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
	HAL044042	A. BUILDING: _____ B. WING _____	C 12/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWOOD HOUSE	27 NORTH MAIN STREET CANTON, NC 28716

(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 Haywood County Department of Social Services an annual survey and complaint investigation on December 6, 2016 and December 12, 2016.	D 000		
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, interviews and record review, the facility failed to assure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to medication aide qualifications. The findings are: Based on interviews and record reviews, the facility failed to assure 1 of 5 medication aides (Staff C) completed the medication competency examination within 60 days of hire as a medication aide. [Refer to Tag D935, G.S. 131D-4.5B(b) Adult Care Home Medication Aides; Training and Competency (Type B Violation)].	D912	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law. It is the policy of the facility to ensure that medication aides and staff who directly supervise the administration of medications be properly qualified. Specifically, that medication aides complete the medication competency examination within sixty days of hire as a medication aide. The facility will ensure that all medication aides, upon hire as medication aide, will sign a new job description, thus initiating the sixty day timeframe in which they must complete the medication competency examination. The facility will, on or about the date of hire and execution of a new job description, facilitate the completion of medication aide testing registration, requesting a testing date within the sixty day timeframe. If for any reason, the medication aide is unable to take and pass the examination within the sixty day timeframe, the facility will ensure that such medication aide will not administer any medications or perform tasks pursuant to the medication aide job description until such time as the medication aide has taken and passed the competency examination, pursuant to the rules and regulations stated herein. The facility further ensures that the business office manager will effectively monitor newly hired medication aides through the use of a perpetual staff log, put into place on 12/12/16, to more effectively track employee qualification requirements.	1/20/2017
D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home	D935		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Jill Workman Martin
Administrator
Haywood House

Reviewed and Accepted
Date: 1/26/2017 cs

1/23/2017

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D935	Continued From page 1 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: 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.	D935		

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D935	Continued From page 2 This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to assure 1 of 5 medication aides (Staff C) completed the medication competency examination within 60 days of hire as a medication aide. The findings are: Review of Staff C's personnel record revealed: -Hire date as Personal Care Aide on 12/2/15. -Job description change to a Medication Aide (MA) on 9/1/16. -MA clinical skills evaluation completed on 9/1/16. -No documentation of the medication examination ever being taken or passed. Review of the November 2016 Medication Administration Records (MARs) for three residents revealed Staff C documented the administration of medications on 11/4/16, 11/5/16, 11/7/16, 11/14/16, 11/19/16, 11/25/16, and 11/28/16. Review of the December 2016 MARs for three residents revealed Staff C had not documented any medication administrations from 12/1/16 to 12/12/16. Interview with the Executive Director on 12/12/16 at 1:58pm revealed: -Staff C worked in the facility on an as needed basis as a medication aide. -Staff C usually worked 7p to 7am shift. -Staff C had attempted the medication competency examination on 12/6/16 and failed it.	D935		

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D935	Continued From page 3 -She had not been aware Staff C's 60 days ended on 11/1/16. -Staff C had administered medications during the month of November 2016. Interview with Staff C, MA, on 12/12/16 at 3:21pm revealed: -She began working at the facility as a personal care aide in December 2015. -She had started "passing meds" in September 2016. -"I was on the cart for awhile, but my time ran out." -Her normal shift to work was 7pm to 7am, so when she worked as a MA she would administer all the residents 7pm and 6am medications. -She had routinely administered oral medications, eyedrops, inhalers, insulin, and performed fingerstick blood sugar testing. -The Executive Director had "sent us out the information and dates the test was offered, but then we had to meet with her concerning the financial part to actually get scheduled for the test." -The Executive Director was signing her up to take the test again on 1/10/17. Interview with the Business Office Manager on 12/12/16 at 3:35pm revealed: -She had begun working in her current position in April 2016. -Part of her job responsibilities included the filing and storage of "staffing records." -She had just completed an audit of all the personnel files the first of December 2016. -"I just was not clear on who needed what." Interview with the Executive Director on 12/12/16 at 4:10pm revealed: -"I get the dates of the tests to the new	D935		

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D935	Continued From page 4 medication aides." -"I will sign them up if they have the money." -"We know when they have tested. Then we pull the results for the [personnel] file." -A better system of tracking would be developed to ensure MA's completed the medication competency evalution within 60 days of date of hire as medication aides. _____ The facility failed to assure medication staff competency requirements were met by allowing one medication aide who had not successfully completed the medication competency examination within 60 days of hire to continue to administer medications. The medication aide took the medication competency examination on 12/6/16 after the 60 days had expired on 11/1/16 and failed. The facility's failure to remove the medication aide from administering medications within 60 days of hire placed the residents at risk for not receiving medications as ordered. _____ A plan of protection was received from the facility on 12/12/16 as follows: -Staff C will not be allowed on the medication cart starting 12/12/16 and will remain off the medication cart until the staff member can or will pass the medication competency evaluation. -A perpetual staff log has been put into place as of 12/12/16 to track employee qualification requirements to ensure that no staff member passes medications past allotted 60 days after date of hire without having successfully completed the medication competency evaluation. _____ CORRECTION DATE FOR THE TYPE B	D935		

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D935	Continued From page 5 VIOLATION SHALL NOT EXCEED JANUARY 26, 2017.	D935		