

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2017
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NAME OF PROVIDER OR SUPPLIER AUTUMN'S WAY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4811 BAY POINT DR DURHAM, NC 27713
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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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on September 21, 2017.	C 000		
C935	G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if	C935		

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

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C935	<p>Continued From page 1</p> <p>applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <p>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 2 medication aides (Staff B) who began performing medication aide duties after October 1, 2013 had completed the 5/10 or 15 hour training program or had verification of previous employment as a medication aide.</p> <p>The findings are:</p> <p>Review of Staff B's personnel file revealed:</p> <ul style="list-style-type: none"> -Staff B was hired on 04/23/2017. -Staff B worked at the facility as a Supervisor/Personal Care Aide/Medication Aide. -There was documentation of Staff B passing the state approved medication aide test on 04/21/2017. -There were Medication Clinical Skills Checklists completed for Staff B dated 06/02/2017 and 06/21/2017. -There was a certificate for completion of a NC Board of Nursing-approved medication aide coursework competency evaluation on 05/30/2014. -There was no documentation for medication aide employment verification. -There was no documentation for the 5/10 hour medication training being completed. -There was no documentation for the 15 hour medication training being completed. 	C935		

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C935	<p>Continued From page 2</p> <p>Interview with the Administrator on 09/21/2017 at 1:40pm revealed:</p> <ul style="list-style-type: none"> -She did not think the Nurse Consultant had completed the 5/10 hour or 15 hour medication aide training for Staff B. -Staff B had taken the medication aide coursework in 2014 as a pre-requisite for taking the medication aide test. -The Administrator thought the Medication Aide had to complete the 5 hour "or" 10 hour medication aide training. -There was no medication aide employment verification done for Staff B. -She was responsible to ensure medication aide training was completed. -She thought the medication aide coursework Staff B had completed in 2014 was sufficient training. <p>Interview with Staff B on 09/21/2017 at 2:55pm revealed:</p> <ul style="list-style-type: none"> -Staff B had been employed at the facility for about 5 months. -Staff B's first job as a medication aide was with this facility. -Staff B had been administering medications to residents at the facility since passing the medication exam in April 2017. -Staff B had taken a medication aide course at a local community college in 2014. -Staff B had not worked as a medication aide between 2014 and 2017. -Staff B had not been requested to complete the 5/10 hour or 15 hour medication aide training course. <p>Interview with Staff B on 09/21/2017 at 4:05pm revealed:</p> <ul style="list-style-type: none"> -Staff B was working in a nursing home in 2014 	C935		

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C935	<p>Continued From page 3</p> <p>when she completed the 2014 medication aide course. -Staff B had planned to work as a medication aide in the nursing home in 2014.</p> <p>Review of the July 2017 Medication Administration Records for residents revealed Staff B documented administration of oral medications on 07/04/2017, 07/09/2017, 07/11/2017, 07/12/2017, 07/18/2017, 07/19/2017, 07/27/2017, and 07/31/2017.</p> <p>Review of the August 2017 Medication Administration Records for residents revealed Staff B documented administration of oral medications on 08/04/2017, 08/07/2017, 08/10/2017, 08/14/2017, 08/15/2017, 08/17/2017, 08/20/2017, 08/21/2017, 08/22/2017, and 08/28/2017.</p> <p>Review of the September 2017 Medication Administration Records for residents revealed Staff B documented administration of oral medications on 09/02/2017, 09/04/2017, 09/05/2017, 09/07/2017, 09/12/2017, 09/13/2017, 09/16/2017, 09/17/2017, 09/18/2017, and 09/19/2017.</p>	C935		