

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL065002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/22/2015</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**THE COMMONS AT BRIGHTMORE 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  The Adult Care Licensure Section and the New Hanover County Department of Social Services conducted a follow-up survey and complaint investigation on 10/21/15 through 10/22/15. The complaint investigation was initiated by the county on 10/21/14.	{D 000}	10A NCAC 13F .1004(n)  Medication Administration	
D 371	10A NCAC 13F .1004(n) Medication Administration  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.  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.  The findings are:  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.	D 371	The Commons 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.  Medication aide involved has been retrained, disciplined and taken off the med cart  Retraining of all staff has been done (attachment #1 sign in sheet) (attachment #2 Outline & policy).  For the next 90 days (through February 2016) the Director of Services or her designee will randomly, at least weekly, monitor a med pass to ensure that infection control measures have been taken.(attachment #3)  Any discrepancy will be reported to the administrator and re-education	11-17-2015

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATEFORM

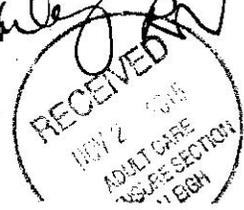
5889

FE1Y12

If continuation sheet 1 of 5

*Juan Rivera* 11-17-2015 Administrator

REVIEWED & ACCEPTED *[Signature]*



Division of Health Service Regulation

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D 371	Continued From page 1 -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.  Interview with the MA on 10/22/15 at 3:15 p.m. revealed:	D 371	of staff involved will be done and documented(Just culture form attachment #4 ) These results will be discussed in our monthly QA meeting and documented. After 90 days these checks will be done monthly & reviewed by at our QA meeting	11-17-2015

Division of Health Service Regulation

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D 371	Continued From page 2  -The MA had been in the position "almost 9 years." -The MA acknowledged receiving infection control training.	D 371		
	<p>-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.</p> <p>-The MA did not know why she was observed using hand sanitizer only once during the medication pass on 10/21/15.</p> <p>-The MA used sanitizer or washed her hands "maybe between or after 3 residents."</p> <p>-The MA did not remember pulling the gloves out of the box and leaving the gloves on the medication cart on 10/21/15.</p> <p>-The MA did not normally wear gloves when administering Artificial Tears.</p> <p>-The MA used gloves to administer eye drops "if someone has pinkeye."</p> <p>The MA did not know why she did not wash her hands or use sanitizer on 10/22/15.</p> <p>-The MA "probably got nervous yesterday."</p> <p>-The MA would "be more careful from now on."</p> <p>Review of the MA's personnel record revealed:</p> <p>-Documentation the MA passed the MA written exam on 09/14/07.</p> <p>-Documentation the MA completed the state approved Infection Control Training course on 08/16/15.</p> <p>Interview with the MA/Unit Area Director on 10/22/15 at 9:40 a.m. revealed:</p> <p>-Facility staff are trained on infection control during orientation and the training is "ongoing."</p> <p>-The facility expectation on infection control is to "keep the environment as safe as possible to keep the residents safe."</p> <p>"We stress handwashing."</p>			

Division of Health Service Regulation

STATE FORM

6899

FE1Y12

If continuation sheet 3 of 5

Division of Health Service Regulation

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

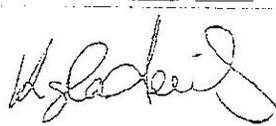
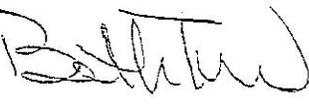
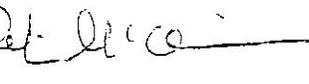
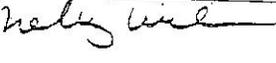


# COPY

Page 1  
Attachment 1  
Copy

Date	Time	Community
11-17-15	7, 2+3:15	THE COMMONS
Title/Description of Training		
Infection Control for Med Techs		
Instructor(s) Name:		
C. Morgan		

Sign In Below

PRINT NAME & TITLE	SIGNATURE	DEPARTMENT
Kayla Semidey med tech/CNA		Nursing
Beth Turner Area Director		Nursing
Robin McClain		Nursing
Cooper Barnes MedTech/CNA		nursing
Ashley Brown		nursing
Shelby Wells		nursing

PRINT NAME AND TITLE	SIGNATURE	DEPARTMENT
Wakeyathomas MT MT-SIC		Nursing
Lisa Dixon		Nursing
Susan Marshall		Nursing
Iawana Jacobs CNA/TMT		Nursing
Toratha Sullivan		Nursing
Annette Boney		Nursing
Ther (CNA)		Nursing
Sheila West CNA	Sheila West	NSG
Louvenia Haynes	Louvenia Haynes	Nursing
Brenda Howard	Brenda Howard	Nursing
LaTanya McBride	LaTanya McBride	Nursing
Callie McDuff	Callie McDuff	Nursing
Tiffany Hamilton		Nursing
Mary Zarco	Mary Zarco	Nursing
Aisha Rouse		nursing

