STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034010	A. BUILDING: _____ B. WING _____	12/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULER HEALTH CARE/PHILLIPS VILLA	250 PITT STREET KERNERSVILLE, NC 27284

(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 conducted an annual survey on December 19-20, 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 interviews and record reviews, the facility failed to assure 1 of 3 staff sampled (Staff B) was tested for Tuberculosis (TB) disease upon hire in compliance with control measures adopted by the Commission for Health Services. The findings are: A. Review of Staff B's personnel record revealed: -Staff B was hired 11/18/10 and resigned in 2015. -Staff B was rehired on 03/10/16. -Staff B was hired as a Medication Aide (MA) and Personal Care Aide (PCA). -There was documentation Staff B had a two TB skin tests read as negative results on 04/03/09 and 05/20/09. -There was documentation of a negative TB skin test on 09/01/11. -There was no documentation Staff B had a TB skin test within the past 12 months.	D 131		

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D 131	Continued From page 1 -No documentation Staff B was given a TB skin test when rehired on 03/10/16. Interview on 12/20/17 at 11:30 am with Staff B revealed: -She was initially hired in 2010 and then rehired in 2016. -She did not recall having a TB skin test when she was rehired in 2016. -She was sent to have a TB skin test on 12/20/17. Interview 12/20/17 at 12:45 pm with the Administrator revealed: -She was not aware Staff B needed another TB skin test. -She was responsible for making sure all staff were given TB skin test upon hire. -She would make sure Staff B had a TB skin test on 12/20/17. -She provided documentation Staff B was given a TB skin test on 12/20/17. B. Review of Staff C's personnel record revealed: -There was hired on 08/20/08. -Staff C was hired as a MA and PCA. -There was documentation Staff B was given a TB skin test on 10/13/08 with no documentation of a read date for the TB skin test result. -A second TB skin test was given on 10/20/08 and read as negative results on 10/22/08. -There was documentation of negative TB skin test results dated 03/03/10. Interview on 12/20/17 at 3:00 pm with Staff C revealed: -She was initially hired in 2008. -She was unaware her TB skin tests did not meet the requirements. -She was sent to have a TB skin test on 12/20/17.	D 131		

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D 131	Continued From page 2 Interview 12/20/17 at 12:45 pm with the Administrator revealed: -She was not aware Staff C needed another TB skin test. -She was responsible for making sure all staff were given TB skin test upon hire. -She provided documentation Staff B was given a TB skin test on 12/20/17.	D 131		
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 record reviews and interviews, the facility failed to assure a Criminal Background check was completed prior to hire on 1 of 3 sampled staff (Staff B). The findings are: Review of Staff B's personnel record revealed: -Staff B was hired 11/18/10 and resigned in 2015. -Staff B was rehired on 03/10/16. -Staff B was hired as a Medication Aide (MA) and Personal Care Aide (PCA). -Documentation a Criminal Background check was completed on 11/24/10. -No documentation of a Criminal Background check when Staff B was rehired on 03/10/16. Interview on 12/20/17 at 11:30 am with Staff B revealed: -She was initially hired in 2010 and then rehired in 2016.	D 139		

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D 139	Continued From page 3 -She was unaware the facility was required to obtain another Criminal Background check when she was rehired in 2016. Interview on 12/20/17 at 12:45 pm with the Administrator revealed: -She was aware Criminal Background checks were to be completed on all staff. -Staff B had worked for the facility for many years and a Criminal Background check had been completed on Staff B previously. -She would immediately complete a Criminal Background check on Staff B. -She provided documentation that a Criminal Background check was completed on 12/20/17 with pending results.	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 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 4 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 observations, interviews, and record reviews, the facility failed to assure 1 of 3 staff sampled (Staff B) who administered medications had an employment verification, completed the 5-10 or 15 hour state approved medication administration training courses as required, or had a Medication Clinical Skills Competency checklist completed prior to administering medications. The findings are: Review of Staff B's personnel record revealed: -Staff B was hired on 11/18/10 and resigned in 2015.	D935		

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D935	Continued From page 5 -Staff B was rehired on 03/10/16. -Staff B was hired as a Medication Aide (MA) and Personal Care Aide (PCA). -There was no documentation of employment verification showing Staff B worked as a medication aide within the past 24 months. -There was no documentation Staff B had the 5-10 or 15 hour medication aide training. -There was documentation Staff B had completed the Medication Clinical Skills Competency checklist on 03/30/16. -There was documentation Staff B completed the written Medication exam on 07/18/01. Observation on 12/20/17 at 7:30 am during morning medication pass revealed Staff B administered oral medications to 3 of the 12 residents at the facility. Interview on 12/20/17 at 11:30 am with Staff B, MA revealed: -She was initially hired in 2010 and then rehired in 2016. -Her responsibilities included, personal care, medication administration, cooking, and cleaning. -She had worked for the facility since 2010 and then left for less than a year. She came back in 2016. -She was unsure if she had training related to the state approved 5-10 or 15 medication aide training. -She worked "private duty" during the time she was not employed with the facility. Interview on 12/20/17 at 12:45 pm with the Administrator revealed: -Staff B had worked for the facility since 2010. -She confirmed Staff B left for less than a year and was rehired in 2016. -She was unaware Staff B needed the 5-10 or 15	D935		

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D935	Continued From page 6 hour medication aide training because she was not required to have it before. -She was responsible to ensure all staff hired by the facility received the required training. -She would make sure Staff B received the 5-10 or 15 hour medication aide training immediately.	D935		