STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CHARLOTTE SQUARE	5820 CAMEL ROAD CHARLOTTE, NC 28226

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{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 06/09/21 and 06/10/21 with an exit conference via telephone on 06/11/21.	{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 record reviews and interviews, the facility failed to ensure 1 of 6 sampled staff (Staff D) were competency validated for Licensed Health Professional Support (LHPS) tasks including collecting and testing of fingerstick blood samples. The findings are: Review of Staff D's, medication aide (MA), personnel record revealed:	{D 161}		

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{D 161}	Continued From page 1 -Staff D started working at the facility through a contracted agency on 05/04/21. -There was no documentation of a LHPS competency validation. -There was no documentation Staff D completed a Medication Administration Clinical Skills Validation Checklist. Review of an electronic Medication Administration Record (eMAR) revealed Staff D collected fingerstick blood sugars (FSBS) on 06/03/21. Review of the facility's attestation form revealed: -The attestation form was used as the facility's documentation that the agency staff completed state required LHPS validation prior to being sent to work at the facility. -The individual LHPS tasks were not specified. -There was no way to determine which LHPS tasks the staff had been deemed competent. -There was a note that any missing documentation was the responsibility of the staffing agency. -The attestation was signed 05/24/21. Interview with Staff D on 06/10/21 at 7:55am revealed: -She collected FSBS for residents before she administered insulin. -She worked as a MA for several agencies which contracted with several facilities. -She was trained to collect FSBS with a staffing agency before working at the facility. -Some agencies checked her off for LHPS competency, but she was not sure of each specific task. -Some agencies relied on the facility to do the validation for LHPS. -She was not sure if she was LHPS validated by the facility or the staffing agency.	{D 161}		

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{D 161}	Continued From page 2 Interview with the staffing agency on 06/10/21 at 4:35pm revealed: -Staff D was agency staff the facility utilized. -The agency signed an attestation form verifying LHPS tasks were validated. -She would send a copy of the LHPS validation to verify LHPS validation was completed. Interview the Wellness Director on 06/10/21 at 4:27pm: -She was responsible for making sure staff of the facility were LHPS validated. -Staff from the staffing agency were checked off on all tasks prior to working at the facility. -An attestation form was signed by the staffing agency verifying MAs were LHPS competency validated. -She did not complete any additional training with the Staff D because they were hired through a staffing agency. Interview with the Administrator on 06/09/21 at 2:00pm revealed: -Staff D was hired from a staffing agency. -It was the responsibility of the staffing agency to make sure the agency staff they sent were were LHPS validated. -She had the staffing agency complete an attestation acknowledging Staff D was LHPS validated, but she could not specify what tasks were validated. -She reached out to the staffing agency to obtain copies of the LHPS validation, however the copies had not been received. -Since the attestation was accepted in the plan of correction, she thought the attestation would suffice. At the conclusion of the survey, the LHPS	{D 161}		

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{D 161}	Continued From page 3 competency validation form signed by a qualified licensed health professional had not been received for Staff D.	{D 161}		
{D 164}	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 6 sampled medication	{D 164}		

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{D 164}	Continued From page 4	{D 164}		

aides (Staff D), who administered insulin to residents completed training on the care of diabetic residents prior to the administration of insulin.

The findings are:

Review of Staff D's, medication aide (MA), personnel record revealed:
-Staff D started working at the facility through a contracted agency on 05/04/21.
-There was no documentation Staff D had completed training on the care of diabetic residents.

Observation of Staff D on 06/10/21 during the medication pass revealed Staff D administering insulin to a resident.

Review of the facility's attestation form revealed:
-The attestation form was used as the facility's documentation that the agency staff completed state required diabetic care training prior to being sent to work at the facility.
-Diabetic care training was listed as qualification in which Staff D completed.
-There was a note that any missing documentation was the responsibility of the staffing agency.
-The attestation was signed 05/24/21.

Interview with Staff D on 06/10/21 at 7:55am revealed:
-She worked as a MA at the facility and administered medications to residents.
-She administered insulin injections to residents.
-She worked as a MA for several agencies and contracted with several facilities.
-She was trained to administer insulin with a staffing agency before working at the facility.

