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	HAL001159	A. BUILDING: _____ B. WING _____	10/04/2018

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MEBANE RIDGE ASSISTED LIVING	1999 SOUTH NC HWY 119 MEBANE, NC 27302

(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 October 2-4, 2018.	D 000		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure 11 of 11 small oxygen tanks were racked and free of hazards as evidenced by storage of unracked oxygen tanks in a resident's room. The findings are: Review of the delivery ticket receipt from the Durable Medical Equipment (DME) Company dated 08/20/18 revealed twelve oxygen tanks (B cylinder size) were delivered to the facility. Review of the delivery ticket receipt from the DME Company dated 10/03/18 revealed twelve oxygen racks (B cylinder size) were delivered to the facility. Observation of resident room #B16 on 10/02/18 at 11:00 am revealed:	D 079	In-service conducted on 10.04.18 with all staff during monthly meeting to educate team on policy & procedures for oxygen storage. Oxygen is to be stored in specified room located on D Hall labeled "Oxygen Storage Room". CNAs, Med Techs, PCAs have been trained to check residents' rooms and storage room daily for any un-racked tanks. Wellness Directors & Registered Nurse to oversee procedures/proper storage weekly. Completion date: 10.05.18	

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

Executive Director 11/12/18

Reviewed and Accepted
SS 11/20/18

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D 079	Continued From page 1 -There was an oxygen sign posted on the outside of the entrance door. -There were 10 small oxygen tanks (B cylinder size 15 inch) sitting in an upright position and unracked inside a card board box sitting behind the entrance room door near the wall. -There was 1 small unracked oxygen empty tank sitting outside the box. -Six of the oxygen tanks inside the box were full. -Four of the oxygen tanks inside the box were empty. -The 12th oxygen tank was not observed in the room. Interview with the resident in room #B16 on 10/02/18 at 11:05 am revealed: -She had been living at the facility for almost 2 years. -The small oxygen tanks had always been stored inside a box behind the door. -The oxygen tanks had never been racked. -She used the small portable oxygen tanks when she left the room or the facility. -She used an oxygen concentrator in the room. -She only used oxygen as needed. Interview with the Wellness Director (WD) on 10/02/18 at 4:45 pm revealed: -She was aware the oxygen tanks were stored in the resident's room. -She stated, "I had no clue to why the oxygen tanks were stored in the resident's room." -She was aware oxygen tanks should be racked. -She was not aware the oxygen tanks in the resident's room were unracked. -She ordered 12 oxygen racks on 10/02/18. Interview with the delivery technician (DT) from the DME Company on 10/03/18 at 3:25 pm revealed:	D 079		

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D 079	Continued From page 2 The DT delivered the oxygen tanks in a rack, but the DT left the oxygen tanks unracked in the resident's room. -Oxygen cylinder racks had to be ordered separately from the oxygen tank. -The resident's insurance had to be billed for the oxygen rack. Interview with the medication aide (MA) on 10/03/18 at 2:50 pm revealed: -The small oxygen tanks had always been stored in a box behind the room door. -The oxygen tanks had never been racked. -She did not know why the oxygen tanks were stored in the resident's room. Interview with the WD on 10/04/18 at 9:00 am revealed: -If the oxygen tank fell over, it could blow up. -She did not know the oxygen racks had to be ordered separate from the oxygen tanks. -The oxygen tanks had been racked and moved to the oxygen storage room on the D hall. -She was responsible for making sure the oxygen tanks were racked and stored in an oxygen storage room. -Effective 10/04/18, she would re-educate the staff about the importance of oxygen tanks being racked and stored in an oxygen storage room. Observation of resident room #B16 on 10/04/18 at 10:00 am revealed the oxygen tanks had been removed from the room. Interview with the Administrator on 10/04/18 at 9:24 am revealed: -She was aware oxygen tanks should be racked. -She was not sure why the oxygen tanks were stored in the resident's room. -All staff were responsible for making sure the	D 079		

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D 079	Continued From page 3 oxygen tanks were racked. -Effective 10/04/18, staff would be trained on the importance of racking oxygen tanks and oxygen being stored in the oxygen room.	D 079		
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 assure 2 of 6 sampled staff (B and E) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR). The findings are: 1. Review of Staff B, personal care aide's (PCA) personnel record revealed: - Staff B was hired 08/16/18. -There was no documentation a HCPR check was completed. Interview with Staff B on 10/04/18 at 12:46 pm revealed: -She was hired in August 2018. -She did not know if the HCPR was checked by the previous Administrator when she was hired. Refer to the interview with the Team Member Services Director (TMSD) on 10/03/18 at 9:55	D 137	Policy was put into effect as of 10.05.18 that before hiring, all potential candidates for employment will have their HCPR ran to assure no substantiated findings are present. The Team Member Services Director will initiate this process & the Executive Director will audit files to make sure HCPR is present. Executive Director will audit 5 files a month to assure files are correct. If file is not complete, new team member will not be able to officially start working in their position until file is completed. All current team members files were audited and any needed HCPR checks were completed on 10.05.18.	

