STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036039	A. BUILDING: _____ B. WING _____	R-C 04/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRABELLA CRAMER MOUNTAIN	500 CRAMER MOUNTAIN ROAD CRAMERTON, NC 28032

(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
D 000	Initial Comments The Adult Care Licensure Section and the Gaston County Department of Social Services conducted an annual, follow-up survey and complaint investigation on April 27 - 29, 2022. The complaint investigation was initiated by the Gaston County Department of Social Services on April 20, 2022.	D 000		
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.	D 164		

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D 164	Continued From page 1	D 164		

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure 4 of 4 sampled medication aides (Staff A, Staff B, Staff D and Staff E), who administered insulin and obtained finger stick blood sugars (FSBS) for residents, completed training on the care of diabetic residents prior to the administration of insulin.

The findings are:

1. Review of Staff A's, medication aide (MA) personnel record revealed:
-She was hired on 02/25/22.
-There was no documentation for training on the care of diabetic residents.

Review of a resident's March and April 2022 electronic medication administration records (eMAR) revealed Staff A documented administering insulin injections on 04/21/22 at 8:00am and 8:00pm and on 04/27/22 at 8:00am.

Telephone interview with Staff A on 04/29/22 at 12:25 pm revealed:
-She began working at the facility around 02/25/22.
-She had not completed diabetic care training at this facility but at her previous employment.
-She had not received diabetic care during her orientation.
-She had not received an in-service from facility on diabetic care and management of diabetic residents..

Refer to interview with the HWD on 04/29/22 at 10:30am.

Refer to interview with the BOM on 04/29/22 at

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D 164	Continued From page 2 2:30pm. Refer to interview with the Administrator on 04/29/22 at 11:15am, 12:45pm and 1:15pm. 2. Review of Staff B's, MA personnel record revealed: -There was no hire date documented. -There was no documentation for training on the care of diabetic residents. Review of a resident's March and April 2022 eMAR revealed: -Staff B documented obtaining FSBS results on 03/26/22, 04/03/22, 04/04/22, 04/09/22, 04/17/22, and 04/22/22 at 6:30am. -Staff B documented administering insulin injections on 04/03/22, 04/09/22, 04/16/22, 04/17/22 and 04/24/22 at 8:00pm. Attempted telephone interview with Staff B on 04/29/22 at 12:35pm was unsuccessful. Refer to interview with the Health and Wellness Director (HWD) on 04/29/22 at 10:30am. Refer to interview with the Business Office Manager (BOM) on 04/29/22 at 2:30pm. Refer to interview with the Administrator on 04/29/22 at 11:15am, 12:45pm and 1:15pm. 3. Review of Staff D's, MA personnel record revealed: -She was hired on 03/02/22. -There was no documentation Staff C had completed training on the care of diabetic residents. Attempted telephone interview with Staff D on	D 164		

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D 164	Continued From page 3 04/29/22 at 12:31pm was unsuccessful. Refer to interview with the HWD on 04/29/22 at 10:30am. Refer to interview with the BOM on 04/29/22 at 2:30pm. Refer to interview with the Administrator on 04/29/22 at 11:15am, 12:45pm and 1:15pm. 4. Review of Staff E's, MA personnel record revealed: -She was hired on 02/07/22. -There was no documentation Staff E had completed training on the care of diabetic residents. Review of a resident's March and April 2022 eMAR revealed Staff E documented administering insulin injections on 03/26/22, 03/29/22, 04/10/22, and 04/15/22 at 8:00pm. Telephone interview with Staff E, MA on 04/29/22 at 12:31pm revealed: -She had passed her medication aide exam in 2001 but had not worked as a MA in the past 24 months. -She went through a packet of information during her orientation with the facility. -She was not aware of any additional diabetic care training required prior to the administration of insulin. -There were several diabetics in the facility that required insulin injections. Refer to interview with the HWD on 04/29/22 at 10:30am. Refer to interview with the BOM on 04/29/22 at	D 164		

