

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2015
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NAME OF PROVIDER OR SUPPLIER THE EAST ADULT CARE HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 843 WORSHAM MILL ROAD RUFFIN, NC 27326
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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) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section Completed an annual survey on January 16, and January 20, 2015 with a telephone exit conference on January 22, 2015.	C 000		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 sampled staff (Staff C) were tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff C's (Supervisor-in-Charge) personnel record revealed:</p>	C 140		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 140	<p>Continued From page 1</p> <ul style="list-style-type: none"> -A hire date could not be determined. -No documentation of a TB skin test. -No documentation of a physician screening for the symptoms of TB prior to employment. <p>Interview on 01/16/15 at 2:18 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> -Staff C was a relative and had lived and worked at the facility since it opened as a relief person. -She was sure Staff C had a TB test. -She was unaware what happened to the document. <p>Interview on 01/16/15 at 4:08 pm with Staff C revealed:</p> <ul style="list-style-type: none"> -She had worked at the facility since it opened (unable to recall the specific date). -She knew she had several TB tests, but was unable to locate the documents. -Her duties and responsibilities were medication administration and taking residents to doctor visits. 	C 140		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall:</p> <p>(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Type B Violation</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 staff</p>	C 145		

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C 145	<p>Continued From page 2</p> <p>(Staff A and C) and the Administrator (Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire according to G.S. 131E-256.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel file revealed: -The job description classified Staff A as a housekeeper and relief person. -There was no specific date of hire listed in the record. -There was documentation Staff A signed employment papers in 2008. -There was no HCPR check in the record.</p> <p>Interview on 01/16/15 at 2:00 pm with Staff A revealed: -She was hired in 2008, but was unable to recall the exact date. -Her daily responsibilities included cooking, cleaning, making sure residents took showers and washing clothes. -She did not administer medications.</p> <p>Interview on 01/16/15 at 2:10 pm with the Administrator revealed: -Staff A had worked at the facility for a "long time." -She could not recall the specific date that Staff A was hired, but the date should be in the record. -She had never requested a HCPR check for Staff A, because she was unaware the check was required.</p> <p>B. Review of Staff B's personnel file revealed: -Job description classified Staff B as the Administrator. -Staff B did not have a specific date of hire. -There was no HCPR check in the record.</p>	C 145		

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C 145	<p>Continued From page 3</p> <p>Interview on 01/16/15 at 2:18 pm with Staff B, (Administrator) revealed: -She was the owner/Administrator of the facility. -She had no specific date of hire, but had worked at the facility since it was licensed "many years ago." -She was sure no HCPR check was completed for her, because she had no idea one was required.</p> <p>C. Review of Staff C's personnel file revealed: -Staff C did not have a specific date of hire. -There was paperwork in Staff C's record from 1996. -A job description classified Staff C as the Supervisor-in-Charge/Relief person and Co-Administrator. -There was no HCPR check in Staff C's record.</p> <p>Interview on 01/16/15 at 4:08 pm with Staff C revealed: -She had worked at the facility since it opened (unable to recall the date). -Her duties and responsibilities were specific to medication administration, and taking the residents to their physician appointments. -She did not have a HCPR check done. -She was unaware of the process for obtaining a HCPR check.</p> <p>Interview on 01/16/15 at 2:20 pm with the Administrator revealed: -Staff C was a relative and had worked at the facility since it opened (unable to recall the specific date). -Staff C responsibilities included medication administration only, and taking residents to their doctor appointments. -She was sure Staff C did not have a HCPR check because she did not do them for any</p>	C 145		

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C 145	Continued From page 4 employees at the facility. As of 02/03/15 a Plan of Protection was not submitted by the Administrator. THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED MARCH 9, 2015.	C 145		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40; This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that 1 of 4 staff (Staff C) had a criminal background check completed upon hire. The findings are: Review of Staff C's personnel file revealed: -A date of hire could not be determined. -Staff C had a job description titled "relief person." -There was no documentation of a criminal background check in the record. Interview on 01/16/15 at 2:20 pm with the Administrator revealed: -Staff C was hired as a relief person. -Staff C's responsibilities included medication administration and transporting residents to doctor's appointments. -Staff C had a criminal background check from	C 147		

