STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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 survey and complaint investigation on January 6-9, 2015. The Johnston County Department of Social Services initiated the complaint investigation on December 12, 2014.	D 000		
D 465	10A NCAC 13F .1308(a) Special Care Unit Staff 10A NCAC 13F .1308 Special Care Unit Staff (a) Staff shall be present in the unit at all times in sufficient number to meet the needs of the residents; but at no time shall there be less than one staff person, who meets the orientation and training requirements in Rule .1309 of this Section, for up to eight residents on first and second shifts and 1 hour of staff time for each additional resident; and one staff person for up to 10 residents on third shift and .8 hours of staff time for each additional resident. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure the minimum number of staff were present at all times to meet the needs of residents residing in the Special Care Unit (SCU) from 11/23/14 to 12/6/14 for nine shifts. The findings are: Review of the Special Care Unit (SCU) census for the facility revealed the following: - The total census on the facility's SCU from 11/23/14 through 12/6/14 was 28 residents. - The staffing requirements for the SCU with a census of 28 was 3.5 staff (total of 28 hours) for 1st and 2nd shift. Two staff plus 6.4 additional staff hours (total of 22.4 hours) were needed to	D 465		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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 465	Continued From page 1 fulfill staffing requirements for 3rd shift. Review of staff schedule created by the Resident Care Coordinator (RCC) for 11/23/13 - 12/6/14 revealed the following: - Three staff were scheduled to work in the SCU on first shift of 11/23/14, they worked 22.5 of the required 28 hours. - One staff was scheduled to work in the SCU on the third shift of 11/23/14, the staff person worked 7.5 of the required 22.4 hours. - Three staff were scheduled to work in the SCU on the second shift of 11/24/14, they worked 22.5 of the required 28 hours. - Two staff were scheduled to work in the SCU on the third shifts of 11/27/14, 11/29/14, 11/30/14, 12/4/14, 12/5/14, and 12/6/14. Fifteen of the required 22.4 hours were scheduled on these dates. Review of time cards revealed SCU staffing was less than the state requirement of 28 hours on the following shifts: - On first shift of 11/23/14, the SCU had three staff available for SCU assignments, totaling 22.5 hours. - On second shift of 11/24/14, the SCU had three staff available for SCU assignments, totaling 23 hours. - On first shift of 12/1/14, the SCU had three staff available for SCU assignments, totaling 22.92 hours. Review of time cards revealed SCU staffing was less than the state requirement of 22.4 hours on third shift of the following days: - On 11/23/14, the SCU had two staff available for SCU assignments, totaling 15.5 hours. - On 11/24/14, the SCU had two staff available for SCU assignments, totaling 15.8 hours.	D 465		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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 465	Continued From page 2	D 465		

- On 11/27/14, the SCU had two staff available for SCU assignments, totaling 15.75 hours.
- On 11/29/14, the SCU had two staff available for SCU assignments, totaling 15.43 hours.
- One PCA failed to report to work on 11/25/14 on first shift, but a replacement was not documented by the schedule or time cards.
- On 12/6/14, the SCU had two staff available for SCU assignments, totaling 15.35 hours.

Review of the facility's SCU schedule and time cards of SCU Personal Care Aides/Nurse Aides (PCAs) revealed the following:
- One PCA scheduled for first shift on 11/24/14 did not report to work. Another facility PCA substituted for the "no-show".
- One PCA failed to report to work on 11/25/14 on first shift, but a replacement was not documented by the schedule or time cards.
- One PCA failed to report to work on 12/4/14 and 12/5/14 on second shift, but a replacement was not documented by the schedule or time cards.
- One PCA failed to report to work on 12/6/14 on first shift, but a replacement was not documented by the schedule or time cards.

Interview with Staff C, a Medication Aide/Nursing Aide (MA/NA) on 1/7/15 at 6:10pm revealed:
- The schedule for second shift in the SCU typically includes 1 Medication Aide and 3 PCAs on second shift for 28 residents.
- She believed the SCU had enough staff to attend to the residents' needs, stating the SCU staff make sure the residents' needs are met..
- Three residents wander the SCU constantly, but had never wandered away from the facility.
- She informed the RCC when staff called ahead stating they were unable to work. "She tries to fill in gaps in staffing."
- "If staff fail to show up for work without notice,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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 465	Continued From page 3	D 465		

we work as a team to take care of the residents even if we are short on staff ".

