NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

May 9, 2022

WG Durham, LP, Licensee
Atria Southpoint Walk
300 East Market St.
Suite 100
Louisville, KY, 40202
email address: diane.morris@atriaseniorliving.com

Re: Receipt of Plan of Correction (Event ID K2ME11)
Facility: Atria Southpoint Walk
Licensure Number: HAL-032-131
County: Durham

Dear Ms. Wright:

Based on our telephone conversation on May 9, 2022, there was an addendum to the Plan of Correction for the Statement of Deficiencies dated April 8, 2022. The pages noting the addendum are provided for your records.

Please do not hesitate to contact us at 984-365-2578, if you have questions or we may be of further assistance.

Sincerely,

Shonda Stacey, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosure

cc: Joyce Wright, Administrator
Matthew Thompson, Supervisor, **Durham**County DSS
Kathy Norman, Team 4 Supervisor, Central Branch Regional Office, Adult Care Licensure Section
Raleigh Facility File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032131	A. BUILDING _____ B. WING _____	04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA SOUTHPOINT WALK	5705 FAYETTEVILLE ROAD DURHAM, NC 27713

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D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on April 6-7, 2022 with an exit conference via telephone on April 8, 2022.	D 000	Preparation, execution, and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Southpoint Walk nor agreement by Atria Southpoint Walk as to the truth of the facts alleged or conclusions drawn in the Summary Statement of Deficiency or any specific statement of non-compliance. Atria Southpoint Walk prepares and submits this Plan of Correction in order to comply with state laws and regulatory provisions.	
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to serve therapeutic diets as ordered by the physician for 1 of 5 sampled residents (#1) with a diet order for reduced concentrated sweets (RCS) diet. The findings are: Review of Resident #1's current FL-2 dated 12/07/21 revealed: -Diagnoses included hypertension, lumbar spondylosis, mild cognitive impairment bilateral lower extremity edema, osteoporosis, acute cystitis without hematuria, hypothyroidism, vitamin D and B12 deficiency and osteoarthritis. -There was a diet order for low carbohydrates. Review of a signed physician's order for Resident #1 dated 02/07/22 and 02/17/22 revealed there	D 310	**D310 - Correction Action**: Resident #1's Primary care physician was notified on 4/13/22 to communicate resident's noncompliance with diet. Primary care physician has provided a new order as of 5/5/22. Resident Services Director (RSD) completed audit was completed 4/11/22 to document all resident diets and enter each one on the resident special diet list in the electronic resident care system. **Measures to prevent recurrence:** The Director of Culinary Services provided in-service on 5/4/22 to all culinary staff on the special diet list and special diet non-compliance log which will be printed from the resident care system and maintained in a confidential binder in the kitchen. RSD will verify monthly that the special diet list is accurate and will enter any change in resident diet on the list after notification by the resident's physician. RSD has in-serviced care staff to provide notification to a supervisor of a resident's refusal to comply with an ordered special diet. **Monitoring:** The Executive Director (ED) will perform random audits of the special diet list and the special diet non-compliance list for the next 90 days. Any issues noted with following this protocol will be reviewed immediately with the DCS and RSD.	5/5/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Joyce Wright, Executive Director 5/6/202

The Plan of Correction with addendums was reviewed and acknowledged on page 14 of this Statement of Deficiencies- SS- 05/09/22

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D 310	Continued From page 1 was an order for a reduced concentrated sweet diet (RCS). Review of Resident #1's current care plan dated 01/03/22 revealed an RCS diet was listed for nutrition. Review of the diet menus for 04/03/22 to 04/09/22 revealed: -There was regular diet menu available with exception notes indicated by two asterisks for an RCS diet for the kitchen staff to follow. -There were two asterisks for an RCS diet for the dinner meal on 04/06/22 that indicated the one chocolate chip cookie was not recommended. -But, below the two asterisks there was a recommendation for one chocolate chip cookie as the dessert option for an RCS diet for the dinner meal on 04/06/22. -There were two asterisks for an RCS diet for the lunch meal service on 04/07/22 that indicated 4 ounces of coconut cream pie was not recommended. -A half portion of coconut pie was recommended as the dessert option for an RCS diet for the lunch meal on 04/07/22. Review of the resident diet list posted in the kitchen revealed Resident #1 had a RCS diet ordered. Observation of the dinner meal on 04/06/22 starting at 4:50 pm revealed: -Resident #1 was served baked potato soup with 4 saltine crackers, a palm-sized slice of pork loin, Spanish rice with grilled red and green peppers and mixed vegetables, sweetened iced tea, coffee and water. -Resident #1 was offered ice cream and a chocolate cookie for dessert.	D 310		