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C 147	Continued From page 5 the local agency. -She was unsure where the document was located. Interview on 01/16/15 at 4:10 pm with Staff C revealed: -She had worked at the facility since it opened. -She recalled having a criminal background check done. -She was unsure where the document was located. -She previously had a criminal background check for her nursing license, but the document was never put in her record at the facility.	C 147		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to assure documentation of physician orders for the results of daily finger stick blood sugars (FSBS) and failed to obtain fingersticks as ordered for 1 of 1 resident. (Resident #1). The findings are: Review of Resident #1's record revealed: -A physician's order dated 12/9/14 for daily FSBS	C 249		

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C 249	<p>Continued From page 6</p> <p>checks. -No documentation of daily FSBS results.</p> <p>Interview with Supervisor-in-Charge(SIC)/Administrator on 01/16/15 at 5:20 pm revealed: -The blood sugar results were left at the physician's office on 1/13/15. -No copies were available for review at the facility. -She checked Resident #1's FSBS twice a day on most days even though the order stated daily. -The documentation results for 1/14/15 and 1/15/15 were locked up at her home across the street and were not accessible during survey.</p> <p>Interview with Resident #1 on 1/16/15 at 5:45 pm revealed: -FSBS was checked twice a day, before breakfast and dinner. -Resident did not recall what her results were, even for that day.</p> <p>Telephone interview with nurse at Primary Care Physician's (PCP) office on 1/20/15 at 10:30 am revealed: -SIC/Administrator did not bring the FSBS results for Resident #1 to the follow up visit on 1/13/15. -The SIC/Administrator called and got the FSBS results from the facility while at the PCP office. -Only 11 FSBS results were documented for the month of January 2015 and there were no December 2014 FSBS results documented for Resident #1. -Resident #1's Hemoglobin A1C results were 7.2 for the months of September 2014 and January 2015. -"Continue current regimen" on physician order sheet dated 12/9/14 meant to continue Metformin and daily FSBS checks.</p>	C 249		

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C 254	<p>10A NCAC 13G .0903(c) Licensed Health Professional Support</p> <p>10A NCAC 13G .0903 Licensed Health Professional Support</p> <p>(c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:</p> <p>(1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;</p> <p>(2) evaluating the resident's progress to care being provided;</p> <p>(3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and</p> <p>(4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure a Licensed Health Professional Support (LHPS) review by a Registered Nurse was completed for 1 of 4 sampled residents (Resident #1) with a physician's order for daily finger stick blood sugars (FSBS).</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated</p>	C 254		

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C 254	<p>Continued From page 8</p> <p>5/15/14 revealed: -Diagnosis included Schizophrenia. -No order for daily FSBS was included on the FL2.</p> <p>Further review of Resident #1's record revealed: -A signed physician's order dated 12/9/14 for daily FSBS. -There was no documentation of an LHPS onsite review completed by a nurse.</p> <p>Based on record review and interview an LHPS onsite review and evaluation should have been completed within 30 days for task as follows: -A physician's order dated 12/09/14 for Metformin 500 mg twice a day. -An order dated 12/09/14 for blood sugar check once daily. -No documentation of blood sugars. -SIC and resident verbally stating blood sugar was checked twice daily. -A1C obtained on 1/13/15 with a result of 7.2 (A little high). The American Diabetes Association recommends a normal range less than 7.</p> <p>Interview on 1/16/15 at 3:30 pm with the Supervisor-in-Charge/Administrator revealed: -She was unaware of what a LHPS review was or the process to complete the review. -She did not know it was required for Resident #1.</p> <p>Interview on 01/20/15 at 8:50 am with the Administrator revealed: -There was no need to do LHPS review for Resident #1. -The resident was not a diabetic. -She did not know why the doctor ordered fingerstick blood sugars and Metformin. -The resident had resided at the facility for over</p>	C 254		

