NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

May 20, 2019

Dorothea Rogers, Licensee
Lakeview Care
806 Lakeside Ave
Burlington, NC 27217

Email address: greenvalleyhavenllc@yahoo.com

Re: Receipt of Plan of Correction (Event ID EFZU11)
Facility: Lakeview Care
Licensure Number: FCL-001-172
County: Alamance

Dear Ms. Rogers:

Based on our telephone conversation on May 20, 2019, there was an addendum to the Plan of Correction for the Statement of Deficiencies dated April 4, 2019. The pages noting the addendum are provided for your records.

Please do not hesitate to contact us at 984-365-2578, if you have questions or we may be of further assistance.

Sincerely,

Shonda Stacey

Shonda Stacey, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosure

cc: Kailee Morrow-Jennings, Supervisor, **Alamance** County DSS
Bridget Rackley, Team 4 Supervisor, Central Branch Regional Office, Adult Care Licensure Section
Raleigh Facility File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl001172	A. BUILDING: _____ ADULT CARE LICENSURE SECTION RALEIGH B. WING _____	04/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW CARE	806 LAKESIDE AVENUE BURLINGTON, NC 27217

(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 initial survey on April 4, 2019.	C 000		
C 341	10A NCAC 13G .1004 (i) Medication Administration 10A NCAC 13G .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to assure the Medication Administration Records (MARs) were accurate to include the initials of the Medication Aide (MA) who administered the medication for 2 of 2 sampled residents (#1, and #2). The findings are: 1. Review of Resident #1"s current FL-2 dated 04/01/19 revealed: -Diagnoses included muscle weakness, Wernicke's encephalopathy, major depressive disorder, hematogenous osteomyelitis, and schizoaffective disorder. -There was a medication order for atorvastatin 20 mg (used to treat hyperlipidemia) daily. -There was a medication order for thiamine 100 mg (used to treat vitamin B deficiency) daily.	C 341		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Walker V. Peeples RPD — TITLE — (X6) DATE: 5/8/19

Reviewed and accepted with amendments on 5/20/19- SS

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C 341	Continued From page 1 -There was a medication order for fluoxetine 20 mg (used to treat depression) daily. -There was a medication order for quetiapine furmarate 50 mg (used to treat psychosis) daily. -There was a medication order for aspirin 81 mg (used to treat pain, fever, inflammation and reduce risk for heart attack) daily. Based on review of medication administration records (MARs) there were no MARS for March 2019. Review of the April 2019 MAR for Resident #1 revealed: -There was an entry for atorvastatin 20 mg at bedtime, scheduled for 8:00 pm. -There was documentation of administration of atorvastatin 20 mg from 04/01/19 to 04/03/19 at 8:00 pm. -There was an entry for thiamine 100 mg daily, scheduled for 8:00 am. -There was documentation of administration of thiamine 100 mg from 04/01/19 to 04/04/19 at 8:00 am. -There was an entry for fluoxetine 20 mg daily, scheduled for 8:00 am. -There was documentation of administration of fluoxetine 20 mg from 04/01/19 to 04/04/19 at 8:00 am. -There was an entry for quetiapine furmarate 50 mg daily, scheduled for 8:00 pm. -There was documentation of administration of quetiapine furmarate 50 mg from 04/01/19 to 04/03/19 at 8:00 pm. -There was an entry for aspirin 81 mg daily, scheduled for 8:00 am. -There was documentation of administration of aspirin 81 mg from 04/01/19 to 04/04/19 at 8:00 am. -The only staff initials documented when	C 341		

