

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/28/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BIG ELM RETIREMENT AND NURSING CENTERS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1285 WEST A STREET KANNAPOLIS, NC 28081</b>
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(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
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F 315 SS=E	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews the facility failed to secure the indwelling urinary catheter tubing for 2 of 2 residents with an indwelling catheter (Resident #2 and #74).</p> <p>Findings included:</p> <p>1. Resident #2 was admitted to the facility 3/17/12 with the diagnosis of cerebral palsy, major depressive disorder and neurogenic bladder.</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment dated 3/17/16 revealed that Resident #2 required extensive assistance with activity of daily living (ADL ' s), had an indwelling urinary catheter and had not had a urinary tract infection in the last 30 days.</p> <p>Review of the care plan dated 3/17/16 revealed a problem of use of an indwelling catheter. The interventions included to use catheter strap to fasten catheter in place and to check tubing every</p>	F 315	<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 conclusions 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> <p>F315 483.25(d) 1) Resident #2 and Resident #74 have had their catheter protocols reviewed and the securing device was applied to both residents. The facility nursing staff will be in serviced by 05/26/2016 on facility catheter care protocols for resident's #2 and #74 including using catheter strap as ordered to fasten catheter in place, providing catheter care as ordered, covering catheter bag and to directly observe the tubing every shift and as needed. The in-service will include using</p>	5/26/16
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  05/20/2016
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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 315	<p>Continued From page 1</p> <p>shift and as needed and catheter care to be provided every shift.</p> <p>Review of the physician order dated 6/1/12 indicated to secure catheter tubing with leg strap, cover drainage bag with privacy cover and to check every shift.</p> <p>An observation on 4/26/16 at 9:40 AM revealed Resident #2 in bed with catheter tubing placed over left thigh and not secured. No strap was in place.</p> <p>A second observation on 4/27/16 at 10:22 AM revealed Resident #2 in bed with catheter tubing under left thigh with no strap and catheter tubing not secured.</p> <p>An interview with nurse aide #3 on 4/28/16 at 9:45 AM revealed that leg straps should be in place to secure the catheter tubing and if it is not in place the nurse is notified.</p> <p>During an interview with nurse #2 at 9:46 AM on 4/28/16 revealed that the catheter tubing should be secured at all times and if it is not in place the nurse should get a leg strap and secure it.</p> <p>An interview with the director of nurses on 4/28/16 at 10:04 AM indicated that her expectations were that the catheter tubing should be checked every shift and a leg strap should be on at all times.</p> <p>2. Resident # 74 was admitted to the facility on 10/28/15 with diagnosis of bladder outlet obstruction and atonic bladder.</p>	F 315	<p>proper catheter care including proper wiping technique and use of gloves on resident's with catheters. The facility nursing staff will also be in serviced by 05/26/2016 to secure the catheter tubing with a leg strap, providing catheter care, and to cover the drainage bag and check it every shift for both resident's #2 and # 74.</p> <p>The facility's director of nursing, SDC and/or medication nurses on respective units will be responsible for conducting daily observations for resident #2 and #74 for 3 weeks and weekly observations thereafter to ensure compliance with catheters and use of catheter straps to secure catheters. Staff identified as not showing compliance will be subject to the facility overall progressive disciplinary policy up to and including termination of employment.</p> <p>In addition, employee #2 identified in the 2567L will be required to complete a direct observation competency evaluation on using proper catheter care including proper wiping technique and use of gloves.</p> <p>2) The facility nursing staff will be in serviced by 05/26/2016 on facility catheter care protocols including using catheter strap as ordered to fasten catheter in place, providing catheter care as ordered, covering catheter bag and to directly observe the tubing every shift and as needed. The in-service will include using</p>		

