Adult Care Home Corrective Action Report (CAR)

I. Facility Name: Richmond Hill Assisted Living #3 County: Buncombe
Address: 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 License Number: HAL011374

II. Date(s) of Visit(s): 02/19/2025 Purpose of Visit(s): Follow Up to CAR
Exit/Report Date: 04/09/25

Instructions to the Provider *(please read carefully)*:

In column **III (b)** please provide a plan of correction to address *each of the rules* which were violated and cited in column **III (a)**. The plan must describe the steps the facility will take to achieve and maintain compliance. In column **III (c),** indicate a specific completion date for the plan of correction.

*If this CAR includes a **Type B violation**, failure to meet compliance after the date of correction provided by the facility could result in a civil penalty in an amount up to $400.00 for each day that the facility remains out of compliance.

*If this CAR includes a **Type A1 or an Unabated B violation**, this agency *will* plan to submit an Administrative Penalty Recommendation for the violation(s). If this CAR includes a **Type A2 violation**, this agency *may* submit an Administrative Penalty Recommendation for the violation(s). The facility has an opportunity to schedule an Informal Dispute Resolution (IDR) meeting within **15 working days** from the mailing or delivery of the Corrective Action Plan. If on follow-up survey the **Type A1 or Type A2** violations are not corrected, a civil penalty of up to $1000.00 for each day that the facility remains out of compliance may be assessed. If on follow-up survey the **Unabated B** violations are not corrected, a civil penalty of up to $400.00 for each day that the facility remains out of compliance may also be assessed.

III (a). Non-Compliance Identified *For each citation/violation cited, document the following four components:* • *Rule/Statute violated (rule/statute number cited)* • *Rule/Statutory Reference (text of the rule/statute cited)* • *Level of Non-compliance (Type A1, Type A2, Type B, Unabated Type B, Citation* • *Findings of non-compliance*	**III (b). Facility plans to correct/prevent**: *(Each Corrective Action should be cross-referenced to the appropriate citation/violation)*	**III (c). Date plan to be completed**
Rule/Statute Number: 13F.0507 TRAINING ON CARDIO-PULMONARY RESUSCITATION Rule/Statutory Reference: Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation. Level of Non-Compliance: Unabated Type B Violation Based on interviews and record review, the facility failed to ensure there was one staff member (Staff B) on the premises at all times who had completed within the last 24 months a course in cardiopulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid or by a trainer with documented certification as a trainer on the procedures from one of these organizations. Review of Staff B's personnel record revealed: -There was documentation that Staff B was previously employed at	☐ POC Accepted_____ *DSS Initials*	

the facility with a hire date of 6/9/23.
-There was documentation that Staff B was hired as a personal care aide (PCA) on 6/9/23.
-There was no paperwork related to current employment status.
-There was documentation Staff B was CPR certified by the Red Cross on 2/26/25.

Review of a text message from the Administer to Staff B dated 2/6/25 revealed she would start working that day as a housekeeper.

Review of Staff B's schedule dated 2/7/25 through 2/14/25 revealed Staff B was assigned to work alone during the day shift as a medication aid (MA) on 2/14/25.

Review of Staff B's time card dated 2/17/25 revealed she worked on 2/17/25 from 7:44am to 8:06pm.

Interview with a resident on 2/19/25 at 2:00pm revealed Staff B would work alone in the building with no other staff on the premises.

Interview with a second resident on 2/19/25 at 2:15pm revealed Staff B had been working at the facility and would be the only staff member on the premises.

Interview with a third resident on 2/19/25 at 2:45pm revealed Staff B worked in the facility and would be the only staff on the premises.

Interview with the facility's contracted pharmacy on 2/21/25 at 10:00am revealed:
-They were responsible for providing CPR training for the facility.
-The facility would contact them when a CPR class was needed.
-A class was scheduled for 2/12/25 which was cancelled and rescheduled for 2/26/25.

Interview with a medication aid (MA) on 2/19/25 at 1:30pm revealed:
-Typically one staff member was assigned to each shift at the facility.
-Staff B worked alone in the facility during her shifts and there would be no other staff on the premises who would be CPR certified.

Interview with Staff B on 2/19/25 at 2:30pm and 3/26/25 at 1:00pm revealed:
-She was re-hired on 2/6/25 as a housekeeper then later as an MA.
-She had signed up to take CPR training a few weeks ago but it was cancelled at the last minute.
-She worked alone in the facility on 2/14/25 and 2/17/25 during the dayshift and there would be no one else on the premises with CPR certification.
-She did not have a CPR certification prior to 2/26/25.

