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	HAL001103	A. BUILDING: _____ B. WING _____	08/09/2017

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A VISION COME TRUE	220 HATCH STREET BURLINGTON, NC 27217

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D 000	Initial Comments The Adult Care Licensure Section conducted an Annual Survey on August 8, 2017 - August 9, 2017.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to assure two of two facility staff (A and B) were tested for tuberculosis disease (TB) in compliance with the control measures adopted by the Commission for Health Services. The findings are: 1. Review of the personnel file for Staff A revealed: - A hire date of 1/14/09. - She was hired to work in the kitchen and housekeeping. - A TB test was obtained on 2/13/09 and was read on 2/16/09 as negative. - There was no other TB testing documented in the record.	D 131		

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D 131	Continued From page 1	D 131		

Observation on 8/8/17 at 12:10 p.m. revealed Staff A was serving lunch meal plated and beverages to residents in the dining room.

Interview on 8/9/17 at 12:20 p.m. with the Administrator revealed:
- Staff A was hired first as kitchen help and as a cook in 2009, then she left working at the facility and went to school, but not sure when she left to go to school.
- She came back at the end of 2016 and was hired to be the Director and as a medication aide.
- She thought the Director had her TB testing completed.
- Staff A was now in charge of ensuring staff had TB testing completed since she was shortly going to become the administrator of the facility.
- She Administrator had not ensured Staff A had her TB testing completed.

Interview on 8/09/17 at 12:20 p.m. with the Staff A, Director, revealed:
- She had worked in the facility since she was younger, but had left for a period of time to go to school.
- She could not remember when she left working at the facility.
- She had been back working at the facility sometime between late December 2016 and early January 2017.
- She had a TB skin test obtained since she was back at the facility but it was not in the facility.
- She was not aware she needed a second TB test after the first one.

2. Review of the personnel file for Staff B, Administrator revealed:
- She had opened the facility in 2005.
- A TB test was placed on 10/19/13 and read as

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D 131	Continued From page 2 negative on 10/21/13 for the Administrator. - There was no another TB test in the personnel file. Interview on 8/9/17 at 12:20 p.m. with the Administrator revealed: - She thought she had a TB test years ago and had worked in the business for 30 years and did not need another one. - She had one in 2013 but did not have a second test completed. - She was not aware she would require the two step TB testing completed. Interview on 8/9/17 at 12:40 p.m. with the Director revealed: - She had started recently in the last months to reorganize and set up systems for various aspects of the running of the facility as she was going to be the administrator soon. - She had not reviewed personnel files for staff qualifications yet. - She was not aware a two step TB test was required.	D 131		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult 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 observations, interviews and reword	D 137		

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D 137	Continued From page 3	D 137		

reviews revealed the facility failed to assure 1 of 2 facility staff (Staff A) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256.

The findings are:

Review of the personnel file for Staff A revealed: Review of the personnel record for Staff A revealed:
- A hire date of 1/14/09.
- She was hired to work in the kitchen and housekeeping.

Observation on 8/8/17 at 12:10 p.m. revealed Staff A was serving lunch meal plated and beverages to residents in the dining room.

Interview on 8/9/17 at 12:20 p.m. with the Administrator revealed:
- Staff A was hired first as kitchen help and as a cook, then she went to school and came back at the end of 2016 and was hired to be the Director of the facility and as a Medication Aide (MA).
- She was not sure when she left working in the facility.
- She thought the Director had obtained her HCPR check as she was now working as the Director.
- She was now in charge of ensuring staff had qualifications completed since she was shortly going to become the Administrator of the facility.
- The Administrator had not ensured Staff A, the Director had her HCPR completed.

Interview on 8/09/17 at 12:10 p.m. with the Director, Staff A revealed:
- She had worked in the facility since she was

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D 137	Continued From page 4 younger but had left her job in the facility for a period of time to go to school. - She had been back working at the facility sometime between late December 2016 and early January 2017. - Since then she had become a MA and was administering medication occasionally, working in the kitchen, transporting residents to appointments, and reorganizing the facility procedures and systems. - She thought she had a HCPR check and thought it would be in her personnel file. - She would look in another notebook at home to see if it had been put there. No HCPR checks was provided by the end of the survey.	D 137		
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	D934		

