

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345540	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/22/2011
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NAME OF PROVIDER OR SUPPLIER CMH - SKILLED UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 315 WEST COLLEGE AVENUE, P O BOX 996 BOILING SPRINGS, NC 28017
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F 000 F 315 SS=D	<p>INITIAL COMMENTS</p> <p>No deficiencies were cited as a result of the complaint investigation Event ID #RND011.</p> <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, facility records and staff interviews the facility failed to secure the catheter during care for one (1) of two (2) residents. (Resident #1)</p> <p>The findings are:</p> <p>Resident #1 was admitted to the facility 11/16/09 with the diagnoses chronic respiratory failure, dependence on a respirator, and anoxic encephalopathy. Resident #1 was assessed on the Minimum Data Set (MDS) as being totally dependent for all care. The MDS noted that Resident #1 had an indwelling catheter. Resident #1's medical record further revealed she had a catheter to promote healing of a stage three and stage four pressure ulcer.</p> <p>An observation was made on 02/21/11 at 2:00 pm</p>	F 000 F 315	<p>Disclaimer: 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 this 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>F 315</p> <ul style="list-style-type: none"> • The DON re-inserviced NA #1 as to proper catheter care immediately upon being made aware of the issue. • DON/DQM reviewed the NA Competency training for Catheter Care, and updates were made as appropriate to ensure that other residents were not affected by the deficient practice. • Catheter care competencies were completed for all NA's to ensure competence and to ensure that other residents were not affected by the deficient practice. 	3/21/2011

RECEIVED
MAR 30 2011
BY: _____
TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Denise R. Cooper
TITLE
CEO
(X6) DATE
03/28/2011

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>of Nurse Assistant (NA) #1 providing catheter care for Resident #1. While performing catheter care NA #1 did not secure the catheter tubing next to the residents urethral opening prior to wiping the tubing with the wash cloth. Instead NA #1 held the catheter tubing approximately 10 inches from where the tube entered the urethral opening and wiped from the urethral opening down to where he was holding the tubing.</p> <p>An interview was done with NA #1 on 02/21/11 at 2:20 pm. NA #1 was asked about proper technique when performing catheter care for residents. NA #1 was unaware that the tubing should be secured close to the resident's body while the catheter is being wiped.</p> <p>An interview on 2/22/11 at 11:10 pm with LN #3 who provides staff development for the facility revealed that it was her expectation that the catheter be secured near the residents' urethra and wiped away from the body with a wash cloth. She further reported, "We have some education to do."</p> <p>An interview on 2/22/11 at 11:10 am with the Director of Nursing revealed that her expectation is that while providing catheter care the NAs should secure the catheter near the urethra then wipe away from the body with a wash cloth.</p>	F 315	<ul style="list-style-type: none"> The named resident as well as all residents with a foley catheter on the skilled unit have the potential to be affected by this practice. NA #1 will be monitored performing catheter care by DQM, or her designee, through direct observation weekly x 4, biweekly x 2 and monthly x 2 to ensure competence. Other NA's on the skilled unit will be monitored providing catheter care one time each by the DQM, or her designee, to ensure competence. This observation of other NA's will begin the week of 3/21/2011. This direct observation will include hand hygiene and proper use of gloves. Data collected from direct observations will be reported at the monthly Quality Council Meetings beginning in April 2011 and will continue through July 2011. 	
F 431 SS=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & 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</p>	F 431	<p>F 431</p> <ul style="list-style-type: none"> All medications were checked, and expired medications were removed from stock when DON was made aware of the issue. 	3/21/2011

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

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F 431	<p>Continued From page 2</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and review of facility documentation, the facility failed to discard expired medications in one (1) of one (1) medication rooms.</p> <p>The findings are:</p> <p>Review of the "Medication Management/Storage" policy, revision date 10/01/09, revealed the</p>	F 431	<ul style="list-style-type: none"> • DON/DQM reviewed Medication Management/Storage Policy. • The named resident as well as all residents on the skilled unit have the potential to be affected by this practice. A list of medications with expiration dates will be placed on the outside of the stock medication cabinet and the orange stock medication container by the pharmacist or his/her designee. Each medication container in the stock narcotic cabinet will be stickered with a month/year of expiration label; color coded by quarter, for easy identification by the pharmacist or his/her designee. • The pharmacy technician was educated as to the new procedures regarding stock medication expiration dates in order to ensure that other residents were not affected by this practice. • Monthly checks by the pharmacy technician will be continued. Any medications that will expire before the end of the following month will be removed from stock during the monthly check. 	
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F 431	<p>Continued From page 3</p> <p>following in the section for expiration date monitoring: "Expiration dates of drugs and devices shall be checked during the monthly medication area inspections and all drugs and devices scheduled to expire during the next month shall be removed from stock."</p> <p>Review of the "Unit Medication Area Review" for January 2011 for the facility's medication room revealed the item "There are no expired, recalled, or unusable drugs on the unit (includes worn or illegible labels)" was marked with a "C." Further review of the form revealed a key which explained the "C" equalled "Compliant."</p> <p>With Licensed Nurse (LN) #1 present, observation of the medication room on 2/22/11 at 9:00 a.m. revealed the following expired medications were available for use:</p> <ul style="list-style-type: none"> * Nine Morphine Sulfate 15 mg tablets, expiration date 12/2010 * One Oxycodone CR 10 milligrams (mg) tablet, expiration date 1/7/11 * Twenty-two Oxycodone CR 10 mg tablets, expiration date 1/13/11 * Twenty-two Lorazepam 0.5 mg tablets, expiration date 1/11 * Three single doses of Lactulose solution 20 grams/30 milliliters, expiration date 1/11 * Eight 50 milliliter (ml) bags of 5% Dextrose intravenous (IV) fluid, expiration date 2/1/11 * Two 100 ml bags of Potassium chloride injection 20 milliequivalent IV fluid, expiration date 2/1/11 <p>Interview with LN #1 on 2/22/11 at 9:10 a.m. revealed the medication expiration dates are checked by a pharmacy technician and nurses only check expiration dates when giving</p>	F 431	<ul style="list-style-type: none"> • Following the pharmacy technician's monthly check of medications, the Pharmacist will audit the check by checking all medications in each area (stock cabinet, orange stock container, and stock narcotic cabinet), to ensure that the pharmacy technician correctly completed the monthly check. This double check audit will be conducted for a period of 6 months. • Monthly medication checks, as well as pharmacist audits, will be reported monthly at Quality Council meeting, as well as P & T Committee, beginning in April 2011 and continue through September 2011. 	

