Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063022	A. BUILDING: _____ B. WING _____	06/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX HOLLOW SENIOR LIVING COMMUNITY	190 FOX HOLLOW PINEHURST, NC 28374

(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 Moore County Department of Social Services conducted an annual survey and complaint investigation on June 13, 2017 through June 15, 2017.	D 000		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: Based on interview and review of personnel files, the facility failed to assure that 1 of 6 sampled staff (C) had a criminal background check in accordance with G.S. 114-19.10 and 131D-40. The findings are: Review of Staff C personnel file revealed: -Staff C was hired as a Medication Aide on 03/21/2017 as a transfer from a sister facility. -There was a criminal background check done on 06/13/2016 at the sister facility. -There was no other criminal background check done for Staff C upon transfer from the sister facility on 03/21/2017. Staff C was not available for interview. Interview with Business Office Manager (BOM) on 06/15/2017 at 1:12 p.m. revealed: -The criminal background checks are done the first day that we offer the position. -A criminal background check was not required for Staff C according to their corporate policy for transferring staff. -Staff C was a transfered from one of our sister	D 139	Rule area not met due to failing to complete background check on one of six employees prior to the employee working on the floor. The employee had a background check completed with our sister property but Fox Hollow did not completed another one. Background check was completed during the survey. Background checks will be completed prior to employees starting orientation. ED and or designee will ensure that background checks are completed prior to orientation. **Completion Date:** June 16th, 2017	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Machella Nydia Brady — TITLE: Executive Director — (X6) DATE: 7-11-17

STATE FORM 6899 FJ4911 If continuation sheet 1 of 5

Reviewed and accepted 8/8/17
MBT

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D 139	Continued From page 1 facility's. -For a staff transfer to occur everything has to be "good" in the staff's file. -The staff cannot have any write ups, attendance issues or final written warnings.. -As long as there was an opening staff can transfer as long as they meet qualifications. -An initial interview was done either by phone or in person when a staff requested a transfer. -The facility got a copy of staff's personnel file from the sister community. -The facility would not consider the transfer if there was no position available. Interview with Administrator on 06/15/2017 at 1:40 p.m. revealed: -That a criminal background check was not done for Staff C because she was a transfer from a sister facility. -The BOM was responsible for completing the criminal background checks. -The criminal background checks are done at the time of job offer. -Once criminal background check has been received the staff's orientation was scheduled. -The facility did not do a new criminal background check on Staff C because she was coming to us from a sister facility within the state and a criminal background check had been done in June of 2016. -Her original hire date from our sister facility was still effective for her benefits and annual evaluation.	D 139		
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	D935		

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D935	Continued From page 2 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: 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.	D935	Rule area not met due to untimely follow up on medication aide verification of one of two employees prior to working on the medication cart. ED or designee will ensure that medication verification is completed prior to orientation on individuals that have worked in an adult care home in the last 24 months as a medication aide. In the event that the community cannot receive verification prior to orientation at the time of their competency check off by a RN the community will ensure that they have the appropriate 5 hours and 10 hours training off per the rule area. **Completion Date:** June 26th, 2017	

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D935	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure that 1 of 2 sampled Medication Aide (Staff B) met the necessary training or employment verification needed to perform their duties. The findings are: Review of Staff B's personnel records revealed: -She was hired on 03/22/2017 as a Medication Aide -She took and passed the Medication Aide test on 09/07/2006. -She completed the Medication Clinical Skills checklist on 04/12/2017. -There was no documentation of the 5 hour, 10 hour or 15 hour medication training or prior employment verification. Staff B was not available for interview. Interview with Business Office Manager (BOM) on 06/15/2017 at 1:12 p.m. revealed: -The Medication Aide employment verification was usually done by the BOM or the Administrator. -The verification process is started at the time of orientation or before. -BOM would find out where the Medication Aide worked prior the week that they come in for orientation. -The employment verification was then sent off to the staff's prior job to be completed. -Staff B's first date of orientation was 03/22/2017. -Sometimes it just took a long time to get the verification back from the staff's prior job. -She contacted Staff B's prior job several times and requested completion of employment verification with no results.	D935		

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D935	Continued From page 4 -Received a faxed verification back on 06/14/2017 at 14:33 p.m. which showed that Staff B worked last at her prior job on 02/07/2017 as a Medication Aide. Interview with Administrator on 06/15/2017 at 1:40 p.m. revealed: -Usually the BOM was responsible for Medication Aide (MA) verification. -MA do not go on the medication cart until they are checked off on it by our Registered Nurse Consultant. -The verification request is faxed off to the staff's previous job during the orientation time. -The new MA was usually shadowing another MA for at least two weeks which gave time for verification to be received back from their previous job. -She was auditing new staff personnel files on Monday, 06/12/2017 and saw where the facility had not received MA verification back for Staff B. -Staff personnel files are audited every four to six weeks. -She called Staff B's previous job and received the correct number to fax MA verification. -Apparently the other fax number they were sending the MA verification was not working properly and Staff B's previous job was not aware. -The Administrator called Staff B's previous job because the BOM had difficulty with contacting them.	D935		