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
	HAL055008	A. BUILDING: _____ B. WING _____	01/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEXFORD HOUSE	3900 WEXFORD LANE DENVER, NC 28037

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on January 23-24, 2018.	D 000		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure training on the care of residents with diabetes was provided to unlicensed staff prior to the administration of insulin for 3 of 3 sampled Medication Aides (MA)	D 164	SEE ATTACHED PLAN OF CORRECTION	

Reviewed and Acknowledged by Joseph Cline, RN on 3/9/18

Joseph Cline

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D 164	Continued From page 1 (Staff A, B, and C). The findings are: 1. Review of Staff A's personnel record revealed: -A hire date of 1/17/17 as a Personal Care Aide (PCA). -There was documentation of Medication Clinical Skills dated 1/20/17. -There was documentation of a successful completion of the Medication Aide test on 3/28/17. -There was documentation of the 5 and 10 hour medication training on January 23, 2017 and February 13 and 27, 2017. -There was no documentation of diabetic training having been completed. Attempted interview with Staff A, MA on 1/23/18 at 3:45pm was unsuccessful. 2. Review of Staff B's personnel record revealed: -A hire date of 11/6/17 as a PCA / Medication Aide. -There was documentation of Medication Clinical Skills dated 11/23/17. -There was documentation of a successful completion of the Medication Aide test on 1/24/17. -There was documentation of the 5 and 10 hour medication training being completed on November 13 and 27, 2017. -There was no documentation of diabetic training having been completed. Interview with Staff B, Medication Aide on 11/23/17 at 4:10pm revealed: -She remembered a nurse going over the types of insulin, signs and symptoms of hypo and hyperglycemia, administration times, and how to	D 164		

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D 164	Continued From page 2	D 164		

store insulin.
-She had been a Medication Aide for a little over a year at the facility.
-She felt comfortable administering insulin.
-The pharmacy nurse came in occasionally and did training with the medication aides on insulin.
-The nurse had came in "several months ago" to give training on the "Insulin Pens".

3. Review of Staff C's personnel record revealed the following:
-She had been hired as a Personal Care Aide (PCA) on 9/10/16.
-She had been hired as a Medication Aide on 7/20/17.
-There was documentation of the 5 and 10 hour medication training being completed on July 17 and 24, 2017.
- There was documentation of the Medication Clinical Skills checklist dated 7/18/17.
-There was no documentation of diabetic training having been completed.

Attempted interview with Staff C, MA on 1/24/18 at 7:30am was unsuccessful.

Interview with the Resident Care Director on 1/24/18 at 7:35am revealed:
-Staff A and B had administered insulin to the residents in the facility.
-Staff C worked on third shift and did not administer insulin.
-The third shift medication aides did not administer insulin.
-She thought the nurse from the pharmacy had completed the diabetic training for the MAs.

Interview with the Licensed Health Professional Support Nurse (LHPS) on 1/23/18 at 2:40pm revealed:

Division of Health Service Regulation

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D 164	Continued From page 3 -The diabetic training specific for insulin was completed online by the MAs. -The pharmacy maintained a web site specific for facility diabetic online training. -The online diabetic training specific for the states rule for diabetic training was approved by "Raleigh". -When she completed the LHPS medication competency validation training she did "touch on" insulin administration specific to administration times, signs of hypoglycemia and hyperglycemia, and storage. Interview with the Administrator on 1/24/17 at 9:45am revealed: -He had looked in the facility computer training files and could not find any diabetic training for Staff A, B or C. -He thought that the pharmacy LHPS nurse had completed the diabetic training with all medication aides. -He would make sure all medication aides completed the diabetic training online before they done any additional insulin administration.	D 164		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' 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 observations, interviews, and record reviews, the facility failed to ensure all residents	D912	SEE ATTACHED PLAN OF CORRECTION	

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D912	Continued From page 4 received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to medication administration. The findings are: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 3 sampled medication aides (Staff C) had taken and passed the Medication Aide administration test within 60 days of competency validation. [Refer to Tag 935 G.S. 131D-4.5B (b) Medication Aides: Training and Competency (Type B Violation)].	D912		
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	D935	SEE ATTACHED PLAN OF CORRECTION	