Interview with Staff D, MA/NA, on 1/8/15 at 10:00am revealed:
- The scheduled staff for third shift in the facility includes 2 PCAs and a Medication Aide. Two staff work in the SCU, including a PCA and the Medication Aide/Supervisor.
- The scheduled staff for first and second shift in the SCU includes 3 PCAs/NAs and one Medication Aide.
- NAs sometimes don't show up to work their assigned shift.
- "Even if we are short on staff, the residents will be taken care of ".
- "Several residents have a history of falls. Can we prevent falls? Yes, if we had the right staffing."
- "We use fall mats, chair/bed alarms on residents with fall risks. Residents dislike the alarms, and figure out how to disable them. We have to check on tem at least every 30 minutes."
- "If a resident has a fall or a bedsore, we will check more often, every 30 minutes".

Interview with the Memory Care Coordinator at 9:45am on 1/7/15 revealed:
- She spends her time as Activity Director for the SCU and working one-on-one with SCU residents.
- She does not direct the schedule or work of the NAs or Medication Aides.
- She works weekdays, 8am to 5pm.

Interview with the Resident Care Coordinator (RCC) at 5:15pm on 1/7/15 revealed:
- She stated the facility allowed current staff to sign up to work two consecutive shifts if there was an opening in the schedule.
- There were several on-call PCAs and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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 465	Continued From page 4	D 465		

Medication Aides who would fill in for staff if they were unable to work, with advance notice.

Interview with the RCC on 1/8/15 at 3:00pm revealed the following:
- The RCC was responsible for completing staff schedule for the Special Care Unit and the Assisted Living unit.
- She was not aware of how many aide hours were required per shift for the SCU staffing.
- Her supervisors, previous facility Administrators, instructed her to schedule 4 PCAs/nurse aides and 2 Medication Aides on 1st and 2nd shift, and 2 PCAs/nurse aides and 1 medication aide on 3rd shift. However, there had been frequent turnover of staff in the facility. Some staff quit, others were fired on short notice due to not following facility policies.
- She would like to have 7 or 8 staff on the SCU due to resident frailty. Fall prevention and care of residents who need extensive assistance in activities of daily life were priorities.
- The facility had several employees who would fill in when a scheduled worker was absent, but most ask for at least a few hours' notice.
- Staff were supposed to contact her when they learn a coworker will be absent from work, but not all staff do call.
- She stated staff call her all the time to ask for help, and she will come in and work side by side with them if no replacement was available.
- She stated she did not document when and where she acted as a replacement for another worker, because she was salaried. She was expected to be available 24/7. She did not see the need to keep records of her hours worked as she filled in for other staff.
- The RCC was unable to remember dates and times when she had worked in the facility as a replacement for an absent PCA/Nurse Aide or a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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 465	Continued From page 5 Medication Aide. She did not realize her time working as a PCA or Medication Aide could be counted to meet state staffing requirements. Interview with the Administrator at 3:00pm on 1/9/15 revealed she began this position three days ago. She stated she wanted to improve staffing ratios, not just to meet state requirements for SCU staffing, but also to improve resident care and satisfaction. She stated she will work with management to improve the facility's staff record-keeping, scheduling of staff work hours, and staff training.	D 465		
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 reviews, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to Adult Care Homes Medication Aides training and competency evaluation requirements. The findings are: Based on interviews and record reviews, the facility failed to assure 2 of 3 sampled medication aides (Staff A and C) met the requirements for	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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
D912	Continued From page 6 medication aides prior to administering medications, including insulin administration and fingerstick blood sugar sampling. [Refer to Tag 935, G.S.131D-4.5B Adult Care Home Medication Aides; Training and Competency Evaluation Requirements (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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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
D935	Continued From page 7 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: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to assure 2 of 3 sampled medication aides (Staff A and C) met the requirements for medication aides prior to administering medications, including insulin administration and fingerstick blood sugar sampling. The findings are: A. Review of Staff C's personnel file revealed: -Hire date of 11/13/14 as a nursing assistant/medication aide. -Staff C passed the medication aide examination on 02/13/08. -No documentation of completion of a Medication Administration Clinical Skills Checklist. -No documentation of completion of the 5 hour medication aide training. -No documentation of diabetes training. Interview with the Administrator on 1/8/2015 at 12:45pm revealed: -The Administrator had only been working at the	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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
D935	Continued From page 8 facility for three days. -The Administrator was unsure who would be responsible to ensure completion of the Medication Administration Clinical Skills Checklist and diabetes training. -The Administrator thought the Resident Care Director (RCD) or Business Office Manager (BOM) might know who would be responsible for ensuring medication aide skills were clinically validated and diabetes training completed. Interview with the Resident Care Director (RCD) on 1/8/2015 at 1:00pm revealed: -The pharmacy nurse was responsible for completing the Medication Administration Clinical Skills Checklists. -The RCD had requested a copy of the checklist. -The RCD knew the pharmacy nurse had been to the facility to do clinical skills checklists, but would have to double check with pharmacy staff to see if the checklist had been done for Staff C. -Diabetes training for staff should be in the personnel file. -The RCD was responsible for enuring diabetes training was provided. Further interview with the RCD on 1/8/2015 at 1:40pm revealed: -The RCD had received a call back from the pharmacy and the pharmacy staff did not have a copy of the Medication Administration Clinical Skills Checklist for Staff C. -The facility did not have any documentation of a completed Medication Administration Clinical Skills Checklist for Staff C. Interview with the Business Office Manager (BOM) on 1/8/2015 at 2:00pm revealed: -The BOM thought Staff C had completed the 5/10/15 hour medication training.	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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
D935	Continued From page 9 -The RCD would be responsible to ensure the medication training was completed. -The BOM had not done any employment verification for Staff C because Staff C's prior employment was not as a medication aide. Interview with the RCD on 1/8/15 at 3:45pm revealed: -The RCD had not been able to locate any documentation regarding diabetes training for Staff C. -When the RCD does the diabetes training, the RCD gives each staff a packet of information that includes a questionnaire which the staff are to return, and was not returned by the staff. Interview with Staff C, Medication Aide on 01/08/2015 at 4:20pm revealed: -Staff C was employed at the facility since the beginning of November 2014. -Staff C began administering medications shortly after she started working at the facility. -Staff C had been administering medications at the facility since the beginning of December 2014. -Medications administered by Staff C at the facility included insulin to a resident. -There was no one at the facility in the evenings except the medication aides and nursing assistants when Staff C administered the insulin to a resident. -Staff C had not had any medication training by a nurse since employed at the facility. -Staff C had not completed or signed a Medication Administration Clinical Skills Checklist since employed at the facility. -Staff C had not had any specific training on diabetes since employed at the facility. -Staff C should be completing the Medication Administration Clinical Skills Checklist at the end	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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
D935	Continued From page 10	D935		

