

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

PRINTED: 10/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345457	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2011
NAME OF PROVIDER OR SUPPLIER BELAIRE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2066 LYON STREET GASTONIA, NC 28052	
(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 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interview and facility policy review, the facility failed to anchor catheter tubing for one (1) of two (2) resident with indwelling catheters. (Resident #78).</p> <p>The findings are:</p> <p>Review of Resident #78's admission Minimum Data Set dated 4/15/11 assessed the resident as having no impairment in decision making, no memory problems and as needing extensive assistance in bed mobility.</p> <p>Review of the Care Area Assessment revealed Resident #78 had an indwelling Foley catheter due to urinary retention.</p> <p>Review of the Resident #78's care plan revealed interventions which included catheter care every shift.</p>	F 315	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>1. How the corrective action will be accomplished for the resident(s) affected. F 315. The DON immediately secured catheter per policy. DON educated CNA immediately on 10/12/11. All residents with catheters audited and catheters were secure on 10/12/11.</p> <p>2. How corrective action will be accomplished for those residents with the potential to be affected by the same practice. F 315 Staff development coordinator performed mandatory education to all scheduled nursing assistants and licensed nurses on how to secure a catheter per policy on 10/17/11. The education included</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

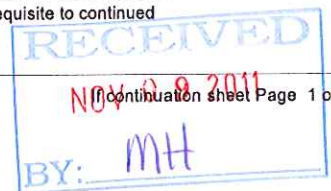
TITLE

(X6) DATE

Administrator

11-8-11

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.



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F 315	<p>Continued From page 1</p> <p>Review of the facility's policy (no date) regarding catheter care revealed the following: "Secure the catheter to the inner thigh. This prevents excess catheter movement and friction at the insertion site. Secure the catheter with a tube holder, tape, or other devices as the nurse directs."</p> <p>Observations were made as Resident #78 received catheter and incontinence care on 10/12/11 at 4:15 PM. Nurse Aide (NA) #1 performed catheter care for Resident #78 and first turned the resident over to the right side in order to remove a soiled brief. The catheter tubing hung off the right side of the bed. When NA #1 turned the resident to the left side, the unsecured tubing stretched over resident's right hip. The resident was cleaned appropriately during the procedure and was turned side to side twice more in order to don a clean brief. There was tension on unsecured catheter tubing each time the resident was turned to the left side.</p> <p>During an interview on 10/12/11 at 4:25 PM, NA #1 stated she did not remember seeing an anchor for the resident's catheter tubing since the resident was put on her hall, which was about 2 weeks. NA #1 said the tubing should have been secured to prevent it from being pulled or pulled out but she had just not thought about it.</p> <p>During an interview 10/12/11 at 4:28 PM Resident #78 stated she used to have a little strap to keep the tubing from pulling but had forgotten about it and did not realize that she did not have one now. The resident further stated it was not uncomfortable or painful unless the tubing was pulled up inside her incontinence brief.</p>	F 315	<p>reviewing the policy and equipment used to secure catheters. SDC demonstrated the technique using a catheter and the equipment used to secure a catheter. All other nursing assistants and licensed nurses will have mandatory education by 11/10/11 Any nursing assistant or licensed nurse that has not had this education will not be allowed to work until the mandatory education is completed.</p> <p>3. Measures in place to ensure practices will not occur. F 315 Nursing administration, SDC Unit Managers, obtained physicians' orders for nurses to verify catheter is secured/anchored per policy every shift and placed on treatment record for all residents with catheters. Nurses will document every shift on treatment record that catheter is secured per policy. Nursing administration, SDC, Unit Managers, DON, implemented care plans to indicate that the catheter is secure/anchor every shift. The CNA will verify catheter is secured per policy every shift. Completed by 11/5/11.</p>	11/10/11	11/5/11

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F 315	Continued From page 2	F 315	<p>4. How the facility plans to monitor and ensure correction is achieved and sustained. F 315 Nursing administration, SDC or designee, will conduct daily audits to verify catheter is secured per policy on all residents with catheters for four weeks then any patient with a catheter will be audited bi-weekly for a period of 3 months, then monthly for a period of 3 months. The Unit Managers will verify completion of CNA documentation daily. The staff development coordinator will educate all new nursing personnel on policy to secure catheter per policy Audits will be presented to QA meeting monthly times 3 months then quarterly thereafter and modifications made if needed to ensure compliance.</p> <p>1. How the corrective action will be accomplished for the resident(s) affected. F.441 Nurse stopped prior to obtaining accu-check and glucometer machine cleaned per policy. Nurse immediately verbalized education and training to Unit Manager and DON.</p>	
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</p> <p>(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. (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.</p> <p>(c) Linens</p>	F 441		

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F 441	<p>Continued From page 4</p> <p>Glucometer on top of the medication cart without disinfecting the unit. LN #1 removed her gloves, washed her hands, and proceeded to administer medications. At 4:43 PM LN #1 prepared medications for Resident #216, placed a test strip in the Glucometer, which had not been disinfected, picked up a lancet and the Glucometer, turned away from the medication cart and proceeded toward the room of Resident #216 to obtain a finger stick blood sugar. LN #1 was stopped prior utilizing the contaminated Glucometer.</p> <p>On 10/11/11 at 4:45 PM an interview was conducted with LN #1. During the interview LN #1 confirmed the Glucometer intended for use on Resident #216 was not disinfected after use on Resident #210. LN #1 stated she was trained and aware that Glucometers should be disinfected with commercially prepared wipes after each use. LN #1 stated she forgot to disinfect the Glucometer between residents and that her usual practice was to clean the unit immediately after use and/or just before going to a resident's room. LN #1 stated commercially prepared disinfecting wipes were available and should be on the medication carts at all times. LN #1 removed a container of disinfecting wipes from the cart and cleaned the Glucometer.</p> <p>During an interview, 10/11/11 at 5:30 PM, the Director of Nursing (DON) stated LN staff were trained and required to disinfect the Glucometer before/after use on each resident. The DON stated LN #1 was trained and should have disinfected the Glucometer.</p>	F 441	<p>return demonstration. Staff development coordinator will conduct quarterly mandatory education on glucometer cleaning/infection control practices per policy to all licensed nurses for a period of 6 months.</p> <p>4. How the facility plans to monitor and ensure correction is achieved and sustained. F. 441 The Unit Managers or Staff development coordinator will audit nurses working during the week once weekly for appropriate disinfection of glucometer for a period of one month, then every two weeks for one month and then monthly for a period of one month. The Unit Managers will educate on Glucometer cleaning and disinfection in their mandatory monthly Licensed Personnel Meetings for a period of 6 months. Audits by the SDC will be presented to QA meeting monthly for 6 months then quarterly thereafter and any audit less than 100% compliance will be reviewed and remedial training for the nurse supplied and POC will be evaluated for effectiveness and modification if necessary. The staff development coordinator will perform all remedial training as needed.</p>	ONGOING