

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL086002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/06/2019
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NAME OF PROVIDER OR SUPPLIER COLONIAL LONG TERM CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 340 SNOWHILL DRIVE MOUNT AIRY, NC 27030
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(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 and Surry County Department of Social Services conducted an Annual survey 02/05/19 to 02/06/19.	D 000		
D935	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	D935	The facility will start the process immediately of having staff A complete their remaining 10 hour medication aide training. Which includes 1. The key principles of medication administration, and 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. The facility will immediately do audits to ensure all staff members who pass medication have successfully completed the Adult Care Home Medication Aides; training and competency evaluation requirements. The supervisor-in-charge will ensure all new hire staff that will be performing medication administration has successfully completed the Adult Care Home Medication Aides; training and competency evaluation requirements. The supervisor-in-charge will do monthly employee record audits on all staff that pass medication to ensure they have successfully completed the Adult Care Home Medication Aides; training and competency evaluation requirements. The facility will complete on or before 3/6/19.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

AKYV11

TITLE

(X6) DATE

Admin.
3/5/19

If continuation sheet 1 of 3

Reviewed and accpeted 03-11-19 KHH

Division of Health Service Regulation

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D935	Continued From page 1 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 observations, record reviews, and interviews, the facility failed to assure 1 of 2 sampled staff (Staff A) who administered medications, had completed the 10 hour medication aide training course prior to administering medications. The findings are: Review of Staff A, medication aide's (MA) personnel record revealed: -Staff A was hired on 08/27/18. -There was documentation Staff A had completed the Medication Clinical Skills Competency validation on 10/15/18. -There was documentation Staff A passed the written medication administration examination on 10/15/18. -There was documentation Staff A had completed 5 hours of medication aide training on 10/30/18. -There was no documentation Staff A had completed the remaining 10 hours of medication aide training. Review of a resident's December 2018, January	D935			

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STATE FORM

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If continuation sheet 2 of 3

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COLONIAL LONG TERM CARE FACILITY

**340 SNOWHILL DRIVE
MOUNT AIRY, NC 27030**

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D935	Continued From page 2 and February 2019 medication administration record (MAR) revealed Staff A documented administration of medications on 12/03/18-12/05/18, 12/07/18-12/10/18, 12/13/18, 12/15/18-12/17/18, 01/29/19, 02/01/19 and 02/03/19. Attempted interview with Staff A on 02/06/19 was unsuccessful. Interview with Resident Care Coordinator (RCC) on 02/06/19 at 11:25am revealed: -Staff A started working at the facility in August 2018, as a personal care aide and working in the kitchen. -In October 2018, Staff A completed and passed the written medication administration examination. -Staff A worked at the facility as a medication aide, administering medications to the residents. -Staff A had completed 5 hours of the required 15 hour medication aide training course before she took the written medication administration examination. -Staff A had not completed the 10 hour medication aide training course. -She was responsible for ensuring Staff A completed the 10 hour medication aide training. -She thought the training had to be completed within six months after taking the written medication administration examination.	D935		