STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345357	A. BUILDING _____ B. WING _____	03/17/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO RIVERS HEALTHCARE - NEUSE CAMPUS	1303 HEALTH DRIVE NEW BERN, NC 28560

(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) COMPLETION DATE
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility failed to check for placement of gastrostomy tubes for one of two sampled residents (Resident # 7) with gastrostomy tubes observed on medication pass; and failed to provide proper gastrostomy care by failing to keep the head of the bed (HOB) elevated during personal care for 1 of 4 residents (Resident #2) with feeding tubes . Findings include: Review of the facility policy titled Tube Feedings, issued 1997 and last reviewed 09/10 stated under Procedure: 6. Check for placement of NG (Nasogastric) or G-tube (gastrostomy) prior to each bolus feedings and medication administration or flush, using the following methods: · Using a 30 cc (centimeters) or larger syringe, aspirate tube for gastric contents. · Auscultate left upper abdominal quadrant while injecting 15 cc to 20cc of air. A distinct " whooshing " sound should be heard for	F 322	Submission of this Plan of Correction does not constitute admission of the undersigned that the deficiencies were correctly cited or required correction. F322 It is the intent of the facility to provide placement checks on each of the residents with a naso-gastric or gastrostomy feeding tube to ensure appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.	4-7-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Betty Barnett — TITLE: Administrator — (X6) DATE: 4/6/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.). Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 322	Continued From page 1 placement confirmation. 1. On an observation of a mediation pass with Nurse #2 on 03/17/11 at 9:25 AM, she was preparing medications for Resident #7. Resident #7 had an order for 360 cc (cubic centimeters) of Jevity 1.2 cal [ories] to be delivered by bolus feeding. Nurse #2 poured 2 plastic cups of Jevity 1.2 (180cc to each cup), one crushed Florinef 0.1 mg (milligram) and 7.5 cc of ferrous sulfate solution which was poured into the water to be used for the g tube flush. Nurse #2 entered the room, washed her hands, donned gloves, positioned the resident, and inserted the piston syringe into the port and check for residual. She then started pour the (Jevity 1.2) into the syringe until all of it (360 cc) was administered, she alternated feeding Jevity 1.2 and the flush solution which contained the ferrous sulfate. In an interview with the Nurse #2, she did not give an explanation of why she had not checked for placement. In an interview with the Director of Nursing on 03/16/11 at 11 AM she stated that nursing staff were expected to follow the policy and procedure of the facility for administering g-tube feedings and she would counsel Nurse #2. A review of the facility policy titled, " Tube Feedings " dated as revised on 9/10 read, " Procedure #5. Keep patient/resident ' s head elevated 30-45 degrees. " 2. Resident #2 was admitted to the facility on 04/21/09 with multiple diagnoses including right hemi paresis, aphasia, and gastronomy tube placement.	F 322	Resident #7's feeding tube will be checked for placement by auscultating abdominal quadrant prior to administering feeding s and/or medications and resident #2's head of the bed will be elevated during care and services. All other residents with feeding tubes will be checked for placement prior to administration of feeding and/or medications per policy and the head of the bed will be elevated during care and services.	

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F 322	Continued From page 2 The Annual Minimum Data Set (MDS) dated 4/28/10 revealed Resident # 2 had short and long term memory impairment and was severely impaired for decision making for activities of daily living. The MDS indicated Resident # 2 was totally dependent on nursing staff for activities of daily living. Record review of the Resident Assessment Protocol Summary dated 4/13/10 revealed he triggered for a feeding tube due to chewing difficulties, failure to eat and swallowing problems. Record review of Resident #2 ' s care plan dated 1/25/11 revealed the head of the bed was to be elevated per protocol. On 3/16/11 at 9:17 AM, Nursing Assistant (NA #1) was observed providing incontinence care for Resident #2. Resident # 2 ' s bed was elevated 45 degrees and a continuous tube feeding controlled by an enteral tube feeding pump was being administered to Resident # 2. NA #1 lowered the bed to a flat position and then provided care for the resident. The feeding pump remained on throughout the care. On 3/16/11 at 11:55 AM, Nurse #1 stated Nursing Assistants should put the feeding on hold when lowering the bed to give care because the resident could aspirate. On 3/16/11 at 12:00 PM, NA #1 stated she did not turn the feeding off during care, but turned it back on as soon as she finished the care. She stated she should have turned the feeding off before lowering the bed.	F 322	Nurse #2 and NA #1were counseled and/or in-serviced appropriately on 3/16/11. All other licensed nurses and certified nursing assistants were in-serviced on 3/16/11. Bed risers were purchased and placed at the head of the bed of each resident with a feeding tube on 4/7/11 to maintain the head of the bed at a 30-45 degree angle. The QI/QM Committee/designee will monitor the nurse's placement checks and 30-45 degrees of the head of the beds weekly for 2weeks, monthly for 2 months and then randomly.	