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{D 164}	Continued From page 5 -One of the staffing agencies provided diabetic care training. Interview with the staffing agency on 06/10/21 at 4:35pm revealed: -Staff D was hired by the facility. -The agency signed an attestation form verifying diabetic care training was completed by a qualified licensed health professional -She would send a copy of the training to verify it was completed. Interview the Wellness Director on 06/10/21 at 4:27pm: -She was responsible for making sure staff of the facility received diabetic care training. -Staff from the staffing agency received diabetic care training prior to working at the facility. -An attestation form was signed by the staffing agency verifying MAs received diabetic care training. -She did not complete any additional training with the staff who were hired through an agency. Interview with the Administrator on 06/09/21 at 2:30pm revealed: -Staff D was hired from a staffing agency. -It was the responsibility of the staffing agency to make sure agency staff received diabetic care training. -She had the staffing agency complete an attestation acknowledging agency staff received diabetic care training. -She reached out to the staffing agency to obtain copies of the diabetic care training, however the copies had not been received. -Since the attestation was accepted in the plan of correction, she thought the attestation would suffice.	{D 164}		

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{D 164}	Continued From page 6 At the conclusion of the survey, diabetic care training completed by qualified licensed health professional had not been received for Staff D.	{D 164}		
{D 273}	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A1 VIOLATION. The Type A1 Violation was abated. Non-compliance continues. Based on observations, interviews and record reviews, the facility failed to ensure physician notification for 1 of 5 sampled residents related to not reporting fingerstick blood sugars (FSBS) outside of ordered parameters (Resident #5). The findings are: Review of Resident #5's current FL2 dated 01/15/21 revealed diagnoses included diabetes mellitus type 2, cerebrovascular accident, and hypertension. Review of Resident #5's physician's orders dated 05/07/21 revealed there was an order to check FSBS every morning before breakfast, notify the physician for FSBS less than 60 or greater than 400. Review of Resident #5's May 2021 electronic Medication Administration Records (eMARs)	{D 273}		

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{D 273}	Continued From page 7 revealed: -There was an entry for FSBS checks every morning, notify for the blood glucose less than 60 or greater than 400. -On 05/21/21, the FSBS was documented as 57. -On 05/27/21, the FSBS was documented as 56. -There was no documentation on the eMAR that the primary care provider (PCP) had been notified when the FSBS was less than 60. Review of Resident #5's progress notes revealed there was no documentation the PCP was notified of the FSBS below parameters on 05/21/21 or 05/27/21. Telephone interview with the medication aide (MA) on 06/10/21 at 3:32pm revealed: -She checked Resident #5's FSBS in the morning when she worked. -When Resident #5's FSBS was less than 60 she was to call the PCP and document the FSBS and the telephone call in the progress notes. -She checked Resident #5's FSBS on 05/21/21 and 05/27/21 in the morning. -She documented the FSBS on 05/21/21 as 57 and the FSBS on 05/27/21 as 56. -She could not remember if she notified Resident #5's PCP that the FSBS was less than 60 on 05/21/21 or 05/27/21. -She always documented in the progress notes when the PCP was notified about a FSBS outside of parameters. Interview with the Assistant Wellness Director on 06/10/21 at 8:45am revealed: -MAs were responsible for checking FSBS and notifying the PCP if the FSBS was outside of the parameters as soon as they are aware. -She expected the MA's to also document the FSBS and the time of the telephone call to the	{D 273}		

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{D 273}	Continued From page 8	{D 273}		

PCP in the progress notes.
-She did not know Resident #5's FSBS was outside of the parameters on 05/21/21 and 05/27/21.
-She was responsible for providing oversight to the MAs, and they should also notify her if the FSBS is outside of parameters to ensure physician notification was made.

Interview with the Wellness Director on 06/10/21 at 4:27pm revealed:
-She provided oversight to the MAs and Assistant Wellness Director.
-MAs were responsible for checking FSBS and notifying the Assistant Wellness Director and PCP when the FSBS was outside of the parameters.
-She did not remember being notified of the FSBS on 05/21/21 and 05/27/21 for Resident #5.
-She expected MAs to follow physician's order and reach out to the Assistant Wellness Director for assistance when needed if the PCP could not be reached.
-She did know if the PCP was notified on 05/21/21 or 05/27/21, however she would expect the MAs to document the contact in the progress notes.

