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5-8-2016*

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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>915 WEST COOKSEY DRIVE THOMASVILLE, NC 27360</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments  The Adult Care Licensure Section and the Davidson County Department of Social Services conducted an annual survey on April 13, 2016 and April 14, 2016 with an exit conference via telephone on April 15, 2016.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis  10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and 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.  This Rule is not met as evidenced by: Based on interview and record review the facility failed to assure that 1 of 6 sampled staff (Staff B) was tested upon employment for Tuberculosis (TB) disease in compliance with the control measure adopted by the Commission for Health Services.  The findings are:  Review of Staff B's personnel file revealed: -Staff B had previously worked at the facility. -A re-hire date at the facility of 12/31/2015. -Copies of negative tuberculosis (TB) tests dated 10/19/2012 and 7/13/2013. -No documentation of a current TB test since re-hire was available for review.	D 131	It is Spring Arbor's standard practice to comply with these referenced regulations. The Executive Director (ED) was present on the 1 <sup>st</sup> day of survey, 4/13/16 and our Durham ED was present on the remainder of survey along with exit interview with the Resident Care Coordinator (RCC) .  <u>D131 10A NCAC 13F.0406 (a) Test for Tuberculosis</u>  <u>Plan of Correction:</u> On 4/15/16, the rehired employee whose TB skin test was not in compliance was administered by an RN, read on 4/18/16 and recorded.  <u>Prevention of Re-occurrence:</u> All Staff TB skin test will be administered per state regulations.  <u>Monitor Responsibility &amp; Frequency:</u> RCC, Cottage Care Coordinator (CCC) and/or ED will monitor at time of new hire and periodically on an ongoing basis to ensure all new hires are tested for TB as the rule states.  <u>Completion Date:</u> 4/18/16	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rebecca Nance, RN, ED</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>5/8/16</i>
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*Reviewed + Approved  
ARP 5-20-16*

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NAME OF PROVIDER OR SUPPLIER  SPRING ARBOR OF THOMASVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 916 WEST COOKSEY DRIVE THOMASVILLE, NC 27360		
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D 131	Continued From page 1  Interview on 4/14/2016 at 5:25 pm with the Special Care Unit Coordinator (SCUC) revealed: -Staff B had previously worked at the facility and had the 2 step TB testing done 10/19/12 and 07/03/13. -The SCUC was responsible for ensuring that new staff are aware that they need to have a TB test done upon hire. -The SCUC routinely informed newly hired staff for the SCU that they needed a first step TB test upon being hired. -A discussion was held with the Resident Care Coordinator about Staff B and they determined that due to her previous employment at the facility and two previous negative TB tests at that time, Staff B did not need another TB test at re-hire.  Telephone interview on 04/14/2016 at 5:40 pm with Staff B revealed: -She had previously worked at the facility. -She has not had a TB test since returning to work at the facility on 12/31/2015. -Staff B stated that the SCUC and the RCC had told her that due to her previous employment at the facility with two negative TB tests at that time, new TB tests were not needed when she was re-hired.	D 131		
D912	G.S. 131D-21(2) Declaration of Residents' Rights  G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.	D912	<u>D912 G.S. 131df-21(2) Declaration of Residents/Rights</u>  Spring Arbor of Thomasville have always taken Resident's Rights very seriously.	

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D912	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure every resident received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to infection prevention precautions related to glucometers used for checking fingerstick blood sugar.</p> <p>The findings are:</p> <p>Based on observations, interviews, and record reviews, the facility failed to implement infection control procedures consistent with Centers for Disease Control and Prevention guidelines on infection control regarding the sharing of glucometers and proper disinfection of fingerstick blood sugar (FSBS) monitoring equipment for 4 of 4 sampled residents (Residents #1, #2, #3 and #6).[Refer to Tag 932, G.S. 131D-4.4A(b) (Type B Violation)].</p>	D912	<p><u>Plan of Correction:</u> Immediately after being made aware of this noncompliance we took all necessary steps to ensure every single resident received care and services which are appropriate and in compliance with federal and state regulations. Please see the plan of correction for each violation.</p> <p><u>Prevention of Re-occurrence:</u> RCC, CCC and/or ED will ensure all staff are retrained to understand the importance of residents' rights and will be In-Serviced on Resident Rights annually going forward.</p> <p><u>Monitor Responsibility &amp; Frequency:</u> RCC, CCC and/or ED will monitor at time of new hire and periodically to confirm compliance.</p> <p><u>Completion Date:</u> 4/14/16</p>	
D932	<p>G.S. 131D-4.4A (b) ACH Infection Prevention Requirements</p> <p>G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements</p> <p>(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</p>	D932	<p><u>D932 G.S. 131D-4.4A (b) ACH Infection Prevention Requirements</u></p> <p><u>G.S. 131-D-4.4A Adult Care Home Infections Prevention Requirements</u></p> <p>Spring Arbor has always had a written infection control policy. We obtained the written Infection Control course implemented by the NC Dept. of Health and Human services and re-trained staff on 4/18/16 on proper use and cleaning of glucometers. Our pharmacy, MAST conducted another training on 4/19/16 on Medication Administration and glucometer and Insulin Pen review.</p>	

