STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEEDHAM ADULT CARE HOME	916A S SANDY HOOK ROAD SHILOH, NC 27974

(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 conducted an Annual and Follow Up survey on July 6, 2022 to July 7, 2022.	D 000		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 4 of 6 sampled staff (Staff A, Staff B, Staff D, and Staff F) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired on 07/17/17. -Staff A worked as a Personal Care Aide (PCA) and Housekeeper. -There was no documentation a HCPR check was completed prior to hire. Review of Staff A's HCPR check dated 07/07/22 revealed there were no substantiated findings. Refer to interview with the Supervisor on 07/07/22 at 5:00pm. Refer to interview with the Administrator on	D 137		

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D 137	Continued From page 1 07/07/22 at 4:45pm. 2. Review of Staff B's personnel record revealed: -Staff B was hired on 02/25/22. -Staff B worked as a Personal Care Aide (PCA) and Cook. -There was no documentation a HCPR check was completed prior to hire. Review of Staff B's HCPR check dated 07/07/22 revealed there were no substantiated findings. Refer to interview with the Supervisor on 07/07/22 at 5:00pm. Refer to interview with the Administrator on 07/07/22 at 4:45pm. 3. Review of Staff D's personnel record revealed: -Staff D was hired on 01/18/21. -Staff D worked as a Medication Aide (MA). -There was no documentation a HCPR check was completed prior to hire. Review of Staff D's HCPR check dated 07/07/22 revealed there were no substantiated findings. Refer to interview with the Supervisor on 07/07/22 at 5:00pm. Refer to interview with the Administrator on 07/07/22 at 4:45pm. 4. Review of Staff F's personnel record revealed: -Staff F was hired on 10/25/21 -Staff F worked as a Personal Care Aide (PCA). -There was no documentation a HCPR check was completed prior to hire. Review of Staff F's HCPR check dated 07/07/22	D 137		

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D 137	Continued From page 2 revealed there were no substantiated findings. Refer to interview with the Supervisor on 07/07/22 at 5:00pm. Refer to interview with the Administrator on 07/07/22 at 4:45pm. _____ Interview with the Supervisor on 07/07/22 at 5:00pm revealed: -She did not know how to access the website to gather HCPR information. -The Administrator was responsible for completing a HCPR check on potential staff. Interview with the Administrator on 07/07/22 at 4:45pm revealed: -The Supervisor was responsible for completing HCPR checks on all potential staff prior to hire. -She had not completed any record reviews on employee files. -She expected the HCPR checks to be completed prior to hire.	D 137		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure 1 of 6 sampled staff (Staff D) had a criminal background check completed upon hire.	D 139		

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D 139	Continued From page 3 The findings are: Review of Staff D's personnel record revealed: -There was a position offer letter for the employee dated 01/18/21. -Staff D was hired on 01/18/21 as a Medication Aide (MA). -There was no consent for a criminal background check. -The was no documentation of a criminal background check performed. Interview with Staff D on 07/07/22 at 2:34pm revealed: -Staff D was rehired in January 2021 as a MA. -She administered medications to residents. -She had not been asked to complete a criminal background check. Interview with the Supervisor on 07/07/22 at 5:00pm revealed: -She was not aware that a criminal background check had not been completed for Staff D. -She was responsible for completing criminal background checks for all employees prior to hire. Interview with the Administrator on 07/0722 at 4:45pm revealed: -The Supervisor was responsible for completing criminal background checks on all potential staff prior to hire. -She expected the criminal background checks to be completed prior to hire.	D 139		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up	D 273		

