STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060106	A. BUILDING: _____ B. WING _____	07/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN HIGHLAND CREEK	6101 CLARKE CREEK PARKWAY CHARLOTTE, NC 28269

(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	D 000		
	The Adult Care Licensure Sction and Mecklenburg County Department of Social Services conducted an annual survey on July 26-27, 2017 with an exit conference via telephone on July 28, 2017.			
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on record review and interview the facility failed to assure physician notification for 1 of 7 sampled residents (#7) with elevated blood pressures. The finding are: Review of Resident #7's FL2 dated 11/29/16 revealed: -Diagnoses included asthma with status asthmaticus, coronary artery disease, cerebrovascular accident, diabetes mellitus, hyperlipidemia, hypertension, gastroesophageal reflux disease, insomnia, anxiety, chronic kidney disease stage 3, chest pain, hypothyroidism, migraines, urinary tract infection, edema, and cellulitis. -Resident #7 was ambulatory with a rolling walker and continent of bowel and bladder. -Medications included Nitrostat 0.4 mg sublingual tablets (Nitrostat is used for chest pain/pressure), clonidine Hcl 0.1 mg tablets prn for systolic blood	D 273	Resident #7 medication orders have been clarified and signed by MD. Clarified orders have been transcribed and signed off by Wellness Nurse. 8/18/2017 All Med Techs will be in serviced by the Resident Services Director on proper procedure regarding Blood Pressure medication parameter orders and medication indicators. 10/1/2017 Med Techs will receive orders, copy given to Nurse Designee, copy placed on the MAR. Nurse Designee will be checking/verifying orders daily and signing off before filing in resident chart. A chart audit will be conducted to review all current resident medication administration orders.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Director of Nursing 8/18/17

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pressure greater than 170 (Clonidine is used for hypertension), and amlodipine 5 mg tablets (Amlodipinde is used for hypertension).
-A physician's order for blood pressure to be checked twice a day (BID) or as needed or if the resident was experiencing a headache.
-A physician's order for staff to notify the physician if the BP was greater than 150/90.
-Recheck blood pressure (BP) in one hour if SBP is greater than 170. If consistently above 170, call physician.

Review of Resident #7's Resident Register revealed an admission date of 09/29/12.

Review of Resident #7's Care Plan dated 11/09/16 revealed documentation the resident required minimal assistance with bathing, dressing, and grooming.

Review of Resident #7's May electronic Medication Administration Record revealed:
-An entry for staff to check Resident #7's blood pressure and heart rate twice daily or as needed when experiencing headaches. Notify physician if BP is greater than 150/90.
-There were 23 of 62 opportunities where Resident #7's BP was greater than 150/90 as follows:
-On 05/01/17 at 9 am staff documented a BP of 189/89. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered.
-On 05/01/17 at 5 pm staff documented a BP of 161/64. There was no documentation the staff notified the physician.
-On 05/03/17 at 9 am staff documented a BP of 164/77. There was no documentation the staff notified the physician.
-On 05/05/17 at 5 pm staff documented a BP of

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167/64. There was no documentation the staff notified the physician.
-On 05/07/17 at 9 am staff documented a BP of 169/71. There was no documentation the staff notified the physician.
-On 05/08/17 at 5 pm staff documented a BP of 170/69. There was no documentation the staff notified the physician.
-On 05/10/17 at 9 am staff documented a BP of 161/78. There was no documentation the staff notified the physician.
-On 05/11/17 at 5 pm staff documented a BP of 170/70. There was no documentation the staff notified the physician.
-On 05/12/17 at 9 am staff documented a BP of 166/68. There was no documentation the staff notified the physician.
-On 05/12/17 at 5 pm staff documented a BP of 169/79. There was no documentation the staff notified the physician.
-On 05/14/17 at 9 am staff documented a BP of 174/64. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 05/16/17 at 5 pm staff documented a BP of 168/65. There was no documentation the staff notified the physician.
-On 05/18/17 at 9 am staff documented a BP of 163/77. There was no documentation the staff notified the physician.
-On 05/19/17 at 9 am staff documented a BP of 161/64. There was no documentation the staff notified the physician.
-On 05/19/17 at 5 pm staff documented a BP of 175/71. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 05/20/17 at 9 am staff documented a BP of 169/88. There was no documentation the staff notified the physician.

