

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/22/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE COMMONS AT BRIGHTMORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 FORTY-FIRST STREET WILMINGTON, NC 28403
--	--

(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
{D 000}	Initial Comments	{D 000}		
D 371	<p>10A NCAC 13F .1004(n) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (n) The facility shall assure that medications are administered in accordance with infection control measures that help to prevent the development and transmission of disease or infection, prevent cross-contamination and provide a safe and sanitary environment for staff and residents.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the implementation of infection control measures as evidenced by 1 of 4 Medications Aides observed during the medication passes not washing her hands, using hand sanitizer, or wearing gloves during administration of oral and eye drop medications to multiple residents.</p> <p>The findings are:</p> <p>Observation of the 4:00 pm. medication pass on 10/21/15 revealed: -The MA was standing at the medication cart in the Assisted Living (AL) area of the facility. -The MA used hand sanitizer to cleanse her hands. -The MA pulled a pair of gloves out of the box and placed the gloves on the medication cart.</p>	D 371		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/22/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE COMMONS AT BRIGHTMORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 FORTY-FIRST STREET WILMINGTON, NC 28403
--	--

(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
D 371	<p>Continued From page 1</p> <ul style="list-style-type: none"> -The MA punched two oral medications into a disposable cup for a resident and mixed the whole pills with applesauce. -The MA got out a bottle of 0.4% Artificial Tears (eye drops used for treatment of dry eyes) from a separate area of the medication cart. -The MA administered the oral medications to the first resident at 4:06 p.m. -The MA immediately proceeded to instill the eye drops into each of the resident's eyes at 4:08 p.m. without using gloves. -The MA used a facial tissue to wipe around the resident's eyes after administering the eye drops. -The MA did not use hand sanitizer or wash her hands after administering the medications to the first resident. -The MA prepared and administered two oral medications to a second resident at 4:13 p.m.. -The MA did not used hand sanitizer, wash her hands, or use gloves at any time during administration of the medications to the second resident. -The MA prepared and administered one oral medication to a third resident at 4:17 p.m.. -The MA did not used hand sanitizer, wash her hands, or use gloves at any time during administration of the medications to the third resident. -The MA poured and administered one oral medication to the fourth resident with nectar thick lemon flavored water at 4:22 p.m.. -The MA held the cup with the medication in it to the resident's mouth. -The MA did not used hand sanitizer, wash her hands, or use gloves at any time during administration of the medications to the fourth resident. <p>Interview with the MA on 10/22/15 at 3:15 p.m. revealed:</p>	D 371		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/22/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE COMMONS AT BRIGHTMORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 FORTY-FIRST STREET WILMINGTON, NC 28403
--	--

(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
D 371	<p>Continued From page 2</p> <ul style="list-style-type: none"> -The MA had been in the position "almost 9 years." -The MA acknowledged receiving infection control training. -The MA acknowledged she did not wash her hands, use hand sanitizer, or wear gloves in between administering medications to 4 different residents on 10/21/15. -The MA did not know why she was observed using hand sanitizer only once during the medication pass on 10/21/15. -The MA used sanitizer or washed her hands "maybe between or after 3 residents." -The MA did not remember pulling the gloves out of the box and leaving the gloves on the medication cart on 10/21/15. -The MA did not normally wear gloves when administering Artificial Tears. -The MA used gloves to administer eye drops "if someone has pinkeye." The MA did not know why she did not wash her hands or use sanitizer on 10/22/15. -The MA "probably got nervous yesterday." -The MA would "be more careful from now on." <p>Review of the MA's personnel record revealed:</p> <ul style="list-style-type: none"> -Documentation the MA passed the MA written exam on 09/14/07. -Documentation the MA completed the state approved Infection Control Training course on 08/16/15. <p>Interview with the MA/Unit Area Director on 10/22/15 at 9:40 a.m. revealed:</p> <ul style="list-style-type: none"> -Facility staff are trained on infection control during orientation and the training is "ongoing." -The facility expectation on infection control is to "keep the environment as safe as possible to keep the residents safe." -"We stress handwashing." 	D 371		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/22/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE COMMONS AT BRIGHTMORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 FORTY-FIRST STREET WILMINGTON, NC 28403
--	--

(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
D 371	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Hand sanitizer is kept on the medication carts for the MA's use when administering medications. -Staff are supposed to use personal protective equipment (PPE) "as necessary." -MAs are supposed to wear gloves for injections, eye drops, application of creams, and when checking blood sugar. <p>Interview with the Registered Nurse (RN) Consultant on 10/22/15 at 4:55 p.m. revealed:</p> <ul style="list-style-type: none"> -The facility has an infection control policy. -Staff receive mandatory in-service training on infection control and standard precautions. -The MA was expected to know and follow the policy to ensure the safety of all residents and staff. <p>Review of the "Infection Control Policy and Procedures" revealed:</p> <ul style="list-style-type: none"> -"It is the policy of this Community that hand hygiene is regarded as the single most important means of preventing the spread of infections." -"Administration of Eye Medications: Always wear gloves. Wash hands after administration." <p>Review of the "Medication Administration Policy and Procedures" revealed:</p> <ul style="list-style-type: none"> -"Infection control guidelines and hand hygiene guidelines are followed at all times when preparing and administering medications." -"Hands are washed before and after administration of all medications ..." <p>Interview with the facility's Administrator on 10/22/15 at 10:34 a.m. revealed:</p> <ul style="list-style-type: none"> -The MA was expected to follow the facility policies on infection control and medication administration. -The MA was maybe nervous "especially if she pulled gloves and left them on the cart." 	D 371		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/22/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE COMMONS AT BRIGHTMORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 FORTY-FIRST STREET WILMINGTON, NC 28403
--	--

(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
D 371	Continued From page 4 -The facility would re-train staff on infection control.	D 371		