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F 322	Continued From page 3 On 3/17/11 at 8:20 AM, the Nurse Supervisor stated Nursing Assistants should alert the Nurse and the Nurse should turn the pump off before the NA lowered the bed. The NA after she completed care should elevate the bed, alert the Nurse and the Nurse should turn the feeding tube on.	F 322	Identified problems will be corrected appropriately.	
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to date the opening of Advair Diskus for 1 of 4 medication carts and failed to ensure that Advair Diskus was discarded thirty days after opening for 1 of 4 medication carts.	F 425	F425 It is intent of the facility to maintain that opened medications are dated and discarded according to the provider recommendations and facility policy. Opened and undated medications for residents 23,24,25, and26 were discarded on 3/17/11.	4-7-11

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F 425	Continued From page 4 The findings include: 1. Lexi-Comp ' s Geriatric Dosage Handbook, 11 Edition read: " Diskus device should be discarded 1 month after removal from foil pouch." The facility policy revised 11/07 and titled Medication Storage in the Healthcare Centers read: " 11. Multi-dose containers of inhalers are to be dated and initialed when opened. An undated page attached to the policy titled Common expiration date reminders once opened read: " Advair Discus (30 days). " Resident #23 was admitted to the facility on 01/30/04 and had diagnoses including Pleural Effusion. The resident's Medication Administration Record for March 2011 showed that the resident was to receive Advair 1 puff twice a day. On 03/17/11 at 11:05 AM an observation of the medication cart for the lower 200 Hall and part of the 300 Hall was made with Nurse #4. An Advair Diskus was observed in a clear plastic bag that was labeled: " Opened 2/14/11. " The bag was labeled with the name of Resident #23. Nurse #4 stated that she thought that the Advair Diskus was good for 3 months after it was opened. The Nurse stated that Resident #23 had received the medication on the morning of 03/17/11. The Nurse stated that the Resident had experienced no recent breathing problems. The Administrator stated in an interview on 03/17/11 that the nurses needed education regarding the expiration date of Advair Diskus after it was opened.	F 425	Nurses # 4 and #1 were in-serviced on" Common Expiration Dates and Dating Medications" on 3/17/11. All other licensed nursing staff were in-serviced on "Common Expiration Dates and Dating Medications" on 3/17/11. The QI/QM Committee/Designee will monitor medications for labeling for 2 weeks, monthly for 2 months then randomly. Identified problems will be corrected appropriately.	

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F 425	Continued From page 5 2. Lexi-Comp ' s Geriatric Dosage Handbook, 11 Edition read: " Diskus device should be discarded 1 month after removal from foil pouch." The facility policy revised 11/07 and titled Medication Storage in the Healthcare Centers read: " 11. Multi-dose containers of inhalers are to be dated and initialed when opened. An undated page attached to the policy titled Common expiration date reminders once opened read: " Advair Discus (30 days). " Resident #24 was admitted to the faciliy on 01/22/10 and had diagnoses including Chronic Obstructive Pulmonary Disease. The resident's Medication Administration Record for March 2100 showed that the resident was to receive Advair 1 puff twice a day. On 03/17/11 at 11:05 AM an observation of the medication cart for the lower 200 Hall and part of the 300 Hall was made with Nurse #4. An Advair Diskus was observed in a clear plastic bag that was labeled: " Opened 2/14/11. " The bag was labeled with the name of Resident #24. Nurse #4 stated that she thought that the Advair Diskus was good for three months after it was opened. The Nurse stated that Resident #24 had received the medication on the morning of 03/17/11. The Nurse stated that the Resident had experienced no recent breathing problems. The Administrator stated in an interview on 03/17/11 that the nurses needed education regarding the expiration date of Advair Diskus after it was opened. 3. Lexi-Comp ' s Geriatric Dosage Handbook, 11	F 425		