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-On 05/21/17 at 9 am staff documented a BP of 161/73. There was no documentation the staff notified the physician.
-On 05/21/17 at 5 pm staff documented a BP of 161/80. There was no documentation the staff notified the physician.
-On 05/23/17 at 5 pm staff documented a BP of 191/80. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 05/24/17 at 5 pm staff documented a BP of 171/74. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 05/25/17 at 9 am staff documented a BP of 167/71. There was no documentation the staff notified the physician.
-On 05/26/17 at 5 pm staff documented a BP of 166/69. There was no documentation the staff notified the physician.
-On 05/31/17 at 9 am staff documented a BP of 174/72. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..

Review of Resident #7's June (eMAR) revealed:
-An entry for staff to check Resident #7's blood pressure and heart rate twice daily or as needed when experiencing headaches. Notify physician if BP is greater than 150/90.
-There were 7 of 60 opportunities where Resident #7's BP was greater than 150/90 as follows:
-On 06/02/17 at 5 pm staff documented a BP of 176/81. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 06/03/17 at 9 am staff documented a BP of 166/89. There was no documentation the staff notified the physician.
-On 06/05/17 at 9 am staff documented a BP of

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161/63. There was no documentation the staff notified the physician.
-On 06/08/17 at 9 am staff documented a BP of 172/70. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 06/14/17 at 5 pm staff documented a BP of 164/74. There was no documentation the staff notified the physician.
-On 06/24/17 at 5 pm staff documented a BP of 173/66. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 06/25/17 at 5 pm staff documented a BP of 161/53. There was no documentation the staff notified the physician.

Review of Resident #7's July (eMAR) revealed:
-An entry for staff to check Resident #7's blood pressure and heart rate twice daily or as needed when experiencing headaches. Notify physician if BP is greater than 150/90.
-There were 26 of 39 opportunities where Resident #7's BP was greater than 150/90 as follows:
-On 07/01/17 at 5 pm staff documented a BP of 170/66. There was no documentation the staff notified the physician.
-On 07/02/17 at 9 am staff documented a BP of 174/69. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 07/03/17 at 9 am staff documented a BP of 168/74. There was no documentation the staff notified the physician.
-On 07/03/17 at 5 pm staff documented a BP of 168/71. There was no documentation the staff notified the physician.
-On 07/04/17 at 9 am staff documented a BP of 166/63. There was no documentation the staff

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notified the physician.
-On 07/04/17 at 5 pm staff documented a BP of 170/68. There was no documentation the staff notified the physician.
-On 07/05/17 at 9 am staff documented a BP of 179/66. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 07/06/17 at 9 am staff documented a BP of 176/64. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 07/07/17 at 9 am staff documented a BP of 161/62. There was no documentation the staff notified the physician.
-On 07/07/17 at 5 pm staff documented a BP of 164/64. There was no documentation the staff notified the physician.
-On 07/08/17 at 5 pm staff documented a BP of 166/51. There was no documentation the staff notified the physician.
-On 07/09/17 at 5 pm staff documented a BP of 168/69. There was no documentation the staff notified the physician.
-On 07/10/17 at 5 pm staff documented a BP of 172/65. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 07/11/17 at 5 pm staff documented a BP of 164/78. There was no documentation the staff notified the physician.
-On 07/12/17 at 9 am staff documented a BP of 182/73. There was no documentation the staff notified the physician.
-On 07/13/17 at 9 am staff documented a BP of 172/68. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 07/13/17 at 5 pm staff documented a BP of 162/68. There was no documentation the staff

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notified the physician.
-On 07/14/17 at 9 am staff documented a BP of 163/62. There was no documentation the staff notified the physician.
-On 07/15/17 at 9 am staff documented a BP of 169/80. There was no documentation the staff notified the physician.
-On 07/16/17 at 5 pm staff documented a BP of 171/69. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 07/19/17 at 9 am staff documented a BP of 161/81. There was no documentation the staff notified the physician.
-On 07/20/17 at 9 am staff documented a BP of 180/64. There was no documentation the staff notified the physician or rechecked the BP in one hour as ordered..
-On 07/20/17 at 5 pm staff documented a BP of 165/70. There was no documentation the staff notified the physician.
-On 07/21/17 at 9 am staff documented a BP of 169/66. There was no documentation the staff notified the physician.
-On 07/21/17 at 5 pm staff documented a BP of 169/66. There was no documentation the staff notified the physician.
-On 07/22/17 at 5 pm staff documented a BP of 163/66. There was no documentation the staff notified the physician.