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D 164	Continued From page 4 2:30pm. Refer to interview with the Administrator on 04/29/22 at 11:15am, 12:45pm and 1:15pm. _____ Interview with the HWD on 04/29/22 at 10:30am revealed: -She was responsible for providing the training on the care of diabetic residents. -She provided a print out during orientation that covered the different types of insulin, identifying the signs of high blood sugar and low blood sugar, what to do if a resident has an abnormal blood sugar and who to call. -She did not have any documentation on who received this education. -She expected staff to be competent to administer insulin after orientation. Interview with the BOM on 04/29/22 at 2:30pm revealed: -She was hired about 2 weeks ago and had received some training from the Administrator. -She was not specifically told what should be in the personnel records but did have a BOM handbook that might have outlined that information. -The Administrator made her a checklist for personnel records today, 04/29/22. -She was not aware that some personnel records were missing the training on the care of diabetic residents. -She was responsible for ensuring personnel records were complete. Interview with the Administrator on 04/29/22 at 11:15am and 12:45pm revealed: -The facility was using a computer system to provide training on the care of diabetic residents	D 164		

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D 164	Continued From page 5 but when the corporate office changed, in January 2022, they lost access to that computer system. -Any MA hired after January 2022 had not received training on the care of diabetic residents. -She thought this training was only required once per year and was not aware that it was required before administering insulin. -The HWD informed her that she provided training on the care of diabetic residents during orientation, but a record of the training was not kept, so she was not aware that it had happened. -She did not know what department was responsible for specific trainings. -She could not provide documentation to show diabetic care training was provided to staff. -The orientation outline and packet provided did not show diabetic care training. -There was no system in place to assure unlicensed staff were trained before providing care.	D 164		
D 169	10A NCAC 13F .0509 Food Service Orientation 10A NCAC 13F .0509 Food Service Orientation The adult care home staff person in charge of the preparation and serving of food shall complete a food service orientation program established by the Department or an equivalent within 30 days of hire for those staff hired on or after July 1, 2004. Registered dietitians are exempt from this orientation. The orientation program is available on the internet website, http://facility-services.state.nc.us/gcpage.htm, or it is available at the cost of printing and mailing from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708.	D 169		

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D 169	Continued From page 6 This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure 1 of 2 staff (Staff G) who prepared and served meals completed a food service orientation training that provided an overview of food service in adult care homes including the preparation of therapeutic diets. The findings are: Review of Staff G's personnel record revealed there was no documentation she completed the food service training program within 30 days of hire. Interview with Staff G on 04/28/22 at 12:45pm revealed: -She was hired in October of 2021. -She received orientation training on a computer program and the food service section was very limited. -She graduated from a culinary school and had basic knowledge on how to prepare different food textures. -The Dining Director sent her videos on how to prepare pureed foods then supervised her pureeing food to ensure that it was done correctly. Interview with the Dining Director on 04/29/22 at 3:00pm revealed: -When Staff G was hired the previous Business Office Manager (BOM) oversaw orientation. -He was not aware that Staff G had not completed the food service orientation training and posttest. Interview with the Administrator on 04/28/22 at 4:20pm revealed: -The Dining Director took over food service	D 169		

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D 169	Continued From page 7 orientation after the previous BOM left. -When Staff G was hired the previous BOM oversaw orientation. -Staff G received some food service training on a computer program but the facility no longer had access to those records. -The BOM was responsible for ensuring staff completed all required trainings.	D 169		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to ensure therapeutic diet menus were available for 2 of 2 sampled residents (Resident #1 and #7) with an order for a mechanical soft diet with nectar thick liquids (#1), and an order for a pureed diet with nectar thick liquids (#7). The findings are: Review of the facility's menus on 04/27/22 revealed: -There was a Week at a Glance menu posted in the kitchen. -All available menus were for a regular diet. -There were not any therapeutic diet menus available for review.	D 296		

