

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345386	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/11/2011
NAME OF PROVIDER OR SUPPLIER WILKES REGIONAL MEDICAL CTR SN		STREET ADDRESS, CITY, STATE, ZIP CODE 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	PLAN (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 for 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS: a. Corrective Action Plan for each resident found to be affected by the deficient practice as listed in the 2567. Immediately Super Sani-Cloth Germicidal Wipes® meeting Manufacturer's Guidelines for disinfection, were obtained and use initiated on Accu-check for blood glucose procedures on Resident #1. This occurred immediately following the identification of the deficient practice notification. b. Corrective action for residents having a potential to be affected by the same deficient practice. The day the deficiency was identified Resident #1 was the only resident with Blood Glucose checks ordered. Immediately Sani-Cloth Germicidal Wipes®, meeting Manufacturer's Guidelines for disinfection, were obtained and initiated for all future Accu-checks for all blood glucose procedures on all residents. This occurred immediately following the identification of the deficient practice notification. c. Measures put into place to ensure that the deficient practice will not occur. 1. Blood Glucose Monitoring policy was updated by 08/25/11. This policy was updated based on manufacturer's recommendations for disinfection of equipment which meets CDC standards. 2. Staff education will be completed by 09/07/11. Education content will include updated policy with appropriate use of disinfectant and cleaning procedure. Education will be completed by Nurse Manager, Charge Nurse and Nursing Supervisor. "Just in Time" inservicing was completed for all staff reporting to work prior to implementation of formal staff education. 3. Staff competency will be updated based on new policy and procedure no later than 09/07/11. Competency will be completed by Nurse Manager and Charge Nurse. d. Monitor the measures to make sure that solutions are sustained. 1. Monitoring of 1 Blood Glucose procedure per shift will be performed for the next 90 days. 2. Audit will be performed using audit log to be performed by Nurse Manager, Charge Nurse or Nursing Supervisor. 3. Documentation of monitoring will be maintained on observation forms.	09/07/11

(continued)

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

*Jane Jule*

TITLE

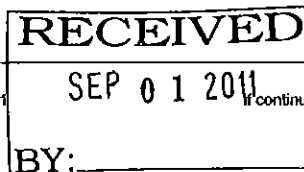
CEO

(X6) DATE

8/31/11

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.

Original Signature Date: 8-25-11



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F 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and medical record review, the facility failed to clean one blood glucose meter in a manner to adequately disinfect after performing a finger stick blood glucose test on one (1) of one (1) sampled resident (Resident #1).</p> <p>Resident #1 was admitted to the facility on 07/30/11 with a diagnosis of diabetes, among others. 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 08/11/11 at 11:22 a.m. Licensed Nurse (LN) #1 was observed to perform a finger stick blood sugar check on Resident #1. LN #1 began by donning gloves. She pricked the resident's finger with a disposable, one time use lancet, and applied a drop of the resident's blood to the end of the test strip in the blood glucose meter (glucometer) to check her blood sugar level. LN #1 disposed of the lancet and test strip and cleaned the surfaces of the glucometer with alcohol wipes. She placed the glucometer back into its docking station and removed and disposed of her gloves.</p> <p>LN #1 was interviewed at that time. She stated that the glucometer could be used on multiple residents but that Resident #1 was the only resident in the facility who currently had orders for finger stick blood sugar testing. She stated she cleaned the glucometer with alcohol wipes after every use before re-docking it. She stated she</p>	F 441	<p>4. After the 90 day period 1 procedure will be monitored per month for a period of 6 months by Nurse Manager, Charge Nurse or Nursing Supervisor.</p> <p>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 Skilled Nursing Representative to the hospital's Performance Improvement Utilization review Committee for review.</p>		

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

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F 441	<p>Continued From page 2</p> <p>had last cleaned it after she had checked the resident's blood sugar level before breakfast LN #1 stated she was not aware of any manufacturer's recommendation for how to disinfect the glucometer between uses with multiple residents.</p> <p>On 08/11/11 at 3:16 p. m. the Charge Nurse was interviewed. She stated glucometers could be used on multiple residents as long as the facility policy was followed which specified that the glucometer should be disinfected with isopropyl alcohol wipes between uses.</p> <p>On 08/11/11 at 15: 54 the Lab Manager was interviewed He also stated glucometers could be used on multiple residents as long as the facility policy was followed which specified that the glucometer should be disinfected with isopropyl alcohol wipes between uses. He provided a manufacturer's manual for the glucometer which had a copyright date of 2003. The manual indicated that the glucometer could be cleaned with soap and water or alcohol, but that to disinfect the glucometer a 1 to 10 solution of bleach to water should be used. He stated he needed to review the latest Centers for Disease Control (CDC) recommendations for disinfecting glucometers to prevent blood borne diseases in order to ensure the facility policy was adequate.</p> <p>On 08/11/11 at 5:00 pm. the Charge Nurse reviewed the manufacturer's manual for the glucometer and stated that the facility policy did not follow the manufacturer's recommendation for disinfection of glucometers.</p> <p>On 08/11/11/at 5:15 p. m. the Lab Manager was</p>	F 441			

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F 441	Continued From page 3 re-interviewed. He stated he had reviewed the CDC recommendations and stated that according to the CDC, isopropyl alcohol was not considered an adequate disinfectant for blood borne diseases. He stated he intended to update the facility policy to make it consistent with manufacturer and CDC recommendations for use of a 1 to 10 solution of bleach to water for disinfection of glucometers.	F 441			