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F 315	<p>Continued From page 2</p> <p>The quarterly Minimum Data Set dated 3/15/16 indicated Resident # 74 had long and short memory problems, an indwelling urinary catheter and a urinary tract infection (UTI) within the last 30 days.</p> <p>Review of the care plan dated 3/15/16 included a problem for use of an indwelling urinary catheter. The interventions included nursing staff to secure the catheter tubing with a leg strap, catheter care to be provided every shift, cover the drainage bag and check it every shift.</p> <p>Review of the Nurse Practitioner's (NP) note dated 3/28/16 revealed the most recent UTI with hematuria in the drainage tubing was on 3/27/16. "He has had issues with recurrent UTI with usually accompanying leukocytosis." (increased white blood cells indicating infection) "Hematuria: New finding/needs intervention. Will ask staff to employ a leg strap to maintain catheter in place. He will be going to Urology soon to discuss supra pubic catheter ..."</p> <p>A telephone order written on 3/28/16 for "employ leg strap for Foley (urinary catheter) and check placement qs (every shift)" was written by the NP.</p> <p>Observations on 04/28/2016 at 7:48 AM with Nurse Aide (NA) #1 revealed no securing strap was on resident #74's leg to secure the catheter tubing. The drainage tubing was connected to straight drainage into a drainage bag located on the bottom frame of the bed. The urine in the tubing was milky in color.</p> <p>Interview on 04/28/2016 at 8:43 AM with NA#2, who was assigned to Resident #74 on 4/27/16, revealed he had a leg bag for drainage</p>	F 315	<p>proper catheter care including proper wiping technique and use of gloves. The facility nursing staff will also be in serviced by 05/26/2016 on resident secure the catheter tubing with a leg strap, providing catheter care, and to cover the drainage bag and check it every shift.</p> <p>The facility will review care plans and catheter orders for residents who have catheters and update, if necessary, to ensure protocols are being followed.</p> <p>The director of nursing and/or SDC have identified other residents at the facility who have a catheter. The facility's director of nursing, SDC and/or medication nurses on respective units will be responsible for conducting daily observations for 3 weeks and weekly observations thereafter to ensure compliance with catheters and use of catheter straps including proper use of leg straps to secure catheters. Staff identified as not showing compliance will be subject to the facility overall progressive disciplinary policy up to and including termination of employment.</p> <p>3) In review, the facility does not need to update or make any systemic changes regarding its Foley catheter protocol. The facility nursing personnel will be in serviced on the Foley catheter protocol including the use of catheter straps to fasten catheter tubing in place, to check</p>		

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F 315	<p>Continued From page 3</p> <p>yesterday, had straps to leg bag only. A leg strap to secure the catheter was not on the resident.</p> <p>Observations of care by NA #3 on 04/28/2016 at 8:48 AM revealed the hip protectors were removed and the catheter tubing was pulled during removal of the protectors. NA#3 used disposable wipes to provide incontinence care and catheter care. During care, stool was observed on the buttocks and in the disposable brief. NA#3 touched the package of wipes to get a new wipe each time to clean the buttocks. Continued observations revealed NA#3 kept the same gloves on after cleaning the buttocks. She touched the sheet, clean disposable brief, tube of cream, and picked up a dirty spoon in bed and laid it on the over bed table. With the same gloves on, NA#3 applied cream to both inner groin areas and moved the penis to apply the cream. NA#3 re-applied a disposable brief, redressed the resident in the hip protectors and pants. She then removed the soiled gloves and applied a clean pair of gloves. NA#3 had not washed her hands or used hand sanitizer between the glove changes. After changing gloves, NA#3 touched the package of wipes that she had touched with dirty hands, unhooked the catheter tubing from the indwelling catheter and connected the leg bag drainage system to the catheter tubing. A securing strap had been applied to the leg and secured the catheter tubing.</p> <p>Interview with NA #3 on 04/28/2016 at 9:27 AM revealed she changed her gloves, after providing incontinence care due to a BM (bowel movement). She did not change her gloves before touching other items, i.e. package of wipes, spoon from the bed and placed on the</p>	F 315	<p>tubing every shift, to make sure the drainage bag is covered, to provide catheter care every shift which includes proper wiping techniques, and glove use.</p> <p>4) The facility will monitor residents with Foley catheters through its QAPI program. The director of nursing and/or SDC have identified other residents at the facility who have a catheter. The facility <input type="checkbox"/>s director of nursing, SDC and/or medication nurses on respective units will be responsible for conducting daily observations for 3 weeks and weekly observations thereafter to ensure compliance with catheters and use of catheter straps to secure catheters. Staff identified as not showing compliance will be subject to the facility overall progressive disciplinary policy up to and including termination of employment.</p> <p>Results of these audits will be monitored through weekly QAPI meetings and results tracked and trended through monthly and quarterly QAPI meetings to ensure results are sustained.</p> <p>5) Date of compliance 05/26/2016</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 315	Continued From page 4 over bed tray table, etc. She explained that was not how she should have continued, and should have changed gloves before touching items.  Interview with the charge nurse on 04/28/2016 at 10:41 AM revealed she was not sure if the resident had a strap in use to secure the catheter on 4/27/16 when she worked.  Interview with the DON on 04/28/2016 10:42:57 AM she would expect the staff to apply the leg strap to secure the tubing. Continued interview revealed it would not be needed if the leg bag was used for urine drainage. Further interview revealed the NA should have changed her gloves after cleaning the stool during incontinence care and before touching other items.	F 315			
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to prepare food items on the service line to prevent cross contamination, and failed to sanitize the food thermometer with a clean wipe to prevent cross contamination.	F 371	F 371 483.35(i)  1) The facility dietary staff will be in-serviced by 05/26/2016 on cross contamination and sanitation guidelines to	5/26/16	

