: 1. Review of Staff B's personnel file revealed:	D 164		

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D 164	Continued From page 7 -Staff B was hired as a Supervisor in Charge/ Medication Aide (SIC/ MA) on 09/01/2016. -She passed the Medication Aide test on 02/01/2013. -There was no documentation of diabetic care training for Staff B. Interview with Staff B on 10/07/2016 at 3:00 p.m. revealed that she had been administering medication to residents, including insulin since hired on 09/01/2016. Refer to interview with SIC on 10/07/2016 at 3:00 p.m. Refer to interview with Administrator on 10/07/2016 at 6:15 p.m. 2. Review of Staff C's personnel files revealed: -Staff C was hired as a Medication Aide (MA) on 09/01/2016. -She passed the Medication Aide test on 12/07/2007. -There was no documentation of diabetic care training for Staff C. Staff C was not available for interview. Refer to interview with SIC on 10/07/2016 at 3:00 p.m. Refer to interview with Administrator on 10/07/2016 at 6:15 p.m. Interview with Supervisor in Charge (SIC) on 10/07/2016 at 3:00 p.m. revealed: -She started working at facility in September 2016. -She was not aware that staff who administered insulin was required to have training on the care	D 164		

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D 164	Continued From page 8 of diabetic residents. -If she had been aware that was the case, it would have been done. Interview with Administrator on 10/07/2016 at 6:15 p.m. revealed: -She did not know that paperwork could not be transferred from one facility to another. -If she had known, the training on the care of diabetic residents would have been done. - "I have been responsible for doing all the paperwork prior to hiring new SIC in September 2016."	D 164		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' 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 observations, record reviews and interviews, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to having criminal background checks performed on staff, competency validation for licensed health professional support task and competency validation for staff who administer medication. The findings are: 1. Based on interview and review of personnel files, the facility failed to assure that 4 of 4	D912		

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D912	Continued From page 9 sampled staff (B, C, D, E), who administer medication were competency validated prior to administering medication to residents. [Refer to Tag D0125, 10A NCAC 13F .0403(a) (Type B Violation).] 2. Based on interview and review of personnel files, the facility failed to assure that 2 of 6 sampled staff (B, C) had a criminal background check in accordance with G.S. 114-19.10 and 131D-40. [Refer to Tag D0139, 10A NCAC 13F .0407(a)(7) (Type B Violation).] 3. Based on observation, interview and review of personnel files, the facility failed to assure that 5 of 6 facility non-licensed staff sampled (A, B, C, D, E) had been competency validated for personal care tasks specified as licensed health professional support (LHPS) tasks such as assistance with ambulation with assistive device, transfers, applying and removing TED hose and collecting and testing of fingerstick blood samples. [Refer to Tag D0161, 10A NCAC 13F .0504(a) (Type B Violation).]	D912		
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:	D935		

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D935	Continued From page 10 (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: 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: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to assure that 4 of 4 sampled staff (B, C, D, E), who administer medications were	D935		

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D935	Continued From page 11 competency validated prior to administering medication to residents. The findings are: 1.Review of Staff B's personnel file revealed: -Staff B was hired as a Supervisor in Charge/ Medication Aide (SIC/ MA) on 09/01/2016. -She passed the Medication Aide test on 02/01/2013. -There was documentation of an employment verification from a previous employer dated 09/30/2013 with another facility's name on it. -There was no documentation of medication clinical skills for Staff B. Interview with Staff B on 10/07/2016 at 3:00 p.m. revealed that she had been administering medication to residents since hired on 09/01/2016. Refer to interview with SIC on 10/07/2016 at 3:00 p.m. Refer to interview with Administrator on 10/07/2016 at 6:15 p.m. 2. Review of Staff C's personnel file revealed: -Staff C was hired as a Medication Aide (MA) on 09/01/2016. -She passed the Medication Aide test on 12/07/2007. -There was documentation of Staff C having done the 15 hour Medication Training on 01/07/2016. -There was no documentation of medication clinical skills for Staff C. Refer to interview with SIC on 10/07/2016 at 3:00 p.m. Refer to interview with Administrator on 10/07/2016 at 6:15 p.m.	D935		

