

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

PRINTED: 09/30/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/28/2014
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - STARMOUNT			STREET ADDRESS, CITY, STATE, ZIP CODE 109 S HOLDEN ROAD GREENSBORO, NC 27407		
(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 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey of 8/28/14. Event ID# 1ABE11.	F 000			
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interviews with staff and resident, the facility failed to deliver clean resident laundry to the resident's room, which forced the resident to wear other residents' clothing or an institutional gown for 1 of 3 residents (Resident #83) reviewed for dignity. Findings included: Resident #83 was admitted on 8/7/13 with diagnoses that included depression, chronic airway obstruction, anxiety, and abnormal gait. The Minimum Data Set (MDS) dated 7/21/14 indicated Resident #83 was cognitively intact and did not reject care. She required supervision and one person assist with dressing, and it was "somewhat important" to her to choose what clothes to wear, to take care of her personal belongings, and to do things with groups of people. During an interview with Resident #83 on 8/26/14 at 11:06 am, Nurse Aide (NA) #1 entered the room, looked in the resident's closet and stated,	F 241	Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely because it is required by the provisions of Federal and State Law. Resident #83 experienced no negative outcome. All other residents who have their personal clothing laundered at the facility have the potential to be affected. All personal clothing was returned to resident rooms on 8/29/2014. On 8/29/2014 all personal clothing was returned to resident #83. Laundry personnel will be inserviced by the Housekeeping Manager regarding documenting pick up/delivery times of personal clothing by 9/26/2014.	9/26/14	

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

TITLE

(X6) DATE

Electronically Signed

09/18/2014

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 241	<p>Continued From page 1</p> <p>"Well, you don't have any clothes in here." Resident #83 stated, "I know, they are still down in the laundry." Resident #83 indicated that it happened about once a week that she would not have her own clothes to wear because they were in the laundry. NA #1 indicated the same, that other residents also will not have their own clothes to wear and stated, "I will have to walk down to the laundry and try to find [residents'] clothes and if I can't find their clothes I will get clothes that don't have a name and offer that to the resident or offer them a hospital gown. Sometimes they don't want to wear [another resident's] clothes or a hospital gown. They want their own clothes."</p> <p>An observation of Resident #83's closet on 8/26/14 at 11:06 am revealed there were no clothes except for a blue robe and a white sweater. There were also no pants or tops in her dresser.</p> <p>During an interview with NA #1 on 8/26/14 at 12:28 pm she stated, "I went down to the laundry to look for [Resident #83's] clothes but there weren't any [clean]. I told the girl down there that she needed clothes." NA #1 indicated there was one employee working with personal laundry when she went to the laundry.</p> <p>Record review of Resident #83's occupational therapy notes revealed on 8/27/14, the resident had therapy on self-care from 10:54-11:10 am which included working with dressing.</p> <p>An observation on 8/28/14 at 10:52 am revealed Resident #83 sitting in bed wearing a hospital-style gown. There were no clothes in her closet other than her blue robe and white</p>	F 241	<p>Housekeeping will document all pick up/delivery times for personal laundry to ensure the return of personal clothing to the resident room occurs withing 48 hours of pick up.</p> <p>Housekeeping Manager will audit pick up/delivery times of personal laundry daily for 4 weeks and weekly for 8 weeks. Executive Director/Social Services will monitor any Grievances regarding return of clothing daily in the Stand Up Meeting for 4 weeks.</p> <p>Results of the laundry audits will be reported to the Executive Director daily in the Stand Up Meeting. Results from the audits will be discussed at the Quality Assurance and Performance Improvement Meeting monthly. Additional education and monitoring will be initiated for any identified concerns.</p>		

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F 241	<p>Continued From page 2 sweater.</p> <p>During an interview on 8/28/14 at 10:52 am, Resident #83 indicated she had not had clothes delivered by laundry all week and stated, "I am wearing the gown because I don't have clothes. I don't ever know when my clothes are coming back. They don't tell me. Right now I am disgusted by that. I don't like wearing this gown. Yesterday I just had a top [to wear] but no pants, [someone] brought me some pants from the lost and found downstairs but they weren't mine." Resident #83 indicated she did not want to go out of her room to activities or therapy wearing a gown or someone else's clothing, that she wanted to wear her own clothes.</p> <p>During an interview on 8/28/14 at 11:10 am, OT #1 stated, "[Resident #83] had therapy yesterday but did not have pants to put on. Sometimes we have that problem. We work with [activities of daily living (ADLs)] so I will incorporate [dressing] in the therapy. If the resident doesn't have clothes I will go to the laundry to find some for them. I found a top downstairs with [Resident #83's] name so I came back and gave her the top. I told [Nurse #1] that she didn't have any pants and she went down [to the laundry] and got some [pants] for her." OT #1 indicated there was one employee working with personal laundry when she went to the laundry.</p> <p>During an interview on 8/28/14 at 11:22 am, Nurse #1 indicated that on 8/27/14 she went downstairs to the laundry to find pants for Resident #83 so the resident would have pants to wear to therapy. She further indicated she could not find any of Resident #83's pants so she brought a pair of pants that was unlabeled for her</p>	F 241			

