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C 000	Initial Comments The Adult Care Licensure Section completed an annual and follow-up survey on 05/20/21.	C 000		
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to ensure water temperatures were maintained between 100-116 degrees Fahrenheit (F) as evidenced by water temperatures greater than 116 degrees F for 5 of 5 fixtures. The findings are: Observation of the staff bathroom that was accessible to the residents on 05/20/21 at 9:05am revealed: -The water temperature at the sink and in the shower was 129 degrees Fahrenheit (F). -No steam was observed. Observation of the residents' common bathroom on 05/20/21 at 9:15am revealed: -The water temperature at the sink was 128 degrees F.	C 105		

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C 105	Continued From page 1 -The water temperature in the bathtub/shower was 130 degrees F. -Steam was coming from both of the faucets. Observation of the kitchen on 05/20/21 at 8:50am revealed there was a resident washing the dishes. Observation of the kitchen on 05/20/21 at 9:40am revealed: -The water temperature at the sink was 133 degrees F. -Steam was coming from the faucet. Observation of the kitchen on 05/20/21 at 9:51am revealed: -The maintenance staff was checking the water temperature at the sink with her personal thermometer that she routinely used to check the water temperatures at the facility. -The maintenance staff's thermometer reading moved slowly from 20 degrees F to 30 degrees F. -The maintenance staff's thermometer measured the water temperature at 30 degrees F. -Steam was observed coming from the faucet. -The surveyor's thermometer measured the sink water temperature at 130 degrees F. -The Supervisor-in-Charge (SIC) and the maintenance staff could not locate the thermometer used by staff to routinely check the water temperatures. Review of the facility's May 2021 water temperature log revealed: -The water temperatures in the bathroom and the kitchen were checked on 05/01/21, 05/05/21, and 05/11/21. -The water temperatures ranged from 110 degrees F to 112 degrees F.	C 105		

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C 105	Continued From page 2 Interview with a resident on 05/20/21 at 9:22am revealed: -The water in the bathroom was "pretty hot." -Someone could "get a little scald if you [did not] pay attention." Interview on 05/20/21 at 10:48am with the plumber who was called to the facility as a result of the water temperatures revealed: -It was his first time to the facility. -During winter, water heater thermostats were sometimes set high to compensate for the low temperature of the pipes. -The water heater thermostats should be adjusted when the weather warms up in the spring. -He adjusted the thermostat on the water heater. Interview with the maintenance staff on 05/20/21 at 11:00am revealed: -She routinely reviewed the temperature logs to check if staff were assessing the water temperature. -The last time she checked the water temperature in the facility was one month ago. -She went out and purchased two new thermometers for the facility on 05/20/21. -She would personally check the water temperatures weekly. Telephone interview with the Executive Director on 05/20/21 at 5:52pm revealed: -There were multiple "issues" with the plumbing in the facility. -The water temperatures "fluctuated." -She had previously been informed the water temperature was too cold, but never too hot. -She had spoken with the landlord within the last week about the plumbing problems. -The landlord was going to send a plumber to the	C 105		

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C 105	Continued From page 3 facility. -She did not know the temperature of the water in the facility. -She did not know if the facility's thermometer had ever been calibrated. -Facility staff should know where the thermometer was stored. _____ The facility failed to ensure water temperatures for 5 of 5 fixtures in the facility, including the bathroom and kitchen used by residents, were maintained between 100-116 degrees F. The water temperatures ranged from 128-133 degrees F and were detrimental to the safety, health, and welfare of the residents and constitute a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/20/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 4, 2021.	C 105		
C 341	10A NCAC 13G .1004 (i) Medication Administration 10A NCAC 13G .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.	C 341		

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C 341	Continued From page 4	C 341		

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to ensure the documentation on the medication administration record (MAR) included the initials of the medication aide (MA) who administered the medication for one resident.

The findings are:

Observation of the Supervisor-in-Charge (SIC) revealed she left the facility before 10:05am on 05/20/21.

Observation on 05/20/21 at 12:15pm revealed the personal care aide (PCA) administered a resident's 12:00pm medication.

Review of the resident's MAR for May 2021 revealed SIC, who left the facility before 10:05am, documented administering the resident's 12:00pm medication.

Interview on 05/20/21 at 3:05pm with the PCA revealed:
-She gave the resident her 12:00pm medication because the SIC was not at the facility.
-She "matched up the [medication]" with the MAR before administering the medication.
-She could not sign the MAR because she was not a medication aide (MA).

Interview on 05/20/21 at 5:36pm with SIC who had documented administering the resident's 12:00pm medication on 05/20/21 revealed:
-She documented her initials on the MAR because she had "pulled" the medication and put the medication "out in cups" for another staff to

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C 341	Continued From page 5 administer. -All staff had received medication administration training. Interview with the Administrator on 05/20/21 at 5:52pm revealed she expected documentation on the MAR to be entered by the person who administered the medication.	C 341		
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 observations, record reviews and	C 612		

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C 612	Continued From page 6 interviews, the facility failed to ensure recommendations and guidance established by 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 and infection to residents related to resident temperature screening. The findings are: Review of the CDC guidance related to interim infection prevention and control recommendations to prevent the spread of COVID-19 in long term care facilities (LTCF) dated 03/29/21 revealed: -The guidance applied regardless of vaccination status and level of vaccination coverage in the facility. -Residents were to be actively monitored at least daily for fever and symptoms consistent with COVID-19. Review of the residents' temperature records revealed: -The most current temperature log was dated April 2021. -There were no temperature logs for May 2021. Interview with the Supervisor-in-Charge (SIC) on 05/20/21 at 9:18am revealed: -Staff did not have to take the temperatures of residents who were fully vaccinated. -She was given the information "a couple weeks ago" during a staff conference call. -She did not remember who communicated the information related to resident temperature screening. -There were two residents residing in the facility who had not yet received the COVID-19	C 612		