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D 296	Continued From page 8 1. Review of Resident #1's current FL2 dated 10/12/21 revealed: -Diagnoses included dyspepsia, dysphagia and adult failure to thrive. -The diet order section was blank. Review of Resident #1's Diet Order Communication Form dated 12/29/21 revealed an order for a mechanical soft diet and nectar thick liquids. Review of facility's therapeutic diet list on 04/27/22 revealed Resident #1 was on mechanical soft diet with chopped meats. Interview with the Dining Director on 04/27/22 at 10:45am revealed Resident #1 also required nectar thick liquids. Observation of the lunch meal service on 04/27/22 at 12:15pm revealed: -Resident #1 was served tomato soup, baked dinner roll, roasted potato medley, ground salmon, iced tea of nectar thick consistency and a lemon cake. -She frequently paused during the meal, held the napkin to her mouth, but did not cough. -She coughed several times while eating the lemon cake. -Without a therapeutic diet menu, it could not be determined if Resident #1 received the correct foods. Interview with Resident #1 on 04/27/22 at 10:30am revealed the kitchen altered the texture of her food because she had a difficult time swallowing. Attempted telephone interview with the facility's	D 296		

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D 296	Continued From page 9 contracted Registered Dietitian on 04/28/22 at 1:30pm was unsuccessful. Refer to interview with the Dining Director on 04/27/22 at 10:45am. Refer to interview with the cook on 04/28/22 at 1:00pm. Refer to interview with the Administrator on 04/28/22 at 4:20pm. 2. Review of Resident #7's current FL2 dated 12/22/21 revealed a diagnosis of a previous stroke. Review of Resident #7's Physician order sheet dated 02/02/22 revealed an order for a pureed diet with nectar thick liquids. Review of facility's therapeutic diet list on 04/27/22 revealed Resident #7 was on pureed diet with nectar thick liquids. Observation of the lunch meal service on 04/28/22 at 12:04pm revealed: -Resident #7 was served pureed ham, pureed green beans, pureed sweet potatoes, a baked dinner roll and orange juice of nectar thick consistency. -He ate 75% of the baked dinner roll without choking or coughing. -While he waited on dessert to arrive Resident #7 made a loud throat clearing noise. -Resident #7 was served Oreo cake with a whipped topping for dessert and coughed after taking the first bite. -Without a therapeutic diet menu, it could not be determined if Resident #7 received the correct foods.	D 296		

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D 296	Continued From page 10 Attempted telephone interview with the facility's contracted Registered Dietitian on 04/28/22 at 1:30pm was unsuccessful. Based on interviews and observations it was determined that Resident #7 was not interviewable. Refer to interview with the Dining Director on 04/27/22 at 10:45am. Refer to interview with the cook on 04/28/22 at 1:00pm. Refer to interview with the Administrator on 04/28/22 at 4:20pm. _____ Interview with the Dining Director on 04/27/22 at 10:45am revealed: -He did not have electronic access to the therapeutic diet menus for this week since the facility was changing over to the spring/summer menu cycle next week. -The recipes for each menu item had instructions on how to modify the food for the different therapeutic diets. -The recipes were in a recipe binder in the kitchen. Interview with a cook on 04/28/22 at 1:00pm revealed: -The Dining Director typically printed out recipes that gave instructions on how to modify the food for different therapeutic diets but he did not do that for today, 04/28/22. -She did not need the recipes for today's lunch, 04/28/22, since it was an easy meal to prepare. -She depended on her knowledge of therapeutic	D 296		

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D 296	Continued From page 11 diet textures to determine what could be served to residents on therapeutic diets. Interview with the Administrator on 04/28/22 at 4:20pm revealed: -She expected the cooks to reference the therapeutic diet menus to know what to serve residents on therapeutic diets. -The Dining Director was responsible for making sure the therapeutic diet menus were available for reference. -She was not aware that the Dining Director had difficulty accessing the therapeutic menus for this week and they were not available for staff to reference.	D 296		
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: TYPE B VIOLATION Based on observations, interviews and record reviews the facility failed to ensure therapeutic diets were served as ordered for 1 of 2 sampled residents (Resident #7) with an order for a pureed diet and nectar thick liquids.	D 310		

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The findings are:

Review of Resident #7's current FL2 dated 12/22/21 revealed:
-Diagnoses included history of a stroke.
-There was a diet order for ground meats and thickened liquids.