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F 371	Continued From page 5 The findings included:  An observation of the facility dining room was conducted on 4/25/16 at 11:50 am. The facility utilized a steam table with a hot and cold side in the main dining room to serve residents. The cold side of the steam table contained an open container of sour cream, an open container of salsa and uncovered beets. Dietary Aide #1 was observed to leave the tray line, enter the kitchen and return with a tray of uncovered cold sandwiches. The sandwiches were placed on the hot side of the servicing table. The server was then observed to place the sandwiches on the cold side of the serving table, on top of the open containers of sour cream and salsa. A member of the kitchen staff (name unknown) was observed to place a red basket containing individual packs of butter on the cold side of the service table, on top of the opened beets. A tray of 7 bowls was observed to have a plate of food placed on them. Observation of the tray line finished at 12:20pm An observation of the tray line was observed on 4/27/16 at 11:45 am. Dietary Aide #2 was observed to take temperatures of the food items placed on the steam table. The Dietary Aide was observed to use alcohol pads between taking the temperature of 3 different food items. Dietary Aide #2 requested dietary staff #3 to get a cloth and wet it. Dietary staff #3 returned from the kitchen with a wet cloth and handed it to Dietary Aide #2. Dietary staff #2 was observed to wipe the thermometer with the wet cloth between temping the remainder of each food item. Interview with Dietary Aide #2 on 4/27/17 at 2:18 pm revealed she had requested dietary aid #3 to get her a wet rag because she had ran out of alcohol pads. Dietary Aide #3 indicated she	F 371	include keeping used and unused food items kept separate, serving containers are use of serving containers when condiments accompanied, food items are to be covered during transport from the kitchen to the dining room, and food temps are to be taken prior to meal service with sanitizer alcohol swabs are to be used between items.  The Certified Dietary Manager and/or the assistant dietary manager will conduct daily observations for one month and then weekly thereafter to ensure compliance. Employees failing to follow policies will be subject to the facility progressive disciplinary chart up to and including termination of employment.  2) The facility dietary staff will be in-serviced by 05/26/2016 on cross contamination and sanitation guidelines to include keeping used and unused food items kept separate, serving containers are use of serving containers when condiments accompany, food items are to be covered during transport from the kitchen to the dining room, and food temps are to be taken prior to meal service with sanitizer alcohol swabs are to be used between items.  The Certified Dietary Manager and/or the assistant dietary manager will conduct daily observations for one month and then weekly thereafter to ensure compliance. Employees failing to follow policies will be subject to the facility progressive disciplinary chart up to and including		

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F 371	<p>Continued From page 6</p> <p>needed the cloth to wipe down the thermometer between temping the food items.</p> <p>Interview with Dietary Aide #1 on 4/28/16 at 10:47am revealed the facility usually had had individual packets of sour cream. The facility did not have the individual packets so he used the original containers the salsa and the sour cream came in. He indicated he had brought the sandwiches from the kitchen uncovered initially. He indicated the tray line was cluttered and he placed them on top of the sour cream and the open container of salsa. He revealed he remembered the sandwiches should have been covered, so he took them back to the kitchen to be covered. The dietary staff indicated that he placed the pre-plated food on top of the clean bowls because, while plating the food, the gravy was runny due to not draining it prior to plating it. He stated he wasn't going to give the plate with the runny gravy to a resident so he placed it on the clean bowls. Dietary Aide #1 indicated the bowls were out for use.</p> <p>Interview with Dietary Aide #3 on 4/28/16 at 11:00 am indicated she had retrieved the cloth from the cabinet in the kitchen that contained clean clothes. She indicated she wet the cloth with water.</p> <p>Interview with the Dietary Manager on 4/28/16 at 11:11am revealed the sour cream and salsa should have been taken out of the original containers and placed in separate containers for serving and covered. The Dietary Manager indicated the condiments should not have gone into the cold bar of the serving line. The Dietary Manager indicated it was her expectation that sandwiches be separate, covered and placed in a pan of ice. Dietary Aide #2 should have used alcohol pads to sanitize the thermometer between taking the temperature of each individual food</p>	F 371	<p>termination of employment.</p> <p>3) The facility does not need to update of make any systemic changes regarding cross contamination, food temps, proper thermometer sanitizing, and food set-up for service. Staff education of facility protocol will be used to ensure compliance.</p> <p>4) The facility will monitor sanitation and cross contamination through its weekly and monthly QAPI program. The dietary manager and/or dietary manager assistants will monitor staff during meals to ensure staff demonstrate the appropriate techniques of sanitizing thermometer during food temps, no cross contamination occurs, and food set-up for service is done appropriately. The dietary manager and/or her designee will conduct daily rounds of a meal service for one month, then weekly, to ensure compliance. Results of audits will be reported in QAPI meetings where corrective actions will be taken if identified.</p> <p>5) Date of compliance 05/26/2016</p>		

