

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

PRINTED: 12/15/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/01/2011
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NAME OF PROVIDER OR SUPPLIER  SARDIS OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 5151 SARDIS RD CHARLOTTE, NC 28270
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F 000	INITIAL COMMENTS  There were no deficiencies cited as result of complaint investigations in event ID# DB9211 of 12/1/2011.	F 000	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on observations during the medication pass, staff interviews and medical record reviews the facility failed to follow standard nursing practice in medication administration and touched medications by bare hands for one (1) of twelve (12) residents. (Resident #65)  The findings include:  Resident #65 was admitted to the facility with diagnoses including Hypertension, Atrial Fibrillation, Cellulitis, Chronic Pulmonary Heart Disease and Dementia. A review of the physician orders included an order to administer 2 tablets of Potassium Chloride 20 mEq (milliequivalent) once daily with several other medications.  Resident #65 was observed for medication administration. During a medication administration observation on 11/30/11 at 8:21 AM licensed nurse-4 (LN #4) was observed passing medications to Resident #65. Resident #65 was passed medications including two Potassium Chloride Tablets 20 mEq each with other medications. LN #4 was observed pulling	F 281	F 281  LN #4 was immediately re-educated on the expectation to sanitize hands and wear gloves prior to handling medications.  The Director of Nursing, Nurse Managers, and other Nursing Administration designees will randomly observe licensed nurses on all three shifts by 12/28/11, to ensure competency with sanitizing hands and wearing gloves prior to handling medications.  Re-education of Licensed Nurses will be completed by 12/28/11. Education content will include expectation to sanitize hands and wear gloves prior to handling medications.  The Pharmacy Consultant will conduct twice monthly med pass observations to ensure staff are implementing proper hand hygiene	12/28/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Colin Clode TITLE: Administrator (X6) DATE: 12/22/11

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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BY: 01/04/2012 pm

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NAME OF PROVIDER OR SUPPLIER  <b>SARDIS OAKS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5151 SARDIS RD</b> <b>CHARLOTTE, NC 28270</b>	
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F 281	Continued From page 1 all medications to a small cup and stated that Potassium Chloride tablets had to be broken to halves as they were too big for Resident #65 to swallow. LN #4 picked both the tablets by bare fingers and broke to halves using bare hands mixed with apple sauce to administer. Prior to touching the tablet LN #4 confirmed that she had touched the medication cart, medication cards, medications administration records etc.  During an interview on 11/30/11 at 8:32 AM, LN #4 stated that she normally used gloves for handling all medications and forgot to wear gloves this time. The interview revealed that she had sanitized her hands prior to administration but did not realize that she had touched several items prior to touching the tablets.  An interview with the Director of Nursing (DON) on 11/30/11 at 11:35 AM revealed that it was her expectation to sanitize hands and wear gloves if medications were to be handled and not to touch medications with bare hands.	F 281	techniques. Compliance results will be reported by pharmacy monthly to administration and QA&A committee x 90 days.	
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the	F 431	F 431  Immediate correction accomplished by Pharmacy Manager discarding expired medication.  Medication storage areas have been inspected by the Pharmacy Consultant to ensure that there are no other expired medications.	

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F 431	<p>Continued From page 2 appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews the facility failed to discard expired medications in one (1) of three (3) bulk storage medication area.</p> <p>The findings include:</p> <p>Observation of the bulk over-the-counter (OTC) medication storage area included central supply storage room and bulk medication storage area in the nursing stations. The following expired medications were observed in the 300-400 hall nursing station medication storage cabinet:</p>	F 431	<p>Re-education of Licensed Nurses will be completed by 12/28/11. Education content will include expectation to immediately discard expired medications.</p> <p>The Pharmacy Consultant will inspect bulk medication storage areas twice monthly during med pass observations. Compliance results will be reported by pharmacy monthly to administration and QA&amp;A committee x 90 days.</p>	12/28/11
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F 431	Continued From page 3 · An opened box of one hundred count Bisacodyl (Bisac Evac) 10 mg suppositories (approximately 75 suppositories) outdated on 8/10 (August 2010). · Seven (7) unit dose packs of Sorbitol outdated on 5/11 (May 2011). · A box containing six (6) Acetaminophen suppositories outdated on 9/2011 (September 2011).  An interview with the Licensed Nurse #5 (LN #5) on 11/30/2011 at 2:17 PM revealed that all nurses of 300 and 400 hall had access to this cabinet and all these expired medication should have been discarded. The interview revealed that the unit supervisor who checked for expired medications should have discarded all these medications and was not sure why they had not been discarded. LN #5 stated that all nurses checked for expired medications prior to medication administration. The cabinet containing OTC medications was stocked by the Central Supply staff and she maintained the required par level.  An interview with the Director of Nursing on 11/30/2011 at 4:22 PM revealed that it was her expectation that all outdated medications had to be immediately discarded when the cabinet was checked periodically.	F 431			
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	F 441	F 441  The two glucometers were immediately cleaned in accordance with manufacturer's instructions to clean and disinfect with a dilute bleach solution of 1:10 (one part bleach to 9 parts water).		