Review of Resident #7's Physician order sheet dated 02/02/22 revealed an order for a pureed diet with nectar thick liquids.

Review of the facility's diet order list located in the kitchen on 04/27/22 revealed Resident #7 was ordered a pureed diet and nectar thick liquids.

Attempted review of the facility's therapeutic diet menus on 04/27/22 revealed they were not available for review.

Interview with the Dining Director on 04/27/22 at 10:45am revealed:
-He did not have access to the therapeutic diet menus for this week since the facility was changing over to the spring/summer menu cycle next week.
-The recipes for each menu item had instructions on how to modify the food for the different therapeutic diets.

Review of the regular diet meal for the lunch service on 04/27/22 revealed a green salad, salmon, roasted potato medley, spinach and tomatoes, baked rolls and a creamy lime square.

Review of the recipe for the roasted potato medley on 04/27/22 revealed the potato skin should be removed prior to pureeing.

Observation of a cook pureeing food for Resident

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#7 on 04/27/22 at 12:07pm revealed:
-She scooped a serving of the roasted potato medley from the steam table and put it in the food processor.
-She had not removed the skin from the potatoes.
-She added liquid to the potato medley and blended until the potato filling was a pureed consistency.
-There were strips of potato skin visible in the mixture.

Observation of Resident #7's lunch meal service on 04/27/22 at 12:15pm revealed:
-He was served pureed tomato soup of nectar thick consistency, pureed salmon, pureed potato medley with potato skins visible, pureed tomato and spinach mixture and iced tea of nectar thick consistency.
-Resident #7 left the table before dessert was served.
-He did not cough or choke during the meal.

Review of the regular diet meal for the lunch service on 04/28/22 revealed a green salad, turkey roast with zesty rub, baked sweet potato, capri blend, baked roll and Oreo cheesecake.

Attempted review of the facility's recipe book on 04/28/22 revealed it was not available for review and it was missing.

Observation of Resident #7's lunch meal service on 04/28/22 at 12:04pm revealed:
-He was served pureed turkey, pureed green beans, pureed sweet potatoes, a baked dinner roll (not pureed) and orange juice of nectar thick consistency.
-He ate 75% of the baked dinner roll without choking or coughing.
-While he waited on dessert to arrive Resident #7

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(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
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made a loud throat clearing noise.
-He was served Oreo cake with a whipped topping (not pureed) for dessert and coughed after taking the first bite.

Interview with the personal care aide (PCA) on 04/28/22 at 1:15pm revealed:
-She served Resident #7 his lunch entrée and dessert today, 04/27/22.
-She received dietary training during orientation that covered kitchen safety and wearing gloves when handling food.
-When she picked up the plate in the kitchen the cook told her it was for Resident #7.
-She knew that Resident #7 was on a pureed diet but was not aware that a non pureed dinner roll and cake were not allowed on the pureed diet.

Interview with a cook on 04/28/22 at 12:45pm revealed:
-When she started at the facility, she watched a video on how to puree food and then the Dining Director observed her puree food.
-She was not aware that the potato skin needed to be removed before pureeing the roasted potato medley.

Interview with a second cook on 04/28/22 at 1:00pm revealed:
-She was trained on therapeutic diets about 4 years ago.
-The Dining Director typically printed out the recipes for the meals she prepared but he did not print them out today.
-She did not feel like she needed the recipes for lunch today, 04/28/22, since it was an easy to make meal.
-When she did not have the recipe to reference, she relied on her therapeutic diet training to know what to serve.