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C 341	Continued From page 2 medications were administered daily was by the Administrator. Interview with Resident #1 on 04/04/19 at 12:09 pm revealed: -The staff on duty on 04/04/19 "was a man" and he gave medications to him since his admission six months ago. -He had not received medications from the Administrator during his time at the facility. Refer to interview with the Medication Aide (MA) on 04/04/19 at 12:20 pm. Refer to interview with the Administrator on 04/04/19 at 12:31pm. 2. Review of Resident #2's current FL-2 dated 04/01/19 revealed: -Diagnoses included left hemiparesis, hypertension, alcoholism, major depression, and vascular dementia. -There was a medication order for Theratab M (used to treat vitamin deficiency) one tablet daily. -There was a medication order for trazadone 100 mg (used to treat insomnia) at bedtime. -There was a medication order for naltrexone 50 mg (used to prevent relapses into alcohol abuse) daily. -There was a medication order for sertraline 50 mg (used to treat depression) daily. Review of the April 2019 medication administration record (MAR) for Resident #3 revealed: -There was an entry for Theratab M daily, scheduled for 8:00 am. -There was documentation of administration of Theratab M from 04/01/19 to 04/04/19 at 8:00 am.	C 341		

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C 341	Continued From page 3 -There was an entry for trazadone 100 mg at bedtime, scheduled for 8:00 pm. -There was documentation of administration of trazadone 100 mg from 04/01/19 to 04/03/19 at 8:00 pm. -There was an entry for naltrexone 50 mg daily, scheduled for 8:00 am. -There was documentation of administration of naltrexone 50 mg from 04/01/19 to 04/04/19 at 8:00 am. -There was an entry for sertraline 50 mg daily, scheduled for 8:00 am. -There was documentation of administration of sertraline 50 mg from 04/01/19 to 04/04/19 at 8:00 am. -The only staff initials documented when medications were administered were the Administrator. Interview with Resident #2 on 04/04/19 at 12.15 pm revealed: -The Medication Aide (MA) who worked on 04/04/19 gave him medications each day. -The Administrator had not given him medications. Refer to interview with a MA on 04/04/19 at 12:20 pm. Refer to interview with the Administrator on 04/04/19 at 12:31pm. Interview with a MA on 04/04/19 at 12:20pm revealed: -He had worked at the facility since it opened. -He was a MA, but he had not taken and passed the medication aide test. -He administered medications to the residents. -The Administrator set up the medications for residents by placing the tablets in a cup and	C 341		

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C 341	Continued From page 4 labeling the cup with the resident's name. -When medications were due, he administered the medications. -He assumed all the medications in the cup were the correct medications for the resident. -The Administrator had set up medications for administration since the facility admitted residents on 04/01/19. -He thought because the Administrator set up the medications in a cup for him that he was able to administer the medications. -He did not document his initials on the MARs when he administered medications, because he had not set up the medications given. -The Administrator documented the administration of the medications for both residents. -He last administered medication on 04/04/19. Interview with the Administrator on 04/04/19 at 12:31 pm revealed: -She knew the MA was administering the medications. -The MA had completed the 15 hour medication administration course,on 09/06/18 and medication skills checklist in 11/30/18. -He had not taken the medication aide test and was scheduled to re-take the 15 hour medication administration course again. -She had a hectic week and was not able to administer medications at the facility due to staffing issues at another facility. -She thought that he was able to administer the medications if she set the medications up in a labeled cup.	C 341		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights	C 912		

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C 912	Continued From page 5 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, record reviews, and interviews, the facility failed to assure the residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to other staff qualifications and personal care and supervision. The findings are: Based on interviews and record reviews, the facility failed to assure 1 of 1 sampled staff (Staff A) who administered medications had taken and passed the medication aide (MA) test. [Refer to Tag 935, G. S. 131D-4.5 B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements (Type B Violation)].	C 912		
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	C935		

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C935	Continued From page 6 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 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 1 of 1 sampled staff (Staff A) who administered medications had taken and passed the medication aide (MA) test.	C935	The medication aide will take the medication aide test on May30, 2019. SS amended- 5/20/19	