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D 310	Continued From page 2 -Resident #1 declined the ice cream and requested 2 chocolate chip cookies and hot tea for dessert. -Resident #1 ate 100% of her meal and dessert. Observation of the food storage areas on 04/07/22 at 11:25am revealed there was no sugar free ice cream or sugar free pies available for service. Observation of the lunch meal on 04/07/22 at 12:25pm revealed Resident #1 was served fried chicken tenders, French fries, water, sweetened iced tea and chocolate ice cream. Interview with Resident #1 on 04/07/22 at 12:30pm revealed: -She did not know the diet ordered by her primary care provider (PCP). -She was served which ever dessert she requested. Telephone interview with a representative at Resident #1's PCP on 04/08/22 at 1:59pm revealed: -Resident #1 had an RCS diet ordered on 12/07/21 because of her diagnosis of type 2 diabetes mellitus. -Resident #1 did not take any medications for control of diabetes, but she utilized diet control for control of her diabetes. Interview with a personal care aide (PCA) who served the lunch meal service on 04/07/22 at 11:52am and 12:02pm revealed: -The medication aides (MA) told her if a residents' diet changed. -All the residents were on a regular diet and she was told this two years ago by staff who oriented her to the facility.	D 310		

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D 310	Continued From page 3 -She served sweetened iced tea to the residents because they liked sweet tea. -She served the desserts set on the counter by the dietary staff. -She sliced the pies and served the ice cream. -She served the dessert requested by the resident based on the availability of the item. -She offered and served Resident #1 ice cream for dessert on 04/07/22. -She had not received any instruction from the dietary staff concerning dessert portions for Resident #1. -She had not received any instruction concerning diets from the dietary manager or the nurse. Interview with the MA on 04/07/22 at 2:42pm revealed: -All the residents had a regular diet ordered by their physicians. -She knew all the residents had a regular diet because the nurse, or PCP told the MAs. -Also the resident profiles on the electronic medication administration record (eMAR) indicated what diet was ordered for each resident. -If a resident's diet changed the nurse told her. -She viewed Resident #1's profile on the eMAR and saw that she was on an RCS diet. -She did not know Resident #1 had an RCS diet ordered and she thought Resident #1's diet was regular. -If she had known Resident #1 had an RCS diet she would have ensured less sugar was served to Resident #1 Interview with the cook on 04/07/22 at 11:20am revealed: -He had dietary aides who served residents in the independent living dining room. -The PCAs served residents in the assisted living (AL) dining room.	D 310		

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D 310	Continued From page 4 -There was one resident on another diet other than regular and it was chopped. -There was no sugar free ice cream or sugar free pie available to serve. -He did not know what he would serve a resident on an RCS diet for dessert on 04/07/22. Another interview with the cook on 04/07/22 at 3:11pm revealed: -He had placed the coconut cream pies on the serving counter for the PCA. -The PCA sliced and served the coconut cream pie to the assisted living residents. -He did not provide any instruction to the PCA who served the lunch meal service on 04/07/22. -The assisted living residents were on a regular diet. -He had not noticed the legend at the bottom of the menu regarding an RCS diet. -He had not noticed that a resident on an RCS diet had the option to be served a banana for the dessert on 04/07/22. -He did not know Resident #1 was on an RCS diet. -He prepared her plate for the entrée portion of the lunch meal service, but the PCA prepared and served the desserts. -The nurse provided diet changes to the Dietary Manager (DM). -The diet list was attached to the wall in the kitchen above the ice cream case. -He thought the PCA should know the diets as he should, so he never discussed what to serve for desserts with the PCAs. Telephone interview with the DM on 04/07/22 at 3:54pm revealed: -He knew Resident #1 was on an RCS diet. -Residents with an RCS diet were suppose to be served half portions of the same dessert served	D 310		

