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FORM APPROVED

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
	fcl041077	A. BUILDING: _____ B. WING _____	03/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL BETHEL FAMILY CARE HOME	204 CIRCLE DRIVE GIBSONVILLE, NC 27249

(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 initial survey on March 19, 2018.	C 000		
C 171	10A NCAC 13G .0504(a) Competency Validation For Licensed Health 10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (a) A family care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure 2 of 3 staff sampled (A, B) had been competency validated for Licensed Health Professional Support (LHPS) tasks prior to performing the tasks for residents regarding ambulation using assistive devices that required physical assistance and transferring semi-ambulatory residents , and care for a resident with a well-established colostomy . The findings are: 1. Review of Staff A's personnel record revealed: -Staff A's date of hire was 11/22/17. -Staff A was a Medication Aide, provided personal care, and was the Administrator/Owner. -Staff A had a LHPS competency validation completed on 09/29/14 at a sister facility owned	C 171	1. On 3/20/2018, Staff A's LHPS competency validation for this facility was approved by the RN.	

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

Cleffer — ADMINISTRATOR — 04/16/2018

Reviewed and accepted 04/23/18

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C 171	Continued From page 1 by the Administrator. -There was no documentation of a LHPS competency validation for this facility in the Staff A's personnel record. Observation on 03/19/18 at 1:00 pm of a resident revealed the Administrator (Staff A) assisted the resident in transferring from a sitting to standing position in the dining area. Interview on 03/19/18 at 1:35 pm with the Administrator (Staff A) revealed: -He was responsible to assure all staff met requirements, including a LHPS competency validation. -He had completed a LHPS validation checklist on 09/29/14 with the contracted nurse at another facility that he owned. -He did not know he was required to have a completed LHPS validation checklist for this facility. -He would contact the contracted nurse to complete a LHPS validation checklist for this facility as soon as possible. -He knew one resident had a colostomy and he checked with the resident to assure the colostomy site was not irritated and the resident had adequate supplies. -He assisted one resident who required assistance when transferring from sitting to standing. Interview on 03/19/18 at 2:15 pm with a resident revealed: -He changed his colostomy bags himself most of the time. -Staff A checked on his colostomy site and assisted him in making sure that he had supplies. 2. Review of Staff B's personnel record revealed:	C 171	LHPS sign offs are not transferable. The Administrator will ensure that all staff in each facility will signed off by the RN before they begin working in the facility in question. 2. On 3/20/2018, Staff B's	

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C 171	Continued From page 2 -Staff B's date of hire was 11/22/17. -Staff B was a Supervisor-in-Charge/Medication Aide (SIC/MA). -Staff B had a Licensed Health Professional Support (LHPS) competency validation completed on 05/20/17 at a sister facility owned by the Administrator. -There was no documentation of a LHPS competency validation for this facility in Staff B's personnel record. Interview on 03/19/18 at 1:35 pm with the Administrator (Staff A) revealed: -He was responsible to assure all staff met requirements, including a LHPS competency validation. -Staff B had completed LHPS validation checklist on 05/20/17 with the contracted nurse at another facility that he owned. -He did not know Staff B was required to have a completed a LHPS validation checklist for this facility. -He would contact the contracted nurse to complete a LHPS validation checklist for this facility as soon as possible. Telephone interview on 03/19/18 at 1:45 pm with Staff B revealed: -She remembered she had a LHPS validation checklist completed with the contracted nurse at another facility that the Administrator owned last year (on 05/20/17). -She did not know she should have a LHPS validation checklist completed with the contracted nurse at this facility. -The Administrator was responsible for assuring she had completed all requirements. -She routinely assisted a resident with transfers and use of his walker. -She made sure another resident's colostomy	C 171	LHPS competency validation for this facility was approved by the RN. LHPS sign offs are not transferable. The Administrator will ensure that all staff will be signed off by the RN before they begin working at the facility in question.	

