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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345386	A. BUILDING _____ B. WING _____	06/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILKES REGIONAL MEDICAL CTR SN	1370 WEST D ST NORTH WILKESBORO, NC 28659

(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 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. (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.	F 441	**Corrective action plan for 483.65 F-441** **A- For each resident found to be affected by the deficient practice as listed in the 2567.** Immediate correction was taken to clean the blood glucose testing meter after each use following manufacturer recommendations for the Super Sani-Cloth Germicidal Wipes® used for disinfection of the blood glucose testing meter, along with just–in-time in-servicing for all staff on shift the day of deficiency notation 6/11/13. Practice was corrected for all residents with blood glucose procedure starting at deficiency notation time on 6/11/13. **B - Corrective action for residents having a potential to be affected by the deficient practice listed in the 2567.** On site immediate (just-in-time) education was performed and practice was corrected to follow recommended manufacturer recommendations for disinfection of blood glucose testing meter after each use, using Super-Sani-Cloth Germicidal Wipes® for all future blood glucose procedures for all residents.	

DHSR NH L&C Black Mountain WRO
Received
JUN 27 2013
by: PAM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rhonda Jones RN BSN	Nurse Manager	6/26/13

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 441	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, policy and manufacturer instructions review, the facility failed to properly disinfect blood glucose monitors (glucometers) prior to use for 1 of 3 residents observed for blood glucose monitoring. (Residents #16, #84 and #85). Findings included: A review of the section from the facility's Nursing Service, Home Health and Laboratory Manual addressing use of glucometers, titled Infection Control Measures, revealed "the meter must be disinfected after each patient use in order to prevent transmission of pathogens between patients." Listed approved disinfectant products for use on glucometers included a product containing ammonium chloride. A review of the approved disinfectant used by the facility on glucometers, applied by disposable wipes saturated with the disinfectant solution, revealed the presence of ammonium chloride and that it was effective against all blood-borne pathogens. Instructions printed on the container of the disinfectant directed users to unfold a wipe and thoroughly wet the surface. The treated surface must remain visibly wet for a full 2 minutes, with use additional wipes if needed, to assure a continuous 2 minute wet contact time. On 06/11/13 at 4:43 PM two glucometers were observed in the medication room, inserted into docking stations for charging and data transmission. Nurse #1 was observed removing a glucometer from its docking station and she stated the glucometer had been previously	F 441	**C – Measurers put into place that the deficient practice will not occur.** 1.Blood Glucose Monitoring policy will be updated by July 1 2013 based on manufacturer recommendations for disinfection using the Super-Sani Cloth Germicidal Wipes®. 2. Staff education for updated policy procedure and practice for disinfection of the blood glucose monitoring meter began on 6/11/13 and will be completed by 7/1/13. Education content will include the updated policy, appropriate use of disinfectant, and cleansing technique based on manufacturer recommendations of the SuperSani-Cloth Germicidal Wipes®. Education will be completed by nurse manager, and charge nurse. 3. Staff competencies for cleaning and disinfection of the blood glucose meter will be updated and completed based on the new policy and procedure no later than 7/8/2013.	

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F 441	Continued From page 2 disinfected and was ready for use. Nurse #1 gathered supplies and the glucometer and proceeded to the room of Resident #84. Nurse #1 obtained a blood glucose level for Resident #84. Nurse #1 returned to the medication room with the glucometer, removed a disinfecting wipe from the container, wiped the surface of the glucometer for approximately 10 seconds then placed it on a paper towel. The wiped glucometer was observed as dry in approximately 1 minute. Nurse #1 obtained insulin for Resident #84, returned to the Resident's room to administer the insulin, then returned to the medication room. Nurse #1 removed the other glucometer from a docking station and proceeded to the room of Resident #16. Nurse #1 obtained a blood glucose level for Resident #16. Nurse #1 returned to the medication room with the glucometer, removed a disinfecting wipe from the container, wiped the surface of the glucometer for approximately 10 seconds then placed it on a paper towel. The wiped glucometer was observed as dry in approximately 1 minute. Nurse #1 obtained insulin for Resident #16, returned to the Resident's room to administer the insulin, then returned to the medication room. Nurse #1 picked up the previously wiped glucometer from the paper towel, placed it on the medication cart and proceeded to leave the medication room stating she had another blood glucose level to obtain from a resident. Nurse #1 was asked to remain in the medication room. On 06/11/13 at 5:15 PM Nurse #1 was interviewed in the medication room. Nurse #1 read the instructions on the container of the disinfecting wipes and stated the instructions directed 2 minutes of wet contact time for	F 441	**D. Monitor the measurers to make sure that solutions are sustained.** 1.Monitoring of 1 blood glucose procedure per shift will be performed for the next 90 days, starting no later than 7/1/13. 2.Audit will be performed using audit log, and will be performed by nurse manager, charge nurse, or nursing supervisor. 3.Documentation of monitoring will be maintained in audit forms. After the 90 day period, 1 procedure will be monitored per month for a period of 6 months. Monitoring will be performed by nurse manager, charge nurse, or nursing supervisor. 5.A monthly report of monitored results will be presented during the SNF Quality Assurance meetings during the 90 day monitoring period and will be sent via a SNF representative to the hospital's performance Improvement Utilization Review Committee for review. 6. Remediation in-servicing will be performed in the event of any monitoring results that are less than 100% compliance	

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disinfection. Nurse #1 stated she did not stand in the medication room to make sure glucometers remained wet for a full two minutes which would require a timer. Nurse #1 stated she was told in training not to leave glucometers overly wet due to risk of damage. Nurse #1 removed a disinfecting wipe from the container and re-wiped a glucometer for approximately 10 seconds, after which she looked at the clock on the wall of the medication room. Nurse #1 stated the wiped glucometer was completely dry between 45 seconds and 1 minute. Nurse #1 stated based on her method of wiping, the glucometer would not remain wet for 2 minutes as stated in the instructions. Nurse #1 re-wiped a glucometer with two disinfecting wipes over a 2 minute period, ensured the glucometer was dry, gathered other supplies and proceeded to the room of Resident #85. Nurse #1 obtained a blood glucose for Resident #85.

On 06/12/13 at 12:14 PM the infection control officer was interviewed. She stated her expectation that glucometers be disinfected between each resident. She further stated each disinfecting solution had a different wet time and dry time, revealing the name of the disinfecting wipes used for glucometers. She stated during training on disinfection of glucometers, staff are told to continually wipe them for two minutes or to re-wipe to achieve full wet time as recommended by manufacturer of the disinfecting wipes.

On 06/12/13 at 3:00 PM the nursing unit manager was interviewed. She stated her expectation that glucometers be disinfected between each resident, be wiped down for two minutes and be allowed to dry. She stated nurses must follow

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F 441	Continued From page 4 manufacturer's recommendations and two glucometers were available on the unit was to minimize time delays for nurses. The nursing unit manager stated there was a focus on the drying time of the disinfectant and not the wet time. She stated nurses are trained on disinfection of glucometers at time of hire and annually, as a part of their competencies, and this training is based on what the policy directs.	F 441		