Review of Resident #7's facility notes revealed no documentation the staff notified the physician in May, June, or July of 2017 of elevated BP readings.

Interview on 07/27/17 at 3:06 pm with a first shift Medication Aide (MA) revealed:
-She had been employed with the facility one year.

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-She was aware MAs or Personal Care Aides (PCAs) were to check Resident #7's BP twice daily and document in the resident notes.
-She was aware if the residents Systolic BP was greater than 150 the physician was to be notified.
-It was the MAs responsibility to notify the physician.

Interview on 07/27/17 at 3:30 pm with the Triage Nurse at Resident #7's primary care physician's office revealed:
-There were no office records to indicate that the facility had made the physician aware of BPs greater than 150/90 since April 2017.
-The facility was usually good at notifying the office of abnormal results.

Interview on 07/27/17 at 3:37 pm with a second shift Medication Aide revealed:
-She had been employed with the facility for 11 years.
-The MAs and PCAs could obtain blood pressures.
-MAs were responsible for making sure the blood pressures had been obtained and documented.
-She was aware if the systolic BP was greater than 150, it was the MAs responsibility to notify the physician.

Interview on 07/27/17 at 3:45 pm with the Health and Wellness Director (HWD) revealed:
-She had been employed with the facility about one month.
-She was unaware Resident #7 had an order to check blood pressures twice a day with parameters to call the physician.
-The MAs or PCAs could take residents' BPs.
-It was the responsibility of the MAs to notify the physician if a BP was greater than 150/90.
-She was unable to locate if the physician was

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	notified for BPs greater than 150/90 in the resident notes. Interview on 07/27/17 at 4:48 pm with the Resident Services Director revealed: -She had been employed with the facility for 3 weeks. -The MAs or PCAs could take residents' BPs but it was the responsibility of the MA to notify the physician of abnormal results. -She was unaware the staff was not notifying the physician as ordered for BP greater than 150/90 for Resident #7. -She was unable to locate if the physician was notified for BP's greater than 150/90 in the resident notes Attempted interview on 07/27/17 at 5:00 pm with Resident #7. Attempted interview on 07/28/17 at 1:30 pm with Resident #7's family member was unsuccessful. Interview on 07/28/17 at 2:30 pm with the Triage Nurse at Resident #7's primary care physician's office revealed: -The physician did not feel Resident #7 was in any harm due to the facility not notifying the physician of B's greater than 150/90.			
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner	D 358	All Med Techs will be in-serviced by the Resident Services Director on current Medication Administration internal systems and proper documentation. 10/1/2017 The Nurse Designee/Wellness Secretary/ Supervisor in charge will be completing weekly MAR audits to check for proper medication administration documentation. 8/18/2017 Peer Reviews will be initiated each shift X30 days. 10/1/2017	

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which are maintained in the resident's record; and
(2) rules in this Section and the facility's policies and procedures.

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 1 of 7 sampled residents (Resident #7) with orders for an antihypertensive medication.

The findings are:

Review of Resident #7's FL2 dated 11/29/16 revealed:
-Diagnoses included asthma with status asthmaticus, coronary artery disease, cerebrovascular accident, diabetes mellitus, hyperlipidemia, hypertension, gastroesophageal reflux disease, insomnia, anxiety, chronic kidney disease stage 3, chest pain, hypothyroidism, migraines, urinary tract infection, edema, and cellulitis.
-Resident #7 was ambulatory with a rolling walker and continent of bowel and bladder.
-Clonidine Hcl 0.1 mg tablet as needed for systolic blood pressure (SBP) greater than 170.
-Recheck blood pressure (BP) In one hour. If consistently above 170, call physician.

Review of Resident #7's Resident Register revealed an admission date of 09/29/12.

Review of Resident #7's May electronic Medication Administration Record (eMAR) revealed:
-An entry for Clonidine Hcl 0.1 mg tablet as

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needed for systolic blood pressure greater than 170, recheck blood pressure in 1 hour. If consistently above 170, call physician.
-There were 4 of 6 opportunities where Clonidine should have been administered as follows:
-On 05/01/17 at 9 am staff documented a BP of 189/89. There was no documentation the staff administered Clonidine or rechecked the BP.
-On 05/14/17 at 9 am staff documented a BP of 174/64. There was no documentation the staff administered Clonidine or rechecked the BP.
-On 05/24/17 at 5 pm staff documented a BP of 171/74. There was no documentation the staff administered Clonidine or rechecked the BP.
-On 05/31/17 at 9 am staff documented a BP of 174/72. There was no documentation the staff administered Clonidine or rechecked the BP.

