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	HAL041073	A. BUILDING: _____ B. WING _____	05/04/2017

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D 000	Initial Comments The Adult Care Licensure Section and the Guilford County Department of Social Services conducted an annual survey on May 2-4, 2017.	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 interviews and record reviews, the facility failed to assure 1 of 6 sampled staff (Staff E) was tested upon employment for Tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: Review of Staff E's personnel file revealed: -Staff E was contracted through an agency to work in the facility. -Staff E started working in the facility on 2/14/17 as a Medication Aide (MA). -There was documentation of a TB skin test administered on 3/2/16 and read on 3/4/16 as negative. -There was no further documentation of a TB skin test administered upon hire, or a second TB skin	D 131	All personnel will be required to provide proof of Two step TB test with in last 12 months prior to being allowed to work at facility. If they can provide proof that they had a negative test within the last 12 months. Then they only need one once hired. Other than that a 2 step will be required upon hire. RCD will require proof of all staffing agency personnel TB and screening prior to assignment. RCD will work in conjunction with staffing coordinator at facility and agency to ensure compliance. These steps as outlined above are enforced effective 6/1/17.	6/1/17

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D 131	Continued From page 1 test had been completed. Interview on 5/4/17 at 1:30 pm with Staff E revealed: -She recalled having one TB skin test administered when she had started working for the agency about a year ago. -She had worked for the agency at multiple facilities since hired. -She did not recall having a TB skin test administered since her employment starting at the facility on 2/14/17. Interview on 5/4/17 at 12:15 pm with the contracted agency revealed: -Staff E had worked at the agency for over a year. -Staff E was contracted to work at the facility on 2/14/17 as a MA. -Staff E had one TB skin test, which was all the agency required for employment. -Staff E had the TB skin test administered on 3/2/16 and read on 3/4/16 as negative. Interview on 5/4/17 at 12:00 pm with the Administrator revealed: -She had used a contracted agency to obtain staffing for the facility. -She was not aware Staff E did not have a TB skin test administered upon hire at the facility. -She was aware all staff were required to have two TB skin tests upon employment at the facility. -The facility corporate Human Resource Department was responsible for overseeing staff records for the completion and updates of documents. -Every three months she reviewed the staff records for updates and completions of forms and documents. -She relied on the local contracted agency to complete all requirements for Staff E prior to	D 131		

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D 131	Continued From page 2 allowing her to work in the facility.	D 131		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 1 of 6 sampled staff (Staff F) had no substantiated findings listed on the Health Care Personnel Registry (HCPR) prior to employment. The findings are: Review of Staff F's personnel file revealed: -Staff F was hired on 8/11/11 and worked as the Activity Director. -Staff F was responsible for planning and promoting activities for the residents. -No documentation a HCPR check had been completed prior to hire for Staff F. Interview on 5/4/17 at 11:20 am with Staff F revealed: -She had been employed with the facility since 2011 and was the Activity Director. -She planned activities and outings for the residents at the facility. -She had assisted residents who were in wheelchairs to the activity room. -She had taken the residents via the bus to	D 137	Effective 6/1/17 all personnel regardless of position at the facility will have a healthcare personnel registry run on them prior to be hired. This will be completed by HR. Current employee files missing this information have been updated with health care reg as of 5/22/17.	

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D 137	Continued From page 3 outings such as bowling, and the lake over the past few months. -She was unaware what the HCPR check was or if the facility completed the HCPR check prior to her employment at the facility. Observation on 5/2/17 and 5/3/17 between 10:00 am and 4:00 pm of Staff F, she conducted multiple activities in the facility with residents. Interview on 5/4/17 at 12:50 pm with the Administrator revealed: -She had been employed as the Administrator for 2 years. -She was unaware all staff that were employed at the facility were required to have a HCPR check prior to hire. -She would immediately complete a HCPR check for Staff F. Review on 5/04/17 of Staff F's HCPR check completed on 5/4/17 revealed no substantiated findings.	D 137		
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff	D 161	All certified and licensed Healthcare personnel via employed with the facility directly or thru an agency will have a LHPS skills check done by a licensed RN prior to working independently on the floor to care for resident.	6/1/17 and ongoing with all new hires.