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D932	<p>Continued From page 3</p> <p>tissues, and proper disinfection of reusable patient care items that are used for multiple residents.</p> <p>b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules.</p> <p>c. Accessibility of infection control devices and supplies.</p> <p>d. Blood and bodily fluid precautions.</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: <b>TYPE B VIOLATION</b></p> <p>Based on observations, interviews, and record reviews, the facility failed to implement infection control procedures consistent with Centers for Disease Control and Prevention guidelines on infection control regarding the sharing of glucometers and proper disinfection of fingerstick blood sugar (FSBS) monitoring equipment for 4 of 4 sampled residents (Residents #1, #2, #3 and</p>	D932	<p>Our policy is to train upon hire and annually to all staff to include and address: a) the proper use of safety lancets, that are disposed of after their single-use in the sharps container) sanitation of rooms and equipment, including cleaning procedures, agents and documentation of these schedules; c. accessibility of infection control devices and supplies; d. blood and body fluid precautions; e. procedures to be followed when staff is exposed to body fluids.</p> <p>All glucometers were immediately cleaned per guidelines. All identified glucometers were immediately labeled with each resident's name.</p> <p><u>Prevention of re-occurrence:</u> All appropriate staff were re-trained on 4/18/16 with a demonstration on how to properly test for blood glucose. Each employee was required to perform a return demonstration for competency check. The RCC/CCC have a system to check and document the history of each resident's glucometer with the ED ensuring adherence to these checks. It was also reiterated that resident's glucometers cannot be shared.</p> <p><u>Monitor Responsibility &amp; Frequency:</u> RCC, CCC and/or ED will monitor each Resident's glucometer to ensure proper and safe usage of all glucometers. All staff will be In-Serviced on Infection Control at time of hire and annually on-going.</p> <p><u>Completion Date:</u> 4/19/16</p>	

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*Approved*

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D932	<p>Continued From page 4</p> <p>#6).</p> <p>The findings are:</p> <p>Observation on 04/14/16 at 10:15 am of the medication carts and glucometer storage for the assisted living unit revealed:</p> <ul style="list-style-type: none"> <li>-There were 3 medication carts (100 Hall, 200 Hall, and 300 Hall) with 7 Brand A glucometer storage pouches that were labeled with a resident's name, and one Brand B glucometer that was labeled with a resident's name and stored in a plastic tray.</li> <li>-The 100 Hall medication cart had one glucometer had 1 Brand B glucometer labeled with a resident's name and stored in a plastic tray.</li> <li>-The 200 Hall medication cart had 3 glucometer pouches, labeled with a resident's name, with each containing a Brand A glucometer, a bottle of testing strips, and alcohol swabs. None of the glucometers were labeled with a resident's name.</li> <li>-The 300 Hall medication cart had 4 glucometer pouches, labeled with a resident's name, with each containing a Brand A glucometer, a bottle of testing strips, and alcohol swabs. Three of the glucometers were not labeled with a resident's name and one glucometer was labeled with a resident's name (not corresponding to the resident's name on the glucometer pouch).</li> <li>-The medication carts were stored in the medication room when not in use.</li> <li>-There was no Environmental Protection Agency (EPA)-approved disinfectant located on the either of the medication carts.</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) on 04/14/16 at 11:30 am revealed:</p> <ul style="list-style-type: none"> <li>-The assisted living side of the facility had 8 residents receiving fingerstick blood sugar</li> </ul>	D932		

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D932	<p>Continued From page 5</p> <p>checks.</p> <ul style="list-style-type: none"> <li>-She was not aware of any resident receiving fingerstick blood sugar checks that had a diagnosis of blood borne infectious disease such as hepatitis or Human Immunodeficiency Virus (HIV).</li> <li>-Each resident was assigned a glucometer for use on that resident and staff were not supposed to use a glucometer for testing blood sugar on any resident other than the resident to which it was assigned. Staff should not be sharing glucometers.</li> </ul> <p>Based on the Center for Disease Control (CDC) guidelines for infection control, the recommendations were that blood glucose monitoring devices (glucometers) should not be shared between residents. If the glucometer is to be used for more than one person, it should be cleaned and disinfected per the manufacturer's instructions using an Environmental Protection Agency (EPA) approved disinfectant effective against blood borne infectious diseases, such as hepatitis or Human Immunodeficiency Virus (HIV), and tuberculosis. If the manufacturer does not list the disinfection information, the glucometer should not be shared between residents.</p> <p>Telephone interview on 04/14/16 at 2:10 pm with a representative from glucometer Brand A's manufacturer's customer service department revealed:</p> <ul style="list-style-type: none"> <li>-This glucometer could be used on more than one person if proper disinfection protocols were adhered to.</li> <li>-The protocol for proper disinfection required the use of a (Brand name) wipe, used according to the directions on the (Brand Name) wipe, to clean and disinfect the glucometer. (Review of the</li> </ul>	D932		