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F 241	Continued From page 3 to wear. During an interview on 8/28/14 at 11:32 am with the Housekeeping Manager she stated, "We have 48 hours to get the clothes back to the resident. First shift we have one person doing linens and one person doing personals (resident clothing). Second shift we have one person in laundry, doing only linens. We have only one person [who does] residents' clothing." During an interview with the Administrator 8/28/14 at 4:30 pm, she indicated residents should have their own clothing to wear and it was her expectation that resident clothing is cleaned and back in resident rooms within 48 hours.	F 241			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature	F 431		9/26/14	

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F 431	<p>Continued From page 4 controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on inspection of medication stored and staff interview the facility failed to remove expired medications from the refrigerator in the medication room located on the 1st floor for 1 of 2 medication rooms.</p> <p>Findings include:</p> <p>On 8/28/14 at 12:10pm during an inspection of the medication room located on the 1st floor 2 bottles of Vancomycin were expired in the refrigerator. 1 bottle with a label indicating it had been filled on 6/3/14 with 80 ml (milliliters) of fluid in it had an expiration date of 6/17/14. The second bottle of Vancomycin had a label indicating it had been filled on 6/3/14 with an expiration date of 6/17/14 and had 20ml of fluid in it.</p> <p>On 8/28/14 at 12:13pm an interview with nurse #3 revealed the person responsible for checking the medication for expiration dates was the unit</p>	F 431	<p>No residents experienced a negative outcome from the expired medications.</p> <p>On 8/28/2014 the expired medications were removed.</p> <p>Unit Managers and Shift Supervisors will be inserviced by the Director of Clinical Education regarding checking for expired medications in the Medication Rooms by 9/26/2014.</p> <p>Unit Managers and Shift Supervisors will audit the Medication Rooms to ensure there are no expired medications daily for 4 weeks and 3 times a week for 8 weeks.</p> <p>Results of the audits will be reported to the Director of Nursing Services daily during the Clinical Start Up Meeting. Results from the audits will be discussed at the Quality Assurance and</p>		

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F 431	Continued From page 5 supervisor.	F 431	Performance Improvement Meeting monthly. Additional education and monitoring will be initiated for any identified concerns.		
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	F 441		9/26/14	

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F 441	<p>Continued From page 6 professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record reviews and staff interviews, the facility failed to disinfect a blood glucose meter that was used for multiple residents before and after use for 1 of 3 residents. (Resident #137)</p> <p>The findings included:</p> <p>On 8/27/14 at 4:31pm during an observed medication administration pass nurse #4 removed a blood glucose meter from the top drawer on the medication cart for 100hall. As the nurse picked up the blood testing strip, lancet and blood glucose meter to take into the room 102A resident #137, the nurse was asked if the blood glucose meter had been cleansed and disinfected. The nurse responded that this was the first time to use the blood glucose meter and that he was sure the other shift nurse had disinfected the blood glucose meter. The nurse then took an alcohol wipe and cleansed the meter. When asking how he would disinfect the blood glucose meter the response was " I use an alcohol pad to clean it " . When asked how he would disinfect the blood glucose meter after using it on a resident the response was " I use an alcohol pad " . The nurse indicated this was how</p>	F 441	<p>Resident #137 experienced no negative outcome from the cleaning and disinfecting of the blood glucose meter. No other residents were identified as being affected.</p> <p>Nurse #4 was immediately inserviced regarding proper cleaning and disinfecting of blood glucose meters on 8/28/2014 by the Director of Clinical Education.</p> <p>Licensed personnel will be inserviced regarding proper cleaning and disinfecting of the blood glucose meters and will demonstrate understanding by 9/26/2014.</p> <p>Unit Managers and Shift Supervisors will observe proper cleaning and disinfecting of blood glucose meters during medication administration pass 3 times a week for 4 weeks and weekly for 8 weeks.</p> <p>Results of the observations will be reported to the Director of Nursing Services weekly during the Clinical Start Up Meeting. Results from the observations will be discussed at the Quality Assurance and Performance</p>		

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F 441	<p>Continued From page 7</p> <p>the facility trained the nurses to cleanse the blood glucose meter. The nurse went to the Director of Nursing (DON) for directions. The nurse returned and stated that the DON told him that a Clorox wipe is what he would use to disinfect the blood glucose meter.</p> <p>On 8/28/14 at 8:50am the DON stated her expectation was that staff should be disinfecting the blood glucose meter in-between uses with residents using the Clorox wipes. The DON provided a facility protocol titles ' Golden clinical services ' with a heading of ' objectives for diabetes management ' . The DON indicated that the facility did not have a written policy regarding cleaning and disinfecting a blood glucose meter. A review of the facility protocol revealed a item that the participant will be able to demonstrate understanding of use of blood glucose meter: cleaning and disinfection. There was no information in this protocol on how to disinfect the meter in-between uses for residents. The DON provided a manual from the manufacturer of the blood glucose meter. A review of the manufacturer manual did not contain any information regarding disinfecting the blood glucose meter. The manual stated the blood glucose meter was indicated for home (lay user) or professional in the management of patient with diabetes. The DON reviewed Center for Disease Control guidelines that it was an unsafe practice to use a blood glucose meter for more than one person without cleaning and disinfecting it in between uses.</p>	F 441	Improvement Meeting monthly. Additional education and observation will be initiated for any identified concerns.		