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D 273	Continued From page 4 to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure referral and follow-up to meet the routine and acute health care needs for 2 of 3 sampled residents (#1 and #2) related to not receiving medical care for a fall injury (Resident #1) and not completing a mammogram and bone density study as ordered (#2). The findings are: 1. Review of Resident #1's FL2 dated 07/16/21 revealed diagnoses included dementia, gastroesophageal reflux disease (GERD), Type 2 non-insulin dependent diabetes (NIDDM), hypertension and hyperlipidemia. Review of Resident #1's Care Plan dated 07/16/21 revealed Resident #1 required assistance with transferring of semi ambulatory residents. Interview with Resident #1 on 07/06/22 at 9:17am revealed: -She fell out of her bed about 2 or 3 months ago (she did not remember the date of the fall.) -The fall occurred between 2:00am and 3:00am in the morning. -She was not able to reach the call bell to call for staff assistance. -She was able to reach her phone on the night stand to call staff for help. -She sat herself up against her chair and sat on the floor until staff arrived at work. -The Administrator and a Personal Care Aide (PCA) came in and assisted her off the floor.	D 273		

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-The Administrator checked her vital signs and cleaned the blood off of her face.
-She had a black eye, bruised her head and leg.
-She had blood from a cut on her face.
-She refused to go to the emergency room.
-She had continued to complain of pain of her legs.
-She did not go to her Primary Care Physician (PCP) for a follow up.

Interview with the Supervisor on 07/07/22 at 11:36am revealed:
-A PCA found Resident #1 on her room floor.
-Resident #1 had fallen out of her bed in May 2022 (did not provide the date).
-Resident #1 refused medical care.
-Resident #1's PCP was not notified about the fall.
-In cases of a head injury, 911 was to be called.
-Resident #1 had not seen her PCP since last year, August 2021.
-PCP visits were not documented.

Interview with the Administrator on 07/07/22 at 4:45pm revealed:
-She found Resident #1 on the floor around 3:00pm and not 3:00am on 05/02/22.
-She took Resident #1's vitals and accessed Resident #1 for sores and bruises.
-Resident #1 complained of knee pain.
-Resident #1 refused additional medical care.
-She and a PCA helped Resident #1 off of the floor.
-She wiped "dried blood" from Resident #1 face.
-Resident #1 had a cut lip and a black eye.
-Staff was asked to monitor Resident #1 (did not provide a time frame).
-She did not think a face injury was considered a head injury.
-Resident #1 had not followed up with her PCP.

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-Resident #1 had not seen her PCP since last fall.

Attempted telephone interview Resident #1's Responsible Person on 07/07/22 at 10:17am was unsuccessful.

Attempted telephone interview Resident #1's PCP on 07/07/22 at 10:21am was unsuccessful.

2.Review of Resident #2's current FL-2 dated 08/10/21 revealed:
-Diagnoses included rheumatoid arthritis, chronic atrial fibrillation, type II diabetes, pulmonary hypertension and weakness.
-Resident #2 was semi-ambulatory.
-There was no information documented for orientation status.

Review of Resident #2's Resident Register revealed she was admitted 08/12/21.

Review of Resident #2's care note dated 08/12/21 revealed Resident #2 was admitted to the facility following discharge from a skilled nursing facility.

a.Review of Resident #2's visit summary dated 09/17/21 revealed:
-Resident #2 was seen by her primary care provider (PCP).
-There was documentation she was due for a mammogram for breast cancer screening.
-There was an order for a referral for a bilateral digital mammogram.

Review of Resident #2's medical record revealed there was no documentation of a mammogram being scheduled or completed.

Interview with Resident #2 on 07/07/22 at 3:30pm revealed she had not had a mammogram since

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she was admitted to the facility in August 2021.

Attempted telephone interview Resident #2's primary care provider (PCP) on 07/07/22 at 10:21am was unsuccessful.

Refer to interview with the Supervisor on 07/07/22 at 9:30am.

Refer to second interview with the Supervisor on 07/07/22 at 4:40pm.

Refer to interview with the Administrator on 07/07/22 at 4:40pm.

b.Review of Resident #2's visit summary dated 09/17/21 revealed she was seen by her PCP and a bone density study was ordered.