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## Infection Control for Med Techs

### Objectives

- Med Tech will understand Infection Control with a focus on proper Hand Hygiene and the Med Pass.
- Med Tech will understand *Step by Step Procedure for Medication Administration* including Infection Control from The Commons current *Medication Administration Policy and Procedures* pages 15 -25 by demonstration or verbalization of:  
Oral, Buccal, Sublingual, Inhalant, Eye, Ear, Nasal, Transdermal, Topical, Subcutaneous Injections, Insulin Pen, Rectal, Vaginal, Nebulizer, Clean Dressing Changes, and Blood Glucose via fingerstick with a focus on proper Hand Hygiene.

### Classroom – 1 hour

- 1) Instructor will use the classroom training medication cart to demonstrate and verbalize the steps of medication administration and infection control, hand hygiene.
- 2) Each Med Tech will give a Return Demonstration for a few of the skills listed above by picking from a random drawing of copies of the cards supplied in the state Medication Administration training for *Section J – Medication Administration Skills Checklist* pages J-6 and J-7. (Attached)  
Additionally cards for Rectal Enema, Rectal Suppository, Vaginal, Blood Glucose via fingerstick, Nebulizer, and Clean Dressing Changes will be added to the group of skills to be randomly drawn and demonstrated by staff.  
The drawing will continue until all skills have been demonstrated at least one time.
- 3) Med Techs will critique their co-workers performance for each of the skills and determine if proper Infection Control procedures were correctly followed including Hand Hygiene.

Section J - Instructor

*These will be cut and placed  
in bag for random drawing*

### Medication Administration Skills Slips

<b>General Medication Administration &amp; Oral Medications</b>	<b>General Medication Administration &amp; Ear Drops</b>
<b>General Medication Administration &amp; Eye Drops</b>	<b>General Medication Administration &amp; Eye Ointment</b>
<b>General Medication Administration &amp; Oral Liquids</b>	<b>General Medication Administration &amp; Topical Cream or Ointment</b>
<b>Hand Washing</b>	<b>Clean Gloving</b>
<b>Alcohol-Rub Hand Cleaning</b>	<b>General Medication Administration &amp; Subcutaneous Injection with syringe (Insulin) (if included in course)</b>

<b>General Medication Administration &amp; Subcutaneous Injection with pen (Insulin) (if included in course)</b>	<b>General Medication Administration &amp; Transdermal Medications</b>
<b>General Medication Administration &amp; Sublingual Medications</b>	<b>General Medication Administration &amp; Nose Drops/Sprays</b>
<b>General Medication Administration &amp; Oral Inhalant Medication</b>	

Note: Multiple copies of skill slips for Oral Liquids, Oral Medications and Hand Hygiene will be needed.

*adding these*

General Medication Administration & Rectal Enema	General Medication Administration & Rectal Suppository
General Medication Administration & Nebulizer	General Medication Administration & Clean Dressing Change
General Medication Administration & Vaginal Medication	General Medication Administration & Blood Glucose Via Fingertick

Policy Title: Medication Administration Policy and Procedures

### Quality Assurance

- The unit manager observes medication passes, audits medication rooms, medication carts and resident charts weekly. Forms that may be used include: Medication Administration Record (MAR) Inspection Worksheet, Medication Management Quality Assurance Checklist, and Medication Storage Inspection Worksheet.
- Quarterly Pharmacy Reviews are provided by McNeill's Long Term Care Pharmacy.
- All MARS are checked 3 times prior to the first of the month changeover of records.
- Med-Tech meetings are held every other month. Training for Med-Techs and supervisors is provided on site and via Relias Learning.
- The Administrator completes Medication Errors Investigation forms including Variance Tracking and Monitoring.

### Step by Step Procedures for Administration

All medications are given in an organized and safe manner following state guidelines for medication administration. See above section, "Medication Administration" for all procedures. Documentation is completed on the MAR after administration to each resident.

