





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

PRINTED: 01/09/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345193</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/20/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VIEW MANOR NURSING CE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713</b>		
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F 225	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to submit a completed 5 day report with the Health Care Personnel Registry for an alleged sexual assault (Resident #29) for 1 of 3 sampled residents.</p> <p>The findings are:</p> <p>Resident #29 was admitted to the facility with diagnoses including depression, dementia and anxiety. The most recent Minimum Data Set (MDS), a quarterly assessment dated 09/05/12 revealed Resident #29 was moderately impaired for daily decision making.</p> <p>Review of a "Nurse Aide and Health Care Personnel Reporting Guideline 5 Working Day Report" a form used by the facility for documentation of and investigation for suspected resident abuse was dated 11/21/12. The report revealed Resident #29 stated to her Power of Attorney that she had been sexually assaulted. The report revealed the facility completed a 5 day investigation; however, there was no documentation the 5 day report was submitted to the Health Care Personnel Registry.</p> <p>On 12/20/12 at 4:00 PM the Social Worker (SW) was interviewed. The SW acknowledged she was responsible for abuse and neglect for the facility. The SW revealed Resident #29's allegation of sexual assault was fully investigated but could not recall if the report was submitted to the Health Care Personnel Registry. The SW further revealed it is her process to fax the report but</p>	F 225	<p>Continued from previous page</p> <p>The Administrator will monitor results of the weekly audits and report results to the QA committee for review and follow-up action if needed.</p>		

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F 225	Continued From page 2 was unable to show documentation that the report had been submitted.  On 12/20/12 at 4:15 PM an intake staff member from the Health Care Personnel Registry was contacted by telephone and revealed the office had not received a 5 day report from the facility regarding Resident #29's alleged sexual assault.	F 225			
F 312 SS=D	<b>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</b>  A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observations and staff interviews the facility failed to provide nail care to 1 of 3 dependent sampled residents (Resident #87).  The findings are:  Resident #87 was admitted to the facility on 03/15/12 with diagnoses including alcohol abuse, progressive bulbar palsy, progressive muscular atrophy, organic psychotic condition, Huntington's chorea, dementia and depression. The latest Minimum Data Set dated 09/19/12 assessed Resident #87 with cognitive impairment.  The current care plan for Resident #87 last updated 9/27/12 addressed numerous problem	F 312	On 12/20/2012 resident #87's nails were cleaned and trimmed by nursing staff.  On 12/21/2012 the Director of Nursing, the Assistant Director of Nursing, and the RN Supervisor did a visual observation of the nails of all residents. Any areas of concern were addressed immediately.  The Assistant Director of Nursing inserviced nursing staff on 01/11/2013 on the importance of providing nail care for dependent residents.  Nails will be checked weekly by a CNA during bathing routine.  The Assistant Director of Nursing or RN Supervisor will do random weekly observation of resident fingernails for four weeks or until substantial compliance is achieved. Any areas of concern will be brought to the attention of the nursing assistant involved for immediate correction.  The Director of Nursing will review the weekly observations. Any trend will be and reported to the QA Committee and corrective action will be taken as necessary.	01/11/2013	



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F 312	<p>Continued From page 3</p> <p>areas including a requirement for extensive assistance with Activities of Daily Living (ADL) related to dementia and cognitive impairment. A goal for this problem area included the resident would be clean and neat. Approaches to address the problem area included extensive assistance with personal hygiene and showering.</p> <p>Observations of Resident #87 throughout the four days of the survey included the following:</p> <p>12/17/12 (Monday) at 4:35 PM- Resident #87 was observed in his room, laying on his bed. The nails on both hands were noted to be long and visibly dirty with a dark matter under each fingernail. The resident's nails extended approximately an 1/8"-1/4" beyond the end of his fingers.</p> <p>12/18/12 (Tuesday) at 11:30 AM- Resident #87 was observed seated at a table in the dining room in preparation for the lunch meal. The resident's nails appeared long and dirty, as seen 12/17/12 at 4:35 PM.</p> <p>12/19/12 (Wednesday) at 8:45 AM- Resident #87 was observed eating breakfast independently in the dining room. The resident's nails were observed and appeared long and dirty, as seen 12/17/12 at 4:35 PM.</p> <p>12/19/12 at 2:30 PM- Resident #87 was observed seated on his bed. Resident #87 was asked about his nails and he indicated he liked to have his nails trimmed and cleaned. Resident #87 held out his hands to show his fingernails and nodded to the affirmative indicating he would like to have his nails trimmed. The resident's nails</p>	F 312			