Interview with Resident #5's PCP on 06/10/21 at 1:20pm revealed:
-Resident #5's FSBS was to be checked every morning and he was to be notified when the FSBS was less than 60 and greater than 400.
-Resident #5 received insulin in the evening and he ordered FSBS checks in the morning to ensure the resident blood sugar was not too low.
- He would expect the MA or Wellness Director to inform him of the low FSBS so that he can make adjustments to medication if needed.
-A FSBS lower than 60 could result in symptoms of hypoglycemia sweating, hunger, fatigue, and

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{D 273}	Continued From page 9 headache. -He did not remember being notified on 05/21/21 or 05/27/21 when the FSBS was less than 60. Interview with the Administrator on 06/10/21 at 5:13pm revealed: -She expected MAs to notify the PCP when the FSBS was outside of the parameters. -She expected physician's orders to be followed as written.	{D 273}		
{D 358}	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure medication was administered as ordered for 1 of 5 sampled residents (Resident #5). The findings are: Review of Resident #5's current FL2 dated 01/15/21 revealed diagnoses included diabetes mellitus type 2, cerebrovascular accident, and hypertension. Review of Resident #5's physician's orders dated	{D 358}		

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{D 358}	Continued From page 10 05/11/21 revealed: -There was an order for metformin 500 mg (a medication used to treat diabetes) 2 tablets twice daily with meals. -There was an order under the section "PRN medications" indicating if the fingerstick blood sugar (FSBS) is less than 60, hold insulin or oral diabetic medication. Review of Resident #5's May 2021 electronic Medication Administration Records (eMARs) revealed: -There was an entry at 8:00am for FSBS checks every morning, notify for the blood glucose less than 60 or greater than 400. -On 05/21/21, the FSBS was documented as 57. -On 05/27/21, the FSBS was documented as 56. -There was an entry for blood sugar less than 60, hold insulin or oral diabetic medication. -On 05/21/21, there was documentation, metformin 500mg was administered. -On 05/27/21, there was documentation, metformin 500mg was administered. Review of Resident #5's progress notes revealed there was no documentation the metformin 500mg was held 05/21/21 or 05/27/21. Telephone interview with the medication aide (MA) on 06/10/21 at 3:32pm revealed: -She checked Resident #5's FSBS in the morning when she worked. -When Resident #5's FSBS was less than 60 she was to call the PCP and document the FSBS and the telephone call in the progress notes. -She checked Resident #5's FSBS on 05/21/21 and 05/27/21 in the morning. -She documented the FSBS on 05/21/21 as 57 and the FSBS on 05/27/21 as 56. -She did not realize Resident #5 had an order to	{D 358}		

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{D 358}	Continued From page 11	{D 358}		

hold diabetic medication when the FSBS was less than 60.
-The hold order was not documented with the metformin 500mg order, but it was located in the "as needed" part of the eMAR.
-She tried to review all of the PRN medications, but she did not remember seeing the order to hold the metformin when the FSBS was less than 60 for Resident #5.

Interview with the Assistant Wellness Director on 06/10/21 at 8:45am revealed:
-MAs were responsible for checking FSBS and holding medications per the PCP orders.
-She expected the MA to also document the FSBS, hold the medication and document in the progress notes.
-She did not know Resident #5's FSBS was outside of the parameters on 05/21/21 and 05/27/21.
-She was responsible for providing oversight to the MAs, and she expected MAs to follow physician's orders.

Interview with the Wellness Director on 06/10/21 at 4:27pm revealed:
-She provided oversight to the MAs and Assistant Wellness Director.
-MAs were responsible for checking FSBS and holding medications per the physician's orders.
-She did not remember being notified of the FSBS on 05/21/21 and 05/27/21 for Resident #5.
-She did not realize Resident #5 had an order to hold the metformin 500mg when the FSBS was outside parameters.
-She expected MAs to follow physician's orders.