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D 137	Continued From page 4 am. Refer to the Interview with the Administrator on 10/03/18 at 10:59 am. 2. Review of Staff E, personal care aide's (PCA) personnel record revealed: -Staff E was hired in 07/31/18. -There was no documentation a HCPR check was completed. Interview with Staff E on 10/03/18 at 3:57 pm revealed: -She was hired on July 2018. -She did not know if the HCPR was checked by the previous Administrator when she was hired. Interview with the TMSD on 10/03/18 at 9:55 am revealed: -She was responsible for personnel records of all facility staff. -She thought only Medication Aides (MA) needed HCPR checks completed. Interview with the Administrator on 10/3/18 at 10:59 am revealed: -The TMSD was responsible for personnel records of all facility staff. -She expected that HCPR checks be completed on all facility staff before they started work. -She was unaware that HCPR checks had not been completed on some facility staff. Documentation of Staff B's and Staff E's HCPR checks were provided prior to exit on 10/04/18.	D 137		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications	D 139		

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D 139	Continued From page 5 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: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to assure 3 of 6 sampled staff (Staff B, D, and E) had a criminal background check completed in accordance with G.S. 114-19.10 and D-40 upon hire. The findings are: 1. Review of Staff B, personal care aide's (PCA) personnel record revealed: - Staff B was hired on 08/16/18. -There was no documentation of a consent for a criminal background check. -There was no documentation a statewide criminal background check was completed. Interview with Staff B on 10/04/18 at 12:46 pm revealed she did sign a consent for a criminal background check when she was hired. Refer to the telephone interview with a reprsentative from the contract criminal background company on 10/04/18 at 9:25 am. Refer to interview with the Team Member Services Director (TMSD) on 10/03/18 at 9:55 am. Refer to interview with the Administrator on 10/03/18 at 10:59 am.	D 139	Before hiring, Mebane Ridge will submit a request for a criminal history record check. A copy of the request will be placed in file specifically made for potential new hires awaiting background results. Background reports will come directly to the Executive Director for review and then be placed in a confidential file located in the Executive Director's office. All current team members files were audited by the Executive Director and Team Member Services Director and any needed checks were completed as of 10.05.18.	

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D 139	Continued From page 6 2. Review of Staff D, Medication Aide (MA) personnel record revealed: -Staff D was hired on 05/22/18. -There was no documentation of a consent for a criminal background check. -There was no documentation of a statewide criminal background check was completed. Interview with Staff D on 10/03/18 at 3:25 pm revealed: -She was hired to work in May 2018. -She had signed a consent for a criminal background check in May 2018. -She was not sure if a criminal background check had been completed for her. Refer to the interview with the Team Member Services Director (TMSD) on 10/03/18 at 9:55 am. Refer to the interview with the Administrator on 10/03/18 at 10:59 am. Refer to the telephone interview with a representative from the contract criminal background company on 10/04/18 at 9:25 am. 3. Review of Staff E, personal care aide's (PCA) personnel record revealed: -Staff E was hired on 07/31/18. -There was no documentation of a consent for a criminal background check. -There was no documentation a statewide criminal background check was completed. Interview with Staff E on 10/03/18 at 3:57 pm revealed: -She was hired in July 2018. -She did sign a consent for a criminal background check but she was not told the results.	D 139		

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D 139	Continued From page 7 Refer to telephone interview with a representative from the contract criminal background company on 10/04/18 at 9:25 am. Refer to interview with the Team Member Services Director (TMSD) on 10/03/18 at 9:55 am. Refer to interview with the Administrator on 10/03/18 at 10:59 am. Telephone interview with a representative from the contract criminal background company on 10/04/18 at 9:25 am revealed: -There was a specific team assigned to complete background checks for a specific facility. -The facility could make requests for criminal background checks via fax or online and received results within 3 or 4 days. -The online request required an Administrator portal access to login to the contract criminal background company's website. -If the facility had difficulty logging in to the Administrator portal, or forgot the password, the criminal background company client services could assist. -If the assistance of the contract criminal background company Information Technology services was required, a ticket would be sent by client services. Interview with Team Member Services Director (TMSD) on 10/03/18 at 9:55 revealed: -She was responsible for ensuring all facility staff had background checks. -She was unable to complete background checks from when she started May 2018- August 2018, due to inability to get a username and password to login into the contract criminal background	D 139		