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F 312	Continued From page 5 12/19/12. NA #3 stated resident's nails were cleaned on a weekly basis or as needed and that Resident #87 was currently receiving a shower.  On 12/20/12 at 2:35 PM Resident #87 came out of the shower room and voluntarily held out his hands, showing his nails and stated they were much better. The nails were observed clean and trimmed to the end of each fingertip.  On 12/20/12 at 5:00 PM the Director of Nursing (DON) stated she expected nail care to be done as needed for all residents.	F 312		
F 371 SS=E	483.35(j) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to (1) clean kitchen fans and an ice scoop holder, (2) label milkshakes to ensure they were utilized consistent with manufacturer recommendations and (3) keep food covered in storage.  The findings are:	F 371	On 12/21/2012 the box fan and ceiling fans were cleaned. On 12/17/2012 the blue ice scoop holder was cleaned.  On 12/18/2012 the milkshakes in the dementia unit refrigerator were discarded.  On 12/19/2012 the open plastic bag with snack cakes, crumbled tissue paper, crumbled gift paper, and uncovered cookies were removed from B Hall nourishment pantry and discarded. On 12/21/2012 the sliced ham and bologna in the walk-in refrigerator was discarded.  The Assistant Food Service Director conducted an audit on the pantry, refrigerator, nourishment pantry and sanitation. Any areas of concern were addressed immediately.  On 01/16/2013 the Registered Dietician will inservice all dietary and nursing staff on the importance of checking product expiration dates, opened packages and clean kitchen fans and ice scoop holder.  Daily checks will be done on the pantry, refrigerator, and nourishment pantry by a dietary aide and the aide will initial a checklist indicating completion of the check.	01/16/2013



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F 312	<p>Continued From page 4</p> <p>were observed and appeared long and dirty, as seen 12/17/12 at 4:35 PM.</p> <p>12/20/12 (Thursday) at 8:00 AM- Resident #87 was observed in his bed, laying on his back. The resident's nails were observed and appeared long and dirty, as seen 12/17/12 at 4:36 PM.</p> <p>12/20/12 at 10:35 AM- Resident #87 was observed in bed. The resident's nails were observed and appeared long and dirty, as seen 12/17/12 at 4:36 PM.</p> <p>At the time of the observation Nurse Aide (NA) #1 stated Resident #87 was scheduled to have a shower later in the day. NA #1 stated she noticed on Tuesday (12/18/12) that Resident #87's nails needed to be cleaned but that she did not get to clean them. NA #1 stated she was off on Wednesday (12/19/12) and planned to clean his nails at some point on 12/20/12. NA #1 stated she was familiar with Resident #87 and that he did not have any habits that would lend toward black matter under his nails, including not chewing tobacco. NA #1 stated nail care was done on a weekly basis or as needed on all residents.</p> <p>On 12/20/12 at 12:45 PM NA #2 (that worked with Resident #87 on 12/19/12) stated he did not notice any concerns with Resident #87's nails on 12/19/12. NA #2 stated staff clean resident's nails when showers are given or between showers as needed.</p> <p>On 12/20/12 at 2:30 PM NA #3 (that worked with Resident #87 on 12/19/12) stated she did not notice any concerns with Resident #87's nails on</p>	F 312		