of this month when the nurse from the pharmacy who does the clinical skills checklist should be back at the facility.
-Staff C was supposed to have done the medication aide check off the same day the nursing assistant check off was done but found out some things had been changed and the facility wanted the medication aide to work on the medication cart a certain number of hours before the check off was done.
-Staff C had been a medication aide for over 10 years.
-Staff C worked as a nursing assistant and not a medication aide in her last job.
-Staff C thought it had been "maybe a year" since working as a medication aide.
-Staff C did not know if the facility had verified any prior medication aide employment but Staff C did not provide any documentation of prior medication aide employment to the facility upon hire.

Review of December 2014 Medication Administration Records revealed:
-Staff C administered medications independently on 2nd shift.
-Medications administered by Staff C included Lantus Insulin (a long acting injectable medication used to lower blood glucose); Oxycodone tablet (a schedule II controlled substance used to treat pain); Divalproex Sodium ER (used to treat seizures); Simvastatin tablet (used to treat high cholesterol); Seroquel tablet (used to treat behaviors); Aggrenox capsule (an antiplatelet drug used to decrease risk of stroke); Warfarin Sodium tablet (a blood thinning medication used to prevent clot formation); Symbicort Inhaler (used to treat breathing disorders); and Vimpat tablet (used to treat seizure disorders).
-Staff C documented a FSBS reading for the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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
D935	Continued From page 11	D935		

resident on 12/30/2014 at 7:45pm.
-Staff C documented administration of insulin to the resident on 12/30/2014 at 8:00pm.

B. Review of Staff A's personnel file revealed:
-Hire date of 8/20/14 as a nursing assistant/medication aide.
-Staff A passed the medication aide examination on 11/04/14.
-No documentation of completion of a Medication Administration Clinical Skills Checklist.
-No documentation of completion of the 5/10/15 hour medication aide training.
-No documentation of diabetes training.

Interview with Staff A, Medication Aide on 1/6/2015 at 12:30pm revealed:
-Staff A had been employed at the facility since August 2014.
-Staff A had been working as a Medication Aide at the facility for 3 months.

Observation of Staff A, Medication Aide on 1/6/2015 at 12:30pm revealed:
-Staff A prepared to administer medication to a resident.
-Staff A washed her hands in the sink at the nurses' station.
-Staff A removed a blister pack of Lorazepam 1mg tablets from the locked section of the medication cart for a resident.
-Staff A popped one tablet of the Lorazepam 1mg into her hand and placed the tablet in the medication cup.
-Staff A stated she "was trained to wear gloves or just pop them out" when asked how she was trained to administer medication from the pharmacy medication package.