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D 139	Continued From page 8 website to complete the criminal background checks. -She had talked to the administrator to let her know that she was not able to complete background checks. Interview with Administrator on 10/03/18 at 10:59 am revealed: -The TMSD was responsible for ensuring all facility staff had background checks. -She was not aware that some staff did not have criminal background checks. The facility failed to assure 3 of 6 sampled staff (Staff B, D, and E) had a state wide criminal background check upon hiring. The facility's failure resulted in the facility being unaware of any criminal background findings, which could be detrimental to the safety and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S, 131D-34 on 10/03/18 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 18, 2018.	D 139		
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.	D912		

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D912	Continued From page 9 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure each resident received care and services which were adequate, appropriate and in compliance with revelant federal and state laws and rules and regulations as related to other staff qualifications. The findings are: Based on record reviews and interviews, the facility failed to assure 3 of 6 sampled staff (Staff B, D, and E) had a criminal background check completed in accordance with G.S. 114-19.10 and D-40 upon hire. [Refer to Tag D139, 10A NCAC 13F .0407(a)(7) Other Staff Qualifications (Type B Violation)].	D912	In-service conducted for all staff on Residents' Rights on 11.09.18 to address the importance of submitting criminal background checks as well HCPR checks prior to employment being offered to assure the safety and wellbeing of our residents. Executive Director will be responsible for verifying that all criminal background checks gave been completed and satisfactory, prior to an offer being extend for employment.	
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.	D935		

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D935	Continued From page 10 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 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: Based on interviews and record reviews, the facility failed to assure 1 of 4 medication aides (MA) sampled Staff A passed the medication examination before administering medication to residents. The findings are: Review of Staff A, Medication Aide's (MA) personnel record revealed:	D935	If a team member is hired as a Medication Aide, they must have their verification of passing the NC Medication Aide exam with them upon interviewing. Team Member Services Director or Wellness Director will also verify Medication Aide by checking the NC Medication Aide Registry before offering employment as a Medication Aide with Mebane Ridge. If a team member aspires to become a Medication Aide, the team member must take the 15-hour training taught by Ridge Care RN and pass the NC Adult Care Medication Aide test within 60 days of taking the class. As of 10.03.18, the team member was immediately removed from her position as a MT and placed on the schedule as a PCA until she successfully passes the NC Adult Care Medication Aide test. The team member also took 15-hour training again which was conducted by the Resident Care Consultant, RN, for Mebane Ridge Assisted Living. As of 10.05.18 an internal audit was conducted by the Executive Director and Team Member Services Director on all current Medication Aides. All Medication Aides have successfully passed their NC Medication Aide test.	

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D935	Continued From page 11 -Staff A was hired on 08/15/17. -There was documentation Staff A completed a medication clinical skills validation on 09/12/17. -There was a document dated 08/15/17 that indicated the Adult Care Medication Aide Testing site was checked and Staff A was not found. -There was documentation of a 15 hour medication aide training completed on 09/12/17. -There was no verification of employment from a previous facility as MA. -There was no documentation of passing the Adult Care Medication Aide Test. Review of a resident's August 2018, September 2018 and October 2018 medication administration record (MAR) revealed: -Staff A's initials were documented for administering medications on various dates of each month. -There was no indication of errors on the MAR. Interview with Staff A on 10/03/18 at 3:44 pm revealed: -She had not taken the medication examination. -She was told by the former Administrator in 2017 that she could take the facility's medication test, pass the facility's medication test and then administer medications to residents at the facility. -She has passed medications at the facility since completing the orientation training in August 2017. Interview with the Team Member Services Director (TMSD) on 10/03/18 at 12:15 pm revealed: -She was not aware that Staff A had not completed and passed the medication test. -She was responsible for personnel records. Interview with the Administrator on 10/03/18 at	D935		

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D935	Continued From page 12 12:58 pm revealed: -She expected MAs to have completed all requirements including the medication test within the state required time frame. -It is the responsibility of the TMSD and the Wellness Directors to verify the MAs credentials.	D935		