STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL008029	A. BUILDING: _____ B. WING _____	04/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA'S PLACE	1517 GOVERNOR'S ROAD WINDSOR, NC 27983

(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 Bertie County Department of Social Services conducted an annual survey on April 6, 2017.	C 000		
C 171	10A NCAC 13G .0504(a) Competency Validation For Licensed Health 10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (a) A family 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 record reviews and interviews, the facility failed to provide documentation that 1 of 2 sampled staff (Staff B) had been competency validated by a licensed health care professional to administer insulin and perform fingerstick blood sugar testing (FSBS) The findings are: Review of Staff B's personnel record revealed: -He was hired as a Personal Care Aide/Medication Aide (PCA/MA) on 09/02/16. -There was documentation Staff B had completed 5 hours of Medication Aide Training on 07/13/16. -There was no documentation that Staff B had been competency validated to perform Licensed Healthcare Professional Support (LHPS) tasks for insulin injections or FSBS.	C 171		

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C 171	Continued From page 1 Interview with the Staff B on 04/06/17 at 11:15am revealed: -He was hired as PCA in March 2016 but he left after one week. -He was hired at the facility in September 2016 as a Personal Care Aide/Medication Aide. -He performed fingersticks for 2 residents at the facility. -He administered insulin by injection for 1 resident at the facility. -He could not remember completing a LHPS checklist since he was hired in September 2016 at the facility. -He did not know he needed to complete a LHPS checklist in order to perform fingersticks and insulin injections. Interview with the Administrator on 04/06/17 at 11:30am revealed: -Staff B did perform fingersticks and insulin injections with residents at the facility who required those LHPS tasks. -She did not know why a LHPS checklist had not been completed on Staff B. -She would make sure Staff B's LHPS checklist was completed as soon as she could by the facility LHPS nurse. -No timeframe was given on when the LHPS checklist for Staff B would be completed. Review of the Medication Administration Records for February 2017, March 2017, and April 2017 revealed Staff B had documented administration of insulin and performed FSBS for 2 residents at the facility.	C 171		
C 252	10A NCAC 13G .0903(a) Licensed Health Professional Support	C 252		

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C 252	Continued From page 2 10A NCAC 13G .0903 Licensed Health Professional Support (a) A family care home shall assure that an appropriate licensed health professional, participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers, up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or	C 252		

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C 252	Continued From page 3 drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of this Subchapter; (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include indo-tracheal suctioning; (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph (14) of this Paragraph); (21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP); (22) application of prescribed heat therapy; (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity; (24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises; (26) any other prescribed physical or occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure quarterly Licensed Health Professional Support (LHPS)	C 252		

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C 252	Continued From page 4	C 252		

reviews were completed for 2 of 3 residents (#1,#3) sampled who required fingerstick blood sugars and insulin administration.

The findings are:

1. Review of the Resident #1's FL-2 dated 10/11/16 revealed:
-Diagnoses included Type II diabetes mellitus, hypertension, intellectual disability (mild), gastroesophageal reflux disease, and depression.
-A physician's order for FSBS three times a day.
-A medication order for Lantus 25 units subcutaneously at bedtime and to give 1 additional unit if the blood sugar was greater than 150 (Lantus is a long-acting human insulin used to improve glycemic control in patients with diabetes).
-A medication order for Novolog FlexPen 100 unit/ml with a sliding scale for blood sugar reading of 150-200 = 4 units, 201-250 = 8 units, 251-300 = 12units, 301-350 = 16 units, 351-400 = 20 units, > 400 = 24 units and call the physician.

Review of the Resident Register for Resident #1 revealed an admission date of 02/29/16 for the facility.

Review of Resident #1's LHPS reviews revealed:
-LHPS reviews were documented as completed on 05/10/16, 08/31/16, and 11/18/16.
-There was not documentation of LHPS reviews performed after 11/18/16.

Review of the Medication Administration Records for Resident #1 revealed Resident #1's blood sugar had been checked at the facility from 11/18/2016 through 04/06/2017.

An attempted telephone interview was

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C 252	Continued From page 5 unsuccessful with the LHPS nurse on 04/06/17 at 10:35am. Refer to Interview with the Administrator on 04/06/17 at 10:45am. 2. Review of the Resident #2's FL-2 dated 01/19/17 revealed: -Diagnoses included schizo-affective disorder, history of stimulant abuse, and history of cannabis abuse. -A physician's order for FSBS two times a day. Review of the Resident Register for Resident #2 revealed an admission date of 12/16/13 for the facility. Review of Resident #2's LHPS reviews revealed: -LHPS reviews were documented as completed on 05/10/16, 08/31/16, and 11/18/16. -There was not documentation of LHPS reviews performed after 11/18/16. Review of the Medication Administration Records for Resident #2 revealed Resident #2's blood sugars had been checked at the facility from 11/18/2016 through 04/06/2017. A second attempted telephone interview was unsuccessful with the LHPS nurse on 04/06/17 at 11:45am. Refer to Interview with the Administrator on 04/06/17 at 10:45am. _____ An Interview with the Administrator on 04/06/17 at 10:45am revealed: -She was aware that Resident #1 and Resident #2 had LHPS tasks that were performed by the staff.	C 252		