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C 254	Continued From page 9 15 years and had never been diagnosed with diabetes. -In September or October 2014 the physician said the resident was pre-diabetic so she controlled the resident's diet and did not give the resident sweets. -She felt the physician was wrong ordering fingerstick blood sugars and Metformin so she was taking Resident #1 to see a specialist.	C 254		
C 315	10A NCAC 13G .1002(a) Medication Orders 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Type B Violation Based on record review, observation, and interview, the facility failed to notify the physician for clarification of medication orders for 1 of 3 sampled residents (Resident #2) with orders for Cogentin, and Lorazepam. The findings are:	C 315		

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C 315	<p>Continued From page 10</p> <p>Review of Resident #2's current FL2 dated 05/14/14 revealed: -Diagnoses included depression and schizophrenia. -Medication orders for Cogentin (prescribed for depression) 1mg twice daily and Lorazepam (prescribed for anxiety) 0.5mg 1 to 2 tablets as needed.</p> <p>Review of Resident #2's record revealed no orders for Cogentin and Lorazepam after the current FL2 dated 05/14/14 .</p> <p>Review of Resident #2's Medication Administration Records (MARs) for November and December 2014 revealed: -No entry for Cogentin and Lorazepam on the MARs.</p> <p>Observation on 01/16/15 at 1:30 pm of Resident #2's medications on hand at the facility revealed: -Cogentin and Lorazepam were not available for administration.</p> <p>Interview on 01/16/15 at 4:50 pm with Staff C, Supervisor-in-Charge revealed: -She had completed the FL2 dated 05/14/14. -She duplicated medications on from the previous FL2's. -FL2's were given to the physician to sign. -She was unaware if the physician noticed the medications on the FL2. -FL2's were not sent to the pharmacy. -She was unaware that documenting the Cogentin and Lorazepam on the FL2 made them current orders. -She had not clarified the orders for Cogentin and Lorazepam with Resident #2's physician. -In 2013, the physician changed Lorazepam to</p>	C 315		

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C 315	<p>Continued From page 11</p> <p>Clonazepam. -She was sure the physician did not know the medications listed on the FL2, he just signed the document.</p> <p>Interview on 01/20/15 at 12:29 pm with the pharmacy used to fill Resident #2's medications revealed: -Cogentin 1mg had not been dispensed since September 2012. -They did not have the current FL2 dated 05/14/14. -They did not have any current orders for Cogentin. -They had an order dated 10/16/13 which changed Lorazepam to Clonazepam 1mg twice daily as needed for agitation. -The last time Clonazepam was dispensed was on 06/19/14 for 60 tablets.</p> <p>Interview on 01/20/15 at 1:54 pm with the pharmacist that completed the facility's Drug Regimen Review revealed: -He previously had conversations with Staff B that FL2's did not match current medication orders. -He suggested several times to Staff B the importance of sending the FL2's to the pharmacy. -If FL2's were sent to the pharmacy, then pharmacy staff would ensure medication orders matched MARs and if not, the pharmacy would clarify the orders with the physician.</p> <p>Interview on 01/16/15 at 1:40 pm with Resident #2 revealed: -She was unaware about her medications, and did not know if she was ordered Lorazepam or Cogentin. -The Administrator knew about her medications ordered. -The Administrator or Staff C administered her</p>	C 315		

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C 315	<p>Continued From page 12</p> <p>medications.</p> <p>Interview on 01/21/14 at 9:42 am the nurse at Resident #2's physician office revealed:</p> <ul style="list-style-type: none"> -She asked the physician if he was aware Cogentin and Lorazepam were documented on the FL2 dated 05/14/14 for Resident #2. -The physician stated he did not give orders for psychotropic medications. -Staff C asked him to sign the FL2 as in the past, so he signed without reviewing the medications. -It was not his intention to order Cogentin and Lorazepam. -According to their records no staff at the facility had called to clarify the orders Cogentin or Lorazepam. <p>_____</p> <p>As of 02/03/15 a Plan of Protection was not submitted by the Administrator.</p> <p>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED MARCH 9, 2015.</p>	C 315		
C 340	<p>10A NCAC 13G .1004 (h) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration</p> <p>(h) If medications are not prepared and administered by the same staff person, there shall be documentation for each dose of medication prepared for administration by the staff person who prepared the medications when or at the time the resident's medication is prepared. Procedures shall be established and implemented to identify the staff person who prepared the medication and the staff person who administered the medication.</p>	C 340		