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D932	<p>Continued From page 6</p> <p>ingredients of the recommended brand wipe revealed it contained water 70-80 percent (%), isopropanol 17.2%, ethylene glycol monobutyl ether (2-butoxyethanol) 1-5% and diisobutylphenoxyethoxyethyl dimethylbenzyl ammonium chloride 0.28%.</p> <p>Observation on 04/14/16 at 4:00 pm of the Environmental Protection Agency (EPA)-approved disinfectant stored in a cabinet in the medication room revealed:</p> <ul style="list-style-type: none"> <li>-The product contained Alkyl dimethyl benzyl ammonium chlorides 0.24%, octyl decyl dimethyl ammonium chloride 0.18%, dioctyl dimethyl ammonium chloride 0.09%, didecyl dimethyl ammonium chloride 0.09%, and inert ingredient 99.40%.</li> <li>-The product was an Environmental Protection Agency (EPA) approved disinfectant effective against blood borne infectious diseases, such as hepatitis or Human Immunodeficiency Virus (HIV), but was not listed to be effective against tuberculosis.</li> <li>-The product was not the manufacturer's recommended EPA approved disinfectant.</li> </ul> <p>Interview on 04/14/16 at 12:40 pm with the Resident Care Coordinator (RCC) revealed:</p> <ul style="list-style-type: none"> <li>-The night shift (third shift) medication aide (MA) is responsible to clean and disinfect the glucometers once a week, on Friday nights.</li> <li>-The routine procedure used to clean the glucometers was to use alcohol wipe, wet down the glucometer, let air dry, and place back in the glucometer pouch.</li> <li>-There was no cleaning log for the night shift MA to document cleaning the glucometers on Fridays.</li> <li>-The procedure had been in place for more than 3 years.</li> </ul>	D932		

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D932	<p>Continued From page 7</p> <p>Review of the facility's policy for "Recommendations for Cleaning and Disinfection of Glucometers" revealed:                      -"Clean glucometer surface when visible blood or bloody liquids were present with a cloth dampened with soap and water to remove any visible organic material."                      -"If no visible organic material is present, disinfect after each use, the exterior surfaces, following the manufacturer's direction using a cloth/wipe with either an EPA-registered detergent/germicide with a tuberculocidal or HBV/HIV label claim, or a dilute bleach solution of 1:10 (one part bleach to 9 parts water) to 1:100 concentration."</p> <p>A. Review of Resident #2's current FL-2 dated 06/30/15 revealed diagnoses included acute and chronic airway obstruction, altered mental status.</p> <p>Review of Resident #2's record revealed:                      -A physician's orders dated 03/20/14 to reduce fingerstick blood sugar (FSBS) checks from Monday, Wednesday, Friday at 6:00 am, and Tuesday, Thursday at 4:30 pm to FSBS as needed for suspected hypoglycemia.                      -Signed Physician Orders dated 12/02/15 renewing FSBS as needed for suspected hypoglycemia.</p> <p>Observation on 04/14/16 at 10:15 am of fingerstick blood sugar (FSBS) testing on the 300 Hall of the assisted living unit revealed:                      -The first shift Medication Aide (MA) obtained a Brand A glucometer from a black vinyl pouch labeled with Resident #2 name.                      -The glucometer was not labeled with Resident #2's name but did have faded initials other than the resident's initials visible on the glucometer.                      -The first shift MA obtained a FSBS value using</p>	D932		

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D932	<p>Continued From page 8</p> <p>proper infection prevention technique. -The FSBS value was 111.</p> <p>Review of Resident #2's April 2016 electronic Medication Administration Records (eMAR) revealed: -FSBS as needed for suspected hypoglycemia was listed. -FSBS value of 111 was documented on 04/14/16. -No additional documentation for April 2016.</p> <p>Review of the memory for the glucometer used to obtain Resident #2's FSBS revealed: -The glucometer used for Resident #2 was "Brand A". -The date and time was not accurately set. -The glucometer stored FSBS values starting with the most current and displaying progressively older. -On 04/14/16 at 10:42 am the glucometer was reading 10/05/15 at 2:53 pm. (191 days and 20 hours behind current date and time). -The FSBS result for 04/14/16 at 10:15 am of 111 was consistent with the result entered on the eMAR for 04/14/16 -There was one additional reading in the memory for the glucometer for 04/03/16 with value of 71 at 1:57 am with no documentation on Resident #2's eMAR.</p> <p>Continued review of the FSBS values documented in the memory of the glucometer used for Resident #2 revealed there was a large gap in time before the next FSBS values were recorded. Examples of the next FSBS recorded values, when adjusted to correct time and date, were as follows: -On 08/08/15, FSBS was 125 at 8:37 am, 71 at 4:48 pm, and 166 at 7:39 pm.</p>	D932		