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F 371	Continued From page 6 1. On 12/17/12 from 10:05 AM-10:55 AM the following concerns were observed in the facility kitchen: a. A box fan (located on a work table directly across from the clean dish area of the dish machine) was observed operating at high speed. Air was blowing from the fan on dishware as it came out of the dish machine. The front and back of the grills of this fan had visible dust and black dirt covering the majority of the surface area. The fan was momentarily turned off and the outer perimeter of the five white fan blades had a significant amount of black matter covering the surface area. b. A blue plastic ice scoop holder was observed horizontally positioned on top of the ice machine. A metal ice scoop was stored inside the ice scoop holder. The inside of the container was visually inspected and noted with a water residue. The back portion of the container (which lay horizontal to the top of the ice machine) and sides had a partially wet residue which was light black colored. The light black colored matter was wiped with a finger and the matter was easily removed. The Food Service Director (FSD) was present at the time of the observation and stated the metal ice scoop was used to fill ice chests for resident use. The FSD stated the ice scoop holder had not been included on the cleaning schedule which was why it had not been cleaned. c. Two ceiling fans were observed in the dry storage area of the kitchen. One of the fans was not running and one was running. The outside perimeters of the white colored blades of the fan that was not running were noted to have a significant build-up of black dust. 2. On 12/18/12 at 3:40 PM two, 4 ounce thawed	F 371	Daily checks will be done on dates of milkshakes in the walk-in refrigerator in the kitchen by a dietary aide and the aide will initial a checklist indicating completion of the check.  Daily checks will be done on proper storage of luncheon meats by a dietary aide and the aide will initial a checklist indicating completion of the check.  Ceiling fans will be cleaned every week by maintenance and maintenance will initial a checklist indicating cleaning completion.  The box fan was removed from the dish room on 01/10/2013.  Food Service Director will conduct weekly audits for four weeks or until substantial compliance is achieved of the daily checklists for proper labeling, storing, and cleaning to monitor proper completion.  The Registered Dietician will conduct monthly audits of food storage, labeling, and sanitation to monitor for compliance.  The Administrator will monitor the weekly audits and monthly RD audits and report results to the QA Committee for review and follow-up action as appropriate.		



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F 371	<p>Continued From page 7</p> <p>milkshakes were observed stored inside the pantry refrigerator on the dementia unit. The manufacturer label on the milkshakes indicated they were good for 14 days after thawed. There was no indication when the two milkshakes had been thawed.</p> <p>3. On 12/19/12 at 10:20 AM the following concern was observed in the nourishment pantry on B hall:</p> <p>a. Inside a closet was an open plastic bag which had individually wrapped snack cakes, crumbled tissue paper, crumbled gift paper and approximately fifteen uncovered cookies. The Director of Nursing (DON) was present at the time of the observation and reported food should not be stored open to air.</p> <p>4. On 12/19/12 from 10:32 AM-12:20 PM the following concerns were identified in the kitchen:</p> <p>a. The box fan observed in the dish machine area on 12/17/12 at 10:05 AM was observed in use, operating at high speed and blowing toward the clean side where dish ware came out of the dish machine. The dish machine was in use with dishes stored on the clean side of the dish machine. The fan appeared in the same dirty condition as seen on 12/17/12.</p> <p>b. The two ceiling fans in dry storage were both observed. Both fans were turned off and the outer perimeter of each blade had a significant build-up of black dust. One of the ceiling fans was directly over an area where clean silverware was wrapped by dietary aides for resident use.</p> <p>c. Inside the walk-in refrigerator was a box of individual 4 ounce milkshakes. A cardboard box which originally held 75 shakes was approximately 3/4 full and the milkshakes were</p>	F 371		



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F 371	<p>Continued From page 8</p> <p>partially thawed. The manufacturer label on each milkshake indicated they were good for 14 days after thawed. There was no indication on the milkshakes or box when the milkshakes had been thawed. A cardboard box which originally held 75 vanilla milkshakes was approximately 1/3 full and the milkshakes inside were all thawed. There was no indication on the milkshakes or box when the milkshakes had been thawed.</p> <p>d. Inside the reach-in refrigerator was a tray holding various beverages. Staff were observed removing the tray from the reach-in refrigerator and indicated the beverages were all for lunch meal service. The milkshakes were all thawed and included chocolate, vanilla and strawberry shakes. The manufacturer label on each milkshake indicated they were good for 14 days after thawed. There was no indication on the milkshakes when they had been thawed.</p> <p>e. In the walk-in refrigerator a 10 ounce plastic package of sliced ham was observed stored on shelving, ready for use. The package had been opened with four slices remaining. Plastic wrap was loosely covering all but one end of the open plastic bag. The ends of the sliced ham that were exposed to air had a dried appearance.</p> <p>5. On 12/20/12 from 11:55 AM-12:25 AM the following concerns were identified in the kitchen:</p> <p>a. The box fan observed in the dish machine area on 12/17/12 at 10:05 AM and 12/19/12 at 10:32 AM was observed in use, operating at high speed and blowing toward the clean side where dishes ware was stored. The fan appeared in the same dirty condition as seen on 12/17/12 and 12/19/12.</p> <p>b. The two ceiling fans in dry storage were both observed. Both fans were turned off and the</p>	F 371		