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	HAL036039	A. BUILDING: _____ B. WING _____	R-C 04/29/2022

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-She did not remember plating a baked dinner roll for Resident #7 and realized that she forgot to puree his Oreo cake.
-She was aware that dinner rolls and cake should be pureed for residents requiring a pureed diet.

Interview with the Dining Director on 04/29/22 at 9:15am revealed:
-He provided hands-on training that covered how to prepare different diet textures to all the new cooks.
-He also provided general food service education during employee orientation so anyone serving meals could identify the correct diet textures.
-The Dining Director expected the cook who plated the meal and the staff that served the meal to know that a baked dinner roll and regular cake were not appropriate for a resident on a pureed diet.
-He was not aware that the recipe book was not in the kitchen on 04/28/22.

Telephone interview with Resident #7's Speech Therapist on 04/27/22 at 2:08pm revealed:
-She received an order to evaluate Resident #7's swallowing due to him choking while eating on 01/26/22.
-Resident #7 was on a mechanical soft diet in January 2022 and he stopped coughing and choking on food after his diet was changed to pureed.
-Pureed food should be completely smooth or Resident #7 could aspirate (inhale food into the lungs), or choke on the food.
-Aspiration is typically identified as coughing or choking or he could experience silent aspiration (passage of swallowed material below the vocal cords without coughing) which would only be identified as watering eyes.
-Potato skins and other whole foods are not

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D 310	Continued From page 16 allowed on a pureed diet. Interview with Resident #7's Primary Care Provider (PCP) on 04/27/22 at 1:15pm revealed: -Resident #7 had a history of a stroke which increased his risk for developing swallowing difficulties. -He was observed choking during a meal on 01/26/22 so she ordered a Speech Therapy consult to evaluate his swallowing. -The Speech Therapist recommended a pureed diet and it was very important that the facility puree all of his food as ordered. -If he did not have a pureed diet, he would be a risk of silent aspiration and increased coughing. -She expected the facility to follow the prescribed diet order and had not been informed that he received non-pureed foods. Interview with the Administrator on 04/28/22 at 4:20pm revealed: -The Dining Director was responsible for training the cooks on different diet textures and for making the therapeutic diet menus available for cooks to reference. -She expected the kitchen to follow the diet order that was signed by the PCP. -She was not aware that Resident #7 received food that was not allowed his diet. Attempted telephone interview with the facility's contracted Registered Dietitian was unsuccessful on 04/28/22 at 1:30pm. Based on interviews and observations it was determined that Resident #7 was not interviewable. _____ The facility failed to ensure therapeutic diets were	D 310		

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D 310	Continued From page 17 served as ordered to 1 of 2 sampled residents (Resident #7) who had an order for pureed food and was served a non-pureed baked dinner roll and non-pureed Oreo cake which caused increased coughing and placed the resident at risk for aspiration. This failure was detrimental to the health, safety and welfare of Resident #7 which constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/28/22 for this violation. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JUNE 12, 2022.	D 310		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' 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 review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to nutrition and food service. The findings are: Based on observations, interviews and record	D912		

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D912	Continued From page 18 reviews the facility failed to ensure therapeutic diets were served as ordered for 1 of 2 sampled residents (Resident #7) with an order for a pureed diet and nectar thick liquids. [Refer to Tag 310, 10A NCAC 13F .0904(e)(4), Nutrition and Food Service (Type B Violation)].	D912		
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:	D935		