#### 1. Infection Control Procedures

- The Med-Tech washes their hands before and after administration of medications.
- The Med-Tech washes their hands before and after wearing gloves.
- Hand washing: Remove or push watch up higher on arm; do not lean against sink or touch the inside of the sink with hands or wrists during procedure; wet hands with warm water, pointing fingertips down, apply about a teaspoon of hand soap to the palm of hand; wash all surfaces on hands and wrists; using friction for a minimum of 20 seconds, rinse hands with water, pointing fingertips down, without touching sink, dry hands and use a new paper towel to turn off water and open door.
- Alcohol-based hand rub: Apply hand rub to cupped hand; rub all surfaces of hands and wrists using friction until dry; at least 15 seconds.
- Putting on gloves: Select correct size and put on gloves; observe for any tear or holes and replace if needed.
- Removing gloves: Grasp outside edge of one glove near wrist; peel glove away from hand turning glove inside-out, with contaminated side on the inside; hold the removed glove in the opposite gloved hand; with ungloved hand, slide one or two fingers under the wrist of the remaining glove; being careful not to touch the outside of the glove, pull down, turning the glove inside out and over the first glove as you remove it; discard gloves in trash.

#### 2. Oral Tablets and Capsules, Powdered and Liquid Medications, Buccal and Sublingual Medications

- Wash hands before and after administration. Wear gloves if indicated.
- Prepare the correct number of tablets or capsules in the soufflé cup.
- Crush medications if indicated by order if the medication is crushable.

#### 4. Eye Drops and Ointments

- Wash hands before and after administration. Wear gloves.
- Shake the eye drop container if indicated.
- Remove the cap, taking care to avoid touching the dropper tip.
- Ask the resident to tilt his/her head back slightly.
- Pull the lower eyelid down and away from the eyeball to form a pocket.
- Hold the dropper tip directly over the eye, taking care to avoid touching the eye or eyelid.
- Instruct the resident to look upward, and place one drop into the pocket, continuing to hold the eyelid for a moment to allow the medication to distribute.
- Provide a tissue to remove any excess drops.
- For ointment, squeeze the tube and apply the prescribed amount of ointment to the inner surface of the lower eyelid. Do not touch the tip of the medication tube to the eye or the eyelid.
- Release the eyelid and instruct the resident to close the eye for one to two minutes.
- For ointments ask resident to stay seated for about 10 minutes due to blurry vision from the ointment.
- Replace the cap on the eye drops container.
- Wait at least five (5) minutes between applying if additional medications to the eye ordered at the same time.

#### 5. Ear Drops

- Wash hands before and after administration. Wear gloves.
- Warm the eardrops, if cold, by holding the container in your hand for a few minutes.
- Shake the container if indicated.
- Have the resident tilt his/her head to one side, or lie down with the affected ear facing up.
- Open the container and position the dropper tip near, but not inside, the ear canal opening, to avoid contamination.
- Pull the resident's ear backward and upward to open the ear canal.
- Place the proper number of drops into the ear canal, and replace the cap on the container.
- Gently press the small, flat skin flap over the ear canal to force out air bubbles and encourage drops down the ear canal.
- Instruct resident to stay in the same position for at least 5 minutes. If the resident is unlikely to be able to comply with this requirement place a clean piece of cotton ball into the ear canal opening to prevent medication from draining out.
- Gently wipe any excess medication off the outside of the ear.

Policy Title: Medication Administration Policy and Procedures

- A new applicator is to be used each time medication is removed from a container to prevent contamination.
- All gloves and used supplies are discarded in trash and removed from resident's room.

### **10. Rectal Suppositories**

- Wash hands before and after administration. Wear gloves.
- Resident should lie down. Assist resident in turning to left side with knees bent.
- Remove wrapper from suppository.
- Lubricate index finger and suppository with water soluble gel.
- Separate buttocks.
- Insert suppository gently into rectum beyond sphincter about 3 inches.
- Ask the resident to take a deep breath, to relax the anal sphincter.
- Apply pressure with tissue over anus briefly until desire to expel suppository has passed.
- Instruct resident to retain the suppository for 10 to 15 minutes if possible.
- If suppository was for bowel evacuation, assist resident onto a bedpan or commode, or toilet.
- Remove soiled articles.
- Document effectiveness of the suppository.

### **11. Rectal Enemas**

- Wash hands before and after administration. Wear gloves.
- Resident should lie down. Assist resident in turning to left side with knees bent.
- Prepare enema for administration.
- Separate buttocks.
- Insert enema tip gently into rectum beyond sphincter about 3 inches.
- Ask resident to take a deep breath, to relax the anal sphincter.
- Slowly empty the contents of the enema into the colon
- Instruct the resident to resist urge to expel colon contents while enema is being administered, and afterward for as long as possible.
- If the resident is uncomfortable, flow may be too fast.
- Enema solution should be retained until abdominal cramping is felt.
- If enema is for bowel evacuation, assist resident onto a bedpan, commode or toilet. Remove soiled articles.
- Document the effectiveness of the enema.

