STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL-060161	A. BUILDING: _____ B. WING _____	09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANCTUARY AT STONEHAVEN 3	6021 GLENRIDGE ROAD CHARLOTTE, NC 28211

(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 Initial Survey and Covid Focused Infection Control Survey onsite on September 17, 2020.	C 000		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure at least one staff person was on the premises at all times had completed an accredited course on cardio-pulmonary resuscitation (CPR) and choking management within the last 24 months for 1 of 3 sampled staff (Staff C). The findings are: Review of Staff C's, medication aide (MA), personnel record revealed: -A hire date of 05/25/20.	C 176		

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C 176	Continued From page 1 -There was no documentation Staff B had accredited CPR training within the last 24 months. Interview on 09/17/20 at 12:45pm with the Resident Care Coordinator (RCC) revealed: -Staff C's CPR had expired in February 2020. -She had tried to get Staff C CPR certified, but with Covid occurring at around the same time she was hired there was no one who was giving CPR classes. -It was her responsibility to make sure all staff had the CPR training needed. -Staff C had worked on third shift by herself. Attempted telephone interview on 09/17/20 at 1:15pm with Staff C, MA was unsuccessful. Review of the September 2020 staffing schedule revealed: -Staff C had worked 13 nights on third shift by herself between September 1, 2020 and September 16, 2020. -Staff C had been scheduled to work 8 nights on third shift by herself between September 17, 2020 and September 30, 2020. Telephone interview on 09/17/20 at 1:40pm with the Administrator revealed: -The RCC was responsible to make sure all the staff had their CPR certification. -He knew that there had been some trainings that had not been available because of Covid, but did not know if CPR was one of those. -From May 2020 through the present he had a difficult time finding anyone who provided the CPR certification training.	C 176		

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C935	Continued From page 2	C935		
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 applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding	C935		

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C935	Continued From page 3 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 ensure 1 of 3 sampled medication aides (MA) (Staff B) had completed the medication aide exam within 60 days of the medication clinical skills competency validation. The findings are: Review of Staff B's, medication aide personnel record revealed: -Staff B was hired on 06/03/20 as a MA. -There was documentation Staff B had completed the medication clinical skill checklist on 06/11/20. -There was no documentation Staff C had completed the MA exam. Review of three residents' electronic Medication Administration Record (eMAR) for August 2020, and September 2020 revealed Staff B documented the administration of medications between 08/12/20 through 09/15/20. Interview on 09/17/20 at 12:45pm with the Resident Care Coordinator (RCC) revealed: -She had been looking at the eMARs earlier in the week and noticed that Staff B should not have been administering medications, so she pulled her from the medication cart yesterday (09/16/20). -She did not think the medication aide test was	C935		

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C935	Continued From page 4 being given during Covid. -It was her responsibility to make sure the medication aides took their tests within 60 days of being competency validated. Interview on 09/17/20 at 3:30 pm with Staff B, Medication Aide revealed: -She was told on 09/16/20 by the RCC that she could not administer medications until she took and passed her medication aide test. -She administered medications between August 12, 2020 and September 15, 2020. -She tried to get scheduled for the test right after she was hired, but was told there was no testing available but she could not remember who told her. Telephone interview on 09/17/20 at 3:45 pm with the Administrator revealed: -The RCC was responsible to make sure all the staff had their training and passed the medication aide test within the appropriate time frame.. -He had received something he thought had extended the medication aide testing beyond 60 days because of Covid but unable to provide this information.	C935		