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D935	Continued From page 19 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: Based on interviews and record reviews, the facility failed to ensure 2 of 4 sampled staff who administered medications (Staff A and B) had completed the 5-hour mandated medication aide training and medication clinical skills competency validation prior to administering medications. The findings are: 1. Review of Staff A's medication aide (MA) personnel record revealed: -There was a hire date of 02/25/22. -There was no documentation Staff A had completed a 5-hour mandated MA training class. -There was no documentation Staff A completed a medication clinical skills competency validation. Review of one resident's April 2022 electronic medication administration records (eMARs) revealed Staff A documented administering medications on 04/20/22 at 12:00pm and 2:00pm; 04/21/22 at 8:00am, 2:00pm, 4:00pm, and 8:00pm; 04/26/22 at 12:00pm, 2:00pm, and 4:00pm; and on 04/27/22 at 8:00am and 12:00pm. Interview with Staff A on 04/29/22 at 12:25pm	D935		

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revealed:
-She began working at the facility around 02/25/22.
-She had taken the 15-hour mandated medication aide training at a previous employer but did not have documentation of the training.

Refer to interview with the Health and Wellness Director (HWD) on 04/29/22 at 10:30am.

Refer to interview with the Business Office Manager (BOM) on 04/29/22 at 2:30pm.

Refer to interview with the Administrator on 04/29/22 at 3:25pm.

2. Review of Staff B's MA personnel record revealed:
-There was no hire date on file.
-There was no documentation Staff B had completed a 5-hour mandated MA training class.
-There was no documentation Staff B had completed the medication clinical skills competency validation.

Review of one resident's March 2022 eMARs revealed Staff B documented administering medications on 03/19/22 at 8:00pm, 03/25/22 at 8:00pm, and 03/31/22 at 8:00pm.

Review of another resident's March 2022 eMARs revealed Staff B documented administering medications on 03/12/22 at 6:30am, 03/15/22 at 6:30am, 03/20/22 at 6:30am, 03/21/22 at 6:30am, 03/24/22 at 6:30am, and 03/26/22 at 6:30am.

Review of one resident's April 2022 eMARs revealed Staff B documented administering medications on 04/03/22 at 6:30am, 4:00pm and 8:00pm, 04/04/22 at 6:30am, 04/09/22 at 6:30am,

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D935	Continued From page 21 4:00pm, and 8:00pm, 04/16/22 at 4:00pm and 8:00pm, 04/17/22 at 6:30am, 4:00pm and 8:00pm, 04/23/22 at 6:30am, and 04/24/22 at 8:00pm. Review of another resident's April 2022 eMARs revealed Staff B documented administering medications on 04/07/22 at 8:00pm, 04/10/22 at 8:00pm, 04/13/22 at 8:00pm, and 04/14/22 at 8:00pm. Attempted telephone interview with Staff B on 04/29/22 at 12:35pm was unsuccessful. Refer to interview with the HWD on 04/29/22 at 10:30am. Refer to interview with the BOM on 04/29/22 at 2:30pm. Refer to interview with the Administrator on 04/29/22 at 3:25pm. _____ Interview with the HWD on 04/29/22 at 10:30am revealed: -She completed the MA medication clinical skills competency validation and the MA training hours after new MAs were shadowed on the medication cart. -She did not provide the MA medication clinical skills competency validation or MA training hours for MA's that were hired through a staffing agency because she thought the staffing agency provided that. Interview with the BOM on 04/29/22 at 2:30pm revealed: -She was hired about 2 weeks ago and had received some training from the Administrator.	D935		

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D935	Continued From page 22 -She was not specifically told what should be in the personnel records but did have a BOM handbook that might have outlined that information. -The Administrator made her checklist for personnel records today (04/29/22). -She was not aware that some personnel records were missing the 5-hour training and the MA medication clinical skills competency validation. -She was responsible for ensuring personnel records were complete. Interview with the Administrator on 04/29/22 at 3:25pm revealed: -The BOM was responsible for ensuring personnel records were complete. -The current BOM was new, and she was in the process of training her. -The current BOM shadowed a BOM at another facility and was given a handbook for reference. -The last personnel record audit was completed on 10/28/22 and most of the staff members sampled in that audit were no longer working at the facility. -The Administrator was unaware some of the MA's were missing their 5-hour training and MA clinical skills competency validation.	D935		