

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/14/2021
NAME OF PROVIDER OR SUPPLIER AVENDELLE ON LAZY RIVER			STREET ADDRESS, CITY, STATE, ZIP CODE 2268 LAZY RIVER DRIVE RALEIGH, NC 27610		
(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 annual and follow-up survey on 07/14/21.	C 000			
C 612	10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp) 10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control and Prevention (CDC) during the global coronavirus (COVID-19) pandemic were implemented and maintained to provide protection and reduce the risk of transmission	C 612			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 612	Continued From page 1 and infection to residents as related to resident temperature screening. The findings are: Review of the residents' temperature logs on 07/14/21 revealed the residents' temperatures were taken monthly from January-July 2021. Review of the CDC interim infection prevention and control recommendations to prevent COVID-19 spread in long-term care facilities dated 03/29/21 revealed: -The guidance applied regardless of vaccination status and level of vaccination coverage in the facility. -The residents were to have their temperatures taken daily. Review of the facility's COVID-19 infection control policy on 07/14/21 revealed: -There was a section titled Enhance Surveillance to Identify Infections Early. -Residents were to be "actively screened for fever." -"Residents should be screened daily." Interviews with the Medication Aide (MA) on 07/14/21 at 11:34am revealed the residents' temperatures were routinely taken monthly. Interview with the Administrator on 07/14/21 at 11:35am revealed: -Hospice staff took the residents' temperatures weekly. -Staff took the residents' temperatures monthly. -Staff stopped taking the residents' temperatures daily in mid-May. -All the residents were fully vaccinated. -She referred to the facility's COVID-19 infection	C 612		

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C 612	Continued From page 2 control policy for guidance.	C 612			
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.	C992			

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C992	Continued From page 3 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 3 of 3 staff (Staff A, B, and C) sampled who administered medications had completed a total of 15 hours of mandated medication administration training prior to administering medications. 1. Review of Staff A's, Medication Aide (MA), personnel record on 07/14/21 revealed: -Staff A's hire date was 12/04/18. -There was documentation Staff A passed the state written medication examination on 02/07/18. -There was documentation Staff A completed a 10-hour medication training class on 06/08/19. -There was no documentation Staff A completed a total of 15 hours of mandated medication administration training. Interview with Staff A on 07/14/21 at 4:48pm revealed: -She received her training at another facility. -She did not remember receiving the 5-hour or 15-hour medication administration training. -The Administrator did not tell her she needed any more training. -"I thought I was up-to-date." Refer to the interview with the Administrator on 07/14/21 at 4:57pm. Refer to the telephone interview with a Registered Nurse (RN) from the facility's contracted pharmacy on 07/14/21 at 5:07pm. 2. Review of Staff B's, Medication Aide (MA), personnel record on 07/14/21 revealed: -Staff B's hire date was 08/10/20. -There was documentation Staff B completed the	C992		

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C992	Continued From page 4 state written medication examination on 10/09/18. -There was no documentation Staff B completed a total of 15 hours of mandated medication administration training. Attempted telephone interview with Staff B on 07/14/21 at 5:53pm was unsuccessful. Refer to the interview with the Administrator on 07/14/21 at 4:57pm. Refer to the telephone interview with a Registered Nurse (RN) from the facility's contracted pharmacy on 07/14/21 at 5:07pm. 3. Review of Staff C's, Medication Aide (MA), personnel record on 07/14/21 revealed: -Staff C's hire date was 10/27/20. -There was documentation Staff C completed the state written medication examination on 01/06/21. -There was documentation Staff C completed a 5-hour medication training class on 12/16/20. -There was no documentation Staff B completed a total of 15 hours of mandated medication administration training. Staff C was not at the facility and was not available for an interview. Refer to the interview with the Administrator on 07/14/21 at 4:57pm. Refer to the telephone interview with a Registered Nurse (RN) from the facility's contracted pharmacy on 07/14/21 at 5:07pm. Interview with the Administrator on 07/14/21 at 4:57pm revealed: -A Registered Nurse (RN) from the facility's contracted pharmacy provided medication	C992		

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C992	Continued From page 5 administration training for staff. -The RN told her that staff needed either the 5-hour or 10-hour medication administration training, but not both. -She did not remember when the RN informed her of the total hours of medication administration training needed by staff. -The RN who had provided the medication administration training to staff was no longer employed by the pharmacy. Interview with a RN from the facility's contracted pharmacy on 07/14/21 at 5:07pm revealed: -She had not conducted any training at the facility and did not know who had previously provided the training at the facility. -Staff were required to complete the 5-hour medication administration training course online before the RN would visit the facility to conduct "training check-off." -Staff were required to complete the 10-hour medication administration training within 60 days of completing the five-hour training. -The state written medication examination was to be completed within 60 days of completing the 10-hour training. -A 15-hour course could be completed online in lieu of the 5-hour and 10-hour courses.	C992		