Interview with Resident #5's PCP on 06/10/21 at 1:20pm revealed:
-Resident #5's FSBS was to be checked every

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{D 358}	Continued From page 12 morning and MAs were to hold the metformin when the FSBS was less than 60. -Resident #5 received insulin in the evening and he ordered to hold the metformin 500mg if the FSBS was 60 to ensure the resident's blood sugar would not drop too low. -He would expect the MAs to follow the orders as written. -A FSBS lower than 60 can result in symptoms of hypoglycemia including sweating, hunger, fatigue, and headache. -Administering metformin 500mg when the FSBS was less than 60 could cause the blood sugar to drop resulting in symptoms of hypoglycemia. Interview with the Administrator on 06/10/21 at 5:13pm revealed: -She did not know Resident #5 had an order to hold diabetic medication if the FSBS was less than 60. -She expected MAs to follow physician's orders to be followed as written.	{D 358}		
{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	{D935}		

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{D935}	Continued From page 13 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 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: FOLLOW-UP TO TYPE B VIOLATION. The Type B Violation was abated. Non-compliance continues. Based on observations, interviews, and record reviews, the facility failed to ensure the completion of the Medication Aide Clinical Skills Validation Checklist and 15-hour medication aide training for 1 of 6 sampled staff (Staff D) who administered medication.	{D935}		

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	HAL060087	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE SQUARE	5820 CAMEL ROAD CHARLOTTE, NC 28226

(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
{D935}	Continued From page 14 The findings are: Review of Staff D's, medication aide (MA), personnel record revealed: -Staff D started working at the facility through a contracted agency on 05/04/21. -There was documentation Staff D had passed the medication aide test on 03/20/21. -There was no documentation Staff D had completed the state approved 15-hour training. -There was no documentation Staff D completed a Medication Administration Clinical Skills Validation Checklist. Review of an electronic Medication Administration Record (eMAR) revealed Staff D administered medications on 06/03/21 and 06/06/21. Observation of Staff D on 06/10/21 during the medication pass revealed Staff D administering medications to a resident. Review of the facility's attestation form revealed: -The attestation form was used as the facility's documentation that the agency staff completed the state required 15-hour training and Medication Administration Clinical Skills Validation prior to being sent to work at the facility. -The 15-hour training and Medication Administration Clinical Skills Validation was listed as a qualification that was met for Staff D. -There was a note that any missing documentation was the responsibility of the staffing agency. -The attestation was signed 05/24/21. Interview with Staff D on 06/10/21 at 7:55am revealed: -She worked as a medication aide in the facility.	{D935}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{D935}	Continued From page 15 -She worked as a MA for several agencies and contracted with several facilities. -She received medication training with a staffing agency before working at the facility. -Some agencies checked her off for Medication Clinical Skills, but she had not been checked off at the facility. -She had not received any medication training since working at the facility. -She was not sure if she completed the state approved 15-hour training before administering medications. Interview with the staffing agency on 06/10/21 at 4:35pm revealed: -Staff D was hired by the facility. -The agency signed an attestation form verifying the 15-hour raining and Medication Administration Clinical Skills validation was completed.. -She would send a copy of the of the training and validation to verify it was completed. Interview the Wellness Director on 06/10/21 at 4:27pm: -She was responsible for making sure staff of the facility received medication training. -Staff from the staffing agency received medication training prior to working at the facility. -An attestation form was signed by the staffing agency verifying MAs received MA training and completed Medication Clinical Skills validation. -She did not complete any additional training with the staff who were hired through an agency. Interview with the Administrator on 06/09/21 at 2:30pm revealed: -Staff D was hired through a staffing agency. -It was the responsibility of the staffing agency to make sure Staff D received medication training and was validated on Medication Clinical Skills.	{D935}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{D935}	Continued From page 16 -She had the staffing agency complete an attestation acknowledging Staff D and E were LHPS validated. -She reached out to the staffing agency to obtain copies of the medication training and clinical skills validation, however the copies had not been received. -Since the attestation was accepted in the plan of correction, she thought the attestation would suffice. At the conclusion of the survey, the 15-hour medication training or Medication Administration Clinical Skills validation form completed and signed by a qualified licensed health professional had not been received for Staff D.	{D935}		