STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345372	A. BUILDING _____ B. WING _____	12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON PINES NURSING AND REHABILITATION CENTER	403 CRESTVIEW AVENUE WILSON, NC 27893

(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 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to:	F 880		12/4/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/12/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345372	A. BUILDING _____ B. WING _____	12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON PINES NURSING AND REHABILITATION CENTER	403 CRESTVIEW AVENUE WILSON, NC 27893

(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 880	Continued From page 1 (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which 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; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interviews, the facility failed to properly disinfect a blood glucose monitoring device after use per the manufacturer recommendations which resulted in the potential for cross contamination for 1 of 4 residents (Resident #35). Findings included: A review of the facility policy titled Glucometer Cleaning and Disinfection dated April 2013 and	F 880	Wilson Pines Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345372	A. BUILDING _____ B. WING _____	12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON PINES NURSING AND REHABILITATION CENTER	403 CRESTVIEW AVENUE WILSON, NC 27893

(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 880	Continued From page 2 revised on 9/4/2014 listed the following procedure for cleaning and disinfecting: 1-Apply gloves 2-When visible blood or bodily fluids are present, clean by wiping the external surfaces with a cloth dampened with soap and water to remove any organic material. 3-If no visible blood or bodily fluids are present: a) Use EPA-registered germicidal disposable cloth/wipe to thoroughly wet the entire external surface of the glucometer, b) Then cover/wrap the entire glucometer with the wipe, and c) Place in a plastic disposable cup on the med cart and allow full minutes' exposure time according to the manufacturer's product directions for disinfection of the glucometer. 4-After full minutes' exposure time according to manufacturer's product directions, remove cloth wipe and discard. Return glucometer to plastic cup to allow it to thoroughly air dry. 5. Remove and discard gloves. Wash and/or sanitize hands with waterless hand hygiene gel. 4-When glucometer is completely dry, it may be used for the next resident or if not proceeding to another resident, store glucometer in med cart or specified storage area. Discard disposable plastic cup after each use. Observation of medication administration was conducted on 11/30/2017 at 4:13 PM. Medication Aide (MA) #1 administered medications to Resident #35. Included in the resident's 4:30 PM	F 880	Wilson Pines Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Wilson Pines Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceed. The process that lead to the deficient practice, was that medication aide (MA) # 1 failed to disinfect the glucometer per the manufacturer's recommendations. The glucometer for resident #35 was properly disinfected per the Sani Bleach wipe manufacturer's recommendations by the Director of Nursing (DON) on 11-30-17. Medication aide #1 was in-serviced by the DON on the proper procedure for disinfecting a glucometer with Sani Bleach wipe manufacturer's recommendation on 11/30/17. MA #1 demonstrated the sanitization of the glucometer with Sani Bleach wipe on 11/30/2017 to the DON indicating understanding and demonstration of knowledge. No further areas of concerns were noted.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345372	A. BUILDING _____ B. WING _____	12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON PINES NURSING AND REHABILITATION CENTER	403 CRESTVIEW AVENUE WILSON, NC 27893

(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 880	Continued From page 3 physician's ordered medications was a finger stick blood sugar level. The glucometer (blood sugar monitoring device) was observed on a folded white paper/cloth on top of the medication cart. The glucometer appeared clean with no visible soiling observed. MA #1 stated she cleaned and disinfected the glucometer prior to starting the medication pass at 4:00 PM and not used it since then. Immediately after checking Resident #35's blood sugar, MA #1 discarded the monitoring strip into the sharps container and removed her gloves. MA #1 donned a new pair of gloves and opened a single use Sani-Cloth germicidal disposable wipe. MA #1 wiped the entire glucometer one time with the wipe, discarded the wipe in the trash and placed the glucometer on the medication cart on a new folded tissue. The glucometer was observed to be visibly dry within 2 minutes. An interview was conducted with MA #1 after the glucometer was placed on the medication cart. MA #1 reported she was unsure the amount of time required for the glucometer to be disinfected with the wipes. MA #1 indicated she usually wiped the glucometer one time after use and let the device air dry prior to using it again. MA #1 looked on the Sani-Cloth packet and stated the packet indicated 4 minutes. MA #1 further indicated she did not look at the time when she used the wipes. MA #1 reported she had received education regarding the disinfection of the glucometers and did not have an explanation as to why she did not disinfect it for 4 minutes. Review of the Sani-Cloth manufacturer recommendations for cleaning and disinfecting	F 880	100% audit of all licensed nurses and medication aides to include medication aide # 1 was initiated on 11-30-2017 by the DON utilizing the Glucometer Monitoring tool to ensure proper procedure for disinfecting glucometer per manufacturer's recommendation with Sani Bleach wipes was followed and completed by 12-4-2017. No areas of concern were identified during the glucometer sanitization audit by the DON on 12/4/17. 100% in-servicing was initiated on 11-30-2017 by the DON with all licensed nurses and medication aides to include medication aide # 1 on how to properly disinfect a glucometer per the Sani Bleach wipe manufacturer's recommendations was completed on 12-4-2017. All new hired licensed nurses and medication aides will be in-serviced by staff facilitator during orientation on the correct procedure to disinfect the glucometer per manufacturer's recommendations. An audit of all licensed nurse and medication aides to include medication aide # 1 will be completed by the DON, Quality Improvement Registered Nurse (RN) and License Practical Nurse (LPN) (QI), Staff Facilitator, LPN Treatment nurses, RN Supervisors, and LPN Resource nurse utilizing a glucometer monitoring tool to ensure proper disinfecting of the glucometers per the Sani Bleach wipe manufacturer's recommendations 5x a week x 4 weeks, then weekly for 4 weeks and then monthly for 1 month. All areas of concern will be immediately addressed by the DON, QI	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345372	A. BUILDING _____ B. WING _____	12/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON PINES NURSING AND REHABILITATION CENTER	403 CRESTVIEW AVENUE WILSON, NC 27893

(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 880	Continued From page 4 blood glucose monitoring devices was conducted. The recommendations on the Sani-Cloth label indicated the total amount of contact time for the microorganisms listed on the product label to be inactivated was 4 minutes. An interview was conducted with the Director of Nursing (DON) on 11/30/2017 at 4:49 PM. The DON reported the blood glucose monitoring devices were to be cleaned and disinfected after each use with the Sani-Cloth wipes per the manufacturer recommendations and the facility policy. The DON stated the device was to be thoroughly saturated with the Sani-Cloth wipe, wrapped in the wipe, placed in a cup for at least 4 minutes and allowed to air dry prior to reusing. The DON stated all staff who checked blood sugars were aware of the requirements. The DON indicated MA #1 would be in-serviced immediately. The DON stated the expectation was the glucometers would be cleaned and disinfected per policy and manufacturer directions after each use to prevent cross contamination.	F 880	RN and LPN nurses, staff facilitator, RN supervisors, and/or LPN resource nurse during the audit. The DON and/or QI RN and/or LPN nurse will review and initial the results of the glucometer monitoring tool weekly x 8 weeks then monthly x 1 month for completion and to ensure all identified areas of concern have been addressed. The audits will be reviewed with the Administrator by the director of nursing monthly for further follow up and recommendations. The Administrator will forward the results of the Glucometer Monitoring tool to the Executive Committee monthly X 3 months. The Executive committee will meet monthly and review the Glucometer Monitoring tool and address any issues, concerns and\or trends to make changes as needed, to include continued frequency of monitoring x 3 months.	