STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL034092	A. BUILDING: _____ B. WING _____	07/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAMU'S FAMILY CARE HOME	1251 SHELTER COVE WINSTON-SALEM, NC 27106

(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 completed an annual survey on 07-31-18.	C 000		
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to assure 3 of 3 sampled medication aides (Staff A, B and C) completed the annual state mandated annual infection control course. The findings are: 1. Review of Staff A, medication aide/Supervisor-In-Charge's personnel record revealed: -Staff A was hired on 03/03/13. -There was documentation Staff A completed annual infection control training on 02/27/13.	C 934		

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C 934	Continued From page 1 -There was no documentation Staff A completed the annual infection control training after 02/27/13. Attempted interview on 07/31/18 with Staff A was unsuccessful. Refer to interview with the Administrator on 07/31/18 at 3:00pm. 2. Review of Staff B, medication aide/Supervisor-In-Charge's personnel record revealed: -Staff B was hired on 09/10/13. -There was no documentation Staff B had completed the annual infection control training. Interview with Staff B on 07/31/18 at 2:33pm revealed: -Staff B had not completed the infection control training -The Administrator was a Registered Nurse (RN) and she was responsible to ensure required training were completed. Refer to interview with the Administrator on 07/31/18 at 3:00pm. 3. Review of Staff C, medication aide/Supervisor-In-Charge 's personnel record revealed: -Staff C was hired on 10/06/14. -There was no documentation Staff C completed the annual infection control training. Interview with Staff C on 07/31/18 at 2:28pm revealed: -Staff C had not completed the infection control training. -The Administrator was responsbile for staff	C 934		

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C 934	Continued From page 2 training, and he did not recall infection control being part of any training. Refer to interview with the Administrator on 07/31/18 at 3:00pm. Interview with the Administrator on 07/31/18 at 3:00pm revealed: -She was responsible for ensuring staff completed required training. -She completed the annual infection control training in 2013 and had not completed another infection control training because she thought it was a one-time training.	C 934		