

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/03/2019
NAME OF PROVIDER OR SUPPLIER AVENDELLE ON LAZY RIVER		STREET ADDRESS, CITY, STATE, ZIP CODE 2268 LAZY RIVER DRIVE RALEIGH, NC 27610		
(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 annual and follow-up survey on January 3, 2019.	C 000		
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 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	C935		

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

TITLE

(X6) DATE

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C935	Continued From page 1 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 assure that 2 of 3 staff (B, C) had either received the 5 hour, 10 hour or 15 hours medication training or previously worked as a medication aide during the previous 24 months prior to administering medication. The findings are: 1. Review of Staff B's personnel record revealed: -She was hired on 12/04/18 as a Personal Care Aide (PCA)/ Medication Aide (MA). -There was no documentation of a 5 hour, 10 hour or 15 hour medication training being done in Staff B's record. -There was no verification that Staff B had previously worked as a medication aide during the previous 24 months. -There was documentation that Staff B completed the Medication Clinical skills checklist on 12/03/18. -There was documentation that Staff B passed the Medication Aide test on 02/07/18. There was no opportunity presented to observe Staff B. Staff B was not available for interview. Refer to interview with the Administrator on	C935			

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C935	Continued From page 2 01/03/19 at 3:16 p.m. 2. Review of Staff C's personnel files revealed: -She was hired on 09/10/18 as a Nurse Aide (NA)/ Medication Aide (MA)/ Supervisor in Charge (SIC). -There was no documentation of a 5 hour, 10 hour or 15 hour medication training being done in Staff C's record. -There was no verification that Staff C had previously worked as a medication aide during the previous 24 months. -There was documentation that Staff C completed the Medication Clinical skills checklist on 09/14/18. -There was documentation that Staff B passed the Medication Aide test on 08/16/2000. Interview with Staff C on 01/03/19 at 3:35 p.m. revealed: -She did not recall having done any additional MA training with the Registered Nurse (RN) when she did the Medication Clinical skills checklist. -She had worked as a MA since passing her test in 2000. -She worked as a MA at another facility prior to her hire at this facility as a MA. Refer to interview with the Administrator on 01/03/19 at 3:16 p.m. _____ Interview with the Administrator on 01/03/19 at 3:16 p.m. revealed: -She was responsible for making sure that all staff performing Medication Aide tasks had their required competency and validation. -She did not know that Staff B and Staff C needed to have had completed a 5 hour, 10 hour or 15 hour training or employment verification of	C935			

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C935	Continued From page 3 having previously worked as a medication aide during the previous 24 months prior to performing unsupervised medication aide duties. -Both Staff B and Staff C worked at another facility as a MA -She was never told by the Registered Nurse (RN) that did the medication clinical skills check off that they also needed to complete a 5 hour, 10 hour or 15 hour training or had to have employment verification of having previously worked as a medication aide during the previous 24 months prior to performing unsupervised medication aide duties. -She would have the RN return to the facility to do the medication training for staff or have Staff B and Staff C have MA employment Verification completed by previous or current employers.	C935			