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F 371	Continued From page 7	F 371			
F 431 SS=D	<p>item. She stated Dietary Aide#2 should have requested more alcohol swaps to use for temping food items. A cloth should have not been used.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>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.</p> <p>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.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature 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>	F 431		5/26/16	



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F 431	Continued From page 8  This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews the facility failed to maintain refrigerator temperatures between 36 and 46 degrees Fahrenheit (F) for 1 of 1 medication refrigerators. Findings included: On 4/28/16 at 10:15 AM an observation of the medication refrigerator temperature log for April 2016 revealed 11 days that the temperatures were not checked, 4/2/16, 4/3/16, 4/4/16, 4/7/16, 4/8/16, 4/13/16, 4/16/16, 4/19/16, 4/20/16, 4/22/16 and 4/23/16. Further observation revealed on 7 occasions that the refrigerator temperature log had documented temperatures below the manufacturers specifications range between 36 and 46 (F), on 4/1/16- 32 degrees (F), 4/5/16-32 degrees (F), 4/6/16-32 degrees (F), 4/9/16-28 degrees (F), 4/11/16-30 degrees (F), 4/26/16-32 degrees (F) and on 4/27/16 34 degrees (F). Also noted on 4/28/16 at 10:15 AM in the refrigerator was 2 vials of Tuberculin, 1 vial of pneumonvax, 4 Humulogs, and 3 Novologs all with manufacturer recommendation of refrigeration of between 36-46 degrees (F). The protocol posted on the refrigerator temperature log indicated the acceptable range for the refrigerator is 36-46 degrees (F), the temperatures are to be checked every night on the 11-7 shift and the log is to be collected at the months end by maintenance department. Attempts to interview the 11-7 shift nurse on 4/28/16 by phone were unsuccessful. An interview with the director of nurses on 4/28/16 at 10:15 AM revealed that refrigerator	F 431	F431 483.60(b), (d), (e)  1) Facility licensed nursing staff will be in serviced by 05/26/2016 on completing the medication refrigerator temperature log daily and to notify the supervisor to ensure that the refrigerator temperature is corrected when temperature ranges and out of required temperatures.  The director of nursing will conduct daily audits of the temperature logs for a period of one month and then weekly thereafter to ensure that the medication refrigerator is maintaining adequate temperatures and that variations are identified and corrected accordingly.  The pharmacy consultant has also been in-serviced to ensure they check the temperature log through their monthly review and audits.  2) Facility licensed nursing staff will be in serviced by 05/26/2016 on completing the medication refrigerator temperature log daily and to notify the supervisor when temperature ranges and out of required temperatures.  The director of nursing will conduct daily audits of the temperature logs for a period of one month and then weekly thereafter to ensure that the medication refrigerator is maintaining adequate temperatures and		