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F 431	<p>Continued From page 4</p> <p>medications. She reported the last check by pharmacy was January 2011. LN #1 stated the expired medications would not be administered because nurses would call the onsite pharmacy if they needed to give medications and found the medications were expired.</p> <p>During a telephone interview on 2/22/11 at 10:50 a.m., the Pharmacy Technician stated she performed a medication review in January [2011] and used a printout that asked if there were expired medications. When informed of the expired medications in the medication rooms, she reported the expired medications should have been replaced with medications in date and said, "I evidently overlooked them."</p>	F 431		
F 441 SS=E	<p>On 2/22/11 at 12:30 p.m., interview with the Director of Nursing (DON) revealed medication expiration dates are checked monthly by a pharmacy technician, and there should be no expired medications in the medication room.</p> <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 -</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</p>	F 441	<p>F441</p> <ul style="list-style-type: none"> • DON re-inserviced NA #1 and NA #2 as to proper infection control practice in relation to hand hygiene and use of gloves immediately upon being made aware of the issue. • This practice had the potential to affect the named resident as well as any resident on the skilled unit. Therefore, DON/DQM reviewed the Standard Precautions Policy, as well as the Infection Control Rounding/Monitoring Policy. • Mandatory education will be provided for all active clinical staff regarding infection control, hand hygiene, and proper use of gloves. 	3/21/2011

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F 441	<p>Continued From page 5 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> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and medical record review, the facility failed to ensure proper glove use and hand washing for two (2) of four (4) sampled residents observed receiving personal care. (Residents #1 and #2)</p> <p>The findings are: The facility's policy on standard precautions reads in part: "Perform hand hygiene: After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings and after removing gloves."</p>	F 441	<ul style="list-style-type: none"> • Catheter care, hand hygiene, and proper use of gloves will be monitored by direct observation by DQM, or her designee, on random days, weekly x 4, biweekly x 2, and monthly thereafter. • Data collected from direct observations will be reported at monthly Quality Council Meetings beginning in April 2011 and will continue through July 2011. 	

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STREET ADDRESS, CITY, STATE, ZIP CODE

CMH - SKILLED UNIT

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F 441	<p>Continued From page 6</p> <p>Resident #1 was admitted to the facility 11/16/09 with the diagnoses chronic respiratory failure, dependence on a respirator, and anoxic encephalopathy. Resident #1 was assessed on the Minimum Data Set as being totally dependent for all care.</p> <p>An observation was made on 02/21/11 at 2:00 pm of Nursing Assistant (NA) #1 performing catheter care for Resident #1. After catheter care was done NA#1 without removing contaminated gloves proceeded to reposition resident during which time he placed Resident #1's heel elevators around her ankles. NA #1 then placed his gloved hands on the resident's bed rail.</p> <p>An interview was conducted on 02/21/11 at 2:20 pm with NA #1 in which he reported that he forgot to remove his gloves and wash his hands. He reported he should have removed his contaminated gloves and washed his hands prior to moving resident, touching resident equipment and environmental surfaces in the room.</p> <p>An interview with the Director of Nursing on 02/22/11 at 12:10 pm revealed it is her expectation that staff wash their hands during patient care when moving from a dirty area to a cleaner area. She further stated that staff should remove contaminated gloves and wash hands prior to touching other things in the resident's room.</p> <p>2. Resident #1 was readmitted 1/27/11 with diagnoses including Respiratory Failure, Congestive Heart Failure, and Pneumonia. The most recent Minimum Data Set dated 2/4/11 indicated impairment of memory and severe cognitive deficit and dependence on staff</p>	F 441		

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F 441	<p>Continued From page 7 assistance for all care.</p> <p>On 2/22/11 at 8:45 a.m., Nursing Assistant (NA) #2 was observed providing catheter care and pericare. During provision of pericare, NA #2 reached into an open bulk package of 4x4 gauze to obtain gauze pads to dry the skin. The NA continued with other resident care tasks such as adjusting the bed linens and securing the side rail while wearing the same gloves used during pericare.</p> <p>An interview with NA #2 on 2/22/11 at 9:55 a.m. revealed after providing pericare, the dirty gloves should have been removed before handling clean resident supplies and equipment.</p> <p>An interview with the Director of Nursing (DON) on 2/22/11 at 11:55 a.m. revealed it was her expectation for staff to adhere to good infection control practices and ensure gloves are removed and hands are washed between dirty and clean tasks of resident care.</p>	F 441		