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C 612	Continued From page 7 vaccination. Interview with a resident on 05/20/21 at 9:22am revealed staff took his temperature one or two times each week. Interview with a personal care aide (PCA) on 05/20/21 at 11:14am and 1:45pm revealed: -The residents' temperatures were checked every shift -The SIC had taken the residents' temperatures on 05/20/21. -The SIC may have misunderstood the information that was provided during the staff conference call related to taking the residents' temperatures. -Facility staff no longer had to send the residents' temperature log to the office staff. -She could not find the residents' temperature logs; the SIC may have removed them from the residents' records. -She was told by staff from a sister facility on 05/20/21 that routine temperature checks were no longer required for residents who were vaccinated. Interview with the facility's Licensed Practical Nurse (LPN) on 05/20/21 at 2:47pm revealed: -She could not find the residents' temperature logs for May 2021. -She did not know how often the residents' temperatures were supposed to be taken. -She was not present for the conference call that staff had mentioned. Interview with a second SIC on 05/20/21 at 5:08pm revealed: -He was informed routine temperatures were no longer required for residents who were vaccinated.	C 612		

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C 612	Continued From page 8 -He "got [an] email or something" containing the guidance "not long ago; sometime in May." -He did not remember who provided him with the information. -All of the residents residing in the facility had received the COVID-19 vaccination. Telephone interview with the Executive Director on 05/20/21 at 5:52pm revealed: -She did not know routine temperature checks were required for the residents after they were fully vaccinated. -She referred to the CDC guidelines for COVID-19 information. -The CDC website did not indicate routine temperature screening was not recommended for LTCF residents who were vaccinated.	C 612		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to building service equipment and medication aide training. The findings are: 1. Based on observations, interviews and record	C 912		

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C 912	Continued From page 9 reviews, the facility failed to ensure water temperatures were maintained between 100-116 degrees Fahrenheit (F) as evidenced by water temperatures greater than 116 degrees F for 5 of 5 fixtures. [Refer to Tag C105 10A NCAC 13G .0317(d) Building Service Equipment (Type B Violation)]. 2. Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled staff (Staff A and B) who administered medications had successfully completed the required state medication aide (MA) examination. [Refer to Tag C935 G.S. 131D-4.5B(b) Adult Care Home Medication Aides; Training and Competency (Type B Violation)].	C 912		
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	C935		

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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:
TYPE B VIOLATION

Based on interviews and record reviews, the facility failed to ensure 2 of 3 sampled staff (Staff A and B) who administered medications had successfully completed the required state medication aide (MA) examination.

1. Review of Staff A's, Supervisor-in-Charge (SIC), personnel record revealed:
-Staff A was hired on 01/02/21.
-There was documentation Staff A completed the medication clinical skills competency validation on 12/21/20.
-There was documentation signed by the facility's Licensed Practical Nurse (LPN) that Staff A completed the 15-hour medication administration

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training on 12/21/20.
-There was no documentation Staff A passed the required state medication aide (MA) examination.

Review of a resident's March 2021 through May 2021 medication administration records (MARs) revealed Staff A documented medications were administered to the resident.

Interview with Staff A on 05/20/21 at 5:36pm revealed:
-All staff at the facility received training on medication administration.
-She scheduled an examination "a couple months ago," but she did not know the purpose of the examination.
-She did not know if she had taken the state required MA examination.
-The facility "office" would have record of her medication training and information on whether she had taken the MA examination.

Refer to the interview with the Administrator on 05/20/21 at 5:52pm.

2. Review of Staff B's, personal care aide (PCA), personnel record revealed:
-Staff B was hired on 12/13/20.
-There was documentation Staff B completed the medication clinical skills competency validation on 12/10/20.
-There was documentation signed by the facility's Registered Nurse (RN) that Staff B completed the 15-hour medication administration training on 04/16/19, prior to her recent date of hire.
-There was no documentation Staff B passed the required state medication aide (MA) examination.

Interview with a resident on 05/20/21 at 3:05pm revealed Staff B administered two medications to

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C935	Continued From page 12 her on 05/20/21 after lunch. Interview with Staff B on 05/20/21 at 3:05pm revealed: -She had a MA examination scheduled for July 2021. -She completed her medical clinical skills evaluation and 5-hour medication administration training in January 2021. -She had administered medication independently at the facility in 2019, prior to her recent date of hire. -She failed the MA examination in 2020; she did not remember the date -She administered medication to one of the residents on 05/20/21 because the Supervisor-in-Charge (SIC) was not at the facility. Refer to the interview with the Administrator on 05/20/21 at 5:52pm. _____ Interview with the Administrator on 05/20/21 at 5:52pm revealed: -She did not know if Staff A or B had passed the MA examination. -It had been difficult to schedule the MA examination during the coronavirus (COVID-19) pandemic. -It was a "serious oversight" if staff were administering medication without passing the MA examination. Refer to Tag C341 10A NCAC 13G .1004(i) Medication Administration. _____ The facility failed to ensure 2 of 3 sampled staff who administered medications successfully completed the required state MA examination prior to administering medications and this failure was detrimental to the health, safety and welfare	C935		

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C935	Continued From page 13 of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/20/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 4, 2021.	C935		