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D 161	Continued From page 4 oversight and supervision. This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to assure 1 of 5 sampled staff (Staff E) was competency validated for Licensed Health Professional Support (LHPS) tasks. The findings are: Review of Staff E's personnel file revealed: -Staff E was contracted through an agency to work in the facility. -Staff E started working in the facility on 2/14/17 as a Medication Aide (MA). -There was no documentation of a completed LHPS competency validation. Interview on 5/4/17 at 1:30 pm with Staff E revealed: -She worked for an agency and was contracted out to work in the current facility as a MA on 2/14/17. -She had administered medications, obtained finger stick blood sugars, administered insulin, and changed dressings in the current facility. -She remembered a Registered Nurse validating her LHPS competency at previous employers, but not since she had started working for the current facility in February 2017. -She had worked at the agency for about a year and the agency had not completed a LHPS validation upon hire. Telephone interview on 5/4/17 at 12:15 pm with a representative of the local contracted agency company revealed: -Staff E had worked at the agency for over a year.	D 161		

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D 161	Continued From page 5 -Staff E was contracted to work at the facility on 2/14/17 as a MA. -The agency did not require a LHPS validation. -The agency only requirement was the state certification Staff E was a MA. Interview on 5/4/17 at 12:00 pm with the Administrator revealed: -She had used a local contracted agency to obtain staffing for the facility. -She was not aware Staff E was required to complete a LHPS validation since she was hired by an agency. -She was aware all staff were required to complete LHPS validation. -She relied on the contracted agency to complete all requirements for Staff E. -She was unsure if Staff E was competent or not to administer medications or personal care to the residents in the facility. -Staff E would immediately be removed from the scheduled until completion of the LHPS validation was completed.	D 161		
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. This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to assure each resident received care and services which were adequate,	D912	RCD in-serviced all 18 MA's on proper disinfecting of the glucose meters as required by the CDC. 5/5/17 Which will include training on care of diabetic residents. 6/2/17 RCD will in-service all newly hired MA's on the same as outline above. RCD will perform a one time yearly in-service to review all information with all MA's.	

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D912	Continued From page 6 appropriate and in compliance with relevant federal and state laws and rules and regulations as related to infection prevention requirements and Medication Aide training and competency validation. The findings are: A. 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 between residents and proper disinfectant of fingerstick blood sugar (FSBS) monitoring equipment for 3 of 6 sampled residents, (#1, #9, and #11). [Refer to Tag D 0932, G.S. 131D-4.4A(b) ACH Infection Prevention Requirements (Type B Violation).] B. Based on record reviews and interviews, the facility failed to assure 1 of 4 sampled staff (Staff E), had verification of working previously as a Medication Aide (MA) during the previous 24 months, or had the 5, 10 or 15 hour Medication Aide training, and successfully completed clinical skills validation prior to administering medications. [Refer to Tag D 0935, G.S. 131D-4.5B(b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements (Type B Violation).]	D912		
D932	G.S. 131D-4.4A (b) ACH Infection Prevention Requirements G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements (b) In order to prevent transmission of HIV,	D932		

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D932	Continued From page 7 hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012: (1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following: a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents. b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules. c. Accessibility of infection control devices and supplies. d. Blood and bodily fluid precautions. 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. 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. (2) Require and monitor compliance with the facility's infection control policy. (3) Update the infection control policy as necessary to prevent the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens. This Rule is not met as evidenced by:	D932		

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D932	Continued From page 8 TYPE B VIOLATION 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 between residents and proper disinfectant of fingerstick blood sugar (FSBS) monitoring equipment for 3 of 6 sampled residents, (#1,#9, and #11). The findings are: Observation on 05/02/17 at 11:45 pm of the treatment carts and glucometer storage areas in the assisted living unit revealed: -There were a total of 11 glucometers that were stored in black zippered storage bags labeled with a resident's name. -The glucometers were manufactured by various companies. Interview with the Resident Care Director (RCD) on 05/02/17 at 4:30 pm revealed: -The facility had 11 residents receiving fingerstick blood sugar (FSBS) checks in the Assisted Living Unit (ALU), and no residents in the Special Care Unit (SCU). -None of the residents receiving FSBS checks had a diagnosis of blood borne infectious disease. 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	D932	In-service was given by the RCD to all 18 MA's on proper disinfecting of the glucose meters as required by CDC. RCD will in-service all newly hired MA's on the same as outline above. RCD will perform a one time yearly in-service to review all information with all MA's. Only residents requiring insulin will their own glucometers and strips. All other blood sugar checks have a shared disinfected meter to use. This policy will continue going forward. Each resident's diagnosis are listed in Sigma Care and do not show diagnosis of blood borne infectious disease. The meters used for each resident are disinfected, and when a meter is used for multi residents it is disinfected between uses and the MA will wait a minimum of 2 minutes before re-use.	5/5/17