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D932	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-On 08/07/15, FSBS was 73 at 4:28 am and 116 at 8:01 am.</li> <li>-On 08/06/15, FSBS was 107 at 4:47 am and 140 at 8:11 am.</li> <li>-On 08/05/15, FSBS was 100 at 4:49 am.</li> <li>-On 08/04/15, FSBS was 76 at 4:26 am and 88 at 7:52 pm.</li> <li>-On 08/03/15, FSBS was 80 at 4:22 am and 154 at 7:47 pm.</li> <li>-On 08/02/15, FSBS was 67 at 4:48 am and 153 at 7:43 pm.</li> <li>-On 08/01/15, FSBS was 106 at 4:38 am and 159 at 7:48 pm.</li> </ul> <p>Review of Resident #2's eMAR for August 2015 revealed:</p> <ul style="list-style-type: none"> <li>-FSBS as needed for suspected hypoglycemia was listed.</li> <li>-No FSBS values were documented on the August 2015 eMAR.</li> </ul> <p>Interview on 04/14/16 at 10:15 am with the assisted living first shift MA that obtained Resident #2's FSBS revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 did not have FSBS scheduled.</li> <li>-She did not know when the last FSBS was obtained for Resident #2 but thought it had been a long time since her last FSBS.</li> <li>-She would obtain a FSBS on Resident #2 for a current FSBS value to see what her FSBS was today.</li> </ul> <p>Interview with Resident #2 on 04/14/16 at 5:50 pm revealed:</p> <ul style="list-style-type: none"> <li>-She was not sure when a MA took a FSBS for her before today but thought it had been a very long time.</li> <li>-She was not aware if they used a different glucometer on her.</li> </ul>	D932		

