STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL092222	A. BUILDING: _____ B. WING _____	03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENDELLE ON LAZY RIVER	2265 LAZY RIVER DRIVE RALEIGH, NC 27610

(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 conducted an initial survey on 3/22/17.	C 000		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 2 of 6 staff (Staff C and F) sampled had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to working in the facility. The findings are: 1. Review of the personnel record for Staff C revealed: -Staff C was hired on 1/25/17 as a Medication Aide/ Nursing Assistant. -There was no documentation of HCPR verification for Staff C. Interview with Staff C on 2/22/16 at 10:22am revealed: -He had been working at the facility as a Medication Aide since January of 2017. -He worked 3 days per week and every other weekend. Interview with the Supervisor in Charge (SIC) on 3/22/17 at 1:40pm revealed: -She had not checked the HCPR for Staff C.	C 145		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Maggie Edwards

TITLE

Owner/operator

(X6) DATE

4/27/17

acknowledged reviewed

4/27/17

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C 145	Continued From page 1 -Staff C was hired on 1/25/17, and had been working at the facility since that time. -She "checked the HCPR today" (3/22/17) and Staff C "did not have any substantiated findings listed on the registry". Review of a HCPR check for Staff C dated 3/22/17 revealed no substantiated findings on the registry. Refer to interview with the SIC on 3/22/17 at 1:40pm. 2. Review of the personnel record for Staff F revealed: -Staff F was hired on 1/23/17 as a Medication Aide/ Nursing Assistant. -There was no documentation of HCPR verification for Staff F. Interview with the SIC on 3/22/17 at 1:40pm revealed: -She had not checked the HCPR prior to hire for Staff F. -She "checked the HCPR today" (3/22/17) and Staff F "did not have any substantiated findings listed on the registry". Review of a HCPR check for Staff F dated 3/22/17 revealed no substantiated findings listed on the registry. Staff F was not available for interview. Refer to interview with the SIC on 3/22/17 at 1:40pm. Interview with the SIC on 3/22/17 at 1:40pm revealed: -She was responsible for verifying staff	C 145	HCPR was checked on 3/22/17 for Staff C and Staff F as indicated in survey. HCPR will be checked by the SIC prior to hiring and employee files will be monitored by Maggie Edwards every month.	3/23/17

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C 145	Continued From page 2 qualifications for new hires employed at the facility. -She was not aware HCPR was to be obtained on all staff prior to hire. -She did not have a file of all of the employee's records. -She was in the process of getting her files together on all of the employees. -She would ensure she had a complete file on each employee. -She would ensure HCPR had been checked for each new hire prior to hire, going forward. The Administrator was not available for interview.	C 145		
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	C935		

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C935	Continued From page 3 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. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to assure 2 of 5 sampled (B and C) staff had successfully completed the 5 hour or 15 hour Medication Aide Training Program and the clinical skills evaluation prior to administering medications. The findings are: 1. Review of the personnel record for Staff B revealed: -Staff B was hired on 2/13/17 as a Medication Aide/ Nursing Assistant. -There was no documentation of Medication Administration Clinical Skills Checklist found in the record. -There was no documentation of the five hour training requirement. -There was no employment validation showing prior employment as a Medication Aide.	C935	15 hr. Medication Training Certificate was obtained from Staff B's other present employer and placed in employee file. The SIC will be responsible for	

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C935	Continued From page 4 -Staff B had successfully completed the medication exam on 8/17/15. Interview with the Supervisor in charge (SIC) on 3/22/17 at 1:40pm revealed: -She did not have documentation of the five hour medication training for Staff B. -She did not verify previous Medication Aide employment for Staff B. Staff B was not available for interview. Refer to interview with the SIC on 3/22/17 at 1:40pm. 2. Review of the personnel record for Staff C revealed: -Staff C was hired on 1/25/17 as a Medication Aide/ Nursing Assistant. -There was no documentation of Medication Administration Clinical Skills Checklist found in the record. -There was no documentation of the five hour training requirement. -There was no employment validation showing prior employment as a Medication Aide. -Staff C had successfully completed the medication exam on 5/19/11. Interview with the Supervisor in Charge (SIC) on 3/22/17 at 1:40pm revealed: -Staff C worked as a nurse aide prior to becoming employed at the facility. -She thought he administered medications at that facility. -She did not verify previous Medication Aide employment for Staff C. -She did not have documentation of the five hour medication training for Staff C. -She did not do the Medication Aide verification	C935	Making sure the Medication training Certificate is obtained prior to employment or the employee will be responsible for taking the 15 hr medication class and checked off by nurse before passing medications in facility. Maggie Edwards will be responsible for checking employee files once a month.	3/23/17

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C935	Continued From page 5 for Staff C, but she thought the Administrator had done it. Interview with Staff C on 3/22/17 at 2:40pm revealed: -He was employed at a medical facility prior to starting work at the facility. -He had worked as a Medication Aide in the past. -He had not been employed as a Medication Aide for the last three and a half years, prior to working at the facility. -He had been checked off on Medication Skills with the Nurse, upon hire at the facility. -He did not complete the five hour medication training. Refer to interview with the SIC on 3/22/17 at 1:40pm. Interview with the SIC on 3/22/17 at 1:40pm revealed: -She was responsible for verifying staff qualifications for new hires employed at the facility. -She did not have a file of all of the employee's records. -She was in the process of getting her files together on all of the employees. -She would ensure the "Nurse did the five, ten, and fifteen hour trainings immediately".	C935	Staff C completed the Medication Administration training & class and clinical skills checklist was placed in employee file. 3/27/17 The SIC will be responsible for checking this prior to hire and Maggie Edwards will monitor employee files once a month. The SIC will be educated as to what documentation is needed prior to hire. 4-24-17 I have created an employee spreadsheet 4-28-17 that can be utilized to show what documentation is needed prior to hire.	