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D 310	Continued From page 5 to residents with a regular diet. -He did not know that the cook was not aware of the asterisks on the menu concerning RCS diets. -He did not know the PCA did not know what to serve an RCS for dessert or that there were residents with a RCS diet. -He had not provided any training to the PCAs who served the desserts to the assisted living residents with a RCS diets. Interview with the Resident Service Director (RSD) on 04/07/22 at 4:20pm revealed: -She was a Registered Nurse (RN) and she had worked for the facility for three weeks. -She did not know Resident #1 had an RCS diet ordered. -She did not know if the kitchen had a menu for RCS diets. -She entered new diet orders into the residents' profiles and provide new diet orders to the Dietary Manager as she received them. -She expected the dietary staff, the PCAs, and the MAs to know a resident's diet order. Interview with the Executive Director (ED) on 04/07/22 at 4:45pm revealed: -She thought the only diets offered by the community was regular. -She did not know Resident #1 had a RCS diet ordered by the physician. -She did not know the PCAs and the MAs did not know Resident #1 had an RCS diet and did not offer the dessert option for a RCS diet. -She held the RSD responsible for communicating with the dietary staff and ensuring the PCAs were trained concerning serving therapeutic diets as ordered by the physician.	D 310		

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D 377	Continued From page 6	D 377	**R377 Corrective Action:** Medications for Residents 6, 7 and 8 have been secured and medication boxes have been ordered for those residents. These residents and their responsible parties have been educated on this requirement on xx/xx/22 as well as the requirement to lock their door when not in the apartment. The ED conducted an audit of the apartments of all AL residents who self-manage medications to determine if the medications were secured properly. Any issues found were immediately addressed. **Measures to prevent recurrence: The ED will educate all** residents who self-manage medications to store medications in a designated area (locked medication box) within their apartment and the apartment door will be locked when resident leaves the apartment. Locked boxes have been ordered for residents who self-manage medications. The ED began in-servicing care staff and housekeeping staff on resident self-management of medications procedure (WI) MED-0002-05 f/k/a MED-041 on 5/6/22 and will continue until all are trained. **Monitoring to ensure compliance:** RSD or designee will conduct random weekly audits of apartments of residents who self-manage medications for 90 days to ensure compliance. ED will review audits monthly for 90 days. Issues identified during ED's review will be addressed immediately.	5/12/2022
D 377	10A NCAC 13F .1006(a) Medication Storage 10a NCAC 13F .1006 Medication Storage (a) Medications that are self-administered and stored in the resident's room shall be stored in a safe and secure manner as specified in the adult care home's medication storage policy and procedures. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure that the residents' medications were stored in a safe and secure manner for 3 of 3 sampled residents (Resident #6, #7, #8) who self-administered medications. The findings are: Review of the facility's self-management of medications policy revealed: -All resident medications must be kept secured in a way where other residents do not have access to the medications. -Medications must be stored in a designate area within the apartment and the apartment door locked when residents left their apartments. 1 Review of Resident #6's current FL2 dated 01/06/22 revealed: -Diagnoses included diabetes mellitus type II, right hip joint fracture, right artificial hip joint, hypertension, gastro-esophageal reflux disease, right foot drop, radiculopathy lumbar region, spondylosis, anxiety and dry eye syndrome. -There was a medication order for insulin glargine (a long acting insulin) 100units/ml inject 15 units	D 377		

