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
	HAL049023	A. BUILDING: _____ B. WING _____	02/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF STATESVILLE	2147 DAVIE AVENUE STATESVILLE, NC 28625

(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 February 13 and 14, 2018.	D 000	The following is the Plan of Correction for Gardens of Statesville. This Plan of Correction is in regards to the Adult Care Licensure Section Annual Survey on February 13, 2018 through February 14, 2018.	
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 record reviews, the facility failed to access Health Care Personnel Registry (HCPR) before hiring to assure no substantiated findings for 1 of 4 sampled staff (Staff B) according to G.S. 131E-256. The findings are: Review of Staff B's personnel record revealed: -Staff B was hired on 11/13/17 as a Medication Aide (MA). -There was no documentation a Health Care Personnel Registry Check (HCPR) was completed before hiring on 11/13/17. Observation on 2/13/18 between 3:25 pm and 4:00 pm revealed: -Staff B obtained supplies for the medication cart which included a pitcher full of water. -Staff B administered medications to residents in the facility.	D 137	This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Corrective Action Plan, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. D 137 Date of completion on 2/14/2018 (a)(5) All personnel files were reviewed by Executive Director to ensure Health Care Personnel Registry was completed prior to hire date. Human Resources Coordinator, Resident Care Director and / or Executive Director will ensure the Health Care Personnel Registry is completed prior to hire date. The Executive Director/designee will complete random audits for compliance and will present the audits to the Quality Assurance Committee monthly for 3 months until a pattern of compliance is established.	

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

Michelle Kampe, Executive Director — 3/2/2018

jeanne S Robinson RN 3/6/18 Acknowledged and reviewed

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D 137	Continued From page 1 Interview on 2/13/18 at 4:00 pm with Staff B revealed: -She was hired as a MA and worked second shift in the facility for 3 months. -Her responsibilities included counting narcotics every shift and administering medications to the residents. Review of Resident #3's December 2017, January 2018, and February 2018 eMAR revealed Staff B passed medications 14 times in December 2017, 18 times in January 2018, and 6 times in February 2108. Interview with the Human Resources Coordinator (HRC) on 2/14/18 at 1:02 pm revealed: -He had worked in the facility as the HRC since October 2017. -He knew the HCPR had to be reviewed prior to hiring employees. -He was responsible for reviewing staff records. -He had not completed an audit of all the personnel files since his employment. -The HCPR was a part of the new employee hiring packet and should have been completed. Interview on 2/14/18 at 1:15 pm with the Administrator revealed: -She knew the HCPR was to be completed for new staff upon hire. -She was not sure why the HCPR had not been obtained for Staff B. -The HRC was responsible to ensure all staff hired had the required documents. -She expected the HCPR check to be completed before employees were hired. Review of the HCPR for Staff B dated 2/14/18, revealed Staff B had no substantiated findings listed on the HCPR.	D 137		

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