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D932	Continued From page 9 instructions. If the manufacturer does not list the disinfection information, the glucometer should not be shared between residents. Review of the Brand A's glucometer operation manual revealed the meter "is intended to be used by a single person and should not be shared." Telephone interview on 05/04/17 at 11:00 am with a representative from Brand B's glucometer customer service department revealed that Brand B was not intended for multi-patient use and there were no manufacturer's recommended cleaning or disinfecting instructions that would allow this machine to be used on multiple people. Review of the facility policy on Blood Glucose Monitoring revealed: -Blood glucose meters should be assigned to an individual person and not shared. -If this is not possible, select a blood glucose meter that is designed for use on multiple persons, as indicated by the manufacturer's instructions. -If the manufacturer does not include instructions requiring how the device should be cleaned and disinfected, then it should not be shared. -If shared the glucometer must be cleaned and disinfected between residents. -Ensure the blood glucose meter is cleaned and disinfected per manufacturer recommendations. A. Review of Resident #1's current FL2 dated 02/13/17 revealed: -Diagnoses included diabetes mellitus. -An order for FSBS check two times a day, before meals. Observation of medication finger stick blood	D932	All meters used previously have been removed as of 5/3/17 and replaced 5/5/17 with a Medline brand usable for multipurpose and can be disinfected. Through Medline Supply meter selected is able to be multi use and disinfected for the multi use. In-service was given by RCD to all 18 MA's with instructions of disinfecting the meter after each use and being sure to wait 2 minutes before using on the next resident to assure disinfecting.	

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D932	Continued From page 10 sugar testing on 05/02/17 at 11:40 am revealed: -The dayshift medication aide (MA) obtained a black zippered storage bag labeled with a resident's name from the medication cart. -The MA used a single use disposable lancing device to stick the resident's finger. -The medication cart had a supply of alcohol swabs and single use disposable lancing devices on the cart, but no EPA approved disinfecting wipes were available for use. -The MA checked the resident's FSBS with the glucometer and disposed of the strip, single use disposable lancing device and glucometer strip in the biohazard container located on the medication cart. -The MA was not observed cleaning or disinfecting the glucometer before or after obtaining the FSBS and returning the glucometer to the black zippered storage bag. Review of Resident #1's April 2017 and May 2017 electronic Medication Administration Records (eMAR) revealed an entry for FSBS two times daily at 6:30 am and 4:30 pm and documentation the FSBS were obtained as ordered. Review of the memory for the Brand A glucometer used for Resident #1 revealed: -The date was set correctly, but the time was one hour and 20 minutes earlier than the actual time. -The values in the glucometer's history were inconsistent with the values entered on the eMAR. Review of Resident #1's April 2017 eMAR compared to the glucometer's history revealed: -There were no FSBS values in the glucometer's history that matched FSBS values documented on the eMAR for 04/15/17 at 6:30 (FSBS=101), 04/15/17 at 4:30 pm (FSBS=218), 04/16/17 at	D932	Plan of correction all residents that were using a community meter will now have individual meters. RCD will perform a one time yearly in-service to review all information with all MA's. Each new meter purchased has the date and time set to correspond to the FSBS check taken that time and day. Purchased 5/3/17 Delivered 5/5/17	6/5/17 5/3/17 5/5/17

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D932	Continued From page 11 6:30 am (FSBS=96), on 04/16/17 at 4:30 pm (FSBS=218), 04/17/17 at 4:30 pm (FSBS=228), 04/18/17 6:30 am (FSBS=104), on 04/18/17 at 4:30 pm (FSBS=135), and on 04/20/17 at 4:30 pm (FSBS=117). -The FSBS result for 04/20/17 at 2:15 pm of 165 was not consistent with the result of FSBS 117 entered on the eMAR for 04/20/17 at 4:30 pm. -The FSBS result for 04/21/17 at 2:25 pm of 218 was not consistent with the result of FSBS 182 entered on the eMAR for 04/21/17 at 4:30 pm. -The FSBS result for 04/22/17 at 3:05 pm of 225 was not consistent with the result of FSBS 124 entered on the eMAR for 04/22/17 at 4:30 pm. -The FSBS result for 04/23/17 at 2:53 pm of 178 was not consistent with the result of FSBS 119 entered on the eMAR for 04/23/17 at 4:30 pm. -The FSBS result for 04/25/17 at 3:39 pm of 366 was not consistent with the result of FSBS 167 entered on the eMAR for 04/25/17 at 4:30 pm. -The FSBS result for 04/26/17 at 3:24 pm of 178 was not consistent with the result of FSBS 175 entered on the eMAR for 04/26/17 at 4:30 pm. -The FSBS result for 04/29/17 at 3:02 pm of 226 was not consistent with the result of FSBS 155 entered on the eMAR for 04/29/17 at 4:30 pm. Review of Resident #1's May 2017 eMAR compared to the glucometer's history revealed: -The FSBS result for 05/01/17 at 6:30 am FSBS 98 , 05/01/17 at 4:30 pm FSBS 195, and on 05/02/17 at 6:30 am FSBS 104 were consistent with the result entered on the eMAR; there was three additional reading in the glucometer all for 05/01/17 at 3:16 am FSBS 98, at 6:25 pm FSBS 175, and at 3:42 pm FSBS 169, that did not match the documentation on Resident #1's eMAR. Interview on 05/03/17 at 12:45 pm with Resident	D932		

