STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL083018	A. BUILDING: _____ B. WING _____	R 03/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTWICK VILLAGE	1000 JOHNS ROAD LAURINBURG, NC 28352

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D 000	Initial Comments The Adult Care Licensure Section and the Scotland County Department of Social Services conducted an annual and follow-up survey on March 10, 2020.	D 000		
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 3 sampled medication aides (MA) (Staff C and E) were competency validated for Licensed Health Professional Support (LHPS) tasks including collecting and testing of fingerstick blood samples, medication administration through injections, and medication inhalation by machine. The findings are:	D 161		

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D 161	Continued From page 1 1. Review of Staff C's personnel record revealed: -Staff C was hired on 06/24/19. -There was no documentation Staff C had been LHPS competency validated on collecting and testing of fingerstick blood samples and medication administration through injections. Observation during the medication pass on 03/10/20 at 11:34am revealed Staff C obtained a fingerstick blood sugar (FSBS) from a resident. Review of a Resident's January 2020 electronic Medication Administration Record (eMAR) revealed: -There was documentation Staff C had obtained a FSBS of 176 and administered 8 units insulin on 01/09/20 at 8:00am. -There was documentation Staff C had obtained a FSBS of 225 and administered 10 units of insulin on 01/09/20 at 12:00pm. -There was documentation Staff C had obtained a FSBS of 240 and administered 10 units of insulin on 01/21/20 at 12:00pm. Review of a second Resident's 03/01/20 - 03/10/20 eMAR revealed: -There was documentation Staff C had obtained a FSBS of 110 and administered 6 units of insulin on 03/08/20 at 8:00am. -There was documentation Staff C had obtained a FSBS of 187 and administered 8 units of insulin on 03/08/20 at 12:00pm. Review of a third Resident's 03/01/20 - 03/10/20 eMAR revealed: -There was documentation Staff C had obtained a FSBS of 296 and administered 2 units of insulin on 03/08/20 at 8:00am. -There was documentation Staff C had obtained a	D 161		

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FSBS of 298 and administered 2 units of insulin on 03/08/20 at 12:00pm.

Interview with Staff C on 03/10/20 at 2:41pm revealed:
-She worked part time as a MA on first shift.
-She obtained FSBS and administered insulin to residents.
-A nurse had trained her during an inservice on how to obtain FSBS and administer insulin.
-She thought the training had been in December 2019.

Refer to the interview with the Resident Care Coordinator (RCC) on 03/10/20 at 3:15pm.

Refer to the interview with the Administrative Assistant on 03/10/20 at 3:20pm.

Refer to the telephone interview with the Quality Management Nurse on 03/10/20 3:50pm.

Refer to the interview with the Administrator on 03/10/20 at 3:40pm.

2. Review of Staff E's personnel record revealed:
-Staff E was hired on 04/10/18.
-There was documentation of a LHPS competency validation for Staff E dated 06/22/18.
-There was no documentation Staff E had been LHPS competency validated for the tasks of collecting and testing of fingerstick blood samples, medication administration through injection, or medication inhalation by machine.

Review of a Resident's January 2020 electronic Medication Administration Record (eMAR) revealed:
-There was documentation Staff E had obtained a fingerstick blood sugar (FSBS) of 204 and

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administered 10 units of insulin on 01/13/20 at 4:40pm.
-There was documentation Staff E had administered 48 units of insulin on 01/13/20 at 8:30pm.

Review of a second Resident's February 2020 eMAR revealed:
-There was documentation Staff E had obtained a FSBS readings of 242 on 02/04/20 at 6:00am, 140 on 02/11/20 at 6:00am, 101 on 02/14/20 at 6:00am, and 143 on 02/18/20 at 6:00am.
-There was documentation Staff E had administered a medication per inhaler via machine on 02/04/20 at 12:00am and 6:00am, 02/11/20 at 12:00am and 6:00am, 02/14/20 at 12:00am and 6:00am, and 02/18/20 at 12:00am and 6:00am.

Review of a third Resident's 03/01/20 - 03/10/20 eMAR revealed:
-There was documentation Staff E had obtained a FSBS reading of 190 and administered 8 units of insulin on 03/05/20 at 4:30pm.
-There was documentation Staff E had administered 48 units of insulin on 03/05/20 at 8:30pm.

Attempted telephone interview with Staff E on 03/10/20 at 3:09pm was unsuccessful.

Refer to the interview with the Resident Care Coordinator (RCC) on 03/10/20 at 3:15pm.

Refer to the interview with the Administrative Assistant on 03/10/20 at 3:20pm.

Refer to the telephone interview with the Quality Management Nurse on 03/10/20 3:50pm.

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D 161	Continued From page 4 Refer to the interview with the Administrator on 03/10/20 at 3:40pm. Interview with the Resident Care Coordinator (RCC) on 03/10/20 at 3:15pm revealed: -The RCC or the Administrative Assistant were responsible for contacting the LHPS nurse for newly hired MAs. -The nurse would then be in the facility within 2 days to train and validate the staff. -She thought the Administrative Assistant or staff from Quality Management would audit the personnel records. -She did not know why Staff C and E had not been competency validated. Interview with the Administrative Assistant on 03/10/20 at 3:20pm revealed: -The RCC was responsible for contacting the LHPS nurse for newly hired MAs. -She was responsible for auditing the personnel records after hire for required documentation. -She did not know why Staff C and E had not been competency validated. Telephone interview with the Quality Management Nurse on 03/10/20 3:50pm revealed: -She was responsible for training and completing the Medication Clinical Skills checklist only for the MAs. -A nurse from the facility's contracted pharmacy was responsible for the LHPS validation. -The facility would need to call the pharmacy nurse each time a MA needed LHPS validation. Interview with the Administrator on 03/10/20 at 3:40pm revealed: -She knew the MAs were required to have LHPS validation. -The RCC was responsible for notifying the nurse	D 161		

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D 161	Continued From page 5 for newly hired MAs. -The Administrative Assistant was responsible for auditing the personnel records. -She was not aware that the Quality Management Nurse only completed the Medication Clinical Skills checklist. -She was not aware that the pharmacy nurse conducted the LHPS validation. -The facility had recently changed pharmacys and there had been some confusion.	D 161		