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C 340	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Type B Violation</p> <p>Based on observation, interview and record review, the facility failed to establish and implement procedures to identify staff who prepared medications and staff who administered medications for 4 of 4 sampled residents (Residents #1, #2, #3, and #4).</p> <p>The findings are:</p> <p>Review on 01/16/15 at 12:50 pm of residents' medications on hand at the facility revealed:</p> <ul style="list-style-type: none"> -The Administrator instructed the housekeeper/relief person (Staff B) to go downstairs and get the medications. -Staff B brought multiple bubble packs of "medication on time" packaging and put them on the table. -Each medication on time packaging had a pharmacy printed label with the resident's name, name of the medication, dosage, and dispensing instructions. -Staff B also brought 8 compartment daily planners rubber banded together. -The 7 planners had four compartments for 4 days of medication, and 1 planner had 5 compartments for 5 days of medication. -The planners were marked "AM" and "PM". -The side of each planner had a resident name typed on a piece of paper and taped to the side of the planner. -The lid on each compartment of the planners had initials wrote with a black marker. -The initials matched the first and last name of the four residents that resided at the facility 	C 340		

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C 340	<p>Continued From page 14</p> <p>(Residents #1, #2, #3, and #4).</p> <ul style="list-style-type: none"> -Two compartments of each planner were filled with medications. -It could not be determined if the pills in the planner belonged to the resident with the initials on the lid or the resident who's name was taped to the side of the planner. <p>Interviews on 01/16/15 at 1:25 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> -Staff C (Supervisor-in-Charge) put the medications in the planners. -She (Administrator) administered the medications and initialed the MARs. -The residents that lived at the facility only had medications administered twice daily. -Staff C packed the medications in the container either at night or early in the morning. -The planners were rubber banded together by morning medications and evening medications. -Staff C packed the medications in planners because, she had things to do in the morning and did not have time to administer the medications. -Also Staff C at times was not available in the evenings or out of town overnight. -Depending on what Staff C had to do, medications were put in planners by the resident's name for 4 days or according to the resident's initials on the top of the planner. -Based on what Staff C verbally told her, she knew how to administer residents medications. -She was aware of the medications in the planners because, she kept the bubble packed medication at the facility. -She followed this process for years and had no other system to identify residents and medications. <p>Interview on 01/16/15 at 4:30 pm with Staff C revealed:</p>	C 340		

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C 340	<p>Continued From page 15</p> <ul style="list-style-type: none"> -She had always packed the medications for the Administrator in the planners. -The planners were used when she was not available. -Mostly for morning medication administration because she was not available. -As of today she will stop using the planners. <p>Review of the January 2015 Medication Administration Record (MARs) for the 4 residents (Residents #1, #2, #3, and #4) revealed:</p> <ul style="list-style-type: none"> -Documentation that medications were administered to the 4 residents twice daily at 8:00 am and 8:00 pm from 01/12/15 through 01/15/15. -The Administrator's initials were documented on the MARs. <p>Review on 01/16/14 of the MARs and pill planners revealed:</p> <ul style="list-style-type: none"> -No documentation for each dosage of medication prepared for administration. -No documentation of the staff person who prepared the medications, when or at the time the resident's medication was prepared. -No procedures established or implemented to identify the staff person who prepared the medication. <p>As of 02/03/15 a Plan of Protection was not submitted by the Administrator.</p> <p>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED MARCH 9, 2015</p>	C 340		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights:</p>	C 912		