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D935	Continued From page 5 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews, and record reviews, the facility failed to ensure 1 of 3 sampled medication aides (Staff C) had taken and passed the Medication Aide administration test within 60 days of competency validation. The findings are: Review of Staff C's personnel record revealed: -She had been hired as a Personal Care Aide (PCA) on 9/10/16. -She had been hired as a Medication Aide on	D935		

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D935	Continued From page 6 7/20/17. -She had completed the 5 and 10 hour medication training on July 17, and 24, 2017. -She had been competency validated on the medication clinical skills checklist on 7/18/17. -There was no documentation Staff C had passed the Medication Aide Test. Attempted interview with Staff C, MA on 1/24/18 at 7:30am was unsuccessful. Interview with the Administrator on 1/24/18 at 7:30am revealed: -He was the Administrator when Staff C was hired as a Medication Aide. -Staff C had not taken the medication administration test. -He was responsible to make sure that all staff had required training. -He had overlooked Staff C's medication testing. -Staff C had been scheduled to take the test; however, due to personal matters she had not been able to go take the test. -He was going to check all the personnel records to assure everyone had the required documentation / training. -Staff C should not have been giving medications since she had not taken and passed the test. -He had spoken with Staff C and she had not taken the medication test. Interview with the Resident Care Director (RCD) on 1/24/18 at 7:35am revealed: -She had not been aware that Staff C had not taken and passed the medication test. -She was aware that all medication aides had to take and pass the test within 60 days of the medication competency validation checklist being completed. -She did not know of any medication errors	D935		

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D935	Continued From page 7 related to Staff C since she had been administering medications. -Staff C was the alternate Medication Aide on third shift and gave medications approximately 3 to 4 times per week. _____ The facility failed to ensure 1 of 3 sampled Medication Aides, who had administered medications to all residents in the facility, had obtained the required medication testing within 60 days of the medication competency validation. The facility's failure to have qualified Medication Aides administering medications was detrimental to the health, safety, and welfare of all residents who reside in the facility, which constitutes a Type B Violation. _____ The facility provided the following Plan of Protection on January 23, 2018. -The Administrator will immediately check all Medication Aides (MA) qualifications to assure all MA have the proper qualifications. -Staff C will be immediately be removed from administering medications until she passes the medication test. _____ THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 9, 2018.	D935		

Wexford House – Plan of Correction
DHSR Annual Survey Completed Jan 24, 2018

10A NCAC 13F .0505 Training on Care of Diabetic Residents
Tag D 164

All Medication Aides have completed all required diabetic training as stated in the rule. A copy of the Medication Aide training certificate has been placed in each Medication Aide's file.

The Resident Care Director or designee will assure that diabetic training is completed by any newly hired or newly trained Medication Aide.

The Administrator will randomly audit employee files on at least a quarterly basis to assure required diabetic training has been completed by Medication Aides.

Completion Date: March 9, 2018

G.S. 131D-4.5B(b) ACH Medication Aides; Training and Competency
Tag D 935

Staff C was removed from the Medication Cart immediately until such a time that the state Medication Aide exam is completed. Documentation including successful completion of the Medication Aide state exam, once obtained, will be placed in the employee's personnel file.

The Resident Care Director or Designee will assure that any newly hired or newly trained Medication Aide has successfully completed the state Medication Aide exam within the required time frame, by obtaining documentation to remain in the employee's personnel file.

The Administrator will randomly audit employee files on at least a quarterly basis to assure the state Medication Aide exam has been completed by Medication Aides.

Completion Date: March 9, 2018

G.S. 131D-21(2) Declaration of Residents' Rights
Tag D 912

With the implementation of the above noted plan related to medication aide training and competency, it is the intention of this facility to assure that the care and services delivered to residents are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations.

Completion Date: March 9, 2018

3-5-18

Chris Brown, Administrator Date