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D932	Continued From page 12 #1 revealed: -She was aware staff obtained her FSBS daily. -She was unaware of the time the staff obtained her FSBS, or if the she had her own glucometer. Refer to interview on 05/02/17 at 5:00 pm with a second shift Medication Aide (MA). Refer to interview on 05/03/17 at 8:30 am with a first shift MA. Refer to interview on 05/03/17 at 11:30 am with another first shift MA. Refer to interview on 05/02/17 at 4:45 pm with the Resident Care Director (RCD). Refer to interview on 05/02/17 at 4:30 pm with the Administrator. Refer to interview on 05/02/17 at 4:00 pm with the facility Nurse Practitioner. Refer to observation on 05/02/17 at 5:45 pm. B. Review of Resident #9's current FL2 dated 02/14/17 revealed: -Diagnoses included diabetes mellitus. -An order for FSBS check four times daily before meals and at night. Review of Resident #9's April 2017 and May 2017 electronic Medication Administration Records (eMAR) revealed an entry for FSBS four times daily at 6:30 am, 11:30 am, 4:30 pm and at 8:00 pm, documentation the FSBS were obtained as ordered. Review of the memory for the Brand A glucometer used for Resident #9 revealed:	D932		

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D932	Continued From page 13 -The date was set correctly, but the time was three hours earlier than the actual time. -The values in the glucometer's history were inconsistent with the values entered on the eMAR. Review of Resident #9's April 2017 eMAR compared to the glucometer's history revealed: -There were no FSBS values in the glucometer's history that matched FSBS values documented on the eMAR for 04/24/17 at 6:30 am (FSBS=109), 04/27/17 at 6:30 am (FSBS=108), 04/28/17 at 6:30 am (FSBS=109) and at 4:30 pm (FSBS=169), on 04/29/17 at 4:30 pm (FSBS=135). -The FSBS result for 04/24/17 at 4:11 am of 103 was not consistent with the result of FSBS 109 entered on the eMAR for 04/24/17 at 6:30 am. -The FSBS result for 04/27/17 at 2:36 pm of 165 was not consistent with the result of FSBS 154 entered on the eMAR for 04/27/17 at 4:30 am. -The FSBS result for 04/28/17 at 3:43 am of 107 was not consistent with the result of FSBS 109 entered on the eMAR for 04/28/17 at 6:30 am. -The FSBS result for 04/28/17 at 3:27 pm of 162 was not consistent with the result of FSBS 168 entered on the eMAR for 04/28/17 at 4:30 pm. Review of Resident #9's May 2017 eMAR compared to the glucometer's history revealed, the FSBS result for 05/01/17 at 4:30 pm FSBS 169, on 05/01/17 at 8:00 pm FSBS 175, and on 05/02/17 at 6:30 am FSBS 114, were consistent with the result entered on the eMAR; there was three additional readings in the glucometer for 05/01/17 at 4:20 am FSBS 120, at 11:48 am FSBS 178, and on 05/02/17 at 11:39 am FSBS 208, that did not match the documentation on Resident #9's eMAR.	D932	Each new meter purchased has the date and time set to correspond to the FSBS check taken that time and day. In-service was given by the RCD to all 18 MA's of importance of meter readings to be entered in Sigma Care so everything is aligned. RCD will in-service all newly hired MA's on the same as outline above. RCD will perform a one time yearly in-service to review all information with all MA's.	5/6/17