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C 912	<p>Continued From page 16</p> <p>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to infection control prevention, Health Care Personnel Registry checks, medication orders and medication administration.</p> <p>The findings are:</p> <p>1. Based on record reviews and interviews, the facility failed to assure adequate and appropriate infection control procedures were implemented for blood glucose monitoring by sharing glucometers without disinfection of the glucometer and sharing lancing devices used by the resident and family members (Supervisor-in-Charge, 2 family members) for 1 of 1 sampled resident (Resident #1) with an order for daily finger stick blood samples (FSBS). [Refer to Tag 932 G.S. 131D-4.4A(b) (Type A2 Violation)].</p> <p>2. Based on observations, interviews, and record reviews, the facility failed to ensure 2 of 2 staff (Staff A and C) and the Administrator (Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire according to G.S. 131E-256.[Refer to Tag 145 10A NCAC 13G .0406(a)(5) (Type B Violation)].</p>	C 912		

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C 912	Continued From page 17 3. Based on record review, observation, and interview, the facility failed to notify the physician for clarification of medication orders for 1 of 3 sampled residents (Resident #2) with orders for Cogentin, and Lorazepam. [Refer to Tag 315 10A NCAC 13G .1002(a) (Type B Violation)]. 4. Based on observation, interview and record review, the facility failed to establish and implement procedures to identify staff who prepared medications and staff who administered medications for 4 of 4 sampled residents (Residents #1, #2, #3, and #4).[Refer to Tag 340 10A NCAC 13G .1004(h) (Type B Violation)].	C 912		
C 932	G.S. 131D 4.4A (b) ACH Infection Prevention Requirements 131D-4.4A Adult Care Home Infection Prevention Requirements (b) In order to prevent transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012: (1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following: a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents. b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules. c. Accessibility of infection control devices and supplies. d. Blood and bodily fluid precautions.	C 932		

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C 932	<p>Continued From page 18</p> <p>e. Procedures to be followed when adult care home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens.</p> <p>f. Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves.</p> <p>(2) Require and monitor compliance with the facility's infection control policy.</p> <p>(3) Update the infection control policy as necessary to prevent the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on record reviews and interviews, the facility failed to assure adequate and appropriate infection control procedures were implemented for blood glucose monitoring by sharing glucometers without disinfection of the glucometer and sharing lancing devices used by the resident and family members (SIC, and 2 family members) for 1 of 1 sampled resident (Resident #1) with an order for daily finger stick blood samples (FSBS).</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 5/15/14 revealed: -Diagnoses included Schizophrenia. -No order for daily FSBS was included on the</p>	C 932		

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C 932	<p>Continued From page 19</p> <p>FL2.</p> <p>Continued record review for Resident #1 revealed: -A physician's order was written for daily FSBS dated 12/9/14. -A physician's order was written for Metformin 500 mg twice a day dated 12/10/14.</p> <p>Interview with Supervisor-in-Charge (SIC) on 1/16/15 at 5:20 pm revealed: -She used the family's glucometer and lancet device until Resident #1 received her own from the medical supply company the first week of January 2015. -She believed that both glucometers and lancet devices were the same type (Brand A). -She was unable to provide both glucometers for review due to the glucometers being locked at her residence across the street and she did not have the keys to unlock the doors. -The family glucometer had been used by two family members including the SIC. -The disinfecting process she followed consisted of wiping the glucometer down with an alcohol pad, which is the way she was taught in nursing school. -Completed Infection Control Training on 12/7/14 but did not remember glucometer disinfecting being a part of the training.</p> <p>Interview with Resident #1 on 1/16/14 at 5:45 pm revealed: -She got her finger stick done twice a day, before breakfast and supper. -She did not remember what the glucometer looked like. -She was unaware of where the glucometer was stored. -She was unaware of what her blood glucose</p>	C 932		