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F 431	Continued From page 9 temperatures are checked each night by 11-7 shift and her expectations are that if the temperatures are out of range the nurse should adjust the thermostat and if it continues to be out of range to notify maintenance by a work order. During an interview with the maintenance director on 4/28/16 at 10:45 AM revealed that he has not received any work orders regarding refrigerator temperatures being out of range and review of refrigerator temperature logs confirmed temperatures were below the recommended 36 degrees (F) since January 2016.	F 431	that variations are identified and corrected accordingly.  The pharmacy consultant has also been in-serviced to ensure they check the temperature log through their monthly review and audits.  3) The facility has a system where the 3rd shift nurse is to check, record, and ensure the refrigerator check is maintained in accordance to the required temperatures. The facility does not need to make systemic changes regarding the medication refrigerator temperature log. In-servicing of nursing personnel and physical inspections will maintain compliance.  4) The facility will monitor the medication refrigerator temperature log record through its weekly and monthly QAPI program and corrective actions will be taken as identified.  5) Date of compliance 05/26/2016		
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 -	F 441		5/26/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/28/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BIG ELM RETIREMENT AND NURSING CENTERS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1285 WEST A STREET KANNAPOLIS, NC 28081</b>		
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F 441	<p>Continued From page 10</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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</p> <p>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 observations, staff interviews and facility policy the facility failed to disinfect 1 glucometer prior to and after use for 1 of 1 sampled resident (Resident #8) observed getting blood glucose checks and failed to perform hand washing before and after performing the finger stick blood sugar testing for Resident #8.</p> <p>The findings included:</p>	F 441	<p>F441 483.65</p> <p>1) Facility licensed staff will be in serviced by 05/26/2016 on the Blood Glucose Monitoring Care Policy to include specific infection control guidelines. The facility issues individual glucometers to its residents for infection control purposes.</p> <p>Nurse #8, as identified in the 2567L is</p>		

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F 441	<p>Continued From page 11</p> <p>The facility policy dated April 28, 2011, entitled, " Blood Glucose Monitoring Care " read in part: Clean glucometers after each use and allow glucometer to remain visibly wet for 3 minutes. Item #4- use good hand washing before and after donning gloves when performing finger sticks. Item #5- The glucometer will be cleaned and disinfected with each use.</p> <p>On 4/28/16 at 8:50 AM during medication administration observation nurse #1 indicated that Resident #8 did not eat her breakfast and she wanted to check her blood sugar level prior to administering her insulin. Nurse #1 removed the glucometer and case from the medication cart, the case was labeled with Resident #8 ' s name. Nurse #1 removed the glucometer from the case, did not sanitize the glucometer and donned gloves without washing her hands, nurse #1 performed the finger stick and noted the blood glucose level was 497, she removed her gloves and returned the glucometer back to the case without sanitizing the glucometer and placed it in the medication cart. Nurse #1 then removed her gloves failed to wash her hands and went to speak with the physician who was in the facility to report the blood glucose level. Nurse #1 returned to the medication cart and began administering medication to the next resident without sanitizing or washing her hands.</p> <p>An interview with Nurse #1 on 4/28/16 at 9:00AM revealed that she knows to disinfect the glucometer before and after use, the germicidal cloths are available on the cart and to wash her hands before and after performing the finger stick but she was " rattled " with being observed.</p>	F 441	<p>required to satisfactorily complete a competency evaluation and direct observation of administering GBS checks by 5/26/2016.</p> <p>The director of nursing and/or SDC will conduct direct observations of nursing personnel administering GBS and forward results through its weekly QAPI. Staff failing to adhere to the policy will be subject to the facility progressive disciplinary policy up to and including termination of employment.</p> <p>2) Facility licensed staff will be in serviced by 05/26/2016 on the Blood Glucose Monitoring Care Policy to include specific infection control guidelines. The facility issues individual glucometers to its residents for infection control purposes.</p> <p>Nurse #8, as identified in the 2567L is required to satisfactorily complete a competency evaluation and direct observation of administering GBS checks by 5/26/2016.</p> <p>The director of nursing and/or SDC will conduct direct observations of nursing personnel administering GBS and forward results through its weekly QAPI. Staff failing to adhere to the policy will be subject to the facility progressive disciplinary policy up to and including termination of employment.</p> <p>3) The facility has revised its policy to coincide with the manufacturer</p>		

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F 441	Continued From page 12 During an interview with the Director of Nurses on 4/28/16 at 10:04 AM indicated that the residents have their own individual glucometers and if there is visible blood on the glucometer she would expect the glucometers to be cleaned and her expectations were that the staff were to wash their hands after performing the finger stick and removing their gloves.	F 441	specifications for GBS test. This includes infection control recommendations and procedures and will be in-serviced with licensed personnel.  4) The facility will monitor the blood glucose monitoring care through its weekly and monthly QAPI program. The director of nursing and/or SDC will conduct direct observations of nursing personnel administering GBS and forward results through its weekly QAPI. The direct observations will be completed weekly for three months then monthly thereafter to ensure compliance. Results of the physical audits will be presented in weekly and monthly QAPI meetings and corrective actions taken as necessary.  5) Date of compliance 05/26/2016		