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D932	Continued From page 14 Interview on 05/03/17 at 3:30 pm with Resident #9 revealed: -He had been a diabetic for years. -The "girls" take his blood sugar everyday before he ate. -The staff wore gloves when they took his FSBS. -He was aware he had his own glucometer, but not sure which one, or what type of glucometer it was. -He relied on the staff to obtain his blood sugar. Refer to interview on 05/02/17 at 5:00 pm with a second shift Medication Aide (MA). Refer to interview on 05/03/17 at 8:30 am with a first shift MA. Refer to interview on 05/03/17 at 11:30 am with another first shift MA. Refer to interview on 05/02/17 at 4:45 pm with the Resident Care Director (RCD). Refer to interview on 05/02/17 at 4:30 pm with the Administrator. Refer to interview on 05/02/17 at 4:00 pm with the facility Nurse Practitioner. Refer to observation on 05/02/17 at 5:45 pm. C. Review of Resident #11's current FL2 dated 05/26/16 revealed: -Diagnoses included atherosclerotic heart disease, heart failure unspecified, osteoarthritis, essential hypertension, and hyperlipidemia. -An order for FSBS check two times a day, before meals. Review of Resident #11's February, March, April,	D932		

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D932	Continued From page 15 and May 2017 electronic Medication Administration Records (eMAR) revealed an entry for FSBS two times daily at 6:30 am and 4:30 pm and documentation the FSBS were obtained as ordered. Review of the memory for the Brand B glucometer used for Resident #11 revealed: -The date and time was not set correctly, to reflect the current date and time. -The values in the glucometer's history were inconsistent with the values entered on the eMAR. Review of Resident #11's February 2017 eMAR compared to the glucometer's history revealed: -The FSBS result for 02/11/17 at 6:30 am of 182 was not consistent with the result of FSBS 186 entered on the eMAR for 02/11/17/17 at 6:30 am. - The FSBS result for 02/14/17 at 5:00 pm of 222 was not documented on eMAR. This was also the third FSBS reading in the glucometer for 02/14/17. Review of Resident #11's March 2017 eMAR compared to the glucometer's history revealed there were no FSBS values in the glucometer's history for the month of March. Review of Resident #11's April 2017 eMAR compared to the glucometer's history revealed there were no FSBS values in the glucometer's history for the month of April. Review of Resident #11's May 2017 eMAR compared to the glucometer's history revealed: -There were 3 values for the month of May. -The FSBS result for 05/01/17 at 6:30 am FSBS 228 and was not consistent with the FSBS 199 entered on the eMAR.	D932	Each new meter purchased has the date and time set to correspond to the FSBS check taken that time and day. In-service was given by the RCD to all 18 MA's of importance of meter readings to be entered in Sigma Care so everything is aligned. Each new meter purchased has the date and time set to correspond to the FSBS check taken that time and day. In-service was given by the RCD to all 18 MA's of importance of meter readings to be entered in Sigma Care so everything is aligned. Each new meter purchased has the date and time set to correspond to the FSBS check taken that time and day. In-service was given by the RCD to all 18 MA's of importance of meter readings to be entered in Sigma Care so everything is aligned. Each new meter purchased has the date and time set to correspond to the FSBS check taken that time and day. In-service was given by the RCD to all 18 MA's of importance of meter readings to be entered in Sigma Care so everything is aligned.	5/5/17 5/6/17 5/5/17 5/5/17 5/5/17

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D932	Continued From page 16 -The FSBS result for 05/01/17 at 4:30 pm FSBS 196 and was consistent with the FSBS documented on the eMAR. -The FSBS result for 05/02/17 at 6:30 am FSBS 237 and was not consistent with the FSBS 225 entered on the eMAR. Resident was not available for interview on 05/04/17 at 11:35 am. Refer to interview on 05/02/17 at 5:00 pm with a second shift Medication Aide (MA). Refer to interview on 05/03/17 at 8:30 am with a first shift MA. Refer to interview on 05/03/17 at 11:30 am with another first shift MA. Refer to interview on 05/02/17 at 4:45 pm with the Resident Care Director (RCD). Refer to interview on 05/02/17 at 4:30 pm with the Administrator. Refer to interview on 05/02/17 at 4:00 pm with the facility Nurse Practitioner. Refer to observation on 05/02/17 at 5:45 pm. _____ Interview on 05/02/17 at 5:00 pm with a second shift Medication Aide (MA) revealed: -She was aware each resident had their own glucometer and it was to be used only for that resident. -Three months ago diabetic supplies were low and we had to use the glucometers that we had test strips for. -"I did use another resident's glucometer to obtain	D932		

