

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

PRINTED: 03/07/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/21/2013
NAME OF PROVIDER OR SUPPLIER  SENTARA NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3907 CARATOKE HIGHWAY BARCO, NC 27917	
(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	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441	<p>1. No specific residents were affected by this deficient practice. The nurse involved was verbally counseled.</p> <p>2. All residents needing a blood sugar check have the potential to be affected.</p> <p>3. All licensed staff have been in-serviced on the proper cleaning of blood glucose machines after resident use.</p> <p>4. The Clinical Managers or designees will conduct rounds to insure proper technique is being followed in cleaning glucometers. Each clinical manager will observe three blood sugar checks per week for the next six months and document findings weekly on the unit round sheets. Following this, observations will be as needed and at random. Unit round sheets will be given to the Director of Nursing who will report these findings at QA meetings for the next two quarters.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p>	3/12/13

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

TITLE

(X6) DATE

*[Signature]*

Administrator

3-14-13

A 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 observation, record review, and staff interviews, the facility failed to clean and disinfect the glucometer for 1 (Resident #144) of 1 sampled resident observed to have a blood sample obtained with the use of a glucometer for glucose (sugar) monitoring. Findings include:  The facility's policy, updated 01/11/2011, read in part: "Cleaning: Clean outside of meter using a disposable bleach wipe or germicidal disposable wipe (sanicloth). Allow to air dry. NOTE: Clean and disinfect blood glucose meter after every use."  The Center for Disease Control (CDC) and Prevention Guidelines for Glucose Monitoring read in part: "Any time blood glucose monitoring equipment is shared between individuals there is a risk of transmitting viral hepatitis and other blood borne pathogens. Decontaminate environmental surfaces such as glucometers regularly and any time contamination with blood or body fluids occurs or is suspected. Glucose test meters approved for use with more than one person must be cleaned and disinfected following disinfection guidelines."  An observation, on 02/19/13 at 4:37 PM, was made of Nurse #1 obtaining a blood sample for Resident #144 with the use of a glucometer. Nurse #1 donned gloves, obtained a strip for the glucometer, picked up the glucometer and entered the resident ' s room. She pricked Resident #144 ' s finger, placed the strip against	F 441			

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F 441	<p>Continued From page 2</p> <p>the middle finger, obtained the blood sample and placed the strip into the glucometer. Once the reading was obtained, Nurse #1 exited the resident room, removed the testing strip from the glucometer, discarded it and sat the glucometer on top of the medication cart. She removed her gloves and used hand sanitizer. She donned gloves, drew the insulin to administer to the resident, entered the room and administered the insulin to the resident. She returned to the medication cart, discarded the syringe, removed her gloves and used hand sanitizer. Nurse #1 then proceeded to move the medication cart to the front of the 300 hall. When the nurse was asked when the glucometer was to be cleaned, she indicated she would clean the glucometer when she finished passing medication from the medication cart later in the evening.</p> <p>On 02/19/13 at 4:45 PM, Nurse #1 proceeded to the 200 hall and began to prepare to administer medications for the residents on the 200 hall.</p> <p>On 02/19/13 at 4:48 PM the Director of Nursing (DON) was approached and asked to have the glucometer on the 300 hall medication cart cleaned. The DON was observed to clean the glucometer on the 300 hall medication cart with an antimicrobial wipe.</p> <p>An interview, on 02/19/13 at 4:55 PM, was conducted with Nurse #1. Nurse #1 stated her manager had just informed her that the glucometer should be cleaned after each use.</p> <p>An interview, on 02/20/13 at 10:45 AM, was conducted with the DON. The DON indicated the nurses had been trained on the policy and</p>	F 441			

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F 441	Continued From page 3 procedure for use of the glucometer and to clean it after each use. She stated it was her expectation the nurse would have followed the facility policy for cleaning the glucometer after using it for the resident.	F 441		