Review of Resident #2's visit summary dated 09/21/21 revealed she was seen for infection and inflammation after a total right knee replacement that required arthrocentesis. (Arthrocentesis is a procedure that is performed to remove excess fluid within joint capsule for therapeutic and/or diagnostic purposes.)

Review of Resident #2's medical record revealed there was no documentation of a bone density study being scheduled or completed.

Interview with Resident #2 on 07/07/22 at 3:30pm revealed she did not think a bone density study had been done since she was admitted to the facility in August 2021.

Attempted telephone interview Resident #2's primary care provider (PCP) on 07/07/22 at 10:21am was unsuccessful.

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D 273	Continued From page 8 Refer to interview with the Supervisor on 07/07/22 at 9:30am. Refer to second interview with the Supervisor on 07/07/22 at 4:40pm. Refer to interview with the Administrator on 07/07/22 at 4:40pm. _____ Interview with the Supervisor on 07/07/22 at 9:30am revealed: -The mammogram and bone density study was not scheduled for Resident #2. -Usually referrals were sent by the PCP directly to the scheduler at the office of referral and the facility would be contacted with an appointment date and time. -Resident #2's orders for a bone density study and mammogram were overlooked and should have been scheduled. -She was responsible for reviewing visit summaries for orders when a resident was seen by a physician. -She was responsible for ensuring referrals were completed when ordered. Second interview with the Supervisor on 07/07/22 at 4:40pm revealed it was her responsibility to follow-up within one week of the orders when she had not been contacted with appointment dates for the mammogram and bone density study. Interview with the Administrator on 07/07/22 at 4:40pm revealed she expected the Supervisor to ensure appointments are made within 1 week of an order for a referral being written by a physician.	D 273		

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D 392	Continued From page 9	D 392		
D 392	10A NCAC 13F .1008(a) Controlled Substances 10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure controlled substance records for 1 of 6 residents sampled (#2) accurately reconciled with the administration of a controlled substances used for pain. The findings are: Review of Resident #2's current FL-2 dated 08/10/21 revealed: -Diagnoses included rheumatoid arthritis, chronic atrial fibrillation, type II diabetes, pulmonary hypertension and weakness. -Resident #2 was semi-ambulatory. -There was no information documented for orientation status. -There was an order for hydrocodone 5-325mg to be administered every six hours as needed for pain.(Hydrocodone is medication used to treat moderate to severe pain.) Review of Resident #2's Resident Register revealed she was admitted 08/12/21. Review of Resident #2's care note dated 08/12/21 revealed:	D 392		

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D 392	Continued From page 10 -Resident #2 was admitted to the facility following discharge from a skilled nursing facility. -There was a healed incision to her right knee. -There was edema of the right knee. Review of Resident #2's visit summary dated 09/21/21 revealed she was seen for infection and inflammation after a total right knee replacement that required arthrocentesis. (Arthrocentesis is a procedure that is performed to remove excess fluid within joint capsule for therapeutic and/or diagnostic purposes.) Review of Resident #2's electronic medication administration record (eMAR) for May 2022 revealed: -There was a computerized entry for hydrocodone 5-325mg to be administered every six hours as needed for pain. -There was no documentation that hydrocodone 5-325mg had been administered. Review of Resident #2's eMAR for June 2022 revealed: -There was a computerized entry for hydrocodone 5-325mg to be administered every six hours as needed for pain. -There was no documentation that hydrocodone 5-325mg had been administered. Review of Resident #2's eMAR for July 2022 revealed: -There was a computerized entry for hydrocodone 5-325mg to be administered every six hours as needed for pain. -There was no documentation that hydrocodone 5-325mg had been administered. Review of Resident #2's controlled substance log revealed:	D 392		

