| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | fcl068027 | A. BUILDING: _____ B. WING _____ | 05/02/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHARLES HOUSE-YORKTOWN ELDER CARE HOME | 303 YORKTOWN DRIVE CHAPEL HILL, NC 27516 |

| (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<br><br>The Adult Care Licensure Section conducted an annual survey on May 2, 2019. | C 000 | | |
| C935 | G.S. § 131D-4.5B (b) ACH Medication Aides;Training and Competency<br><br>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.<br><br>(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:<br>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:<br>a. The key principles of medication administration.<br>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.<br>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.<br>(3) Within 60 days from the date of hire, the individual must have completed the following:<br>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:<br>1. The key principles of medication administration.<br>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if | C935 | | |


LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amanda Boner — TITLE: associate Director — (X6) DATE: 5-21-19



Reviewed and accepted – SS- 5/22/19

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | fcl068027 | A. BUILDING: _____ B. WING _____ | 05/02/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHARLES HOUSE-YORKTOWN ELDER CARE HOME | 303 YORKTOWN DRIVE CHAPEL HILL, NC 27516 |

| (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 |
|---|---|---|---|---|
| C935 | Continued From page 1<br>applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.<br>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to assure 1 of 3 sampled staff (Staff A) who administered medications completed the 5, 10, or 15 hour training and/or had verification of employment as a medication aide the previous 24 months.<br><br>The findings are:<br><br>Review of Staff A's personnel record revealed:<br>-Staff A's hire date was 12/09/16.<br>-Staff A worked as the Supervisor in Charge (SIC)/Medication Aide (MA).<br>-There was documentation of Staff A's medication aide test with a passed date of 12/13/04.<br>-There was documentation of Staff A's medication clinical skill's validation checklist dated 01/23/17.<br>-There was documentation of Staff A's MA verification of previous employment for the previous 24 months but he documentation was incomplete.<br>-There was no documentation of a 5, 10, or 15 hour medication aide training course for Staff A.<br><br>Interview with Staff A on 05/02/19 at 1:23 pm revealed:<br>-She worked on second shift each Thursday of the week and also 9:30 am to 5:00 pm Monday, Tuesday, Wednesday and Friday.<br>-She was responsible for the personnel records at | C935 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | fcl068027 | A. BUILDING: _____ B. WING _____ | 05/02/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHARLES HOUSE-YORKTOWN ELDER CARE HOME | 303 YORKTOWN DRIVE CHAPEL HILL, NC 27516 |

| (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 |
|---|---|---|---|---|
| C935 | Continued From page 2<br>the facility.<br>-She was told by the Executive Director (ED) to complete the facility MA verification form; she did not know the form needed to be sent to her former employer.<br>-She had not completed a 5, 10, or 15 hour medication administration course because she was not aware that she needed to complete the course.<br>-She administered medications to residents when she worked and she was responsible for the medication administration records (MARS) reviews.<br><br>Review of a resident's May 2019 medication administration record (MAR) revealed Staff A's signature was documented for the medication review and dated 04/30/19.<br><br>Interview with the Administrator on 05/02/19 at 3:04 pm revealed:<br>-She was not involved with the paperwork when Staff A was hired and Staff A was assisted with the paperwork by a previous SIC.<br>-She did not know the MA verification form for Staff A was incomplete.<br>-She and Staff A were responsible for the personnel records and Staff A audited them quarterly.<br>-When she made rounds at the facility, Staff A reported the items that were needed for the personnel records.<br>-Staff A would complete the 5, 10, or 15 hour medication aide training course next week, 05/06/19. | C935 | • Continued Quarterly file audits by SIC<br>• Admin review of all personnel files W/in 30 days<br><br>GS 131D-4.5B<br><br>• RN completed 15hour med training w/Staff A. on 5-10-19.<br>• Admin will do audit of SIC chart Quarterly<br>• SIC + Admin will get documentation of prior med aid work w/in 2 weeks of hire or administer med training | |