**Policy Title: Medication Administration Policy and Procedures**

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- Pull out the needle: Pull out the needle at the same angle you put it in. Press your injection site for a few seconds to keep insulin from leaking out.
- Push up the safety cover on the syringe. Place used syringe immediately in a sharps container.

#### **14. Insulin Pen**

- Wash hands before and after administration. Wear gloves.
- Check the medication appearance for safety before drawing into syringe. Write the date opened if a new pen is used.
- Write the date opened on the pen for expiration purposes or note opened date to make certain the insulin has not expired.
- Attach a new safety needle.
- Perform a safety test- dial a test dose of 2 units. Hold pen with needle pointing up and lightly tap the insulin reservoir so the air bubbles rise to the top of the needle. Press the injection button all the way in and check to see that insulin comes out of the needle. If no insulin comes out, repeat the test 2 more times. If still no insulin comes out, use a new needle and test again.
- Select the correct dose by turning to the number of units on the dial.
- Clean site for injection with alcohol swab. Rotate sites (See "Sites for subcutaneous injections")
- Keep the pen straight and insert the safety needle into the skin.
- Using your thumb, press the injection button all the way down and slowly count to 10 before removing for long acting insulin and count to 5 if using short acting insulin.
- Remove the safety needle from the skin.
- Remove the safety needle from the pen and place in the sharps container.

#### **15. Other Subcutaneous Injections**

- Wash hands before and after administration. Wear gloves
- Check medication for accuracy: Follow three-check method for administering medications.
- Wash hands before preparing medication and put on gloves before administering medication.
- Check the medication appearance for safety before drawing into syringe. Write the date opened if a new multidose vial.
- Write the date opened on the vial for expiration purposes or note opened date on the vial to make certain the medication has not expired.
- Prepare vial: remove protective cap if a new vial and clean rubber cap with antiseptic wipe. Clean rubber cap of vial if a multidose used vial.
- Remove cap from needle on the safety syringe and draw into syringe amount of air equal to volume of medication to be withdrawn (using a 25 gauge 5/8 inch needle)
- Insert needle into upright vial through center of rubber cap.
- Inject air into vial, keeping the bevel above the surface of medication.
- Withdraw the prescribed amount of medication by holding vial down (inverting vial).

### Indications

Nebulization therapy is used to deliver medications along the respiratory tract and is indicated for various respiratory problems and diseases such as: bronchospasms, chest tightness, and excessive and thick mucus secretions, respiratory congestion, pneumonia, and asthma

Any time a resident has a new order for nebulizer treatments, the order must be carried out *immediately*. If the facility has difficulty obtaining equipment from a medical supplier, contact the prescriber immediately to notify them and obtain new orders.

### Nebulizer Equipment

Compressor  
Mouthpiece/mask  
Tubing  
Nebulizer cup

### Procedure

- Wash your hands and always observe *Standard Precautions*
- Identify resident by picture ID as per protocol
- Read the resident's current order(s) and specific directions

Note: *if there is not a complete order on the MAR, refer to the most current order in the resident's chart. If needed, contact the prescriber for clarification*

- Always compare the label for each medication to your current MAR at least 3 times
- Check the expiration date and the appearance of the medication
- Proceed to the resident's room, introduce yourself. Explain very simply what you are going to do
- Position the Resident so that the nebulizer will be in a vertical position. The resident should be sitting as straight as possible
  - Note: medication will not nebulize properly if the nebulizer is tilted too much
- Place the nebulizer on a sturdy surface that will support its weight
- Plug the cord from the compressor into a properly grounded (three prong) electrical outlet
- Remove the top part of the nebulizer cup
- Place the prescribed medication into the bottom of the nebulizer cup

### Care of nebulizer equipment

Cleaning equipment is simple, yet very important

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1. After each treatment, rinse the nebulizer cup with warm water, shake off excess water and let it air dry
2. Always allow the equipment to completely dry before storing in a plastic, zipper storage bag

**Note:** There is no need to clean the tubing that connects the nebulizer to the air compressor.

The tubing, mouthpiece or mask should be replaced per the instructions from the equipment supplier and per your facility protocol. Infection control must be followed at all times

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### Compressor care

1. Keep the compressor clean by wiping it with a clean, damp cloth as needed
2. Do **not** put the compressor on the floor either for treatments or for storage
3. Check the air compressor's filter as directed. Replace or clean according to the directions from your equipment supplier
4. Always have an extra nebulizer cup and mask or mouthpiece in case you need it
5. All equipment for nebulizer therapy including new filters, can be obtained through the equipment supplier