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D 392	Continued From page 11 -Thirty tablets of hydrocodone were dispensed to Resident #2 on 08/12/21. -There were thirty doses remaining with no documentation of any dose being pulled for administration. Observation of Resident #2's medications on hand on 07/06/22 at 3:00pm revealed: -There was a bubble pack labeled hydrocodone 5-325mg to be administered every 6 hours as needed for pain. -The label listed 30 doses as dispensed on 08/12/21. -There were 25 doses remaining. Telephone interview with the facility's contracted pharmacy on 07/07/22 at 3:50pm revealed 30 dosed of hydrocodone 5-325mg was ordered and dispensed on 08/12/21. Interview with Resident #2 on 07/06/22 at 9:00am revealed: -She had a right knee replacement prior to admission. -She had recovered and was not in pain. Interview with a medication aide (MA) on 07/07/22 at 2:43 revealed: -Controlled substances were to be signed on the control log at the time the medication was pulled and administered. -She did not remember if she had administered hydrocodone 5-325mg to Resident #2 since she was admitted. -Resident #2 had no recent complaints of pain. Interview with the Supervisor on 07/06/22 at 3:00pm revealed: -Resident #2 was prescribed hydrocodone 5-325mg on admission due to knee replacement	D 392		

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surgery prior to admission.
-Resident #2 was administered hydrocodone after admission but had not complained of pain for several months.
-The missing doses were administered to Resident #2 but were not signed out on the control log.
-She did not know why the doses were not signed out at the time of administration.

Second interview with the Supervisor on 07/07/22 at 8:32am revealed:
-She reviewed Resident #2's eMARs from admission forward and found documentation of one dose that she administered on 08/17/22.
-She did not remember if or when she may have administered other doses of the medication.
-She normally signed out all controlled substances administered during a medication administration pass after the medication pass was completed.

Attempted telephone interview Resident #2's primary care provider (PCP) on 07/07/22 at 10:21am was unsuccessful.

Interview with a second MA on 07/07/22 at 2:56pm revealed:
-The Supervisor would pull the controlled medication from the bubble pack and administer the controlled medications when she administered medications.
-The Supervisor would write down the number of pills remaining after dispensing and administering the medication.
-If the medication was not signed out at the time of administration she may forget to do it later.
-MAs did not count the controlled medications at the change of shift.
-The Supervisor was responsible for the

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D 392	Continued From page 13 medications and she did not know if there were audits done to ensure the control logs matched the medications on hand. Third interview with the Supervisor on 07/07/22 at 4:40pm revealed: -She completed weekly audits to ensure the controlled substance log matched the number of doses remaining. -She did not remember the last time she had completed an audit and was not aware of the discrepancy. -There was not process in place for MAs to count controlled substances and compare to the control log. Interview with the Administrator on 07/07/22 at 4:40pm revealed: -The Supervisor was responsible for completing weekly audits of the medication cart including controlled substances. -She expected the controlled medication to be signed out and accounted for on the controlled substance log at the time it is pulled for administration. There was no process in place for MAs to count controlled substances and compare to the control log.	D 392		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 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	D 612		

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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
D 612	Continued From page 14 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 interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to protect residents from infection during the global coronavirus (COVID-19) pandemic as related to staff not wearing face masks while on duty. The findings are: Review of the Centers for Disease Control (CDC) Interim Infection Prevention and Control Recommendations for healthcare personnel (HCP) during the coronavirus disease 2019 (COVID-19) pandemic dated 02/02/22 revealed: -Facilities should establish a process to identify anyone entering the facility, regardless of vaccination status, who has any one of the following three criteria so that they can be managed: a positive viral test for COVID-19, symptoms of COVID-19, or close contact with someone with COVID-19 infection. -The options could include (but were not limited to): individual screening upon arrival to the facility or implementing an electronic monitoring system	D 612		

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	HAL015002	A. BUILDING: _____ B. WING _____	R 07/07/2022

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in which individuals can self-report any of the above before entering the facility.
-Source control measures were to be implemented for HCP.
-Source control referred to the use of a well-fitting face mask to cover a person's mouth and nose to prevent the spread of respiratory secretions when they were breathing, talking, sneezing, or coughing.
-Fully vaccinated HCP should wear source control (face mask) when they were in areas of the facility where they could encounter residents.
-The face mask should cover the nose and mouth.

