STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096029	A. BUILDING: _____ B. WING _____	03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUTTON'S RETIREMENT CENTER	4258 HWY 13 NORTH GOLDSBORO, NC 27534

(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 Wayne County Department of Social Services conducted an annual survey on March 21-22, 2017.	D 000		
D934	G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 sampled Medication Aides (Staff A and B) had received the annual state mandated infection control training. The findings are: A. Review of Staff A's personnel record revealed: -Staff A was hired as a Medication Aide (MA) on 09/02/05. -There was documentation Staff A had completed the state mandated infection control training on	D934		

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D934	Continued From page 1 09/03/15. -There was no other documentation of infection control training. Interview with Staff A on 03/22/17 at 9:45 am revealed: -She had worked at the facility as a MA for over 10 years. -She had completed infection control training in 2015. -She did not think she had completed infection control training in 2016 or 2017. Refer to interview with the Administrator on 03/21/17 at 11:45 am. B. Review of Staff B's personnel record revealed: -Staff B was hired as a MA on 08/08/05. -There was documentation Staff B had completed the state mandated infection control training on 09/03/15. -There was no other documentation of infection control training. Staff B was not available for interview on 03/21/17 or 03/22/17. Refer to interview with the Administrator on 03/21/17 at 11:45 am. Interview with the Administrator on 03/21/17 at 11:45 am revealed: -She was responsible for scheduling the staff trainings at the facility. -She was aware that Staff A and Staff B had not completed the annual infection control training for Medication Aides since 09/03/15. -She had the infection control training scheduled for 04/07/17. -She would ensure all Medication Aides had	D934		

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D934	Continued From page 2 annual infection control training.	D934		