

Division of Health Service Regulation

PRINTED: 10/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL073014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/22/2017
NAME OF PROVIDER OR SUPPLIER TOUCH OF LOVE FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 RIDE ROAD ROXBORO, NC 27573			
(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 annual survey on September 22, 2017.	C 000			
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 interviews and record reviews, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to medication aides training and competency evaluation requirements. The findings are: Based on interviews and record reviews, the facility failed to assure 1 of 3 sampled staff (B), who was hired after 10/1/13 and administered medications, had taken the written medication examination within 60 days of hire date. [Refer to Tag C935, G.S. § 131D-4.5B(b) Adult Care Home Medication Aides, Training and Competency Evaluation Requirements (Type B Violation)].	C 912	Staff will attend an inservice at the facility on Resident Right's. The instructor will be [REDACTED] Regional Area Ombudsman.	10/27/17	
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	C935			

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

QC1111

If continuation sheet 1 of 7

"Reviewed and Accepted"
DDR 10/27/17

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C935	Continued From page 1 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.	C935	Administrator, Facility Registered Nurse and Supervisor-In-Charge will be responsible for making sure all future and current Medication Aide is qualified to administer medications.	9/22/17	

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C935	Continued From page 2 This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to assure 1 of 3 sampled staff (B), who was hired after 10/1/13 and administered medications, had taken the written medication examination within 60 days of hire date. The findings are: Review of Staff B's personnel file revealed: -There was documentation that Staff B was hired as a Personal Care Aide/Medication Aide on 03/26/15. -There was documentation that Staff B completed the 5-hour medication aide training 07/24/16. -There was documentation that Staff B completed the 10-hour medication aide training on 09/09/16. -There was documentation that Staff B completed the diabetic training on 4/21/17. -There was documentation that Staff B completed the Medication Clinical Skills validation on 07/25/15. -There was a copy of a certificate titled "Medication Administration for Unlicensed Personnel in Community Facilities" signed by an instructor dated 07/25/15. -There was no documentation that Staff B had completed the written medication aide exam. Review of residents' Medication Administration Records (MARs) for July 2017 revealed Staff B documented administration of medications on 07/01/17, 07/02/17, 07/05/17, 07/06/17, 07/07/17, 07/13/17, 07/14/17, 07/15/17, 07/16/17, 07/19/17, 07/20/17, 07/27/17, 07/28/17 and 07/29/17. Review of residents' MARs for August 2017	C935	Staff "B" has taken and passed the Medication Aide Exam on October 24, 2017. Staff "B" also completed the Medication Clinical Skills check off fulfilling the requirements for for Medication Aide.	10/24/17	

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NAME OF PROVIDER OR SUPPLIER TOUCH OF LOVE FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 RIDE ROAD ROXBORO, NC 27673			
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C935	Continued From page 3 revealed Staff B documented administration of medications on 08/10/17, 08/11/17, 08/12/17, 08/13/17, 08/16/17, 08/17/17, 08/18/17, 08/24/17, 08/25/17 and 08/27/17. Review of residents' MARs for September 2017 revealed Staff B documented administration of medications on 09/01/17, 09/07/17, 09/09/17, 09/10/17, 09/13/17, 09/14/17, 09/15/17 and 09/21/17. Telephone interview with Staff B on 09/22/17 at 5:00 p.m. revealed: -She worked part-time at the facility. -She was a medication aide. -She had passed medication at another facility for over 4 years. -She had taken a class and passed a written examination. -She had a test at the previous facility annually to be able to continue to pass medications. -She did not take the medication aide written exam for either facility. -She thought the test that she took at the end of the class was all that she needed. Interview with the Administrator on 09/22/17 at 5:42 p.m. revealed: -She was aware Staff B did not take the medication aide written exam. -Staff B had taken a state approved course and written examination. -She had verified that the instructor was state certified. -She had verified the course was state approved. -Staff B had signed up for the state exam, but the instructor told her she did not need to take state exam since she had completed the state approved course and passed the written examination.	C935			

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C935	Continued From page 4 -She had been an Administrator for a long time and knew the medication aides had to take an exam and would have had Staff B take the state exam if she had known the instructor test was not acceptable. -Staff B had been signed up and paid for the state exam when the instructor told her it was not necessary. -The class and written examination only authorized Staff B to administer medications in the facility that she was hired at the time of the class/examination. -Staff B could not go to any other facility and pass medications with this certificate. -If she had known it was not acceptable, she would not have had Staff B passing medications. Telephone interview with the Business Office Manager (BOM) on 09/22/17 at 6:00 p.m. revealed: -A class had been set up on 07/25/15 for Personal Care Assistant training and medication administration. -If the medication aides took the state approved course and passed the written exam, they could only give medications at the facility they were currently working. -After taking the class, medication aides were eligible to pass medications. -She had verified the class was state approved prior to scheduling the class and that medication aides were eligible to pass medication after completing the class. Interview with the Supervisor-in-Charge (SIC) on 09/22/17 at 6:19 p.m. revealed: -She was responsible for the schedule. -She was the supervisor of Staff B. -She knew Staff B had not taken the medication aide written examination.	C935			

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STATE FORM

6899

QC11/11

If continuation sheet 5 of 7

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NAME OF PROVIDER OR SUPPLIER TOUCH OF LOVE FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1026 RIDE ROAD ROXBORO, NC 27573			
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C935	Continued From page 5 -Staff B had everything ready to take the state exam. -Staff B had completed her papers and sent her money in. -Staff B had taken the class and test that had been taught locally instead of the state exam. -Staff B had worked 2nd shift usually from 5 p.m. until 8 p.m. -Staff B had only worked 3-4 evenings a week. -Staff B worked full time somewhere else. -She thought it was fine for Staff B to pass medications or otherwise she would not have used her to do so. -She could have made other arrangements for the medications had she known Staff B was not able to pass medications. The facility failed to assure 1 of 3 sampled staff (Staff B) was qualified to administer medications. Staff B, who was hired on 3/26/15, had not successfully passed the medication aide test within 60 days of hire and 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 9/20/17 revealed: -Effective 9/20/17, Staff B will be taken off the schedule until she passed the medication aide test. -Staff B will take the medication aide test within 30 days. -All current and future medication aides will pass the medication aide test within 60 days of hire. -The Administer will be responsible for making	C935			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TOUCH OF LOVE FAMILY CARE HOME

**1025 RIDE ROAD
ROXBORO, NC 27573**

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C935	Continued From page 6 sure current and future medication aides are qualified to administer medications. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 6, 2017	C935		