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C 252	Continued From page 6 -It was her responsibility to contact the LHPS nurse to get the LHPS reviews done for the residents. -She had forgotten to contact the LHPS nurse to get the LHPS reviews done for the residents. -The LHPS nurse came to perform the LHPS evaluation reviews whenever she called the LHPS nurse to do so. -She would call the LHPS nurse to arrange for the LHPS reviews to be done as soon as possible. -No timeframe was given when the LHPS reviews would be completed for Resident #1 or Resident #2.	C 252		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's 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 reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations regarding Medication Aide Training & Competency. The findings are: 1. Based on record reviews and interviews, the facility failed to assure that 1 of 2 sampled staff (Staff B), hired after October 2013, who administered medications, had successfully	C 912		

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C 912	Continued From page 7 completed the medication clinical checklist prior to administering medications, 10 hour Medication Aide training, and passed the Medication Aide test within 60 days of hire. [Refer to Tag 935, G.S. § 131D-4.5B(b) Medication Aide Training & Competency (Type B Violation)].	C 912		
C935	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: (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:	C935		

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C935	Continued From page 8 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 record reviews and interviews, the facility failed to assure that 1 of 2 sampled staff (Staff B), hired after October 2013, who administered medications, had successfully completed the medication clinical checklist prior to administering medications, 10 hour Medication Aide training, and passed the Medication Aide test within 60 days of hire. The findings are: Review of Staff B personnel record revealed: -He was hired as a Personal Care Aide/Medication Aide on 09/02/16. -There was documentation Staff B had completed 5 hours of Medication Aide Training on 07/13/16. -Staff B passed the Medication Aide Test on 02/18/2017. -There was no documentation Staff B had completed the other required 10 hours of medication aide training. Interview with the Staff B on 04/06/17 at 11:15am revealed:	C935		

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C935	Continued From page 9	C935		

-He had worked previously at the facility as a Personal Care Aide for about week in March 2016 but he left.
-Staff B continued attending trainings and inservices at the facility after he left in March 2016 but he was not employed at the facility until he was rehired in September 2016.
-He continued his trainings because so he could be a back-up employee if the facility needed him.
-He remembered completing the 5 hour medication aide training and the medication administration checklist in July 2016.
-He could not remember if he had completed the 10 additional hours of medication aide training.
-He was not employed at the facility from March 2016 through August 2016.
-He was hired full time at the facility in September 2016 as a Personal Care Aide/Medication Aide (PCA/MA).
-He started administering medications in the facility in September 2016.
-He did not pass any medications at the facility from approximately mid-December 2016 until after he passed the Medication Aide Test in February 2017 because he realized his 60 days had lapsed.
-He thought his 60 days restarted when he was hired as the PCA/MA in September 2016.

Interview with the Administrator on 04/06/17 at 11:30am revealed:
-Staff B had initially started working at the facility in March 2016 but left after about one week.
-She allowed Staff B to complete training and inservices through the facility because she planned to rehire Staff B at a later date.
-Staff B did not work at the facility after he left in March 2016 until he was rehired in September 2016.
-Staff B was rehired as a full-time PCA/MA and

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C935	Continued From page 10	C935		

began passing medications after he was hired in September 2016.
-Staff B had the 10 hours of medication aide training during the end of September 2016 but she could not remember the date.
-The documentation of the 10 additional medication aide training hours was supposed to be in Staff B's employee record.
-She was unable to locate the documentation of Staff B's 10 hours of medication aide training.
-She thought medication clinical checklist from August 2016 could be used when Staff B was rehired in September 2016.
-She was responsible for ensuring staff had completed the required 5, 10 or 15 hours of medication aide training and passed the Medication Aide test within 60 days.
-The 10 hours of medication aide training would be completed by Staff B if she was unable to locate the prior documentation that it had already been done.
-She thought the 60 days for Staff B started when he was hired as a PCA/MA in September 2016.
-She did not realize Staff B's initial 60 days had lapsed until December 2016 for medication administration
-She did not allow Staff B to pass any medications from the middle of December 2016 through the middle of February 2017
-Staff B passsed the Medication Aide test in February 2017.

Review of the Medication Administration Records (MARs) from September 2016, October 2016, November 2016, and December 2016 revealed Staff B did administer medications in the facility from 9/2016 through 12/08/2016.

Review of Medication Administration Records

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C935	Continued From page 11 (MARs) for December 2016, January 2017, and February 2017 revealed Staff B did not administer any medications in the facility from 12/08/16 through 02/12/17. Review of the MARs from February 2017, March 2017, and April 2017 revealed Staff B did administer medications from 02/12/2017 through 04/06/17. The facility failed to assure 1 of 2 staff (Staff B) was qualified to administer medications. Staff B, who was hired on 09/02/16, had not completed the medication clinical skills checklist prior to administering medications, completed the required 10 additional hours of medication administration training nor successfully passed the Medication Aide test within 60 days of hire, continued to administer medications. The facility's failure to ensure Staff B was qualified to administer medications placed the residents at risk for medication errors and was detrimental to the health and safety of residents, which constitutes a Type B violation. Review of the Plan of Protection dated 04/25/17 revealed: -The facility will develop a check/balance procedure to ensure all documents are filed once completed. -All medication staff who require the 5 hour, 10 hour, or 15 hour state approved medication aide training will have it done immediately. -New medication aides will pass the written medication aide exam within 60 days of hire. -The Administrator will check personnel files quarterly to make sure medication aide qualifications are on file. CORRECTION DATE FOR THE TYPE B	C935		

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C935	Continued From page 12 VIOLATION SHALL NOT EXCEED JUNE 9, 2017.	C935		