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D934	Continued From page 5 This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to assure 1 of 2 facility medication aides (Staff B) had completed the mandatory annual infection prevention training. The findings are: 1. Review of the personnel file for Staff B, Administrator revealed: - She had opened the facility in 2005. - There was documentation of the written medication administration examination having been passed on 8/31/00. - There was documentation of medication administration clinical skills validations dated 4/8/10 an 5/29/15. - There was documentation of mandatory annual infection prevention training dated 1/5/16. - There was no documentation of the mandatory annual training for 2017. Review of the June 2017, July 2017 and August 2017 medication administration records revealed the Administrator had initialed as administering most of the residents' medications for those months. Interview on 8/9/17 at 12:20 p.m. with the Administrator revealed: - She had been a medication aide (MA) in her facilities for many years. - She was currently administering most of the medications in the facility. - She thought she had a mandatory annual infection control training completed since the last one in 2016. - It was now up to the Director to schedule staff training.	D934		

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D934	Continued From page 6 - She had not ensured the infection prevention training was completed. Interview on 8/9/17 at 12:40 p.m. with the Director revealed: - She had started back to work in the facility recently, within the last six months or so. - She was starting to reorganize and set up systems for various aspects of the running of the facility as she was going to be the Administrator soon. - She had not reviewed personnel files for staff qualifications yet. - She was not aware the infection prevention training for 2017 had not been completed and was overdue for Staff B.	D934		
D935	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	D935		

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D935	Continued From page 7 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: 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 interviews and record reviews, the facility failed to assure 1 of 2 facility staff (A), who administered medications had completed the 5 hour, 10 hour or 15 hour medication administration training and that a medication administration clinical skills validation evaluation had been completed. The findings are: 1. Review of the personnel record for Staff A revealed: - A hire date of 1/14/09. - She was hired to work in the kitchen and housekeeping.	D935		

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D935	Continued From page 8 - There was documentation Staff A had passed the written medication administration examination on 10/28/16. - There was no documentation of the 5 hour, 10 hour or 15 hour medication administration training. - There was no documentation of a medication clinical skills validation evaluation having been completed. Interview on 8/9/17 at 12:20 p.m. with the administrator revealed: - Staff A was hired first for the kitchen help and as a cook, then she went to school and came back at the end of 2016 and was hired to be the director and as a medication aide. - She thought the director had her medication administration clinical skills validation and training completed. - Staff A was now in charge of ensuring staff had TB testing completed since she was shortly going to become the administrator of the facility. - The administrator had not ensured Staff A had her medication training and validation completed. Interview on 8/09/17 at 12:10 p.m. with the Director, Staff A revealed: - She had worked in the facility since she was younger but had left for a period of time to go to school. - She thought she had administered medications a few times in May 2017 or June 2017. - She had been taking the administrator training recently. - She had a medication clinical skills validation evaluation completed during that course which was not in this facility. - I was not not completed according to the facility's process for medication administration.	D935		

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D935	Continued From page 9 - She had been back working at the facility sometime between late December 2016 and early January 2017. - She had not been working in the facility for a short while but had administered some medications in June 2017. - She thought she had the medication administration training and would look for the certificates in her other notebook. Review of the June 2017 medication administration record for three sampled residents revealed Staff A had initialed the administration of medications on 6/8/17 - 6/11/17.	D935		
D992	G.S.§ 131D-45 (a) Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the	D992		

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D992	Continued From page 10 examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to assure one of one facility staff (A) hired on or after 10/01/13 had a controlled substance screening. The findings are: 1. Review of the personnel record for Staff A revealed: - A hire date of 1/14/09. - She was hired to work in the kitchen and housekeeping. - There was no documentation a controlled substance screen having been completed. Observation on 8/8/17 at 12:10 p.m. revealed Staff A was serving lunch meal plated and beverages to residents in the dining room. Interview on 8/9/17 at 12:20 p.m. with the administrator revealed: - Staff A had been working off and on in the facility over the years as a cook, housekeeping and had left for some time to go to school and for	D992		

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D992	Continued From page 11 personal reasons. - Staff A had been hired back to work in the facility in late December 2016 or early 2017 when she passed her medication administration examination. - She had passed some medications and assisted with cooking and was working in the office as the manager and now was the facility director soon to become the administrator. - She had been rehired after 10/01/13. - The administrator had not secured a controlled substance screen for Staff A as she was in charge of staff qualification now as she was taking over the facility. - She would assist Staff A with the controlled substance screening. Interview on 8/9/17 at 12:40 p.m. with the director revealed: - She had started back working in the facility recently in the last six months or so. - She was reorganizing and setting up systems and policies for various aspects of the running of the facility. - She was going to be the administrator soon. - She had not reviewed personnel files for staff qualifications yet. - She thought she had a drug screen and would look for it.	D992		