STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: _____ B. WING _____	R 12/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 completed a follow-up survey on December 29, 2022 and December 30, 2022.	{D 000}		
{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: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and	{D935}		

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{D935}	Continued From page 1 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 ensure 1 of 3 sampled staff who administered medications met the requirements related to employment verification as a medication aide or completion of the 5-10 or 15 hours of medication aide training (Staff B) prior to passing medications and within 60 days of hire. The findings are: Review of Staff B's personnel record revealed: -Staff B was hired as a medication aide (MA) on 02/08/13. -There was documentation Staff B passed the state approved written medication aide test on 07/28/16. -The was no MA employment verification available for review. -Staff B had a Medication Administration Clinical Skills Competency Validation checklist completed on 05/30/16. -There was a facility approved certificate where Staff B had successfully completed medication training on 05/18/16. -There was no documentation Staff B had completed the 5-10, or 15 hours of medication aide training required prior to passing medications. Observation of the morning medication pass on	{D935}		

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{D935}	Continued From page 2 12/29/22 at 9:05am revealed Staff B was assigned to a medication cart and was observed passing medication to a resident. Review of a resident's December 2022 electronic medication administration records (eMAR) revealed Staff B documented administering medications on 16 days from 12/01/22 to 12/29/22. Interview with the Business Office Manager (BOM) on 12/30/22 at 10:30am revealed: -She was responsible for maintaining the personnel records in her office. -The Health and Wellness Director (HWD) was responsible for ensuring staff administering medications had completed all required qualifications and training. -She audited personal record monthly. -Staff B had a facility approved certificate where she had successfully completed medication training. -She did not know the state approved certificate for 5-10 or 15 hour certificate had to be completed and filed in Staff B's personal record. Interview with the Health Wellness Director (HWD) on 12/30/22 at 10:40am revealed: -The BOM audited the personal records. -The medication aide training classes were taught by the HWD at sister facilities on a rotating basis. -She was not aware of the state required 5-10 or 15 hour certificate; she thought the facility certificate for the medication aide training was adequate. Interview with the Executive Director (ED) on 12/30/22 at 10:50am revealed: -The HWD was responsible for ensuring MAs received required trainings and checklists for	{D935}		

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{D935}	Continued From page 3 administering medications. -Staff B was trained by a former Registered Nurse (RN) in 2016 at a sister facility for medication aide training. -The BOM was responsible for auditing personal records; she was not sure how often personal records were audited. -She knew Staff B had a facility approved medication aide training certificate in her personal record. -She knew Staff B had the facility approved medication aide training certificate in the personnel record. -She thought the facility approved certificate was acceptable to prove medication aide training. -She did not know the state approved certificate for 5-10 or 15 hour training had to be completed and placed in Staff B's personal record. Attempted telephone interview with Staff B on 12/30/22 at 10:25am was unsuccessful.	{D935}		