Interview with the Administrator on 2/19/25 at 3:00 revealed:
-Staff B previously worked at the facility as an MA and her last day was 7/12/24.
-Staff B was re-hired on 2/6/25.

-Staff B's job responsibilities were housekeeping and MA. -She registered Staff B for CPR training on 2/12/25 but the trainer had to cancel at the last minute. -Staff B would be taking CPR training on 2/26/25. -Staff B was supposed to be paired up to work with a staff member who had current CPR training until Staff B was trained in CPR. -There may have been a few times Staff B was the only staff working in the facility and there would be no other staff on the premises with CPR certification. -Staff B worked alone in the facility on 2/14/25 to cover for a staff person who called out. The facility failed to ensure there was at least one staff member on premises who had completed within the last 24 months a course in cardiopulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver. Staff B was not certified and was the only staff on the premises herself 2 times in February 2025. This failure was detrimental to the health, safety and welfare of all residents in the facility and constitutes an unabated Type B violation. The facility provided a plan of protection in accordance with G.S.131D-34 on 2/19/25 for this violation.. THE DATE OF CORRECTION FOR THIS UNABATED TYPE B VIOLATION SHALL NOT EXCEED 3/15/25.		
III (a). Non-Compliance Identified *For each citation/violation cited, document the following four components:* • *Rule/Statute violated (rule/statute number cited)* • *Rule/Statutory Reference (text of the rule/statute cited)* • *Level of Non-compliance (Type A1, Type A2, Type B, Unabated Type B, Citation* • *Findings of non-compliance*	**III (b). Facility plans to correct/prevent**: *(Each Corrective Action should be cross-referenced to the appropriate citation/violation)*	**III (c). Date plan to be completed**
Rule/Statute Number: 13F.0407(a)(5) OTHER STAFF QUALIFICATIONS Rule/Statutory Reference: have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; Level of Non-Compliance: Standard Deficiency Based on record reviews and interviews, the facility failed to screen 1 out of 16 sampled staff (Staff B) to determine there were no substantiated findings on the Health Care Personnel Registry prior to employment. Review of Staff B's personnel record revealed: -An original hire date of 6/9/23. -There was no documentation of the employment termination date. -There was no documentation of the re-hire date. -There was no documentation of a completed North Carolina Health Care Personnel Registry check. Review of text message from Administer to Staff B dated 2/6/25 revealed she would start working that day as a housekeeper.	☐ POC Accepted_____ *DSS Initials*	

Review of Staff B's schedule dated 2/7/25 through 2/14/25 and 2/25/25 through 3/11/25 revealed: -She worked at the facility on 2/25/25, 2/26/25, 3/7/25, 3/8/25 and 3/11/25. Review of Staff B's timecards date3/3/25 through 3/13/25 revealed: -She worked at the facility on 3/3/25, 3/7/25, 3/8/25, 3/9/25, 3/11/25, 3/12/25, and 3/13/25. Interview with Staff B on 2/19/25 at 2:30 revealed: -She had been previously employed at the facility last year but was re-hired two and a half weeks ago doing housekeeping and as a MA. Interview with the Administrator on 2/19/25 at 3:00 and 3/24/25 at 3:00pm revealed: -Staff B was previously employed at the facility and her employment was terminated on 7/12/24. -Staff B was re-hired on 2/6/25. -Staff B's job responsibilities were housekeeping and medication aid. -Since staff B was re-hired she did not think she needed to complete a North Carolina Health Care Personnel Registry check.		
III (a). Non-Compliance Identified *For each citation/violation cited, document the following four components:* • *Rule/Statute violated (rule/statute number cited)* • *Rule/Statutory Reference (text of the rule/statute cited)* • *Level of Non-compliance (Type A1, Type A2, Type B, Unabated Type B, Citation* • *Findings of non-compliance*	**III (b). Facility plans to correct/prevent**: *(Each Corrective Action should be cross-referenced to the appropriate citation/violation)*	**III (c). Date plan to be completed**
Rule/Statute Number: G.S.131D-40 Criminal history record checks required for certain applicants for employment Rule/Statutory Reference: 131D-40. Criminal history record checks required for certain applicants for employment. (a) Requirement; Adult Care Home. - An offer of employment by an adult care home licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. An adult care home shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Within five business days of making the conditional offer of employment, an adult care home shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a State or national criminal history record check required by this section, or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of	☐ POC Accepted_____ *DSS Initials*	

Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the adult care home as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the adult care home. Adult care homes shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. All criminal history information received by the home is confidential and may not be disclosed, except to the applicant as provided in subsection (b) of this section. (a1) Requirement; Contract Agency of Adult Care Home. - An offer of employment by a contract agency of an adult care home licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned upon consent to a criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A contract agency of an adult care home shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Within five business days of making the conditional offer of employment, a contract agency of an adult care home shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a State or national criminal history record check required by this section, or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the contract agency of the adult care home as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the contract agency of the adult care home. Contract agencies of adult care homes shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. All criminal history information received by the contract agency is confidential and may not be disclosed, except to the applicant as provided by subsection (b) of this section. (b) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the adult care home or a contract agency of the adult care home shall consider all of the following factors in determining whether to hire the applicant: (1) The level

and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the adult care home or the contract agency of the adult care home. If the adult care home or a contract agency of the adult care home disqualifies an applicant after consideration of the relevant factors, then the adult care home or the contract agency may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (c) Limited Immunity. - An adult care home and an officer or employee of an adult care home that, in good faith, complies with this section is not liable for the failure of the home to employ an individual on the basis of information provided in the criminal history record check of the individual. (d) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of aged or disabled persons. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots, Civil Disorders, and Emergencies; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (e) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section

shall be guilty of a Class A1 misdemeanor. (f) Conditional Employment. - An adult care home may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The adult care home shall not employ an applicant prior to obtaining the applicant's consent for a criminal history record check as required in subsection (a) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The adult care home shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (g) Immunity From Liability. - An entity and officers and employees of an entity shall be immune from civil liability for failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (h) For purposes of this section, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (1995 (Reg. Sess., 1996), c. 606, s. 2; 1997-125, s. 1; 2000-154, ss. 2.(a), (b); 2004-124, ss. 10.19D(b), (g); 2005-4, ss. 6, 7; 2007-444, s. 3.1; 2012-12, s. 2(uu).)

Level of Non-Compliance: Standard Deficiency

Based on record reviews and interviews, the facility failed to complete a criminal history check prior to hire for 1 out of 16 sampled staff (Staff B).

Review of Staff B's personnel record revealed:
-An original hire date of 6/9/23.
-Documentation of a criminal history check completed on 5/24/23.
-There was no documentation of the original employment termination date.
-There was no documentation of the re-hire date.
-There was no documentation of consent for a criminal record check after being rehired on 2/6/25.
- There was no documentation of a criminal record check after being rehired on 2/6/25.
-There was no documentation of Staff B's job responsibilities.

Review of text message from Administer to Staff B dated 2/6/25 revealed she would start working that day as a housekeeper.

Review of Staff B's schedule dated 2/7/25 through 2/14/25 and 2/25/25 through 3/11/25 revealed:
-She worked at the facility on 2/25/25, 2/26/25, 3/7/25, 3/8/25 and 3/11/25.

Review of Staff B's timecards date3/3/25 through 3/13/25 revealed:
-She worked at the facility on 3/3/25, 3/7/25, 3/8/25, 3/9/25, 3/11/25, 3/12/25, and 3/13/25.

Interview with Staff B on 2/19/25 at 2:30 revealed:
-She had been previously employed by the facility last year, but was rehired two and a half weeks ago doing housekeeping and as a MA.

Interview with the Administrator on 2/19/25 at 3:00 and 3/24/25 at

3:00pm revealed: -Staff B was previously employed at the facility and her employment was terminated on 7/12/24. -Staff B was re-hired on 2/6/25. -Staff B's job responsibilities were housekeeping and MA. -Since staff B was re-hired she did not think she needed to complete a new criminal history check.		
III (a). Non-Compliance Identified *For each citation/violation cited, document the following four components:* • *Rule/Statute violated (rule/statute number cited)* • *Rule/Statutory Reference (text of the rule/statute cited)* • *Level of Non-compliance (Type A1, Type A2, Type B, Unabated Type B, Citation* • *Findings of non-compliance*	**III (b). Facility plans to correct/prevent**: *(Each Corrective Action should be cross-referenced to the appropriate citation/violation)*	**III (c). Date plan to be completed**
Rule/Statute Number: G.S.131D-45 Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes	☐ POC Accepted_____ *DSS Initials*	
Rule/Statutory Reference: (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 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. (b) An adult care home may require random examination and screening for controlled substances as a condition of continued employment. If the adult care home has reasonable grounds to believe that an employee is an abuser of a controlled substance, the adult care home may require that employee to undergo examination and screening for controlled substances as a condition of continued employment. (c) An adult care home and an officer or employee of an adult care home that, in good faith, complies with this section is not liable for the failure of the adult care home to employ or continue the employment of an individual on the basis of the results of an examination and screening of the applicant or employee for controlled substances.		