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D 377	Continued From page 7 at bedtime. Review of Resident #6's physician's orders dated 01/14/22 revealed there was an order for Resident #6 to self-administer her insulin. Interview with Resident #6 on 04/07/22 at 1:15pm revealed: -She stored her insulin in her mini-refrigerator. -When it was time to administer her insulin, the MA came into her room and retrieved it from the refrigerator. -The MA would apply a new needle, dial the insulin flex-pen to the correct dose, and she administered the insulin in her abdomen. -She was a Registered Nurse (RN) and she knew how to administer insulin. -Her Primary Care Provider (PCP) instructed her on the use of a flex-pen. -Her PCP knew that she self-administered her insulin. -She did not lock the door to her room when she left. Observation of Resident #6's room on 04/07/22 at 2:00pm revealed Resident #6 was not in her room and the door was unlocked. Interview with a day shift medication aide (MA) on 04/07/22 at 2:42pm revealed: -She knew Resident #6 self-administered her insulin and stored the insulin in her room. -Resident #6 stored her insulin in a locked box. Observation of the same MA in Resident #6's room on 04/07/22 at 2:43pm revealed she saw and lifted a plastic clear bag containing Resident #6's insulin flex-pen from a wicker basket. Another interview with a day shift MA on 04/07/22	D 377		

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D 377	Continued From page 8 at 2:44pm revealed: -She did not know Resident #6's insulin was not in the locked box. -Resident #6's insulin was administered at bedtime. -She thought residents did not lock the doors of their rooms when they left. Refer to interview with the Resident Service Director (RSD) on 04/07/22 at 4:20pm. Refer to interview with the Administrator on 04/07/22 at 4:45pm. 2. Review of Resident #7's current FL2 dated 02/10/22 revealed: -Diagnoses included muscle weakness, bilateral primary osteoarthritis of knee, anemia and mild cognitive impairment. -There was an order for a medicated lotion apply 2 pumps three times a day as needed for itching, may be self-administered and stored in resident's room. -There was an order for Neosporin 1 inch every 8 hours as needed for scrapes/scratches may be self-administered and stored in resident's room. -There was an order for eye drops two drops in eyes as needed for dry eyes, may be self-administered and stored in resident's room. -There was an order for isopropyl alcohol 70% use 1/2/ cup every 8 hours on joints as needed, may be self-administered and stored in resident's room. -There was an order for herbal supplement gel apply 2 inches as needed for relief and soreness per directions on the bottle, may be self-administered and stored in resident's room. -There was an order for Diclofenac 1% topical gel (used to treat arthritis) apply 2 grams three times daily as needed for knee pain, resident may	D 377		

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D 377	Continued From page 9 self-administer and stored in resident's room. -There was an order for herbal ointment one inch every 8 hours as needed for joint and muscle pain, resident may self-administer and stored in resident's room. -There was an order for aloe-vera oil gel apply 2 inches every 6 hours as needed for joint and muscle pain, resident may self-administer and stored in resident's room. Observation of Resident #7's room on 04/06/22 at 8:57am revealed. -There were 2, 0.5fl. ounce (15 ml.) bottles of Refresh Tears (eye drops) on her bedside table. -There was a 0.5 ounce (14.2 gm) tube of Neosporin (antibiotic/pain relief ointment) on her bedside table. -There was a 3 ounce bottle of Biofreeze roll -on (pain relief gel) on a tray table in the room. Observation of Resident #7's room on 04/07/22 at 1:30pm revealed Resident #7 was not in her room and the door was unlocked. Interview with Resident #7's on 04/06/22 at 8:58am revealed: -She had been using the eye drops for a long time and had always kept them on her bedside table when she was in her room or in her pocketbook when she went out. -Her eyes were dry at times and she needed the drops to comfort her eyes. -She kept the Neosporin in her room to put on her bottom when she was having hemorrhoid discomfort. -She kwpt the Biofreeze in her room to use for arthritis pain in her joints. -Her primary care provider (PCP) was aware she kept the medications in her room and no staff had questioned her having the medications in her	D 377		