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F 425	Continued From page 6 Edition read: " Diskus device should be discarded 1 month after removal from foil pouch." The facility policy revised 11/07 and titled Medication Storage in the Healthcare Centers read: " 11. Multi-dose containers of inhalers are to be dated and initialed when opened. An undated page attached to the policy titled Common expiration date reminders once opened read: " Advair Discus (30 days). " Resident #25 was admitted to the facility on 01/08/09 and had diagnoses including Chronic Obstructive Pulmonary Disease. The resident's Medication Administration Record for March 2011 showed that the resident was to receive Advair 1 puff twice a day. An observation of the medication cart for residents on the 200 Hall was made with Nurse #1 on 03/17/11 at 11:25 AM. An Advair Diskus was observed in a clear plastic bag and labeled with the name of Resident #25. There was not a date of opening on the bag or on the discus. A pre-printed date on the bag read: " 1/15/11. " Nurse #1 stated that this was the date the Advair was dispensed to the facility by the pharmacy. The Nurse stated that she thought that the Advair Diskus was good for 60 days once it was opened and that the medication was supposed to be dated when it was opened. The Nurse stated that the medication had been administered to Resident #25 on the morning of 03/17/11 and that the resident had not experienced any recent breathing problems. The Administrator stated in an interview on 03/17/11 that the nurses needed education regarding the dating of Advair when opened and	F 425		

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F 425	Continued From page 7 the expiration date of Advair Diskus after it was opened. 4. Lexi-Comp ' s Geriatric Dosage Handbook, 11 Edition read: " Diskus device should be discarded 1 month after removal from foil pouch." The facility policy revised 11/07 and titled Medication Storage in the Healthcare Centers read: " 11. Multi-dose containers of inhalers are to be dated and initialed when opened. An undated page attached to the policy titled Common expiration date reminders once opened read: " Advair Discus (30 days). " Resident #26 was admitted to the facility on 03/07/07 and had diagnoses including Asthma. The resident's Medication Administration Record for March 2011 showed that the resident was to receive Advair 1 puff twice a day. An observation of the medication cart for residents on the 200 Hall was made with Nurse #1 on 03/17/11 at 11:27 AM. An Advair Diskus was observed in a clear plastic bag. The bag was labeled with the name of Resident # 26. There was not a date of opening on the bag or on the Diskus. A pre-printed date on the bag read: " 1/6/11. " Nurse #1 stated that this was the date the Advair was dispensed to the facility by the pharmacy. The Nurse stated that she thought that the Advair Diskus was good for 60 days once it was opened and that the medication was supposed to be dated when it was opened. The Nurse stated that there were still 40 doses left in the Diskus because the resident would sometimes refuse her medications. The Nurse stated that she had called the pharmacy earlier in the week to order another Advair Diskus for	F 425		

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F 425	Continued From page 8 Resident #26 and was told that it was too early to re-order the Advair Diskus. The Nurse stated that the expired Advair Diskus had been administered to Resident #26 on the morning of 03/17/11 and that the resident had not experienced any recent breathing problems. The Nurse was observed to look through the medication cart and found an unopened Advair Diskus labeled with the name of Resident #26. The Administrator stated in an interview on 03/17/11 that the nurses needed education regarding the dating of Advair when opened and the expiration date of Advair Diskus after it was opened.	F 425		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.	F 441	F441 It is the intent of the facility to maintain the established Infection Control Program to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.	4/7/11

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F 441	Continued From page 9 (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility failed to disinfect a glucometer between diabetic residents for one of two sampled diabetic residents with fingerstick monitoring in the facility observed during medication pass task. (Residents #22 and #28) Findings include: Policy for Diabetes Monitoring: Blood Glucose Equipment & Supplies Issued March, 2004 and Revised 04/08, 08/10, and 01/11. Purpose: To provide an approved system to meet quality assurance needs and regulatory requirements for bedside blood glucose testing. Under Glucometer Cleaning and Disinfecting Procedure: 3. Clean the outside of the glucometer with isopropyl alcohol wipe (70-80%) of a lint free cloth dampened with soapy water. 4. Disinfect the meter with a bleach solution wipe (0.5% sodium hypochlorite [bleach]) or spray a 1:10 bleach solution on a paper towel.	F 441	The glucometer for resident #22 will be disinfected prior to blood sugar testing. All other residents that require Fingersticks will be tested with a disinfected glucmeter. Nurse # 3 was counseled and re-in-serviced on "Disinfecting Gluco-meters"3/15/11. All other licensed nurses were in-serviced on "Disinfection Gluco-meters" on 3/15/11	