Observation of Staff A's medication pass for two

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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
D935	Continued From page 12	D935		

additional residents on 1/6/2015 from 1:00pm - 1:15pm revealed Staff A popped the medications from the pharmacy prepared package for the residents into a gloved hand and changed her gloves between residents.

Interview with the Administrator on 1/8/2015 at 12:45pm revealed:
-The Administrator had only been working at the facility for three days.
-The Administrator was unsure who would be responsible to ensure completion of the Medication Administration Clinical Skills Checklist and diabetes training.
-The Administrator thought the Resident Care Director (RCD) or Business Office Manager (BOM) might know who would be responsible for ensuring medication aide skills were clinically validated and diabetes training completed.

Interview with the Resident Care Director (RCD) on 1/8/2015 at 1:00pm revealed:
-The pharmacy nurse was responsible for completing the Medication Administration Clinical Skills Checklists.
-The RCD had requested a copy of the checklist.
-The RCD knew the pharmacy nurse had been to the facility to do clinical skills checklists, but would have to double check with pharmacy staff to see if the checklist had been done for Staff A.
-Diabetes training for staff should be in the personnel file.
-The RCD was responsible for enuring diabetes training was provided.

Further interview with the RCD on 1/8/2015 at 1:40pm revealed:
-The RCD had received a call back from the pharmacy and the pharmacy staff did not have a copy of the Medication Administration Clinical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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
D935	Continued From page 13 Skills Checklist for Staff A. -The facility did not have any documentation of a completed Medication Administration Clinical Skills Checklist for Staff A. Interview with the RCD on 1/8/15 at 3:45pm revealed: -The RCD had not been able to locate any documentation regarding diabetes training for Staff A. -When the RCD does the diabetes training, the RCD gives each staff a packet of information that includes a questionnaire which the staff are to return, and was not returned by the staff. Interview with Staff A, Medication Aide on 01/08/2015 at 5:00pm revealed: -Staff A administered insulin to residents at the facility. -Staff A performed fingerstick blood sugar (FSBS) sampling for residents residng at the facility. -Staff A did not remember having an inservice or any specific training on diabetes since employment at the facility. -Staff A remembered the RCD giving her a booklet to read on diabetic care and take the test at the end of the book. Staff A stated she was supposed to return the test to the RCD but had left it at home. -Staff A had been "checked off by someone from the pharmacy." -No one at the facility checked what Staff A was doing when Staff A administered medications since the pharmacy staff had completed the check off. -Staff A did not know where the Medication Clinical Skills Checklist would be kept at the facility. Review of December 2014 and January 2015	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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
D935	Continued From page 14 Medication Administration Records revealed: -Staff A administered medications independently on 1st and 2nd shifts. -Medications administered by Staff A included Humalog Insulin by sliding scale (a fast acting insulin used to lower blood glucose); Lantus Insulin (a long acting injectable medication used to lower blood glucose); Divalproex Sodium ER (used to treat seizures); Simvastatin tablet (used to treat high cholesterol); Seroquel tablet (used to treat behaviors); Aggrenox capsule (an antiplatelet drug used to decrease risk of stroke); Warfarin Sodium tablet (a blood thinning medication used to prevent clot formation); Symbicort Inhaler (used to treat breathing disorders); and Vimpat tablet (used to treat seizure disorders). -Documentation of FSBS readings obtained by Staff A for Resident #4 on 1st and 2nd shifts throughout the months of December 2014 and January 2015. The facility submitted the following Plan of Protection on 1/8/2015: -Only medication aides with current clinical skills and diabetic training will be able to administer medications or perform any procedures regarding bloodborne pathogens. -All medication aides will have clinical skills check off done by licensed professional prior to administering medications. -Staff audit will be done for all medication aides for clinical skills check off for medication administration to done by Executive Director (ED), Resident Care Director, and/or Business Office Manager. -Staff audit of all medication aides for diabetic training to be done by ED, Business Office Manager, and/or Resident Care Director. -Staff audit for all medication aides for infection	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL051048	A. BUILDING: _____ B. WING _____	01/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABRIEL MANOR ASSISTED LIVING CENTER	84 JOHNSON ESTATE RD CLAYTON, NC 27520

(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
D935	Continued From page 15 control to be done by ED, Business Office Manager, and/or Resident Care Director. -Diabetic training to be done for all medication aides to be completed within 48 hours. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED FEBRUARY 23, 2015.	D935		