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D 377	Continued From page 10 room since she was admitted. -She was not aware if she was given an order by her PCP to keep these medications in her room; her other medications were stored on the medication cart. -She needed her Refresh Tears, Neosporin and Biofreeze to be with her at all times; sometimes she needed to use them in the middle of the night. Interview with a medication aide (MA) on 04/07/22 at 2:44pm revealed: -She had not noticed the bottle of eye drops or topical medications in Resident #7's room. -She thought resident #7 did not have any orders for self-administration of medications. Refer to interview with the Resident Service Director (RSD) on 04/07/22 at 4:20pm. Refer to interview with the Administrator on 04/07/22 at 4:45pm. 3. Review of Resident #8's current FL2 dated 10/13/21 revealed diagnoses included type II diabetes mellitus, gastro-esophageal reflux disease, generalized anxiety disorder, osteoarthritis, overactive bladder and mild cognitive impairment. Review of Resident #8's six-month physician's orders dated 03/01/22 revealed: -There was an order for Bio-Freeze (used to treat arthritic pain) apply topically twice daily as needed for pain, may store in resident's room. -There was an order for Refresh tears 0.5% (used to treat dry eyes) instill 2 drops twice daily as needed for dry/irritated eyes, may store in resident's room.	D 377		

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D 377	Continued From page 11 Observation of Resident #8's room on 04/07/22 at 10:39am revealed: -There was a bottle of eye drops sitting on her bedside table. -There was a bottle of Bio-freeze sitting on the living room coffee table and one bottle sitting on the kitchen sink counter. Observation of Resident #8's room on 04/07/22 at 12:00pm revealed Resident #8 was not in her room and the door was unlocked. Interview with Resident #8 on 04/07/22 at 10:40am revealed: -She had bottles of eye drops on her bedside table because she had dry eyes. -She obtained the eye drops from a local store. -Sometimes, she kept a bottle underneath the seat of her rollator to use when she was out of her room. -She had two bottles of Biofreeze, one in the living room and the other in the kitchenette area. -She did not use the Biofreeze because she could not reach the areas of her back which were painful to apply the medication. -She had not told the staff that she was not able to apply the Biofreeze herself. -She did not secure her door when she left her room and she was unsure of where her key to the door was located. Interview with a medication aide (MA) on 04/07/21 at 2:56pm revealed: -She had not noticed the bottles of eye drops or Bio-freeze in Resident #8's room. -She did not know Resident #8 had any medications in her room. Refer to interview with the Resident Service Director (RSD) on 04/07/22 at 4:20pm.	D 377		

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	HAL032131	A. BUILDING: _____ B. WING _____	04/08/2022

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D 377	Continued From page 12 Refer to interview with the Administrator on 04/07/22 at 4:45pm. Interview with the RSD on 04/07/22 at 4:20pm revealed: -She had worked at the facility for 3 weeks and was in the process of learning about all the residents. -She knew there were residents who had physician orders to self-administer their medications. -She thought the residents should be able to use their medication and place it on the bedside table because their rooms were their space. -She expected all self-administered medications to be secured in the resident's room in designated drawers. -She expected the door to the resident's room to be locked when the resident was not in the room. -She thought the MAs and PCAs could monitor the living areas to ensure the medications were secured. Interview with the Administrator on 04/07/22 at 4:45pm revealed: -She was aware that some residents self-administered medications. -She was unaware that residents had medications in their rooms. -The company had a policy regarding the storage of self-administrated medications in resident rooms. -All medications that were kept in resident rooms were to be secured in a locked box or secure area so that another resident was not able to access the medications. -She held the RSD and the MAs responsible for ensuring the medications in residents' rooms were secured appropriately.	D 377		

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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 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.	D935	**D935 Corrective Action:** Staff A, B and C were trained on the medication regulations on 4/25-26/22 by ~~Omnicare~~ Pharmacy. The Community Business Director (CBD) did an audit of medication aide trainings on 4/11/22 and identified any staff who were not compliant with the required training. Identified staff were included in the 4/25-26/22 training. **Measures to prevent recurrence:** Resident Service Director set up a tickler file to track medication aide training. Medication aide training will be requested from national vendor ~~Omnicare~~ on an as needed basis upon hire of a medication aide. CBD Director will ensure all new medication aides complete proper training prior to working as a medication aide. **Monitoring to ensure compliance:** The ED will review tickler file monthly for 90 days. Issues identified during ED review will be immediately reviewed with the CBD for correction to obtain the necessary training and re-education. D935, Addendum per telephone conversation with Ms Wright on 05/09/22 revealed: Removal of the vendors company name- 5/9/22 Shonda Stacey	4/26/2022

