

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2018
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

AUTUMN HOME CARE OF JOHNSTON COUNTY I

474 JERRY ROAD
SELMA, NC 27576

(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 November 7-8, 2018.	D 000		
D 150	10A NCAC 13F .0501 Personal Care Training And Competency 10A NCAC 13F .0501 Personal Care Training And Competency (a) An adult care home shall assure that staff who provide or directly supervise staff who provide personal care to residents successfully complete an 80-hour personal care training and competency evaluation program established by the Department. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties. Copies of the 80-hour training and competency evaluation program are available at the cost of printing and mailing by contacting the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. (b) The facility shall assure that training specified in Paragraph (a) of this Rule is successfully completed within six months after hiring for staff hired after September 1, 2003. Documentation of the successful completion of the 80-hour training and competency evaluation program shall be maintained in the facility and available for review. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 3 sampled staff (Staff A) who provided personal care to residents, had successfully completed an 80 hour personal care training and competency evaluation program, within 6 months after hire.	D 150		
			Employee A is Actively enrolled in an approved program at this time. Upon completion I will put the certificate in Employee A's File. In the Future I will require a certificate of completion of approved programs.	

(over) ↗

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature], Administrator

TITLE

(X6) DATE

12/10/18

STATE FORM

5499

540M11

If continuation sheet 1 of 4

Reviewed and accepted 12/21/18
HF

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D 150	Continued From page 1 The findings are: Review of Staff A's personnel record revealed: -She worked at the facility as a Personal Care Aide/Medication Aide. -She was hired on 01/12/17 as a personal care aide. -She passed the medication aide test on 04/21/17. -There was no documentation that Staff A had completed 80 hours of personal care training or that she was a certified nursing assistant. Interview with the Owner/Administrator on 11/07/18 at 9:17am revealed: -Staff A worked at the facility one day on and 2 days off. -Staff A's work schedule was a 24 hour shift. -Staff A was a medication aide and personal care aide. Interview with the Owner/Administrator on 11/07/18 at 1:15pm revealed: -Staff A's documentation of personal care training should be in her personnel record. -He felt sure Staff A had the personal care aide training. -He was responsible to ensure training certificates were in the personnel record. -He checked the staff personnel records upon hire and yearly. -Staff A provided personal care to the residents. Interview with the Owner/Administrator on 11/07/18 at 4:15pm revealed: -The only documentation of personal care training he had for Staff A was a letter that a previous employer wrote for Staff A documenting Staff A was a part time personal care aide and had been employed with the company since September 2010.	D 150	Completion date for employee A certification will be By April 15, 2019. For future employees that are not certified I, (THOMAS WHITE, ADMINISTRATOR) will provide information for enrollment, in approved programs, before hire and expect completion within 6 months of employment.	

TH White, Adm. 12/10/2018

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D 150	Continued From page 2 -There was no documentation that Staff A had completed 80 hours of personal care training. Staff A, was checked off by his agency Registered Nurse for Licensed Health Professional Support Tasks and was "confident" that Staff A "had at least 80 hours of training". -The nurse felt like Staff A knew how to provide personal care to the residents.	D 150			
	Interview with Staff A on 11/08/18 at 9:50am revealed: -Her job duties included assisting residents with toileting and transferring. -She "sometimes" assisted residents with bathing and dressing. -Most of the time there was a certified nursing assistant that would come to the facility to assist the residents with care. -If the residents needed help, she had to assist them. -She was not a certified nursing assistant. -She was "certified in health aide." -She had training at her previous job to learn how to transfer and bathe residents. -She thought she "did 20 hours of training, was 8 hours each day, was consistent training when she started working." -She had asked her previous employer about a certificate for the training and was told no certificates were given for the training that was provided. -She had not been asked again about personal care aide training since the inquiry from the Administrator when she was initially hired. Interview with the Administrator on 11/08/18 at 10:45am revealed: -He expected Staff A to assist residents with activities of daily living which included eating, ambulating, toileting, bathing, and dressing.				

DD Albert, administrator
12/10/18

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PRINTED: 11/13/2018
FORM APPROVED

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D 150	Continued From page 3 -He thought Staff A was a personal care aide. -He was not aware Staff A had to have completed the required personal care aide training. -He thought Staff A was qualified as a personal care aide because she had the same title from her previous employer.	D 150			

Division of Health Service Regulation
STATE FORM

5869

540M11

If continuation sheet 4 of 4

W. Willett
Administrator
12/10/18