

Division of Health Service Regulation

Received via email 12/13/21, KHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/04/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ANN'S NEW DAY

**400 PARNELL STREET
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 completed a follow-up survey on 08/04/21.	{C 000}		
{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	{C935}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Mary Crandell

12/13/21

STATE FORM

6899

VBYP12

If continuation sheet 1 of 3

Reviewed and Acknowledged 12/13/21 KHH

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{C935}	Continued From page 1 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 interviews and record reviews, the facility failed to ensure 1 of 3 sampled staff (Staff A) who administered medications had successfully completed the required written medication aide (MA) examination. The findings are: Review of Staff A's, Supervisor-in-Charge (SIC), personnel record revealed: -Staff A was hired on 04/27/21. -There was documentation Staff A completed the medication clinical skills competency validation on 04/27/21. -There was documentation Staff A completed the 15-hour medication administration training on 04/27/21. -There was no documentation Staff A passed the required written medication aide (MA) examination. Review of a resident's July 2021 medication administration records (MAR) revealed Staff A documented medications were administered on 22 of 31 days in July 2021.	{C935}	The facility will ensure staff successfully pass the Medication Aide (MA) Examination within 60 days of Hire. The facility will ensure staff who have not passed the Medication Exam (MA), after the 60th day of hire not be allowed to pass medication staff who have not passed the medication-Aide exam will be required to attend on medication training. Medication Aide trainings will be provided Monthly for New staff as well as staff needing additional medication help.		08/04/21

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{C935}	Continued From page 2 Interview with Staff A on 08/04/21 at 10:32am revealed: -She had worked at the facility since April 2021 (unable to recall the exact date). -She had not taken the medication examination. -When she worked, she administered residents' medications. -She had received training on medication administration. -She was scheduled to take the test this month. -She was not aware she could not administer medications without taking the written medication aide examination. Interview with a resident on 08/04/21 at 11:20am revealed when Staff A worked, she administered her medications. Interview with the Chief Financial Officer on 08/04/21 at 11:43am revealed: -She was responsible for ensuring all staff obtained the necessary training and documents including MA training and written examination. -As of 08/04/21, Staff A had not taken the medication examination. -She thought Staff A had 90 days from date of hire to take the written medication aide examination. -Staff A was scheduled to take the MA examination today, but Staff A rescheduled the examination. -She would not allow Staff A to continue to administer medications until Staff A took and passed the written medication aide examination.	{C935}	The facility LPN will monitor medication training dates / times. A sign in sheet will be required to show Attendance by all staff. Monthly trainings will be conducted @ office 5312 Six Forks Rd Ste 301. The facility will ensure to follow-up every two (2) months on personnel files to ensure this will not happen again. If an employer fails to take medication aide exam and has not completed medication training within 30 days of not passing MA exam staff will be terminated. Documentation will be in staff chart.	