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NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>915 WEST COOKSEY DRIVE THOMASVILLE, NC 27360</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	<p>Continued From page 10</p> <p>Refer to interview on 4/14/16 at 12:40 pm with the Resident Care Coordinator (RCC).</p> <p>Refer to interview on 04/14/16 at 3:15 pm with a second shift Medication Aide (MA).</p> <p>Refer to interview on 04/14/16 at 6:17 pm with a third shift MA.</p> <p>Refer to telephone interview on 04/14/16 at 7:15 pm with a second Medication Aide for the evening (third) shift.</p> <p>Refer to telephone interview on 04/15/16 at 11:05 am with the RCC.</p> <p>B. Review of Resident #6's current FL-2 dated 07/07/15 revealed: -Diagnoses included mild mental retardation, and history of allergic rhinitis. -An order for fingerstick blood sugar (FSBS) checks 2 times a day. -An order for metformin 1000 mg twice a day (Metformin is used to treat elevated blood sugar values in diabetics.)</p> <p>Review of Resident #6's record revealed signed Physician Orders dated 02/24/15 and 01/19/16 for check FSBS twice daily.</p> <p>Observation on 04/14/16 at 10:15 am of the medication carts and glucometer storage for the assisted living unit revealed: -Resident #6 had a glucometer pouch, labeled with the resident's name stored on the 300 Hall medication cart. -The glucometer storage pouch labeled with Resident #6's name contained a Brand A glucometer labeled in black permanent marker with another resident's name (Resident #2).</p>	D932		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>916 WEST COOKSEY DRIVE THOMASVILLE, NC 27380</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	<p>Continued From page 11</p> <p>Review of the memory for the Brand A glucometer in the pouch labeled for Resident #6 revealed:</p> <ul style="list-style-type: none"> <li>-The date and time was not accurately set.</li> <li>-The glucometer stored FSBS values starting with the most current and displaying progressively older.</li> <li>-On 04/14/16 at 10:30 am the glucometer was reading 07/11/15 at 8:50 am (278 days and 2 hours needed to be added to the FSBS values recorded in the glucometer's memory for current date and time).</li> <li>-The most current FSBS values recorded in the memory of the glucometer with dates from 07/07/15 to 07/11/15 were consist with values documented on the resident's April 2016 electronic Medication Administration Record (eMAR) from 04/10/16 at 7:30 pm to 04/14/16 at 6:00 am.</li> <li>-There were no FSBS values in the memory of the glucometer prior to 04/10/16 that were consistent with FSBS values documented on Resident #6's April 2016 eMAR.</li> </ul> <p>Review of Resident #6's April 2016 electronic Medication Administration Records (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-Check FSBS twice daily was listed and scheduled for 6:00 am and 7:30 pm.</li> <li>-FSBS values were documented as ordered from 04/01/16 at 6:00 am to 04/14/16 at 6:00 am.</li> </ul> <p>Values recorded in the memory of the glucometer and consistent with FSBS values documented on Resident #6's April 2016 eMAR were as follows:</p> <ul style="list-style-type: none"> <li>-On 07/11/15 at 4:34 am, FSBS of 90 in the memory of the glucometer was documented on the eMAR for 04/14/16 at 6:00 am.</li> <li>-On 07/10/15 at 6:46 pm, FSBS of 138 in the memory of the glucometer was documented on</li> </ul>	D932		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>916 WEST COOKSEY DRIVE THOMASVILLE, NC 27360</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	<p>Continued From page 12</p> <p>the eMAR for 04/13/16 at 7:30 pm.</p> <p>-On 07/10/15 at 4:43 am, FSBS of 90 in the memory of the glucometer was documented on the eMAR for 04/13/16 at 6:00 am.</p> <p>-On 07/09/15 at 5:54 pm, FSBS of 127 in the memory of the glucometer was documented on the eMAR for 04/12/16 at 7:30 pm.</p> <p>-On 07/09/15 at 4:25 am, FSBS of 90 in the memory of the glucometer was documented on the eMAR for 04/12/16 at 6:00 am.</p> <p>-On 07/08/15 at 6:53 pm, FSBS of 127 in the memory of the glucometer was documented on the eMAR for 04/11/16 at 7:30 pm.</p> <p>-On 07/08/15 at 4:56 am, FSBS of 90 in the memory of the glucometer was documented on the eMAR for 04/11/16 at 6:00 am.</p> <p>-On 07/07/15 at 5:45 pm, FSBS of 103 in the memory of the glucometer was documented on the eMAR for 04/10/16 at 7:30 pm.</p> <p>Examples of FSBS values documented on Resident #6's April 2016 eMAR but not recorded in the memory of the glucometer in Resident #6's storage pouch were as follows:</p> <p>-On 4/10/16 at 6:00 am, FSBS documented as 97, not in memory of the glucometer.</p> <p>-On 4/09/16 at 7:30 pm, FSBS documented as 110, not in memory of the glucometer.</p> <p>-On 4/09/16 at 6:00 am, FSBS documented as 98, not in memory of the glucometer.</p> <p>-On 4/08/16 at 7:30 pm, FSBS documented as 131, not in memory of the glucometer.</p> <p>-On 4/08/16 at 6:00 am, FSBS documented as 104, not in memory of the glucometer.</p> <p>-On 4/07/16 at 7:30 pm, FSBS documented as 189, not in memory of the glucometer.</p> <p>-On 4/07/16 at 6:00 am, FSBS documented as 91, not in memory of the glucometer.</p> <p>-On 4/06/16 at 7:30 pm, FSBS documented as 135, not in memory of the glucometer.</p>	D932		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>915 WEST COOKSEY DRIVE THOMASVILLE, NC 27380</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	<p>Continued From page 13</p> <p>-On 4/06/16 at 6:00 am, FSBS documented as 101, not in memory of the glucometer.