

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

PRINTED: 12/08/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345491</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/30/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CROATAN RIDGE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>210 FOXHALL ROAD</b> <b>NEWPORT, NC 28570</b>	
(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
E 000	Initial Comments	E 000		
F 000	An unannounced COVID-19 Focused Survey was conducted on 10/27/2020 through 10/30/20. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID#JOGX11..	F 000		
F 880 SS=E	<p>INITIAL COMMENTS</p> <p>An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 10/27/20 to 10/30/20. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event #JOGX11</p> <p>13 of the 13 complaint allegations were not substantiated.</p> <p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p>	F 880		11/24/20

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

TITLE

(X6) DATE

Electronically Signed

11/19/2020

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 880	<p>Continued From page 1</p> <p>§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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 observation, staff interviews and record review, the facility failed to follow protocol to disinfect/sanitize a shared blood glucose monitoring device (glucometer) used for three of three residents observed for blood glucose testing (Resident #4, Resident #5, and Resident #6).</p> <p>Findings included:</p> <p>A review of the facility policy titled: Glucometer-Cleaning &amp; Disinfection and revised 9/04/2014 stated, in part: 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 exposure time according to the manufacturer's directions for disinfection of the glucometer. Return glucometer to plastic cup to allow it to thoroughly air dry. When glucometer is completely dry, it may be used for next resident.</p> <p>A review of directions for use of the germicidal disposable wipes read, in part: Unfold a clean</p>	F 880	<p>Croatan Ridge Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent 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.</p> <p>Croatan Ridge'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, Croatan Ridge 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 proceeding.</p> <p>Nurse #1 was in-serviced on the</p>		

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F 880	<p>Continued From page 3</p> <p>wipe and thoroughly wet surface. Treated surface must remain visibly wet for a full four (4) minutes. Let air dry.</p> <p>On 10/27/2020 at 11:28 AM Nurse #1 checked Resident # 4's blood glucose and returned to the medication cart. Nurse #1 took a wipe and cleaned the glucometer including the port where the test strip is inserted. Nurse #1 stated it was an alcohol wipe. Nurse #1 stated "I usually use those wipes in a packet, but I don't have any on my cart." Nurse #1 proceeded to gather supplies and went into Resident # 5's room and checked the Resident's blood glucose. In a continuous observation, Nurse #1 went back to the medication cart, cleaned the glucometer with an alcohol wipe and stated she was going to find some of the germicidal wipes. Nurse #1 returned with the germicidal wipes and said she was going to clean the glucometer again. Nurse #1 donned gloves and began to clean the glucometer with the germicidal wipe. After 20 seconds Nurse #1 placed the glucometer on a paper towel. The glucometer was visibly wet. Nurse #1 gathered her supplies and entered Resident # 6's room and checked his blood glucose. In a continuous observation, Nurse #1 returned to the medication cart and donned gloves, took a germicidal wipe and cleaned the glucometer for 30 seconds. The glucometer was placed on a paper towel and returned to the drawer in the medication cart.</p> <p>On 10/28/2020 at 12:40 PM, Nurse #1 was interviewed via telephone, and stated she was very nervous because she had never done a medication pass with a surveyor. When asked if she was oriented to the facility policy for cleaning/disinfecting glucometers, Nurse #1 replied she was but thought the policy might have</p>	F 880	<p>Glucometer cleaning policy by the Director of Nursing on 10/27/2020 and completed a return demonstration. The Medical Director was notified of the improper glucometer cleaning in between Residents' #1, #2, And #3 on 10/27/2020 by the Director of Nursing. As of 11/4/2020, Residents #1, and #3 are not currently residing in the facility.</p> <p>On 10/27/2020 Individual glucometers were ordered by the Director of Nursing to ensure that each Resident requiring accu checks received a glucometer dedicated for single Resident use to include Resident #2. On 10/28/2020 the single Resident use glucometers were received, labeled with each Resident's name, and placed on the medication cart by Nursing Supervisor.</p> <p>On 10/27/2020 100% return demonstration was initiated by the Director of Nursing with all Nurses, to include Nurse #1, to ensure each Nurse follows the manufacturer's instructions and facility policy for glucometer cleaning. Any identified areas of concern will be immediately addressed during the return demonstration. The return demonstrations will be completed by 11/24/2020. After 11/24/2020 any Nurse that has not worked and completed the return demonstration will complete upon return to the facility on next scheduled shift.</p> <p>On 10/27/2020 100% in service was initiated with all Nurses, to include Nurse</p>		

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F 880	<p>Continued From page 4</p> <p>changed. Nurse #1 could not state the time a glucometer needed to remain wet or that it had to be dry to use with another resident. Nurse #1 stated she usually stocked her medication cart at the end of her shift.</p> <p>In an interview by telephone on 10/29/2020 at 11:50 AM, the Director of Nursing stated an analysis had been done with Nurse #1 and it was determined that a lack of compliance with the facility policy was the reason for the failure to properly clean/disinfect the glucometer by Nurse #1. The Director of Nursing stated lack of education was also part of the problem.</p> <p>On 10/30/2020 at 9:00 AM, the Staff Development Coordinator was interviewed by telephone and stated all nurses are oriented to cleaning/disinfecting a glucometer during their orientation and a return demonstration is required.</p>	F 880	<p>#1, by the Director of Nursing regarding proper glucometer cleaning per manufactures instructions and facility policy. The in-service emphasized: utilizing a timing device to ensure that glucometer remains wet per manufacturer's instructions, not placing clean supplies on top of the glucometer while drying and utilizing approved EPA products for glucometer cleaning. In-service will be completed by 11/24/2020. After 11/24/2020 the in-service will be mailed via certified mail to all Nurses who have not worked by the receptionist with instructions to return signed in-service to the Director of Nursing or Staff Development Coordinator upon return to the facility before next scheduled shift.</p> <p>10% of Nurses will be observed when performing blood glucose finger stick testing for glucometer cleaning by the Nurse Supervisor utilizing the Glucometer Cleaning Audit Tool Weekly x4 weeks, then monthly x1 month. The observation is to ensure that nurses are following Glucometer Cleaning Policy to include: utilizing a timing device to ensure that glucometer remains wet per manufacturer's instructions, not placing clean supplies on top of glucometer while drying and utilizing approved EPA products for glucometer cleaning. The Nursing Supervisor will immediately retrain the Nurse for any identified concerns during the audit. Monitoring observations will include Nurse #1 and Resident #2. The Director of Nursing will</p>		

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F 880	Continued From page 5	F 880	<p>review and initial the results of the Glucometer Cleaning Audit Tools weekly x 4 weeks then monthly x 1 month to identify trends and ensure all areas of concerns were addressed.</p> <p>The Director of Nursing will forward the Glucometer Cleaning Audit Tool to the Executive QAPI Committee monthly x2 months. The Executive QAPI Committee will meet monthly x2 months and review the Glucometer Cleaning Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring.</p>		