Review of the facility's current license for 2022 revealed the capacity was 24 residents.

Review of the facility's census report dated 07/06/22 revealed the current census was 11 residents.

Review of the facility's 2020 Pandemic Policy revealed that, upon re-opening status, the facility would enforce aggressive social distancing measures and wear protective approved face covering, as tolerated. (Staff, resident or visitor no specified.)

Observation of entrance into the facility on 07/06/22 at 8:30am revealed:
-There was no sign posted outside or inside to instruct people to wear a mask inside the facility.
-There was a table set up inside the dining room for screening of staff upon entrance that included a no-touch thermometer, questionnaire and log book.
-The cook was sitting at a dining table without a face mask.
-There was a resident sitting next to the cook who

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D 612	Continued From page 16 was eating breakfast. Observation of the dining room on 07/06/22 at 2:30pm revealed the Administrator sat at a table with 2 adults and 2 children; none were wearing face masks. Interview with the Supervisor on 07/06/22 at 2:50pm revealed she would inform the staff to return to wearing masks. Observation of the dining room on 07/07/22 at 9:45am revealed the Administrator and the Supervisor were seated at a table in the dining room with visitors: none were wearing masks. Interview with a resident on 07/07/22 at 3:54pm revealed she had observed staff working without wearing masks. Interview with a second resident on 07/07/22 at 4:17pm revealed he had not observed staff wearing masks when in the facility. Telephone with the infectious disease nurse at the local health department (LHD)on 07/07/22 at 9:13am revealed: -She thought had been greater than 1 year since the facility had reached out to them for guidance related to infection control but she was not sure of the date of contact. -The facility had not been told that masks were no longer required. -The county was seeing an increase in COVID-19 cases and 15 new cases had been report on 07/06/22. -Staff should wear masks to protect the residents in the facility. -There was increased concern for poor outcomes for the elderly and fragile residents, since many	D 612		

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were not fully vaccinated, and staff could introduce the virus into the community if they were not wearing masks.

Telephone interview with the Director of Nursing (DON) for the LHD Regional Infection Control team on 07/07/22 at 12:00pm revealed:
-There had been no changes to guidance regarding the requirement to wear face masks in a facility since February 2022.
-The facility should follow community transmission rates per the CDC website and wearing face masks in the facility but she thought the facility may have a "loose interpretation" of the word "should" as used in the CDC guidance.

Interview with a personal care aide (PCA) on 07/07/22 at 2:34pm revealed:
-She was not wearing a face mask.
-She stopped wearing a face mask on duty at the beginning of 2022 after most staff were no longer wearing them.
-She did not recall being told by anyone at the facility that face masks were no longer required.
-When there was a resident with COVID-19 in the facility, staff wore masks until after the last COVID-19 positive came off of quarantine approximately 2 weeks prior.
-She had not asked management for clarification regarding mask requirements.
-She had never been redirected by management to don a mask since she stopped wearing one.

Telephone interview with a medication aide (MA) on 07/07/22 at 2:43 revealed:
-Staff were required to wear face masks when inside the facility.
-She and other staff wore face masks when she was on duty.

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D 612	Continued From page 18 Interview with the Cook on 07/07/22 at 2:56pm revealed: -She was not wearing a face mask. -She and other staff did not wear masks in the facility but did not remember anyone saying they were no longer required. -She would expect the Administrator to correct her if she should be wearing one but had not received any redirection from the Administrator or the Supervisor. -Staff stopped wearing face masks approximately 1 year prior and she thought the last positive case was in 2020. -Staff and visitors should not have to wear face masks and she would only wear one if the Administrator told her to. -There was no posting on the entrance doors regarding face masks being worn inside the facility and she was not concerned about staff not wearing face masks because she didn't think the face masks were beneficial. Interview with the Supervisor on 07/06/22 at 9:40am revealed: -She was not wearing a face mask. -One staff member and four residents were vaccinated. -Staff at the facility had not worn face masks for quite some time but she could not remember exactly when they stopped. -Everyone who entered the building was screened for symptoms of COVID-19. -A registered nurse (RN) with the county health department had been to the facility to educate staff on hand-washing on 06/16/22 and informed her that screening temperatures for staff was no longer required however the facility continued to require staff to do so. -There was no guidance given related to staff wearing masks while the RN was there	D 612		