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F 371	<p>Continued From page 9</p> <p>outer perimeter of each blade had a significant build-up of black dust.</p> <p>c. In the walk-in refrigerator the 10 ounce plastic package of partially covered sliced ham remained as seen on 12/19/12. In addition, an open plastic package of bologna was loosely covered with plastic wrap, exposing one end of the bologna to air.</p> <p>6. On 12/20/12 at 4:30 PM all observed concerns were discussed with the FSD. The FSD stated the dietary aide that usually cleaned the box fan had been out on medical leave which was why the fan was dirty. The FSD stated the fan was used to help dry clean dishes (as they came out of the dish machine) by air. The FSD stated the ceiling fans in dry storage were supposed to be cleaned by maintenance but, because of staffing issues, they had not been cleaned as regularly as they should have been. The FSD stated staff were supposed to store open luncheon meat in plastic bags with openings that could be sealed and not in plastic wrap. The FSD stated the milkshake boxes were supposed to be dated when delivered and dated when removed from the freezer to refrigeration. At the time of the interview the boxes observed in the walk in refrigerator were inspected to determine if they were dated.</p> <p>a. The box of thawed vanilla milkshakes only had a handwritten date of 11/08 on it.</p> <p>b. The box of thawed chocolate milkshakes had no dates written on it.</p> <p>c. A box of thawed strawberry milkshakes was observed in storage and was approximately 1/3 full. A handwritten note was observed on the box of strawberry milkshakes, "opened 12/16 when empty refill". The FSD could not explain why</p>	F 371			



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F 371  F 431 SS=D	<p>Continued From page 10 milkshakes were stored without indication when thawed.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>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.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the 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>	F 371  F 431	<p>On 12/19/2012 nurse #2 was inserviced/counseled by the Director of Nursing concerning proper labeling and storage of medication that has been prepared but not immediately given.</p> <p>On 01/16/2013 the Pharmacy Consultant will inservice all licensed staff concerning the proper labeling and storage of drugs and biologicals.</p> <p>The Director of Nursing or the Assistant Director of Nursing will do random weekly audits of licensed nurses during med pass to monitor proper labeling and storage of drugs and biologicals for four weeks or until substantial compliance is achieved</p> <p>Newly hired nurses and will receive orientation/education on proper labeling and storage of drugs and biologicals. The annual skill check has been updated to include proper labeling and storage of drugs and biologicals.</p> <p>A laminated sign will be put on each cart to remind licensed staff about proper labeling and storage of drugs and biologicals.</p> <p>The Pharmacy Consultant will do random monthly observation of licensed nurses during med pass to monitor proper labeling and storage of drugs and biological.</p> <p>The Administrator will monitor completion of the weekly checks and review the monthly findings of the consultant pharmacist and report compliance to the QA committee for review and follow-up action if indicated.</p>	01/16/2013