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F 441	<p>Continued From page 4 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 Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and medical record review, the facility failed to clean two blood glucose meters in a manner to</p>	F 441	<p>LN #1, LN #2, and LN #3, were immediately educated on the manufacturer's instructions to clean and disinfect the glucometers with a dilute bleach solution of 1:10 (one part bleach to 9 parts water).</p> <p>The Director of Nursing, Nurse Managers, and other Nursing Administration designees will randomly observe licensed nurses on all three shifts by 12/28/11, to ensure ensure manufacturer's instructions to clean and disinfect glucometers are being followed.</p> <p>Education of Licensed Nurses will be completed by 12/28/11. Education content will include manufacturer's instructions to disinfect the glucometers with a dilute bleach solution of 1:10 (one part bleach to 9 parts water).</p> <p>The Pharmacy Consultant will conduct twice monthly med pass observations to ensure staff are implementing manufacturer's instructions to disinfect glucometers. Compliance results will be reported by pharmacy monthly to administration and QA&amp;A committee x 90 days.</p>	12/28/11

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F 441	<p>Continued From page 5</p> <p>adequately disinfect them after performing a finger stick blood glucose test on two (2) of two (2) sampled residents. (Residents #301 and #23).</p> <p>The findings are:</p> <p>1. Recommendations for Cleaning and Disinfection of Glucometers in North Carolina Statewide Program for Infection Control and Epidemiology (undated) specified to disinfect blood glucose meters (glucometers) after each use using an EPA (Environmental Protective Agency)-registered detergent/germicide with a tuberculocidal or Hepatitis B Virus/Human Immune Virus label claim ....Alcohol is not an EPA-registered detergent/disinfectant.</p> <p>Resident #301 was admitted to the facility with a diagnosis of diabetes, among others.</p> <p>A review of the resident's medical record revealed a physician order to check the resident's blood sugar level before meals and at bedtime and administer sliding scale insulin as needed.</p> <p>On 11/29/11 at 4:25 PM, Licensed Nurse (LN) #1 was observed to perform a finger stick blood sugar check on Resident #301. LN #1 began by donning gloves. She pricked the resident's finger with a disposable, one time use lance, and applied a drop of the resident's blood to the end of the test strip in the glucometer to check blood sugar level. LN #1 disposed of the lancet and test strip and cleaned the surface of the glucometer with an alcohol wipe.</p> <p>LN #1 was interviewed at that time. She stated</p>	F 441		
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F 441	<p>Continued From page 6</p> <p>she always cleaned the glucometer after use with an alcohol wipe.</p> <p>An interview with LN #2 on 11/29/11 at 4:45 PM revealed after obtaining a finger stick blood sugar on a resident, she cleaned the glucometer with an alcohol wipe.</p> <p>An interview with the Nurse Manager on 11/30/11 at 8:20 AM revealed the facility policy for cleaning glucometers was to follow the manufacture's recommendation for cleaning which was to use 70% isopropyl alcohol.</p> <p>2. Recommendations for Cleaning and Disinfection of Glucometers in North Carolina Statewide Program for Infection Control and Epidemiology (undated) specified to disinfect blood glucose meters (glucometers) after each use, using an EPA (Environmental Protective Agency)-registered detergent/germicide with a tuberculocidal or Hepatitis B Virus/Human Immune Virus label claim ....Alcohol is not an EPA-registered detergent/disinfectant.</p> <p>Resident #23 was admitted to the facility with a diagnosis of diabetes, among others.</p> <p>A review of the resident's medical record revealed a physician order to check resident #23's blood sugar level before meals two times daily and administer sliding scale insulin as needed.</p> <p>On 11/29/11 at 4:25 PM, Licensed Nurse (LN) #3 was observed to perform a finger stick blood sugar check on Resident #23. LN #3 began by wearing gloves. He pricked the resident's finger</p>	F 441		
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F 441	<p>Continued From page 7</p> <p>with a disposable, one time use lance, and applied a drop of the resident's blood to the end of the test strip in the glucometer to check blood sugar level. LN #3 disposed of the lance and test strip and cleaned the surface of the glucometer with an alcohol wipe.</p> <p>LN #3 was interviewed at that time. He stated he always cleaned the glucometer after use with an alcohol wipe and that was how he had been instructed.</p> <p>An interview with another nurse (LN #2) on 11/29/11 at 4:45 PM revealed after obtaining a finger stick blood sugar on a residents, she cleaned the glucometer with an alcohol wipe.</p> <p>An interview with the Nurse Manager on 11/30/11 at 8:20 AM revealed the facility policy for cleaning glucometers was to follow the manufacture's recommendation for cleaning which was to use 70% isopropyl alcohol.</p>	F 441			