</p> <p>Continued review of the FSBS values recorded in the memory of the glucometer in the storage pouch labeled for Resident #6 revealed: -FSBS recorded in the memory of the glucometer skipped from 07/07/15 to begin again on 07/18/14 (adjusted to date and time corresponded to 04/20/15) and regressed in sequence.</p> <p>Interview on 04/14/16 at 5:45 pm with Resident #6 revealed: -Staff check FSBS two times a day. -He does not look at the glucometer use to check his FSBS. -He expects staff to use the glucometer assigned to him to check his FSBS.</p> <p>Refer to interview on 4/14/16 at 12:40 pm with the Resident Care Coordinator (RCC).</p> <p>Refer to interview on 04/14/16 at 3:15 pm with a second shift Medication Aide (MA).</p> <p>Refer to interview on 04/14/16 at 6:17 pm with a third shift MA.</p> <p>Refer to telephone interview on 04/14/16 at 7:15 pm with a second Medication Aide for the evening (third) shift.</p> <p>Refer to telephone interview on 04/15/16 at 11:05 am with the RCC.</p> <p>C. Review of Resident #1's current FL-2 dated 07/14/15 revealed: -Diagnoses included hypertension, dysphagia, and hepatitis C. -An order for fingerstick blood sugar (FSBS)</p>	D932		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>916 WEST COOKSEY DRIVE THOMASVILLE, NC 27360</b>		
(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
D932	<p>Continued From page 14</p> <p>checks once weekly.</p> <p>-An order for metformin 500mg twice a day (Metformin is used to treat elevated blood sugar values in diabetics.)</p> <p>Review of Resident #1's record revealed signed Physician Orders dated 12/01/15 for check FSBS 3 times a week.</p> <p>Observation on 04/14/16 at 10:15 am of the medication carts and glucometer storage for the assisted living unit revealed:</p> <p>-Resident #1 had a glucometer pouch, labeled with the resident's name stored on the 200 Hall medication cart.</p> <p>-The glucometer storage pouch labeled with Resident #1's name contained a Brand A glucometer labeled in black permanent marker with faded initials other than the resident's initials visible on the glucometer.</p> <p>Review of the memory for the Brand A glucometer in the pouch labeled for Resident #1 revealed:</p> <p>-The date and time was not accurately set.</p> <p>-The glucometer stored FSBS values starting with the most current and displaying progressively older.</p> <p>-On 04/14/16 at 11:13 am the glucometer was reading 04/04/12 at 9:27 am (4 years, 11 days and 2 hours different from current date and time).</p> <p>-Values recorded in the memory of the glucometer were not consistent with values documented on Resident #1's April 2016 and March 2016 electronic Medication Administration Records.</p> <p>Review of Resident #1 March 2016 and April 2016 "Vitals Report" of the electronic Medication Administration Records (eMARs) revealed:</p> <p>-FSBS were listed and scheduled for Mondays,</p>	D932		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>916 WEST COOKSEY DRIVE THOMASVILLE, NC 27360</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	<p>Continued From page 15</p> <p>Wednesdays, and Fridays at 6:00 am.</p> <ul style="list-style-type: none"> <li>-FSBS values should have been obtained 19 times from 03/01/16 to 04/13/16.</li> <li>-The memory of the glucometer had 10 of 19 FSBS values recorded in the memory.</li> <li>-There were 3 FSBS extra reading recorded in the memory of the glucometer from 04/01/16 to 04/06/16.</li> <li>-There 6 FSBS values documented on the March 2016 "Vitals Report" but not recorded in the memory of the glucometer.</li> <li>-There were 3 FSBS values documented on the April 2016 "Vitals Report" but not recorded in the memory of the glucometer.</li> </ul> <p>The additional FSBS values (adjusted for date and time) recorded in the memory of Resident #1's Brand A glucometer were as follows:</p> <ul style="list-style-type: none"> <li>-On 04/05/16 (Tuesday) at 4:37 pm, FSBS of 239 recorded.</li> <li>-On 04/05/16 (Tuesday) at 4:37 pm, FSBS of 263 recorded.</li> <li>-On 04/03/16 (Sunday) at 10 pm, FSBS of 72 recorded.</li> </ul> <p>Examples of FSBS values (adjusted for date and time) documented on the March 2016 "Vitals Report" for 6:00 am but not recorded in the memory of the glucometer were as follows:</p> <ul style="list-style-type: none"> <li>-On 3/30/16, FSBS of 98 documented.</li> <li>-On 3/25/16, FSBS of 98 documented.</li> <li>-On 3/21/16, FSBS of 95 documented.</li> <li>-On 3/07/16, FSBS of 118 documented.</li> <li>-On 3/04/16, FSBS of 102 documented.</li> <li>-On 3/02/16, FSBS of 106 documented.</li> </ul> <p>Examples of FSBS values (adjusted for date and time) documented on the April 2016 "Vitals Report" for 6:00 am but not recorded in the memory of the glucometer were as follows:</p>	D932		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>916 WEST COOKSEY DRIVE THOMASVILLE, NC 27360</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>-On 04/13/16, FSBS of 98 documented.</li> <li>-On 04/08/16, FSBS of 103 documented.</li> <li>-On 04/04/16, FSBS of 97 documented.</li> </ul> <p>Interview on 04/14/16 at 6:13 pm with Resident #1 revealed:</p> <ul style="list-style-type: none"> <li>-Medication Aide staff use the same type of glucometer each time to take her FSBS three times a week, one time a day.</li> <li>-She was not aware if the glucometer used to take her FSBS had her name on it.</li> </ul> <p>Refer to interview on 4/14/16 at 12:40 pm with the Resident Care Coordinator (RCC).</p> <p>Refer to interview on 04/14/16 at 3:15 pm with a second shift Medication Aide (MA).</p> <p>Refer to interview on 04/14/16 at 6:17 pm with a third shift MA.</p> <p>Refer to telephone interview on 04/14/16 at 7:15 pm with a second Medication Aide for the evening (third) shift.</p> <p>Refer to telephone interview on 04/15/16 at 11:05 am with the RCC.</p> <p>D. Review of Resident #3's current FL-2 dated 10/06/15 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included dementia, psychosis, and hyperparathyroidism.</li> <li>-An order for fingerstick blood sugar (FSBS) checks once weekly.</li> </ul> <p>Review of Resident #3's record revealed physician order dated 11/10/15 to check glucose once a day before breakfast.</p> <p>Observation on 04/14/16 at 10:15 am of the</p>	D932		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>916 WEST COOKSEY DRIVE THOMASVILLE, NC 27380</b>		
