STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032019	A. BUILDING: _____ B. WING _____	06/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CHAPEL HILL	2230 FARMINGTON DRIVE CHAPEL HILL, NC 27514

(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 on 6/14/16 - 6/15/16.	D 000		
D934	G.S. 131D-4.5B. (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that 2 of 2 Medication Aides (Staff A and Staff B) completed the annual state medication aide infection control training. The findings are: A. Observation of Staff A on 06/22/16 at 7:50 AM revealed: -Staff A was working as a Medication Aide and was passing medications to residents. -She did use hand sanitizer in between each resident when she passed medications. Review of Staff A's personnel record revealed:	D934		

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D934	Continued From page 1 -Staff A was hired on 06/22/10 as a medication aide. -The last infection control training in Staff A's personnel file was done in 2014. -There was no documentation of any other infection control training. Interview with Staff A on 06/15/16 at 4:43 PM revealed: -Staff A was not sure when the last infection control training was done. -She thought it had been done recently during a staff meeting. Refer to interview with Executive Director on 06/15/16 at 3:09 PM. B. Review of Staff B's personnel record revealed: -Staff B was hired on 05/29/14 as a medication aide. -The last infection control training in Staff B's personnel file was done in 2014. -There was no documentation of any other infection control training. Refer to interview with Executive Director on 06/15/16 at 3:09 PM. _____ Interview with the Executive Director on 06/15/16 at 3:09 PM revealed: -She was not aware of any infection control training being done since she was hired about 5 weeks ago. -She was not aware that infection control training had to be done yearly for certain staff. -Since she was new she figured that all the training for staff had already been done. -It is her responsibility as the executive director to make sure that all training for staff be done.	D934		

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D934	Continued From page 2 -She was going to schedule infection control training for all staff to be done.	D934		