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D935	Continued From page 14 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 assure 3 of 3 medication aides sampled (Staff A, B, and C) completed the 5, 10 or 15-hour state approved medication administration training course as required and the medication clinical skills checklist prior to administering medications to residents. The findings are: 1. Review of Staff A's medication aide (MA), personnel record revealed: -She was hired to work at the facility on 04/05/18. -There was no documentation Staff A had a medication clinical skills checklist completed. -There was documentation Staff A had passed the written medication exam on 06/21/21. -There was no documentation Staff A had completed the 15-hour state approved medication administration training course. Interview with Staff A on 04/07/22 at 2:27pm revealed: -She had worked at the facility for about 4 years. -She had completed the 15-hour state approved medication administration training course at this facility. -She made copies of her 15-hour state approved medication administration training certificate. -She provided one copy to the Business Office Manager and one copy was given to the nurse. -She also remembered signing the medication clinical skills checklist in 2021. -She was observed by a nurse while completing a medication pass.	D935		

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D935	Continued From page 15 -The nurse no longer worked for the facility. -She did not know if she had copies of the training documents. Refer to interview with the Resident Service Director (RSD) on 04/07/22 at 4:20pm. Refer to interview with the Administrator on 04/08/22 at 10:32am. 2. Review of Staff B's medication aide (MA), personnel record revealed: -She was hired to work at the facility on 09/20/21. -There was no documentation Staff B had a medication clinical skills checklist completed. -There was documentation Staff B had passed the written medication exam on 07/15/21. -There was no documentation Staff B had completed the 15-hour state approved medication administration training course. Attempted telephone interview with Staff B on 04/07/22 at 3:40pm was unsuccessful due to leave. Refer to interview with the Resident Service Director (RSD) on 04/07/22 at 4:20pm. Refer to interview with the Administrator on 04/08/22 at 10:32am. 3. Review of Staff C's medication aide (MA), personnel record revealed: -She was hired to work at the facility on 09/03/21. -There was no documentation Staff C had a medication clinical skills checklist completed. -There was documentation Staff C had passed the written medication exam on 06/14/02. -There was no documentation Staff C had completed the 15-hour state approved medication	D935		

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D935	Continued From page 16 administration training course. Telephone interview with Staff C on 04/08/22 at 10:21am revealed: -She had worked at the facility for about 6 months and this was her second time being employed by the facility. -She had completed the 15-hour state approved medication administration training course at this facility during her first employment with the facility in 2017. -She had not completed another 15-hour state approved medication administration training course since she returned in 09/03/21. -She did not recall signing the medication clinical skills checklist. -She was asked in-depth questions when hired in 09/03/21 but no one observed her completing a medication pass. -She did not retain a copy of the documents because she expected the facility to retain the required documents in her staff folder. Refer to interview with the Resident Service Director (RSD) on 04/07/22 at 4:20pm. Refer to interview with the Administrator on 04/08/22 at 10:32am. Interview with the Resident Service Director (RSD) on 04/07/22 at 4:20 pm revealed she had worked at the facility for 3 weeks and thought all the MAs had all the required documents related to MA training and competency. Interview with the Administrator on 04/08/22 at 10:32am revealed: -She did not know the MAs did not have the certificate for the 15-hour state approved medication administration training course for	D935		

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D935	Continued From page 17 MAs. -She did not know the MAs did not have the medication clinical skills checklist completed for their MA training and competency. -She thought the Licensed Practical Nurse (LPN) was completing the training for the MAs who were hired after 05/2021. -She knew the LPN could not sign the certificates for the 15-hour state approved MA training course. -The plan was for the regional nurse, a Registered Nurse (RN), would sign any documents that needed a RN signature when he or she visited the community. -She thought all the required documents related to MA training were completed. -The RSD would be responsible for ensuring MAs had completed the 15-hour state approved medication administration training course and the medication clinical skills checklist.	D935		