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(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
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F 431	<p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, policy review and staff interviews the facility failed to securely store medication in 1 of 3 medication carts observed.</p> <p>The findings are:</p> <p>Review of the facility policy "Medication Administration: General Guidelines" revised 04/09/99 revealed no medications are kept on top of the medication cart.</p> <p>On 12/18/12 at 3:28 PM an observation was made of the "B" Hall medication cart located in the "B" Hall hallway. On top of the medication cart was a small plastic cup containing a pink colored substance and a white powdery substance. The medication cart was unattended. During the constant observation of the unattended medication cart for 8 minutes, residents, visitors and staff members were noted in the vicinity of the "B" Hall medication cart.</p> <p>On 12/18/12 at 3:36 PM Nurse #2 was interviewed and revealed she was passing medications from the "B" Hall medication cart and was in the process of preparing medications for administration when she received a new admission report. Nurse #2 revealed the medications had been crushed, placed in a small plastic medication cup and apple sauce was added to the crushed medications. Nurse #2 further revealed the medications included acetaminophen, a cranberry pill and an Alzheimer's disease medication. Nurse #2 acknowledged she left the prepared medications</p>	F 431		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345193</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/20/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VIEW MANOR NURSING CE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 BUCKNER BRANCH RD PO BOX 2344 BRYSON CITY, NC 28713</b>		
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F 431	Continued From page 12 on top of the medication cart during the time she received the new admission report.  On 12/19/12 at 2:48 PM the Director of Nursing (DON) was interviewed and revealed medications should not be left out on top of the medication cart. The DON indicated she would expect nursing staff to label and lock medications in the medication cart which have been prepared and not immediately given.	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 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. (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.	F 441	On 12/18/2012 nurse #1 was inserviced/counseled by the Director of Nursing concerning proper cleaning of the blood glucose meter between each resident test.  On 01/16/2013 the Pharmacy Consultant will inservice all licensed staff on the cleaning the blood glucose meter between each resident's test.  A box indicating "clean between each use" will be added to the MAR of all residents with blood glucose tests.  The Director of Nursing or the Assistant Director of Nursing will do random weekly audits for four weeks or until substantial compliance is achieved of licensed nurses to monitor proper cleaning of the blood glucose meter between each resident test.  The Pharmacy Consultant will continue to do random monthly audits of licensed nurses to monitor proper cleaning of the blood glucose meter between each resident test.  The Administrator will monitor completion of the weekly checks and review the monthly findings of the consultant pharmacist and report compliance to the QA committee for review and follow-up action if indicated.	01/16/2013	



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

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F 441	<p>Continued From page 13</p> <p>(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, record review and staff interviews the facility failed to clean a shared blood glucose meter after performing a finger stick blood glucose test on 2 of 3 sampled residents (Residents #45 and #79).</p> <p>The findings are:</p> <p>Manufacturer's recommendation for cleaning the blood glucose meter used by the facility indicated acceptable cleaning solutions include 10% bleach, 70% alcohol, or 10% ammonia.</p> <p>A facility policy "Blood Sugar Testing" dated 08/24/11 revealed the blood glucose meter should be cleaned between each patient test. Clean blood glucose meter by wiping the surface with bleach based germicidal wipes.</p> <p>On 12/18/12 at 3:47 PM, Nurse #1 was observed to remove a blood glucose meter from a medication cart and performed a finger stick blood glucose test on Resident #79. After completing Resident # 79's finger stick blood</p>	F 441		



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F 441	<p>Continued From page 14</p> <p>glucose test, Nurse #1 placed the blood glucose meter on top of the medication cart and pushed the medication cart to Resident # 39's room. At 3:56 PM Nurse #1 administered medications to Resident # 39. The medication cart remained in full view during the medication pass. At 4:00 PM, Nurse #1 was observed to pick up the blood glucose meter from atop the medication cart, gathered supplies for a finger stick blood glucose test and entered Resident #45's room. Nurse #1 cleaned Resident #45's finger and prior to pricking the resident's finger with a lancet, this surveyor stopped Nurse #1 and interviewed her.</p> <p>On 12/18/12 at 4:05 PM, Nurse #1 was interviewed and acknowledged she did not clean the blood glucose meter between resident uses. Nurse #1 revealed the glucose meter was shared between residents and should have been cleaned with the bleach germicidal wipes located in the bottom drawer of the medication cart. Nurse #1 further revealed blood glucose meters should be cleaned prior to use, between resident use and after resident use.</p> <p>An interview with the Director of Nursing (DON) on 12/20/12 at 2:30 PM revealed blood glucose meters need to be cleaned after every use with bleach based germicidal wipes located in the medication cart. The DON further revealed recent pharmacy education included cleaning blood glucose meters and she was unsure why the meter was not cleaned between residents.</p>	F 441		
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