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D932	Continued From page 17 FSBS for multiple diabetic residents." -"I thought obtaining a FSBS on a diabetic was an order, and would not give insulin unless I knew the FSBS prior to administering the insulin." -Management was aware of the shortage in supplies for glucometer test strips, "I think it was an insurance problem." -We now have test strips and diabetic supplies so, "I do not use another glucometer for any resident but which the glucometer is assigned to." -Maybe some staff still use other residents glucometer to obtain FSBS, " I do not know." -"I clean the glucometers after my shift with an alcohol swab." Interview on 05/03/17 at 8:30 am with a first shift Medication Aide (MA) revealed: -There was a shortage in diabetic supplies and test strips about three months ago. -"I never obtained FSBS on the SCU, we do not have any residents who are diabetic." -The facility policy was each resident had their own glucometer and it was to be used only for that resident. Interview on 05/03/17 at 11:30 am with another first shift Medication Aide (MA) revealed: -The facility policy was each resident had their own glucometer and it was to be used only for that resident. -Three months ago, "we were using other resident's glucometers they had test strips for because they could not get the test strips for all the glucometers." -The Resident Care Director (RCD) was aware we used other glucometers for residents. -The RCD told us not to use other resident's glucometers, " But we had no choice". -"I will not give insulin unless I take a FSBS first, that could be dangerous."	D932	Meters have now been purchased through Medline Supply. Along with test strips. Each hall has on hand a box total 600 strips available along with batteries and Meter Machines. We no longer rely on the insurance carrier due to delay on supplies being refilled.	

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D932	Continued From page 18 -"We do have test strips for each resident now." -"I clean the glucometers before the end of my shift using an alcohol swab." Interview on 05/02/17 at 4:45 pm with the Resident Care Director (RCD) revealed: -She had been the RCD since December 2016. -The facility policy was each resident has their own glucometer and it was to be used only for that residents. -No resident in the facility had a diagnosis of blood borne infectious disease. -The former RCD was in the process of changing all glucometers due to insurance not providing test strips for the glucometer. -She was aware staff had used other residents' glucometers to obtain FSBS when test strips were unavailable. -"My staff probably used other residents' glucometers to obtain a FSBS prior to giving insulin." -"I know my staff and they are going to make sure the residents are cared for and are safe, they will obtain a FSBS prior to administering insulin to any resident." -Sometimes a glucometer battery needed to be replaced, and there were no batteries. -"We are in the process of obtaining all new glucometers for each of the residents." -The staff cleaned the glucometers with alcohol swabs. -There is no system in place for reviewing the glucometer history and comparing the Medication Administration Record to the FSBS. -There is no system in place for disinfecting glucometers. Interview on 05/02/17 at 4:30 pm with the Administrator revealed: -She had worked as the Administrator for 2 years.	D932	Each week RCD will compare Meter readings and times to numbers entered in Sigma Care In-service was given on disinfecting meters to all 18 MA's by the RCD.	Ongoing 5/6/17

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D932	Continued From page 19 -The facility policy was each resident had their own glucometer and it was to be used only for that resident. -She was aware the facility had issues with obtaining test strips for the residents' glucometers about 2 or 3 months ago. -No resident in the facility had a diagnosis of blood borne infectious disease. -The previous RCD was in the process of replacing all residents' glucometers. -She relied on the RCD to oversee the clinical staff. -She would immediately obtain new glucometers on 05/02/17 prior to any resident receiving a FSBS. -She would have the RCD review all new glucometers to set to appropriate date and time. -She would implement training for all MA immediately on glucometers and safe diabetic care for the residents. Interview on 05/02/17 at 4:00 pm with the facility Nurse Practitioner revealed: -Each resident was to have their own glucometer. -She was unaware the MA's were using other residents' glucometers to obtain FSBS on residents. -No resident in the facility had a diagnosis of blood borne infectious disease. Observation on 05/02/17 at 5:45 pm revealed the facility had purchased three new glucometers and test strips for the diabetics that required insulin administration, and obtained orders to hold all diabetic testing on the other residents until seen by the physician on 05/03/17. The facility failed to implement infection control procedures consistent with the Centers for	D932		