Review of Resident #7's June eMAR revealed:
-An entry for Clonidine Hcl 0.1 mg tablet as needed for systolic blood pressure greater than 170, recheck blood pressure in 1 hour. If consistently above 170, call physician.
-There were 2 of 4 opportunities where Clonidine should have been administered as follows:
-On 06/02/17 at 5 pm staff documented a BP of 176/81. There was no documentation the staff administered Clonidine or rechecked the BP.
-On 06/08/17 at 9 am staff documented a BP of 172/70. There was no documentation the staff administered Clonidine or rechecked the BP.

Review of Resident #7's July eMAR revealed:
-An entry for Clonidine Hcl 0.1 mg tablet as needed for systolic blood pressure greater than 170, recheck blood pressure in 1 hour. If consistently above 170, call physician.
-There were 5 of 8 opportunities where Clonidine should have been administered as follows:
-On 07/02/17 at 9 am staff documented a BP of

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174/69. There was no documentation the staff administered Clonidine or rechecked the BP.
-On 07/05/17 at 9 am staff documented a BP of 179/66. There was no documentation the staff administered Clonidine or rechecked the BP.
-On 07/06/17 at 9 am staff documented a BP of 176/64. There was no documentation the staff administered Clonidine or rechecked the BP.
-On 07/13/17 at 9 am staff documented a BP of 172/68. There was no documentation the staff administered Clonidine or rechecked the BP.
-On 07/20/17 at 9 am staff documented a BP of 180/64. There was no documentation the staff administered Clonidine or rechecked the BP.

Observation of Resident #7's medications on hand on 07/27/17 at 2:30 pm revealed Clonidine 0.1 mg was available for administration.

Review of Resident #7's facility notes revealed no documentation the staff notified the physician in May, June, or July of 2017 for SBP greater than 170.

Interview on 07/27/17 at 3:06 pm with a first shift Medication Aide (MA) revealed:
-She had been employed with the facility one year.
-She was aware of the order to give Clonidine if SBP was greater than 170, but was not aware of the order to recheck the BP and call the physician of consistently greater than 170 SBP.
-It was the MAs responsibility to notify the physician.

Interview on 07/27/17 at 3:30 pm with the Triage Nurse at Resident #7's primary care physician's office revealed:
-There were no office records to indicate that the facility had made the physician aware of any BP's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS IN HIGHLAND CREEK	6101 CLARKE CREEK PARKWAY CHARLOTTE, NC 28269

(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 358	Continued From page 12	D 358		

since April 2017.
-The facility was usually good at notifying the office of abnormal results.
-She confirmed the facility was expected to administer the Clonidine 0.1 mg tablet as needed for SBP greater than 170.

Interview on 07/27/17 at 3:37 pm with a second shift Medication Aide revealed:
-She had been employed with the facility for 11 years.
-MAs and Personal Care Aides (PCA) could obtain blood pressures.
-MAs were responsible for making sure the blood pressure had been obtained and documented.
-She was aware of the order to give Clonidine if SBP was greater than 170, but was not aware of the order to recheck the BP and call the physician of consistently greater than 170 SBP.
-It was the MAs responsibility to notify the physician.

Interview on 07/27/17 at 3:45 pm with the Health and Wellness Director (HWD) revealed:
-She had been employed with the facility about one month.
-She was unaware of Resident #7's Clonidine order.
-The MAs or PCAs could take residents' BPs.
-It was the responsibility of the MAs to notify the physician if Resident #7's SBP was greater than 170.
-She was unable to locate if the physician was notified for SBPs greater than 170 in the resident notes.

Interview on 07/27/17 at 4:48 pm with the Resident Services Director revealed:
-She had been employed with the facility for 3 weeks.

