Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041084	A. BUILDING: _____ B. WING _____	09/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF GREENSBORO	1208 NEW GARDEN ROAD GREENSBORO, NC 27410

(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 09/24/19 through 09/26/19.	D 000		
D 132	10A NCAC 13F .0406(b) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to assure that 1 of 6 sampled staff (Staff C) were tested for tuberculosis (TB) disease upon hire. The findings are: Review of Staff C's, Medication Aide (MA) personnel record revealed: -Staff C was hired on 05/14/18. -There was documentation of a TB skin test with negative results was read on 05/17/18. -There was no documentation of a second TB skin test after Staff C was hired. Interview with the Administrator on 09/26/19 at 4:49pm revealed: -The Business Office Manager (BOM) was responsible for ensuring personnel records were complete with the required documents. -The previous BOM left employment about one month ago. -The current BOM was in training. -Yesterday on 09/25/19, she realized staff personnel records were not complete. -She did not get the opportunity to review all staff	D 132		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: AKWIASDI REVELS | TITLE: Executive Director | (X6) DATE: 10.28.19

reviewed and accepted 11/01/19 Jo Scarlett, RN

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D 132	Continued From page 1 records and ensure missing documents were obtained. -She did not realize Staff C did not have a second TB skin test. -Staff C should have had a second TB skin test within the first year of employment. Attempted telephone interview with Staff C on 09/26/19 at 3:26pm was unsuccessful. The BOM was not available for interview on 09/26/19.	D 132		
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	D935		

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D935	Continued From page 2 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 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 1 of 3 sampled medication aides (Staff E) had documentation of a completed medication administration clinical skills validation, a 5, 10 or 15 hour medication administration training or had verification of previous employment before administering medication to residents. The findings are: Review of Staff E's, Medication Aide's (MA) personnel record revealed: -Staff E was hired on 11/20/15 as a Personal	D935		

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D935	Continued From page 3 Care Aide (PCA). -There was documentation Staff E successfully passed the written medication administration exam on 07/11/17. -There was documentation Staff E completed a medication clinical skills validation on 11/18/15 at the current facility prior to a hire date of 11/20/15. -There was documentation Staff E completed the 15 hour medication administration training on 11/11/15 at the current facility prior to a hire date of 11/20/15. -There was no documentation of employment verification for Staff A prior to beginning work as a MA at the facility. Review of a residents' July 2019 electronic Medication Administration Record (eMAR) revealed Staff E administered medications on 08/23/19, 08/26/19, and 08/29/19. Interview with Staff E on 09/26/19 at 2:14pm revealed: -She had been employed at the facility for about 4 years and was hired as a PCA. -She did not complete her 15 hour medication training on 11/11/15. -She remembered completing her 15 hour medication training course after she took her MA test in 2017. -She did not complete her medication clinical skills validation on 11/18/15 and the signature on the form was not hers. -She remembered completing the medication clinical skills validation after she took her MA test in 2017. Interview with the Administrator on 09/26/19 at 2:38pm revealed: -The 15 hour medication training and the medication clinical skills validation was usually	D935		

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D935	Continued From page 4 completed once staff passed their medication aide test and trained on the medication cart. -"There was no way Staff E could have completed the 15 hour medication training and medication clinical skills validation on 11/11/15 and 11/18/15." -The Resident Care Coordinator (RCC) was responsible for ensuring the 15 hour training and the medication clinical skills validation were completed. -The Business Office Manager (BOM) was responsible for maintaining the personnel records. -The BOM was not working on 09/26/19. -She spoke to Staff E who told her she did not have her 15 hour training or medication clinical skills validation in 2015, but she did complete the training and validation in 2017. -She did not know where documentation of the medication clinical skills validation or 15 hour medication training from 2017 was. Interview with the RCC on 09/26/19 at 2:56pm revealed: -She had worked at the facility for 7 months. -She was responsible for conducting the 15 hour training and medication clinical skills validation. -Staff E should have completed her 15 hour training and medication clinical skills validation prior to her being hired as the RCC. -The BOM was responsible for making sure documentation of trainings were filed in the personnel record. -She did not know Staff E's medication administration 15 hour training as documented as completed at the facility prior to Staff E's hire date. -She did not know Staff E's medication administration clinical skills validation was documented as completed at the facility prior to Staff E's hire date.	D935		