(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
D932	Continued From page 17  medication carts and glucometer storage for the assisted living unit revealed: -Resident #3 had a glucometer pouch, labeled with the resident's name stored on the 200 Hall medication cart. -The glucometer storage pouch labeled with Resident #3's name contained a Brand A glucometer labeled in black permanent marker with faded initials of the resident visible on the glucometer.  Review of the memory for the Brand A glucometer in the pouch labeled for Resident #3 revealed: -The date and time was not accurately set. -The glucometer stored FSBS values starting with the most current and displaying progressively older. -On 04/14/16 at 11:48 am the glucometer was reading 03/30/12 at 12:24 am (3 years, 364 days and 22.5 hours different from current date and time). -Values recorded in the memory of the glucometer were not consistent with values documented on Resident #3's April 2016 and March 2016 electronic Medication Administration Records.  Review of Resident #3's March 2016 and April 2016 electronic Medication Administration Records (eMARs) revealed: -FSBS were listed and scheduled daily at 6:30 am. -FSBS values should have been obtained 45 times from 03/01/16 to 04/14/16. -The memory of the glucometer had 21 of 45 FSBS values recorded in the memory from 03/01/16 to 04/14/16. -There 16 FSBS values documented on the March 2016 eMAR but not recorded in the memory of the glucometer.	D932		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>915 WEST COOKSEY DRIVE THOMASVILLE, NC 27360</b>
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D932	<p>Continued From page 18</p> <p>-There were 7 FSBS values documented on the April 2016 eMAR but not recorded in the memory of the glucometer.</p> <p>Examples of FSBS values (adjusted for date and time) documented on the March 2016 eMAR for 6:00 am but not recorded in the memory of the glucometer were as follows:</p> <ul style="list-style-type: none"> <li>-On 3/31/16, FSBS of 102 documented.</li> <li>-On 3/29/16, FSBS of 102 documented.</li> <li>-On 3/25/16, FSBS of 108 documented.</li> <li>-On 3/24/16, FSBS of 106 documented.</li> <li>-On 3/21/16, FSBS of 102 documented.</li> <li>-On 3/20/16, FSBS of 98 documented.</li> <li>-On 3/03/16, FSBS of 112 documented.</li> <li>-On 3/01/16, FSBS of 114 documented.</li> </ul> <p>Examples of FSBS values (adjusted for date and time) documented on the April 2016 eMAR for 6:00 am but not recorded in the memory of the glucometer were as follows:</p> <ul style="list-style-type: none"> <li>-On 04/13/16, FSBS of 111 documented.</li> <li>-On 04/12/16, FSBS of 112 documented.</li> <li>-On 04/09/16, FSBS of 108 documented.</li> <li>-On 04/04/16, FSBS of 102 documented.</li> </ul> <p>Interview on 04/14/16 at 6:10 pm with Resident #3 revealed:</p> <ul style="list-style-type: none"> <li>-Medication Aide (MA) staff use the same type of glucometer each time to take his FSBS one time a day in the early morning.</li> <li>-He was not aware if the glucometer used to take his FSBS had his name on it.</li> <li>-He did not recollect what type of glucometer was used to collect his FSBS.</li> </ul> <p>Refer to interview on 4/14/16 at 12:40 pm with the Resident Care Coordinator (RCC).</p> <p>Refer to interview on 04/14/16 at 3:15 pm with a</p>	D932		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>916 WEST COOKSEY DRIVE THOMASVILLE, NC 27380</b>
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D932	<p>Continued From page 19</p> <p>second shift Medication Aide (MA).</p> <p>Refer to interview on 04/14/16 at 6:17 pm with a third shift MA.</p> <p>Refer to telephone interview on 04/14/16 at 7:15 pm with a second Medication Aide for the evening (third) shift.</p> <p>Refer to telephone interview on 04/15/16 at 11:05 am with the RCC.</p> <p>Interview on 4/14/16 at 12:40 pm with the Resident Care Coordinator (RCC) revealed:</p> <ul style="list-style-type: none"> <li>-The RCC performed a quarterly audit for the cooperate office of a sample of 4 or 5 glucometers by comparing the readings recorded in the memory of the glucometer in the storage pouch labeled with the residents' names and compared to the values documented on the residents' electronic Medication Administration Records (eMARs)</li> <li>-She had not done a Quarterly Audit of the glucometers within the last month.</li> <li>-The RCC did not do a complete audit of all glucometers during the Quarterly Audit.</li> <li>-The glucometers were not routinely labeled with residents' names because staff were supposed to perform cleanings or FSBS checks with one glucometer at a time, and returning the glucometer to its proper storage pouch before any procedures on the next resident.</li> <li>-The RCC did not look for a resident's name on the glucometer when she did her audits.</li> <li>-She was not aware the readings in the memory of the glucometers did not currently match reading on the eMARs on the sampled residents.</li> </ul> <p>Interview on 04/14/16 at 3:15 pm with a second shift Medication Aide (MA) revealed:</p>	D932		