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C 932	<p>Continued From page 20</p> <p>levels were for that day. -She did not remember if the glucometer was cleaned each time she got her blood sugar checked.</p> <p>Observation of the 2 glucometers (Brand A and Brand B) on 1/20/15 at 9:15 am revealed: -A store receipt dated 1/18/15 at 4:17 pm displaying the purchase of the Brand A glucometer and lancet device. -There were 2 readings displayed in the Brand A glucometer. -No results were displayed in Brand B, Resident #1's glucometer sent from the medical supply company the first week of January 2015.</p> <p>Interview with SIC on 1/20/15 at 9:20 am revealed the following: -Brand A glucometer had one reading was from Sunday 1/18/15 (126), and the another reading from Monday 1/19/15 (138). -She did not collect Resident #1's FSBS on 1/17/15 because the new glucometer was not purchased yet. -The family had a previous Brand A glucometer, but it was discarded 2 days ago because it was not working properly. -She was not aware of how the results in the Brand B glucometer were missing.</p> <p>Interview with Brand B glucometer manufacturer revealed: -Product can be used for multiple residents using "germicidal wipes", no certain brand recommended. -Glucometer holds up to 500 readings. -The only way to discard readings is to download the glucometer to their website, using their software.</p>	C 932		

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C 932	<p>Continued From page 21</p> <p>Interview on 01/16/15 at 6:10 pm with the Supervisor-in-Charge (SIC) revealed:</p> <ul style="list-style-type: none"> -She was a Licensed Practical Nurse (LPN). -She had worked at the facility since it opened. -Her main responsibilities and duties at the facility to was administer medications and take residents to doctor appointments. -Resident #1 was ordered Fingerstick Blood Sugars December 9, 2014. -She did not start checking Resdient #1's blood sugar until 1 to 2 weeks later because she wanted to clarify the order with the resident's physician. -She requested a glucometer for Resident #1 from the pharmacy, but it did not come right away. -She used the glucometer and lancet device that she already at her house. -She checked Resident #1's blood sugars twice daily, in the morning and at night (no orders from the physician). -She did not document the blood sugars daily. -The same glucometer and lancet device was used by her (SIC) and two family members. -She did not check her blood sugar and family members blood sugar daily, only when they felt ill or she thought they consumed to much sugar. -One family member was checked more often. -About two weeks ago she got a glucometer and lancet device for Resident #1. -She used Resident #1's glucometer and lancet device to check Resident #1's, herself, and two family members blood sugars. -Using the lancet device she put in a disposable stick pen for each use and disposed of the pen after sticking each person. -She did not disinfect the glucometer or lancet device. -She cleaned the glucometer with alcohol only when it needed to be cleaned. 	C 932		

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C 932	<p>Continued From page 22</p> <ul style="list-style-type: none"> -She was unaware if the manufacturer's instructions allowed the glucometer to be shared. -She was unaware lancet devices were not allowed to be shared. -Both glucometers (Brand A) and lancet devices were kept at her house across the street because she checked everyone's blood sugar. -The surveyor made three request to see Resident #1's glucometer and lancet device, the SIC stated "In a minute." -A fourth request to see Resident #1's glucometer and lancet device, the SIC left the facility but shortly returned, stating a family member had just left her house and locked the doors, she was unable to access Resident #1's glucometer. -The SIC stated that both Resident #1's glucometer and the family glucometer were made by the same manufacturer. -She stated blood sugars were stored in the machine, but most were not documented on paper. -She was unaware how to delete readings out of the machine. <p>_____</p> <p>The facility provided the following plan of protection on 01/16/15:</p> <ul style="list-style-type: none"> -Stop using both the present glucometers to check Resident #1's blood sugars. -Purchase a new machine for Resident #1 today. -Use single "free-style" disposable lancets to check Resident #1's blood sugars. -Resident #1's glucometer and lancet device will stay at the facility locked with the resident's medications to ensure not shared. -This will be checked daily by the SIC/Administrator. <p>THE DATE OF CORRECTION FOR THIS TYPE A2 VIOLATION SHALL NOT EXCEED FEBRUARY 22, 2015.</p>	C 932		

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