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F 441	Continued From page 10 A copy of a memo to all Administrators from the Senior Vice President, Post Acute Care and Community Services dated February 4, 2010 Subject: Glucometers.; stated " Each glucose meter shall be cleaned and disinfected between each patient per manufacturers guidelines: · Alcohol and (Brand Name) Cloth An observation of a medication pass on 03/15/11 at 4:05 PM revealed Nurse #3 preparing to pass medications on the 200 Hall. Nurse #3 stated she had just gone to supply to get a new glucometer since the one she had was not working. Nurse #3 inserted the strip into the glucometer and approached the room of Resid4ent #22 to do a fingerstick. After the fingerstick Nurse #3 placed the glucometer on the bedside table with the strip still in it. She noted the reading at 157 which did not require insulin coverage. She then washed her hands after removing her gloves and picked up the glucometer to return to the medication cart. The outside of the machine was wiped with an alcohol wipe containing 70% isopropyl alcohol. The glucometer was placed on top of the cart as she prepared medications for another resident, Resident #21 who did not have any fingerstick order. As the medication pass continued to be observed, Nurse #3 was observed to prepare an oral solid medication for Resident #27 who also did not have a fingerstick order. During her preparation she opened several drawers in the medication cart; the brand name bleach wipe canister was observed in the bottom drawer of the medication cart. Nurse #3 did not attempt to remove the canister and use the bleach wipes. Nurse #3 then proceeded into the room and administered the	F 441	A " Skills Competency Checklist for Diabetes Monitor: Blood Sugar Equipment Cleaning Form" was added to the orientation packet on 3/18/11. The Staff Development Coordinator will in-service by demonstration and the licensed nurse during orientation will return a demonstration disinfecting a glucometer machine. The checklist will be signed by the trainer and nurse and placed in the employee file.	

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F 441	Continued From page 11 oral solid medication to the resident; the glucometer remained on top of the medication cart. She washed her hands afterward because she had touched the patient. When she returned to the medication cart after administering the medications to resident #27, she was asked if she planned to any other fingersticks on that medication pass. She stated yes, she had one more directly across the hall, Resident #28. Nurse #3 then prepared medications for Resident #28. She then obtained another strip, inserted it into the glucometer machine, regloved and approached the room. Nurse #3 was stopped at the door of Resident #28 and asked to return to the medication cart. When asked what she was supposed to use to clean glucometers, she stated that she worked at the local hospital and they cleaned the front of glucometers with the 70% alcohol wipes but they also had (brand name) bleach disinfectant wipes. When she was asked if she had been through inservice training at the facility she stated that she had been through inservice education at this facility. She did not state that the facility had instructed the staff to clean and disinfect with the brand name bleach wipes. In an interview with the Director of Nursing on 03/15/11 at 4:24 PM, she stated the facility had done training with the nurses on cleaning and disinfecting the glucometers and she would obtain copies of the training and staff attending. The Director was asked for the policy and procedure for glucometer disinfecting and any training the staff may have given. On 03/16/11 AT 11 AM, the Director of Nursing presented an inservice record from 02/08/11. "	F 441	QI/QM C /designee will monitor the disinfecting of the glucometer machines weekly for 2 weeks, monthly for 2 months and then randomly using the "Skills Competency Checklist for Diabetes Monitoring." Identified problems will be corrected appropriately.	

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	345357	A. BUILDING _____ B. WING _____	03/17/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO RIVERS HEALTHCARE - NEUSE CAMPUS	1303 HEALTH DRIVE NEW BERN, NC 28560

(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) COMPLETION DATE
F 441	Continued From page 12 Subject: Glucometers. Objective: Glucometers must be cleansed with the (Brand name) cloth between each patient. Wipe the meter down; dispose of the cloth in garbage bin. (Brand name) cloth will be provided by the facility and placed on each medication cart. " Nurse #3 was highlighted as having attended the program. The Director of Nursing stated she would begin reinstructing all staff on glucometer use and disinfecting.	F 441		