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D 612	Continued From page 19 conducting the education. -The Administrator was responsible for contact with the local health department and keeping current with DHHS and CDC guidance related to infection control. -The 2020 Pandemic Policy was the facilities current COVID-19 policy. Interview with the Administrator on 07/07/22 at 4:40pm revealed: -Staff were not required to wear face masks inside the facility because she did not think it was still required. -The nurse from DSS that came to conduct hand-washing education told them to take the signs regarding face masks down from the entrance doors and staff were no longer required to wear masks while on duty. -Staff had not been wearing face masks since the January 2022 but she did not know why they stopped then. -She did remember receiving an email from the Division of Health Service Regulations but she did not remember when that was or what guidance it contained.	D 612		
D992	G.S.§ 131D-45 (a) Examination and screening 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	D992		

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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.

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure an examination and screening for the presence of controlled substances was completed for 4 of 6 sampled staff (Staff A, Staff B, Staff D, and Staff F) prior to hire.

The findings are:

1. Review of Staff A's personnel record revealed:
-Staff A was hired on 07/17/17.
-Staff A worked as a Personal Care Aide (PCA) and Housekeeper.
-There was no documented drug screening or

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D992	Continued From page 21 consent for drug screening for the current facility. Refer to interview with the Supervisor on 07/07/22 at 5:00pm. Refer to interview with the Administrator on 07/07/22 at 4:45pm. 2. Review of Staff B's personnel record revealed: -Staff B was hired on 02/25/22. -Staff B worked as a PCA and Cook. -There was no documented drug screening or consent for drug screening for the current facility. Refer to interview with the Supervisor on 07/07/22 at 5:00pm. Refer to interview with the Administrator on 07/07/22 at 4:45pm. 3. Review of Staff D's personnel record revealed: -Staff F was hired on 01/18/21 -Staff F worked as a PCA. -There was no documented drug screening or consent for drug screening for the current facility. Telephone interview with Staff D on 07/07/22 at 2:34pm revealed: -She had been employed as a MA since January 2021. -Either the Administrator or Supervisor had completed her drug screening. -She was not provided a copy of the drug test results. Refer to interview with the Supervisor on 07/07/22 at 5:00pm. Refer to interview with the Administrator on 07/07/22 at 4:45pm.	D992		

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D992	Continued From page 22 4. Review of Staff F's personnel record revealed: -Staff F was hired on 10/25/21 -Staff F worked as a PCA. -There was a signed consent to complete a drug test dated 10/25/21. -There was no documented drug screening or consent for drug screening for the current facility. Telephone interview with Staff F on 07/07/22 at 2:34pm revealed: -She was rehired as a PCA in October 2021. -She had completed a drug screening on site but did not remember who administered the drug test. -She was not provided a copy of drug test results. Refer to interview with the Supervisor on 07/07/22 at 5:00pm. Refer to interview with Administrator on 07/07/22 at 4:45pm. _____ Interview with the Supervisor on 07/07/22 at 5:00pm revealed: -She had not completed drug screenings on newly hired employees. -She was the person responsible for completing drug tests for all newly hired employees. Interview with the Administrator on 07/0722 at 4:45pm revealed: -The Supervisor was responsible for completing drug tests on all potential staff prior to hire. -She expected Supervisor to complete drug screenings on all newly hired employees.	D992		