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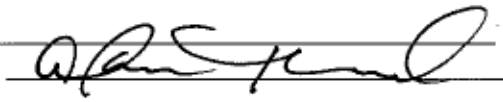
D935	Continued From page 5 Interview with the previous RCC on 09/26/19 at 4:50pm revealed: -She remembered conducting the 15 hour medication administration training and completing the medication administration clinical skills validation for Staff E. -The certificate for the 15 hour medication administration training dated 11/11/15 and the medication administration clinical skills validation dated 11/18/15 were not accurate because she did not complete the training or validate Staff E for medication administration until she passed her test in 2017. -Staff E should have a 15 hour medication administration training certificate and a medication clinical skills validation that she signed off at the facility. The BOM was not available for interview on 09/26/19.	D935		

Sunrise Senior Living
Plan of Correction

Name of Community: Brighton Gardens Of Greensboro
Address: 1208 New Garden Road, Greensboro NC 27410
License number: HAL-041-084
Inspection date(s): 09/24/2019- 09/26/2019
Name and Title of Sunrise Representative Signing the Plan of Correction:
Akwiasdi K Revels , Executive Director
Signature of Sunrise Representative: 
Date of Submission: 10/28/19

Regulation	Target Date by Which Correction will be completed	Plan of Correction
10NCAC 13F .0406(a) Test For Tuberculosis	10/14/19	**A. With respect to the specific resident/situation cited:** In respect to the one team member identified during the survey (staff C), They received a two-step Tuberculosis Test. The one team member was found to have negative results for TB. Results of the TB tests placed in the Health Binder by the Business Office Coordinator.
	9/27/19 10/19/19	**B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:** The Business Office Coordinator/Designee completed audit of team member files on 09/27/19 to confirm the completion of 2 step TB screenings. Issues identified were addressed and resolved. Team member files that did not reflect documentation of a 2 Step TB test: the team members received a 2 step TB screening test.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		2 Step TB screenings were resolved on 11/11/19.
	10/1/19 10/1/19 10/1/19	**C. With respect to what systemic measures have been put into place to address the stated concern:** The BOC or designee will audit new team member files weekly for 1 month and then monthly for 2 months to confirm 2 Step TB screening tests were completed. The results of the audits will be reviewed at Quality Assurance and Performance Improvement (QAPI) Meetings monthly for 3 months. During and at the conclusion of the 3 months the QAPI Committee will re-evaluate and initiate any necessary action or extend the review period.
	10/1/19	**D. With respect to how the plan of correction will be monitored:** The Executive Director is responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction and addressing and resolving variances that may occur.
10A NCAC 131D-4.58(b) Medication Aides Training and Compe	9/27/2019	**A. With respect to the specific resident/situation cited:** In respect to the one team member identified during the survey (Staff E), was removed from passing meds until the required trainings and competencies were completed. Staff E received immediate medication validation and training by community RN. Documentation of the training and validation placed in the personnel file by the Business Office Coordinator.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	9/28/2019 10/1/2019	**B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:** The Executive Director completed audit of team member files on 09/26-9/28/19 to confirm the completion of training and competency for team members. Issues identified were addressed and resolved. Team member files that did not reflect documentation of training and competency validation were immediately trained and educated. Competencies were completed by the RN on staff.
	10/1/2019 10/1/2019 10/1/2019	**C. With respect to what systemic measures have been put into place to address the stated concern:** The BOC or designee will audit new team member files weekly for 1 month and then monthly for 2 months to confirm training and validation are completed. The results of the audits will be reviewed at Quality Assurance and Performance Improvement (QAPI) Meetings monthly for 3 months. During and at the conclusion of the 3 months the QAPI Committee will re-evaluate and initiate any necessary action or extend the review period.
	10/1/2019	**D. With respect to how the plan of correction will be monitored:** The Executive Director is responsible for confirming implementation and ongoing compliance with the components of this Plan of Correction and addressing and resolving variances that may occur.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.