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D932	Continued From page 20 Disease Control and Prevention guideline for 3 residents (#1, #9, and #11) regarding staff sharing glucometers between residents. The sharing of glucometers between residents put the residents at risk of transmission of bloodborne pathogen diseases. The failure to properly disinfect and/or utilize a single glucometer for each resident was detrimental to the health and safety of the residents and constitutes a Type B Violation. A Plan of Protection was provided by the facility on 05/02/17 as follows: -All glucometer manufacturers will be contacted by the Administrator or the RCD to determine if the glucometers are multiple use and can be disinfected or if the glucometers needed to be replaced. -Immediately, all glucometers designated by the manufacturer for single person use were disposed. -New meters to replace ones that were disposed will be in the facility on 05/02/17 prior to resident receiving FSBS. -Prior to each shift the RCD will conduct an in-service for all MA's on glucometers use and safe diabetes care. -Daily verification of blood glucose values against eMAR's will be done by the RCD and documented in a notebook for review by the Administrator for 2 weeks, and then randomly. -Batteries will be stocked in the medication rooms for glucometers and will be accessible for the MA's on all shift. DATE OF CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED June 19, 2017.	D932	In-service given in May to all 18 MA's on disinfecting the meters by the RCD. *** None of the residents have a Blood Borne pathogen diagnosis.***This was verified by the RCD. Please find attached to this report copies of each FSBS residents diagnosis report. Old glucometers replaced 5/2/17. Purchased 2 new immediately to provide monitoring to the insulin residents. Dr. reviewed FSBS checks on 8 other residents, after FSBS were on hold, began checks on that Friday with new meters purchased through Medline Supply. In-service given to all 18 MA's on the changes to FSBS checks by the RCD. Extra machines, batteries, test strips and disinfecting wipes are now available to assist with the FSBS checks in the Medicine Supply rooms.	5/6/17 5/6/17 5/2/17 5/3/17 5/6/17

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D935	Continued From page 21	D935		
D935	G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding	D935	Effective 6/1/17 all Medication Aides hired by the facility will provide verification of one of the following(in writing). (A) 24 months prior medication aide work history with out break in work history in an adult care home or skilled nursing setting or (B) Proof of passing state approved 15 hour medication aid training class or (C) Proof of passing training program consisting of 5 hour with in the 1st week of being hired and prior to passing medication. Also, 10 additional training hours within 60 days of being hired. (D) Also skills check off by RN on all employees with a medication pass. (E) All training program will encompass 1.The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding.	6/1/17

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D935	Continued From page 22 exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to assure 1 of 4 sampled staff (Staff E), had verification of working previously as a Medication Aide (MA) during the previous 24 months, or completed the 5, 10 or 15 hour Medication Aide training, and successfully completed clinical skills validation prior to administering medications. The findings are: Review of Staff E's personnel file revealed: -Staff E was contracted through an agency to work in the facility. -Staff E started working in the facility on 2/14/17 as a Medication Aide (MA). -She passed the written medication exam on 5/26/16. -There was no verification of MA employment within the last 24 months. -There was no documentation of completion of the medication administration clinical skills validation. -There was no documentation of completion of the mandatory 5, 10 or 15 hour of MA training. Interview on 5/4/17 at 1:30 pm with Staff E revealed: -She worked for an agency and was contracted to work in the current facility as a Medication Aide (MA) on 2/14/17.	D935		

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D935	Continued From page 23 -She had administered medications, obtained finger stick blood sugars, administered insulin, and changed dressings in the current facility. -She remembered a Registered Nurse validating her medication administration clinical skills at previous employers, but not since she had started working for the current facility in February 2017. -She had worked at the contracted agency for about a year and the agency had not completed a medication administration clinical skills validation upon hire. Review of multiple residents' March 2017 electronic Medication Administration Record (eMAR) revealed: -Staff E had documentation she had worked second shift on the following dates, March 2nd and 3rd. -Staff E had documented she had administered oral medications, administered oral narcotics, administered eye drops, obtained Finger Stick Blood Sugars, and obtained vital signs for multiple residents. Review of multiple residents' April 2017 eMAR's revealed: -Staff E had documentation she had worked second shift on the following dates, April 4th, April 6th, April 8th, April 23rd, and April 27th. -Staff E had documented she administered oral medications, administered oral narcotics, administered eye drops, obtained Finger Stick Blood Sugars, and obtained Vital signs for multiple residents. Review of multiple residents' May 1-2, 2017 eMAR's revealed there was no documentation Staff E had worked those two days in the facility as a MA.	D935		