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D935	Continued From page 12 3. Review of Staff D's personnel file revealed: -Staff D was hired as a Medication Aide (MA) on 07/10/2010. -She passed the Medication Aide test on 11/07/2008. -There was documentation of Staff D having done the 15 hour Medication Training on 09/10/2016. -There was no documentation of medication clinical skills for Staff D. Interview with Staff D on 10/07/2016 at 3:15 p.m. revealed: -She had been administering medications to residents since hired on 07/10/2010. -She was never checked off on the medication cart by anyone. -She worked first shift administering medications to residents. Refer to interview with SIC on 10/07/2016 at 3:00 p.m. Refer to interview with Administrator on 10/07/2016 at 6:15 p.m. 4. Review of Staff E's personnel file revealed: -Staff E was hired as a Medication Aide (MA) on 04/01/2007. -She passed the Medication Aide test on 09/27/2000. -There was no documentation of medication clinical skills for Staff E. Interview with Staff E on 10/07/2016 at 6:40 p.m. revealed: -She was not checked off on cart before administering medications to residents at this facility. -She was checked off on cart by a Registered	D935		

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D935	Continued From page 13 Nurse at the facility she worked prior to working at this facility. -She worked second shift administering medications to residents. -"The Administrator thought it was okay since I had already been checked off at my previous facility". -"I had all my paperwork from my previous facility, so we did not know that I could not use the same paperwork for this facility." -"I have not been checked off on anything since I have been working here." Refer to interview with SIC on 10/07/2016 at 3:00 p.m. Refer to interview with Administrator on 10/07/2016 at 6:15 p.m. Interview with Supervisor in Charge (SIC) on 10/07/2016 at 3:00 p.m. revealed: -She started working at the facility in September 2016. -She was not aware that all staff that administer medication must be checked off on the cart by a Registered Nurse prior to administering medications. -"If she had been aware that was the case it would have been done." Interview with Administrator on 10/07/2016 at 6:15 p.m. revealed: -She did not know that paperwork could not be transferred from one facility to another. -If she had known, the medication clinical skills would have been done. -"You are the first person that has come in and told me that we could not transfer paperwork". -"I have been responsible for doing all the paperwork prior to hiring the new SIC in	D935		

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D935	Continued From page 14 September 2016." _____ Review of the facility's Plan of Protection dated 10/07/2016 revealed: -Administrator will make sure that every staff will be checked off on the medication skills check before going on the cart to pass medication. -Plan is to go over the medication checklist monthly with staff on the cart. -Make sure that any new employee that we hire will be checked off prior to going on the medication cart. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 21, 2016.	D935		
D992	G.S.§ 131D-45 (a) Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068003	A. BUILDING: _____ B. WING _____	R 10/07/2016

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D992	Continued From page 15 applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure that complete screening and examination for the presence of controlled substance was performed for 2 of 3 sampled staff (B, C)hired after 10/01/2013. The findings are: 1. Review of Staff B's personnel file revealed: -Staff B was hired as a Supervisor in Charge (SIC) on 09/01/2016. -There was no consent for a drug screening signed by Staff B. -There was no documentation that a drug screening was performed for Staff B. Interview with Staff B on 10/07/2016 at 3:00 p.m. revealed: -She did not recall signing a consent for a drug screening. -She did not have a drug screening performed.	D992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D992	Continued From page 16 Refer to interview with Administrator on 10/07/2016 at 6:15 p.m. 2. Review of Staff C's personnel file revealed: -Staff C was hired as a Medication Aide on 09/01/2016. -There was no consent for a drug screening signed by Staff C. -There was no documentation that a drug screening was performed for Staff C. Refer to interview with Administrator on 10/07/2016 at 6:15 p.m. _____ Interview with Administrator on 10/07/2016 at 6:15 p.m. revealed: -That a drug screening was not done for the staff person. -She was responsible for making sure that the drug screenings were done. -Staff B and Staff C went that afternoon to have drug screening done.	D992		