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D 358	Continued From page 13 -The MAs or PCAs could take residents' BPs but it was the responsibility of the MAs to notify the physician of abnormal results. -She was unaware the staff was not notifying the physician as ordered for SBP greater than 170 for Resident #7. -She was unable to locate if the physician was notified for SBP's greater than 170 in the resident notes. Attempted interview on 07/27/17 at 5:00 pm with Resident #7. Interview was unsucessful. Attempted interview on 07/28/17 at 1:30 pm with Resident #7's family member was unsuccessful.	D 358		
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 procedures for monitoring or testing in which	D935	Staff B personnel file has been updated with the completion of a Medication aide clinical skills validation checklist. Nurse Designee will complete Medication aide clinical skills validation on all newly hired and internal transfer Medication Technicians before being permitted to administer medications. This will be monitored by the Nurse Designee.	8/18/2017

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D935	Continued From page 14	D935		

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 record reviews and interviews, the facility failed to assure Medication Aide clinical skills validation was completed for 1 of 3 sampled Medication Aides (Staff B) who worked at the facility.

The findings are:

Review of Staff B's personnel file revealed:
-Staff B transferred from a sister facility on 6/15/17.
-Documentation Staff B passed the written medication aide exam on 5/25/17.
-Staff B complete the required 15 hour training for medication aides on 2/28/17.
-A medication aide clinical skills validation

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checklist was completed for Staff B on 4/28/17 from a sister facility.
-No documentation of a medication aide clinical skills validation had been completed for Staff B since she began working in the facility on 6/15/17.

Review of residents' Medication Administration Records (MARs) revealed:
-Staff B had documented administration of medications including finger stick blood sugar checks on the June and July 2017 MARs.

Interview on 7/28/17 at 9:45 am with Staff B revealed:
-She began working at the facility near the beginning of June 2017.
-She worked as a MA and Supervisor for the facility.
-The first few weeks she worked at the facility she shadowed another MA so that she could learn the residents and the routine. She did not recall any other training since she had been employed at the facility.
-Her job responsibilities included passing medications, charting medications, checking resident's blood sugars, auditing the medication cart, auditing and cleaning the glucometers, auditing the MARs, administering as needed medications to residents, and receiving orders from physicians.
-She had not been validated on medication administration since she had worked in the facility.
-She recalled she had been validated on medication administration at a sister facility before she transferred to this facility.
-She was not aware the facility was required to validate her on medication administration before she could pass medications at the facility.

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D935	Continued From page 16 Interview on 7/10/17 at 3:50 pm with the Resident Services Director (RSD) revealed: -She began working with the company on 7/10/17. -Going forward, she would be validating MAs on medication administration. -She was not certain what the process for validating MAs was prior to her working at the facility.	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 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,	D992	All internal employee transfer files will be audited for compliance by the Business office Manager . Business Office Manager will assure that all internal employee transfers will complete a drug screening. Internal transfers will be contingent on the results of drug screening.	9/1/2017

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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 record reviews and interviews, the facility failed to assure a drug screening was conducted for 1 of 5 sampled staff (Staff B) upon employment with the facility.

The findings are:

Review of personnel file for Staff B revealed:
-Staff B transferred to the facility from a sister facility on 6/15/17.
-Staff B was hired as a Medication Aide/Supervisor.
-There was documentation that a drug screening was conducted on 11/28/16 by the sister facility, prior to Staff B working at the sister facility.
-There was no documentation of a drug screening being conducted since Staff B had started working at this facility.

Interview on 7/28/17 at 4:10 pm with Business Office Manager revealed:
-She began working with the facility on 3/24/17.
-She was not aware if the facility company had a corporate policy regarding drug screenings for employees who transferred employment from a sister facility.
-She was not aware a new drug screening was required for transfer employees.

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D992	Continued From page 18	D992		

Interview on 7/28/17 at 3:50 pm with the Resident Care Director revealed:
-She began working at the facility on 7/10/17.
-She was not aware if the company had a corporate policy regarding drug screenings for employees who transferred employment from a sister facility.
-She was not aware a new drug screening was required before a transfer employee began working at the facility.

Interview on 7/28/17 at 9:45 am with Staff B revealed:
-She began working at the facility near the beginning of June 2017.
-She worked as a Medication Aide (MA) and Supervisor for the facility.
-She recalled when she first began working at the facility, the business office manager was unsure if a new drug screening was required. It was decided that she did not need a new drug screening.
-She was not aware a new drug screening was required upon working at this facility.
-She would have consented to a new drug screening if the facility had required this of her.