**Important:** Unplug the compressor before cleaning it.



Policy Title: Warning Notice

Employee: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

**Non-Attendance Related**

<b>Event Category (check all that apply):</b>		
<input type="checkbox"/> Conduct/ attitude	<input type="checkbox"/> Resident Safety Concern	<input type="checkbox"/> Refusing Assignment
<input type="checkbox"/> Unsatisfactory Work	<input type="checkbox"/> Resident Rights Concern	<input type="checkbox"/> Other: _____
Related Policy / Procedure Title: _____		
<b>Origin of Concern (check all that apply):</b>		
<input type="checkbox"/> Staff Observation	<input type="checkbox"/> Resident Complaint	<input type="checkbox"/> Visitor Complaint
<input type="checkbox"/> Family Complaint	<input type="checkbox"/> Team Member Concern	<input type="checkbox"/> Other: _____
<b>Just Decisions Level (check which applies):</b>		
<input type="checkbox"/> Level Two	<input type="checkbox"/> Level Three	

**Attendance Related**

Number of occurrences in rolling 6 months: _____
Step (check which applies): <input type="checkbox"/> Step Two <input type="checkbox"/> Step Three <input type="checkbox"/> Step Four

Employee Status:

- First Offence
- Second Offense
- Third and final offense

Signature of Person Discussing Report: \_\_\_\_\_

Date Reviewed with Employee: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**Grievance Procedure:** if a grievance is filed, a written explanation of the reasons why you disagree with the decision must be submitted to the administrator within 5 business days of receipt of this form.



# Long Term Care Management Services

*Caring with Excellence*

## Quality Assurance Employee Related Event Review

**Instruction:** Complete top section and put in DON/Administrators box.

<b>Employee:</b> _____	<b>Employee Number:</b> _____	
<b>Job Title:</b> _____	<b>Dept:</b> Nurs. Diet Env services Rsd Services Adm	
<b>Resident Involved if applicable:</b> _____	<b>Room #:</b> _____	
<b>Event Category (check all that apply):</b>		
<input type="checkbox"/> Conduct/ attitude	<input type="checkbox"/> Resident Safety Concern	<input type="checkbox"/> Refusing Assignment
<input type="checkbox"/> Unsatisfactory Work	<input type="checkbox"/> Resident Rights concern	<input type="checkbox"/> Other:
<b>Origin of concern (check all that apply):</b>		
<input type="checkbox"/> Personal Observation	<input type="checkbox"/> Resident Complaint	<input type="checkbox"/> Visitor complaint
<input type="checkbox"/> Family Complaint	<input type="checkbox"/> Team member concern	<input type="checkbox"/> Other:
<b>Description of event:</b>		
<b>Person Completing Report:</b> _____		<b>Date:</b> _____

**Supervisor Investigation:** To be completed by department director or supervisor.

**Result of investigation:**


Complete page 2

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# Long Term Care Management Services

*Caring with Excellence*

## Quality Assurance Employee Related Event Review

**Level of Error (circle which applies) :**

<b>Level One</b>	No employee related error occurred.	Employee made error in judgment when no policy or process in place	Employee made error by incorrectly interpreting ambiguous policy or process	Employee made error while following organization policy or process
<b>Level Two</b>	Employee implemented partial policy or process	Failure to implement resident safety initiative or resident care plan	Near Miss or error occurred due to minor deviation from process or policy	Carelessness in providing resident care or adherence to policy or process
<b>Level Three</b>	Substantiated findings of abuse or neglect	Repeatedly violates organization policies, processes or standards	Reckless or intentional disregard for resident or resident safety.	Intentionally causes harm or tampers with error reporting process.

**Related Policy or Procedure Title:** \_\_\_\_\_

**Employee Action:** Not applicable   Educational Session   TIP   Warning Notice   Termination

Was 24 hour report completed? Yes No   Date of 5 day report if applicable: \_\_\_\_\_

**Investigation or Root Cause of Event**

- Performance Related
- Unclear Expectations
- Equipment Issues
- Supply Issue
- Policy and Procedure Related
- Other:

Comments including brief content of educational session: \_\_\_\_\_

**Signature of Person Completing Report:** \_\_\_\_\_

**QA Committee Review:** Committee should review for additional actions. Do not discuss employee name in the committee review. Document action/discussion in QA minutes.

**Further QA Committee Actions:** (See QA notes for details or other actions)

- Clarification of Policies or Processes
- Equipment or Supply corrections
- Training for all applicable staff
- None

**Date Reviewed by QA Committee:** \_\_\_\_\_