(d) An entity and officers and employees of an entity that perform controlled substance examination and screening in accordance with Article 20 of Chapter 95 of the General Statutes shall be immune from civil liability for conducting or failing to conduct the examination and screening if the examination and screening are requested and received in compliance with this section and with Article 20 of Chapter 95 of the General Statutes.
(e) The results of an examination and screening conducted at the request of an adult care home in accordance with this section are confidential and not a public record under Chapter 132 of the General Statutes. The adult care home shall maintain the confidentiality of all information related to the examination and screening of an applicant for employment or an individual currently employed by the adult care home.
(f) The adult care home shall pay expenses related to controlled substance examination and screening pursuant to this section, except examinee-requested retests. The examinee shall pay all reasonable expenses for retests of confirmed positive results."

Level of Non-Compliance: Standard Deficiency

Based on record reviews and interviews, the facility failed to perform a screening for controlled substances prior to hire for 1 out of 16 sampled staff (Staff B).

Review of Staff B's personnel record revealed:
-An original hire date of 6/9/23.
-There was no documentation of the employment termination date.
-There was no documentation of the re-hire date.
-There was no documentation of Staff B's job responsibilities.
-There was no controlled substance screening completed since being re-hired on 2/6/25.

Review of text message from Administer to Staff B dated 2/6/25 revealed she would start working that day as a housekeeper.

Review of Staff B's schedule dated 2/7/25 through 2/14/25 and 2/25/25 through 3/11/25 revealed:
-She worked at the facility on 2/25/25, 2/26/25, 3/7/25, 3/8/25 and 3/11/25.

Review of Staff B's timecards date3/3/25 through 3/13/25 revealed:
-She worked at the facility on 3/3/25, 3/7/25, 3/8/25, 3/9/25, 3/11/25, 3/12/25, and 3/13/25.

Interview with a medication aid (MA) on 2/19/25 at 1:30pm revealed:
-Staff B recently was re-hired to the facility as an MA.

Interview with Staff B on 2/19/25 at 2:30 revealed:
-She had been previously employed by the facility last year but was re-hired two and a half weeks ago doing housekeeping and as a MA.

Interview with the Administrator on 2/19/25 at 3:00 and 3/24/25 at 3:00pm revealed:
-Staff B was previously employed at the facility and her employment

was terminated on 7/12/24. -Staff B was re-hired on 2/6/25. -Staff B's job responsibilities were housekeeping and medication aid. -Since staff B was re-hired she did not think she needed to complete a new controlled substance screening.		
III (a). Non-Compliance Identified *For each citation/violation cited, document the following four components:* • *Rule/Statute violated (rule/statute number cited)* • *Rule/Statutory Reference (text of the rule/statute cited)* • *Level of Non-compliance (Type A1, Type A2, Type B, Unabated Type B, Citation* • *Findings of non-compliance*	**III (b). Facility plans to correct/prevent**: *(Each Corrective Action should be cross-referenced to the appropriate citation/violation)*	**III (c). Date plan to be completed**
Rule/Statute Number: 13F.0504 COMPETENCY VALIDATION FOR LICENSED HEALTH PROFESSIONAL SUPPORT TASKS	☐ POC Accepted_____ *DSS Initials*	
Rule/Statutory Reference: (a) When a resident requires one or more of the personal care tasks listed in Subparagraphs (a)(1) through (a)(28) of Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their licensed capacity after a licensed health professional has validated the staff person is competent to perform the task. (b) The licensed health professional shall evaluate the staff person's knowledge, skills, and abilities that relate to the performance of each personal care task. The licensed health professional shall validate that the staff person has the knowledge, skills, and abilities and can demonstrate the performance of the task(s) prior to the task(s) being performed on a resident. (c) Evaluation and validation of competency shall be performed by the following licensed health professionals in accordance with his or her North Carolina occupational licensing laws: (1) A registered nurse shall validate the competency of staff who perform any of the personal care tasks specified in Subparagraphs (a)(1) through (a)(28) of Rule .0903 of this Subchapter; (2) In lieu of a registered nurse, a licensed respiratory care practitioner may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (a)(11), (a)(16), (a)(18), (a)(19), and (a)(21) of Rule .0903 of this Subchapter; (3) In lieu of a registered nurse, a licensed pharmacist may validate the competency of staff who perform the personal care tasks specified in Subparagraph (a)(8) and (a)(11) of Rule .0903 of this Subchapter. An immunizing pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(15) of Rule .0903 of this Subchapter; and (4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (a)(27) of Rule .0903 of this Subchapter. (d) If a physician certifies that care can be provided to a resident in an adult care home on a temporary basis in accordance with G.S. 131D-2.2(a), the facility shall ensure that the staff performing the		