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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
D932	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>-Most of the FSBS were scheduled for 6:00 am and obtained by the third shift MAs.</li> <li>-She routinely worked the second shift (3:00 pm to 11:00 pm).</li> <li>-The facility policy was each resident with an order for fingerstick blood sugar (FSBS) checks had an assigned glucometer to be used only on the assigned resident.</li> <li>-She was not aware of any cleaner or disinfecting agent other than alcohol swabs.</li> <li>-She used alcohol wipes to clean the glucometers.</li> <li>-The Resident Care Coordinator (RCC) was responsible to assure each resident had a glucometer.</li> <li>-MAs could fax new orders for glucometers to the durable medical equipment supplier if the order came when the RCC was not in the facility.</li> <li>-She obtained a FSBS for one resident on her shift.</li> <li>-She had a training on glucometer infection prevention, including not sharing glucometers, given by the pharmacy provider within the last year.</li> <li>-The glucometers should be for the resident named on the storage pouch.</li> <li>-She did not routinely look for names on the glucometer before she obtained a FSBS because most glucometers were not labeled.</li> </ul> <p>Interview on 04/14/16 at 6:17 pm with a third shift MA revealed:</p> <ul style="list-style-type: none"> <li>-She routinely worked every other Friday night third shift.</li> <li>-She was responsible to clean and disinfect the glucometers on her Friday night shift.</li> <li>-The procedure she used to clean and disinfect glucometers, one at a time, was as follows: she sprayed a cloth until it was damp with the EPA approved cleaner/disinfectant stored in the</li> </ul>	D932		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL029004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF THOMASVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>916 WEST COOKSEY DRIVE THOMASVILLE, NC 27360</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D932	<p>Continued From page 21</p> <p>medication room (Did not use too much as to wet into the hole for the strips or the screen); wiped the glucometer with the damped disinfectant; let sit for 3 to 4 minutes (did not check the exact time); wipe off with a paper towel and let it air dry; the entire procedure taking 5 to 10 minutes.</p> <ul style="list-style-type: none"> <li>-She returned the glucometer to the pouch from which was taken.</li> <li>-She was aware a "couple" of the glucometers had a resident's name on them but "they were already like that as far as she knows".</li> <li>-She stated she was trained on cleaning and disinfecting of the glucometers by another MA.</li> </ul> <p>Telephone interview on 04/14/16 at 7:15 pm with a second Medication Aide for the third shift revealed:</p> <ul style="list-style-type: none"> <li>-She alternated working every other Friday night with the other third shift MA.</li> <li>-She was responsible to clean and disinfect the glucometers on her Friday night shift.</li> <li>-The procedure she used for cleaning/disinfecting the glucometers was as follows: lay out a clean cloth; spray the glucometer with the EPA approved cleaner/disinfectant stored in the medication room until wet (did not get too wet); allow it sit for 5 minutes; wipe off and air dry; return to the storage pouch and put in the medication cart; repeat with next glucometer.</li> <li>-Some of the glucometers were labeled with a sticky label but it came off when she cleaned with the alcohol and disinfectant.</li> <li>-Some of the glucometers were labeled at one time with a black permanent marker but that faded during cleaning/disinfecting.</li> <li>-She stated the facility's residents received new glucometers about 2 years ago.</li> <li>-She had no idea how the residents' glucometers got into storage pouches that did not match the residents' names.</li> </ul>	D932		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL029004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  04/15/2016
NAME OF PROVIDER OR SUPPLIER  SPRING ARBOR OF THOMASVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE THOMASVILLE, NC 27360		
(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
D932	<p>Continued From page 22</p> <p>-She did not work last Friday night; it would be two weeks on the next day since she had cleaned/disinfected a glucometer.</p> <p>-She stated that sometimes she obtained a FSBS value and when she went back to the glucometer, the value did not show up in the glucometer for some reason.</p> <p>-She received training on glucometers infection prevention training each year and took the state infection course annually.</p> <p>Telephone interview on 04/15/16 at 11:05 am with the RCC revealed a representative from the durable medical equipment provider delivered the manufacturer's recommended EPA approved disinfectant wipes late on 04/14/16 and assisted the RCC with properly disinfecting all the Brand A glucometers in the facility before the glucometers were used to obtain another FSBS.</p> <p>The Administrator/Executive Director was not available for interview on 04/14/16 and 04/15/16.</p> <p>_____</p> <p>The facility provided a Plan of Protection on 04/14/16 as follows:</p> <ul style="list-style-type: none"> <li>-Immediately review resident assigned glucometer to ensure that values obtained are consistent with the MARs and the glucometer in question was used for the assigned resident.</li> <li>-Any glucometer found out of compliance will be cleaned.</li> <li>-All Medication Aides will be properly in-serviced regarding the community policy for glucometer use prior to obtaining residents' FSBS.</li> <li>-The RCC will implement daily checks of glucometer memory values for one week, followed by three times a week for 2 weeks, then 2 times a week for one week, then weekly moving forward.</li> </ul>	D932		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL029004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/15/2016	
NAME OF PROVIDER OR SUPPLIER  SPRING ARBOR OF THOMASVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 915 WEST COOKSEY DRIVE THOMASVILLE, NC 27360		
(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
D932	Continued From page 23  -The Executive Director is to ensure adherence to the scheduled checks and appropriate use of glucometer units with assigned residents.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MAY 30, 2016.	D932		

## Peedin, Ray

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**From:** Thomasville SL Executive Director (LeAnn Nance) <oted@hhhunt.com>  
**Sent:** Sunday, May 08, 2016 3:23 PM  
**To:** Peedin, Ray  
**Cc:** Phyllis Meservey  
**Subject:** Spring Arbor of Thomasville POC  
**Attachments:** State POC 2016.pdf

Please find the attached plan of care for Spring Arbor of Thomasville. Should you have questions, please feel free to reach out to me. thanks



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*Compassionate Care Delivered by Passionate Professionals*