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C935	Continued From page 7 The findings are. Review of Staff A, personnel record revealed: -Staff A's hire date was in 11/13/18. -Staff A worked as a MA. -There was no documentation Staff A passed the medication aide test. -There was documentation of Staff A's medication clinical skill's validation checklist dated 11/30/18. -There was documentation of Staff A's 15 hour medication administration course dated 09/06/18. Interview with Staff A on 04/04/19 at 12:20 pm revealed: -He had completed a medication administration clinical skill's checklist. -He had recently completed the 15 hour medication administration course and was scheduled to take it again in anticipation of taking the medication aide test. -He administered medications after completing the medication administration clinical skills checklist and the 15 hour medication administration course. -He was busy with working at different facilities and ran out of time to take the medication aide test within the 60 days time limit. -He did know this was a requirement for MAs and MA training. -The Administrator set up the medications for residents by placing the tablets in a cup and labeling the cup with the resident's name. -When medications were due, he administered the medications. -He thought because the Administrator set up the medications in a cup for him that he was able to administer the medications. Interview with a resident on 04/04/19 at 12:09 pm revealed:	C935		

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C935	Continued From page 8 -The staff on duty on 04/04/19 was a man and he gave medications to him since his admission six months ago. -He had not received medications from the Administrator during his time at the facility. Interview with another resident on 04/04/19 at 12:15 pm revealed: -The Medication Aide (MA) who worked on 04/04/19 gave him medications each day. -The Administrator had not given him medications. Interview with the Administrator on 04/04/19 at 12:31 pm revealed: -She knew Staff A had not taken the MA test and that he was beyond the 60 day window in which he was able to take the test. -She scheduled another 15 hour medication administration course for him to attend. -She was responsible for the personnel records and audited them frequently almost daily. The facility failed to ensure the staff who administered medications to residents had completed and passed the medication aide test within the 60 days allotted after completing the 15 hour medication administration course. This failure placed the residents at risk for medication administration errors, which was detrimental to the health and safety of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/04/19 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 19, 2019	C935		

Lakeview Family Care
806 Lakeside Avenue
Burlington, NC 27217

North Carolina Department of Health and Human Services
Re: Initial Survey completed April 4, 2019 (Event EFZU11)
APPEAL of section: 10A NCAC 13G. 1004 Medication Administration

Greetings: Facility Survey Consultant

Thank you for allowing Lakeview Family Care the opportunity to submit a plan of correction for the areas cited within our facility, on April 4, 2019.

Plan of Correction corrected and enforced on April 4, 2019

Thank you,

Date completed: May 1, 2019

Enclosed: Plan of Correction
Evidence of Admit Dates of Resident #1 & #2

Paulette V. Rogers ALD 5/8/19

Administrator Date

Procedure:

1. The administrator will ensure that the MA staff and any staff thereafter will complete the State Medication Aide Test and pass with a grade that is deemed passable by the state.
2. The administrator will not allow the MA to handle any medications; the administrator will be there to pour/pull all medications for (Resident #1 & #2) for am and pm medication administration.
3. Once completion of the Medication Aid Test, a copy of the certificate will be placed in the staff book immediately
4. The administrator will not hire additional staff until they either have the following:
   a. Have proof that they have passed the Medication Aid Test and a copy is placed in their book
   b. The staff has to scheduled to take the test within 60 days of hire, once the test has been completed and pass, then a copy of the certificate will be placed in the book

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Procedure: The administrator will orient all new staff about the procedures and requirements for the staff to be able to administer medication to the Residents.

The administrator will schedule all classes within the 60 days requirements to make sure that all staff complete all required classes for medication administration is completed before the staff is allowed to administer any medication.

The administrator will review all staff books to make sure that each staff meets the requirements of the state in order to work in the facility; this will ensure that there is a reduction of violations and plan of corrections. Review Books Monthly

Administrator will audit the staff folders quarterly- SS amended 5/20/19

The medication aide retook the Medication aide training course 15 hours on May 6-7, 20, 2019- SS amended 5/20/19.