care task(s) authorized by the physician are competent to perform the task(s) in accordance with Paragraphs (b) and (c) of this Rule. For the purpose of this Rule, "temporary basis" means a length of time as determined by the resident's physician to meet the care needs of the resident and prevent the resident's relocation from the adult care home.		
Level of Non-Compliance: Standard Deficiency		
Based on observations, interviews and record reviews, the facility failed to have staff validated to perform personal care tasks for licensed health professional support (LHPS) tasks for 1 out of 16 sampled staff (Staff B). Observation of a resident on 2/19/25 at 2:00 pm revealed the resident was using an oxygen concentrator in room. Review of Staff B's personnel record revealed: -An original hire date of 6/9/23. -There was no documentation of the employment termination date. -There was no documentation of the re-hire date. -There was no documentation of Staff B's job responsibilities. Review of text message from Administer to Staff B dated 2/6/25 revealed she would start working that day as a housekeeper. Review of Staff B's schedule dated 2/7/25 through 2/14/25 and 2/25/25 through 3/11/25 revealed: -She worked at the facility as an MA on 2/25/25, 2/26/25, 3/7/25, 3/8/25 and 3/11/25. Review of Staff B's timecards dated 3/3/25 through 3/13/25 revealed: -She worked at the facility on 3/3/25, 3/7/25, 3/8/25, 3/9/25, 3/11/25, 3/12/25, and 3/13/25. Interview with a resident on 2/19/25 at 2:00pm revealed: -Staff B had been working at the facility for a few weeks. Interview with a second resident on 2/19/25 at 2:15pm revealed: -Staff B had been working at the facility and would be the only staff member in the facility during her shifts. Interview with a third resident on 2/19/25 at 2:45pm revealed: -Staff B was rehired to work at the facility a few weeks ago. Interview with a medication aid (MA) on 2/19/25 at 1:30pm revealed: -Typically one staff member was assigned to each shift at the facility. -Staff B recently was re-hired to the facility as an MA. Interview with Staff B on 2/19/25 at 2:30 revealed: -She came back to work at the facility two and a half weeks ago doing housekeeping and as a MA. -She worked in the facility alone during her shifts. Interview with the Administrator on 2/19/25 at 3:00 and 3/24/25 at		

3:00pm revealed: -Staff B was previously employed at the facility and her employment was terminated on 7/12/24. -Staff B was re-hired on 2/6/25. -Staff B's job responsibilities were housekeeping and medication aid. -Since staff B was re-hired she did not know Staff B needed competency validation for licensed health professional support tasks.		

IV. Delivered Via: E-Mail	**Certified Mail #:**	Date: 04/10/2025
DSS Signature: Kelly Schaefer		Return to DSS By: 05/01/2025

V. CAR Received by:	Administrator/Designee (print name):
	Signature: Date:
	Title:

VI. Plan of Correction Submitted by:	Administrator (print name):
	Signature: Date:

VII. Agency's Review of Facility's Plan of Correction (POC)		
☐ ***POC Not Accepted***	By:	Date:
Comments:		
☐ ***POC Accepted***	By:	Date:
Comments:		
VIII. Agency's Follow-Up	By:	Date:
	Facility in Compliance: ☐ Yes ☐ No	Date Sent to ACLS:
Comments:		

** For follow-up to CAR, attach Monitoring Report showing facility in compliance.*