STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL096038	A. BUILDING: _____ B. WING _____ MAR - 7 2017	R 02/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING GLORY FAMILY CARE	112 SOUTH CHURCH STREET EUREKA, NC 27830

(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
C 000	Initial Comments The Adult Care Licensure Section and the Wayne County Department of Social Services conducted and annual and follow-up survey on February 9, 2017.	C 000		
C 153	10A NCAC 13G .0501 (a) Personal Care Training And Competency 10A NCAC 13G .0501 Personal Care Training And Competency (a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties. This Rule is not met as evidenced by: Based on observations, record review, and interview, the facility failed to assure the 25-hour personal care training and competency evaluation program was completed within six months of hire for 3 of 3 staff sampled (Staff A, B and C). The findings are: 1. Review of the personnel record for Staff A revealed: -Staff A, started with ownership of the facility in June 2007.	C 153	The facility will have all staff trained In the 25 hour personal care training and competency evaluation by April 31, 2017 Prior to hired all staff will be trained	4/31/17

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Joyce Applewhite

TITLE: Licensee

(X6) DATE: 3/6/17

STATE FORM 6899 VX9X11 If continuation sheet 1 of 3

Renewed Accepted JW 3/7/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 153	Continued From page 1 -Staff A was the Supervisor-In-Charge (SIC)/Medication Aide. -There was documentation of passing the state medication administration test on 4/16/01. -There was no documentation of 25 hours of personal care training in the record. Refer to telephone interview with the Registered Nurse trainer for the facility on 2/9/17 at 10:57 am. Refer to interview with the SIC/Medication Aide on 2/9/17 at 11:30 am. 2.Review of the personnel record for Staff B revealed: -Staff B was hired on 7/29/10. -Staff B was listed as a Personal Care Aide, Cook and a Housekeeper. -There was no documentation of 25 hours of personal care training in the record. Interview with Staff B on 2/9/17 at 11:44 am revealed she mostly helped residents with toileting if they needed occasional assistance. Refer to telephone interview with the Registered Nurse trainer for the facility on 2/9/17 at 10:57 am. Refer to interview with the SIC/Medication Aide on 2/9/17 at 11:30 am. 3.Review of the personnel record for Staff C revealed: -Staff C was hired on 10/19/07 as a Medication Aide. -There was documentation of passing the state medication administration test on 5/14/2008. -There was no documentation of 25 hours of	C 153	In the 25 hours Personal care training and the competency Evaluation. This will be monitored by the licensed. at the end of each year to make and appointment for the next calendar year	Dec 1-2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 153	Continued From page 2 personal care training in the record. Staff C was not available for interview on 2/9/17. Refer to telephone interview with the Registered Nurse trainer for the facility on 2/9/17 at 10:57 am. Refer to interview with the SIC/Medication Aide on 2/9/17 at 11:30 am. Telephone interview with the Registered Nurse trainer for the facility on 2/9/17 at 10:57 am revealed: -She did not provide the 25 hour personal care training to facilities. -She had spoken with the SIC and provided her information for where the employees could get the 25 hour personal care training. Interview with the SIC/Medication Aide on 2/9/17 at 11:30 am revealed: -There was no documentation that Staff A, Staff B and Staff C had completed the 25 hour personal care training. -Staff A, Staff B and Staff C all assisted the residents with their activities of daily living. -All the staff helped the resident's with dressing, grooming and toileting if needed. -She thought some of the other trainings the staff had would be enough to count towards the 25 hours of personal care training. -She would ensure that all staff currently working at the facility were trained and received 25 hours of personal care training.	C 153		