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
	HAL005013	A. BUILDING _____ B. WING _____	02/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHE ASSISTED LIVING & MEMORY CARE	182 CHATTYROB LANE WEST JEFFERSON, NC 28694

(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 an annual survey on February 13, 2017 and February 14, 2017.	D 000		
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 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: Based on interviews and record review, the facility failed to assure 2 of 6 sampled staff (Staff B and F) was competency validated for Licensed Health Professional Support (LHPS) tasks. The findings are: Random observations in the Assisted Living hallways and Special Care Unit on 2/13/17 and 2/14/17 revealed Personal Care Aides were observed to perform various personal care tasks for residents including feeding assistance, toileting assistance, and transfer assistance utilizing a Hoyer lift. Interview with a family member of one resident	D 161	What measures will be put in place to correct the deficient area? 3/31/17 - The Resident Care Coordinator (RN) completed competency validations for the LHPS Tasks immediately and as soon as possible. LHPS competency validation was completed on 2/14/17 for Staff B. Competency validation for Staff F was completed on 2/22/17. - The Administrative staff began a thorough audit of all employee files on 2/15/17 to ensure that all files were up-to-date and accurate. Continued on page 2	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Beverly B. Smith
TITLE: Administrator
(X6) DATE: 3/1/17

REVIEWED & Accepted Casey Fitzgerald, 3/6/2017

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D 161	Continued From page 1 who lived on the Assisted Living hallway on 2/13/17 at 2:20pm revealed: -She visited with her mother almost everyday. -She had no concerns with the care provided in the facility. -She had observed staff treating her mother and other residents with respect and dignity. Interview with a family member of one resident who lived on the Special Care Unit (SCU) on 2/14/17 at 1:00pm revealed: -The staff "do a great job there." -The resident received "random" family visits and the family members had always been very pleased with the care the staff provided to their loved one -The resident "loves the staff there. They are always joking around with him." -The family member had "no concerns at all" with the care provided in the facility. 1. Review of Staff B's personnel record revealed: -A hire date of 12/13/16 as a Medication Aide (MA). -There was documentation of Staff B's certified nursing assistant (CNA) certification. -Documentation showed Staff B had completed the 6-hour SCU training on 12/14/16 and was in the process of completing the 20-hour SCU training. -There was no documentation of the LHPS competency validation. Interview with Staff B on 2/14/17 at 11:25am and 2:25pm revealed: -She was a certified nursing assistance (CNA) and her certification was current. -She had started work in the facility as Personal Care Aide in December 2016. -She had not yet encountered any personal care	D 161	What measures will be put in place to prevent the problem from occuring again? - An employee file audit form was created that will be utilized with each employee upon hire. This form will assist in ensuring all required aspects of staff qualifications are met by the required time frame and within the orientation period. - Employee file audits will also be conducted on a routine basis to ensure all staff qualifications are up-to-date. Indicate who will monitor the situation to ensure it will not occur again. - The Administrator will monitor staff qualifications by reviewing the employee file audit for prior to acknowledging that the employee orientation is complete. Continued on Page 3	

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D 161	Continued From page 2 tasks she was required to perform for residents with which she did not feel comfortable performing or had not had training or prior experience to perform. -To care for a resident who received oxygen therapy she would ensure the nasal cannula was worn correctly by the resident, the liters per minute of oxygen were set correctly, and water was present for humidified oxygen. -When transferring residents using a lift, she always had two people to do a transfer because the lift could "topple over so it's not safe to just have one person" for a lift transfer. -When she applied Thromboembolic Deterrent Hose (TED hose) she would first turn the hose wrong side out, then start by putting the hose over the toes, and then slowly sliding the hose up the foot, ankle, and leg ensuring no wrinkles were left in the hose. -She assisted residents with their showers, toileting and other activities of daily living (ADL). Refer to interview on 2/14/17 at 2:20pm with the Resident Care Coordinator (RCC). Refer to interview on 2/14/17 at 11:20am with the Administrator. 2. Review of Staff F's personnel record revealed. -A hire date of 12/8/16 as a Personal Care Aide (PCA). -Documentation showed Staff F had completed the 6-hour SCU training on 12/12/16 and the 20-hour SCU training on 12/14/16. -There was no documentation of the LHPS competency validation. Attempted telephone interview with Staff F on 2/14/17 at 2:40pm was unsuccessful by exit.	D 161	An employee will not be released from orientation until all required aspects are complete. - The Office Manager is responsible for maintaining employee files. The administrative staff will assist the office manager in conducting routine audits of employee files. Indicate how often the monitoring will take place. - The Administrator will monitor employee qualifications upon each new hire during the orientation period. Employee audits will also be conducted at least every 6 months. Completion dates by which the Plan of Correction will be completed. - LHPS Competency validation was completed on 2/14/17 for Staff B and on 2/22/17 for Staff F. - Thorough employee audits will continue and will be completed no later than 3/31/17.	

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D 161	Continued From page 3	D 161		

Refer to interview on 2/14/17 at 2:20pm with the Resident Care Coordinator (RCC).

Refer to interview on 2/14/17 at 11:20am with the Administrator.

Interview on 2/14/17 at 2:20pm with the RCC revealed:
-She was a Registered Nurse and was responsible for completing the LHPS competency validation with new staff.
-She was on personal leave from 10/31/16 until 1/3/17.
-She had just learned earlier today that Staff B and Staff F needed to be LHPS competency validated.
-She would complete Staff B's checklist today and complete Staff F's as soon as possible.
-She had observed Staff B on numerous occasions completing PCA tasks for residents and had no concerns with her competency level on all LHPS tasks.
-She had not had the opportunity to observe Staff F.
-PCA's assisted residents with their ADL's, such as transfers, TED hose, feeding assist, toileting and bathing.

Interview on 2/14/17 at 11:20am with the Administrator revealed:
-The RCC was responsible for completing the LHPS competency validation checklist.
-When Staff B and Staff F were hired the RCC was out on personal leave.
-"I failed to coordinate with a company nurse" to have the LHPS competency validation completed. When staff are first hired they will spend two weeks in orientation training and when interacting with the residents, will always be in the presence of another staff member.

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D 161	Continued From page 4 -MA's and PCA's are trained to work with AL and SCU residents. -Staff B is currently on duty and the LHPS validation will be completed today. -Staff F will be completed as soon as possible.	D 161		

Fitzgerald, Casey E

From: Bevin South <BevinSouth@AsheAging.org>
Sent: Wednesday, March 01, 2017 2:05 PM
To: Fitzgerald, Casey E
Subject: Plan of Correction - Ashe Assisted Living
Attachments: NC DHSR Plan of Correction 030117.pdf; 021417 Plan of Correction - DHSR Annual Survey.docx

Mr. Fitzgerald,

Attached please find our signed Plan of Correction as well as an electronic copy. Please let me know if you need anything else.

Many Thanks,

Bevin South
Administrator
Ashe Assisted Living & Memory Care
182 ChattyRob Lane
West Jefferson, NC 28694
(336) 846-6200
(336) 846-6202 fax
www.asheassistedliving.com