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C 171	Continued From page 3 was cared for and changed regularly; and assisted the resident with the colostomy care. Interview on 03/19/18 at 2:15 pm with a resident revealed: -He changed his colostomy bags himself most of the time. -Staff B checked his colostomy site and assisted him making sure he had the bag in place and that he had supplies. Interview on 03/19/18 at 2:17 pm with another resident revealed he was assisted with transferring from sitting to standing by Staff B.	C 171		
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 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	C935		

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C935	Continued From page 4 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 interviews and record reviews, the facility failed to ensure 2 of 2 staff sampled (Staff A and Staff B) who administered medications had documentation of completion of the medication clinical skills validation prior to administration of medications. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A's date of hire was 11/22/17. -Staff A was the Administrator and a Medication Aide (MA). -Staff A had a medication clinical skills validation checklist completed on 09/29/14 at a sister facility owned. -There was no documentation Staff A had a medication clinical skills validation checklist	C935	1. On 3/20/2018, staff A's medication clinical skills validation checklist for this facility was signed off by the RN.	

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C935	Continued From page 5 completed for this facility. -There was documentation Staff A completed 15 hour medication training on 06/07/15. -There was documentation Staff A passed the written medication exam on 04/25/14. Interview on 03/19/18 at 1:35 pm with Staff A revealed: -He was responsible to assure all staff had medication clinical skills validation checklist completed prior to administering medications. -He had completed the medication clinical skills validation checklist on 09/29/14 with the contracted nurse prior to passing medications at another facility that he owned. -He did not know he was required to complete a separate medication clinical skills validation checklist for this facility. -He would contact the contracted nurse to complete a medication clinical skills validation checklist for this facility as soon as possible. Telephone interview on 03/19/18 at 2:00 pm with the contracted nurse revealed she did not know staff at the facility needed a completed medication clinical skills validation checklist for this facility, as well as the other facilities owned by Staff A. She would come to the facility to complete the checklist the following day. Interviews on 03/19/18 at 2:15 pm and 2:17 pm with 2 residents revealed Staff A routinely administered medications in the morning and evening, alternating days with a second medication aide. 2. Review of Staff B's personnel record revealed: -Staff B's date of hire at the facility was 11/22/17. -Staff B was a Supervisor-in-Charge and a Medication Aide (MA).	C935	Documentation for medication clinical skills will be completed for staff before they begin working in the facility in question. This will be checked by the Administrator prior to an employees first day on the job. 2. On 3/20/2018, staff B's medication clinical skills validation checklist for this	

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C935	Continued From page 6 -Staff B had a medication clinical skills validation checklist completed on 07/01/16 at a sister facility owned by the Administrator. -There was no documentation Staff B had a medication clinical skills validation checklist completed for this facility. -There was documentation Staff B passed the written medication exam on 08/31/2005. -There was documentation Staff B was employed previously as a medication aide from 08/15/2010 to 05/30/16. Telephone interview on 03/19/18 at 1:45 pm with Staff B revealed: -She had completed the medication clinical skills validation checklist with the contracted nurse prior to passing medications at another facility the Administrator owned (on 07/01/16). -She did not know she was required to complete a separate medication clinical skills validation checklist for this facility. -The Administrator would be responsible to assure all staff had medication clinical skills validation checklist completed prior to administering medications. Interview on 03/19/18 at 1:35 pm with Staff A (Administrator) revealed: -He was responsible to assure all staff met requirements, including a completed medication clinical skills validation checklist, completed prior to administering medications. -Staff B had completed the medication clinical skills validation checklist on 07/01/16 with the contracted nurse prior to passing medications at another facility that he owned. -He did not know Staff B was required to have a completed medication clinical skills validation checklist for this facility. -He would contact the contracted nurse to	C935	Facility was signed off by the RN. Documentation for medication clinical skills will be completed for staff before they begin working in the facility in question. This will be checked by the Administrator prior to an employees first day on the job.	

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C935	Continued From page 7 complete a medication clinical skills validation checklist for this facility as soon as possible. Telephone interview on 03/19/18 at 2:00 pm with the contracted nurse revealed she did not know staff at the facility needed a completed medication clinical skills validation checklist for this facility, as well as the other facilities owned by Staff A. She would come to the facility to complete the checklist the following day. Interviews on 03/19/18 at 2:15 pm and 2:17 pm with 2 residents revealed Staff B routinely administered medications in the morning and evening, alternating days with a second medication aide (Staff A).	C935		