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D935	Continued From page 24 Telephone interview on 5/4/17 at 12:15 pm with a representative of the contracted agency company revealed: -Staff E had worked at the contracted agency for over a year. -Staff E was contracted to work at the facility on 2/14/17 as a MA. -The agency did not require Staff E to complete a medication administration clinical skills validation, or verification of previous employment as a MA in the past 24 months. -The agency did not require Staff E to complete the mandatory MA 5, 10 or 15 hours training. -The agency's only requirement was the state certification that Staff E was a MA. Interview on 5/4/17 at 12:00 pm with the Administrator revealed: -She had used a local contracted agency to obtain staffing for the facility. -She was not aware Staff E was required to complete a medication administration clinical skills validation since she was hired by the agency. -She was unaware Staff E was required to have verification of previous employment as MA in the past 24 months, or the mandatory 5, 10 or 15 hour MA training. -She was aware all MA were required to complete medication administration clinical skills validation. -She relied on the contracted agency to complete all requirements for Staff E. -She was unsure if Staff E was competent or not to administer medications or insulin to the residents in the facility. -Staff E would immediately be removed from the schedule until completion of the medication administration clinical skills validation was completed and the verification of previous employment as a MA in the past 24 months was	D935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041073	A. BUILDING: _____ B. WING _____	05/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER HARBOUR	630 WHITTIER AVENUE HIGH POINT, NC 27262

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D935	Continued From page 25 obtained. The facility failed to assure 1 of 4 sampled staff (Staff E), had verification of working previously as a Medication Aide (MA) during the previous 24 months or completed the mandatory 5, 10, or the 15 hour MA training, or successfully completed clinical skills validation prior to administering medications. The failure of the facility to allow Staff E to administer medications without completing the clinical skill validation, verification of previous employment as a MA for the previous 24 months, or completion of the 5, 10 or 15 hours of MA training was detrimental to the health and safety of the residents and constitutes a Type B Violation. A Plan of Protection was provided by the facility on 05/04/17 as follows: -The contracted agency staff has been removed from the facility effective 05/04/17. -The Administrator will send an email to the contracted agency on 05/04 17 with the MA requirements which include the following; MAs must complete the 5,10 or 15 hour training or verification of previously working as a MA in the past 24 months, as well as completion of the medication administration clinical skills validation. DATE OF CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED June 19, 2017.	D935		

Providence Place
Senior Health and Housing

Blood Glucose Monitoring Protocol

Routine Procedures

1. Collect items needed to perform procedure, including gloves, alcohol wipes, blood glucose meter, single-use, auto-disabling retractable lancet, blood glucose meter testing strip, gauze, band aids, and sharps container.

2. Take items to the patient's room or to a designated procedure area. Do not carry supplies in pockets.

3. Perform procedure on a solid surface that can be disinfected or place a disposable cover on the surface to provide a barrier in the event of a blood contamination.

4. Perform hand hygiene by washing hands with soap and water or using an alcohol-based hand sanitizer.

5. Put on gloves and perform fingerstick using a single-use, auto-disabling lancet. Immediately discard the used lancet in an approved sharps container. Insert test strip into blood glucose meter.

6. When wearing gloves, before touching clean surfaces, change gloves that have touched objects or surfaces potentially contaminated with blood.

7. While continuing to wear gloves, complete the testing procedure by removing the test strip from the blood glucose meter and discarding it in a regular trash receptacle or sharps container.

8. Remove gloves and place them in trash receptacle.

9. Perform hand hygiene by washing hands with soap and water or using an alcohol-based hand sanitizer.

10. If possible, a blood glucose meter should be assigned to an individual person and not shared. If this is not possible, select a blood glucose meter that is designed for use on multiple patients, as indicated by the manufacturer's indications and instructions. If the manufacturer does not include instructions regarding how the device should be cleaned and disinfected, then it should NOT be shared. If shared, the blood glucose meter MUST be cleaned and disinfected between patients.

11. Ensure the blood glucose meter is cleaned and disinfected after use according to manufacturer's recommendations and stored appropriately (i.e., in a storage case, labeled with the patient's name if dedicated for individual use).

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Non-Routine Procedures

1. If, at any time during the procedure, hands or any other body surface become contaminated with blood or body fluids, remove gloves and wash affected area(s) immediately and thoroughly with soap and water.

2. If the procedure surface becomes contaminated, absorb blood/body fluids with a paper towel and disinfect the surface with an EPA-registered disinfectant or a diluted bleach solution (1 part bleach to 9 parts water). Always put on gloves before cleaning and disinfecting surfaces. Perform hand hygiene after glove removal.

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