

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/03/2021
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES II		STREET ADDRESS, CITY, STATE, ZIP CODE 6704 SHANGHI DRIVE WILLOW SPRINGS, NC 27592		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 08/03/21.	{C 000}		
{C 912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's 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 observations, interviews and record review, the facility failed to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to Adult Care Home Infection Prevention Requirements. The findings are: Based on observations, interviews, and record reviews, the facility failed to maintain infection control procedures consistent with the federal Center for Disease Control (CDC) guidelines for infection prevention during blood sugar monitoring for 2 of 3 sampled residents (#2 and #3) with orders for fingerstick blood sugars (FSBS) resulting in glucometers being shared between two residents. [Refer to Tag 932, G.S. 131D-4.4 A(b) Adult Care Home Infection Prevention Requirements (Unabated Type B Violation)].	{C 912}		
{C 932}	G.S. 131D 4.4A (b) ACH Infection Prevention Requirements	{C 932}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/03/2021
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES II			STREET ADDRESS, CITY, STATE, ZIP CODE 6704 SHANGHI DRIVE WILLOW SPRINGS, NC 27592		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{C 932}	Continued From page 1 131D-4.4A Adult Care Home Infection Prevention Requirements (b) In order to prevent transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012: (1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following: a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents. b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules. c. Accessibility of infection control devices and supplies. d. Blood and bodily fluid precautions. 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.	{C 932}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/03/2021
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES II			STREET ADDRESS, CITY, STATE, ZIP CODE 6704 SHANGHI DRIVE WILLOW SPRINGS, NC 27592		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{C 932}	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Follow to Type B Violation</p> <p>Based on these findings, the previous Type B Violation was not abated.</p> <p>Based on observations, interviews, and record reviews, the facility failed to maintain infection control procedures consistent with the federal Center for Disease Control (CDC) guidelines for infection prevention during blood sugar monitoring for 2 of 3 sampled residents (#2 and #3) with orders for fingerstick blood sugars (FSBS) resulting in glucometers being shared between two residents.</p> <p>The findings are:</p> <p>Review of the CDC's recommended guidelines for infection transmission and prevention during blood glucose monitoring revealed:</p> <ul style="list-style-type: none"> - "Whenever possible, blood glucose meters should be assigned to an individual person and not be shared." - If a glucometer was to be used for more than one person, it should be cleaned and disinfected per the manufacturer's instructions after every use. If the manufacturer does not specify how the glucometer should be cleaned and disinfected, then it should not be shared. <p>Observation of the residents' glucometers on 08/03/21 at 10:45am revealed:</p> <ul style="list-style-type: none"> - There were three labeled Brand A glucometers. - Each glucometer included a lancet pen both were labeled with a resident's first name. - The glucometers and lancet pens were stored inside a clear plastic Ziploc bag. 	{C 932}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/03/2021
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES II			STREET ADDRESS, CITY, STATE, ZIP CODE 6704 SHANGHI DRIVE WILLOW SPRINGS, NC 27592		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{C 932}	<p>Continued From page 3</p> <p>Review of manufacturer's user guide for Brand A glucometer revealed: -The user guide did not contain instructions for disinfecting the glucometer. -There were cleaning instructions as follows: clean the outside of the glucometer with a damp cloth and mild soap or detergent. -Keep the test port from getting wet. -Use a dry tissue or alcohol swab to clean the test strip port.</p> <p>Telephone interview with a manufacturer's representative on 08/03/21 at 2:38pm revealed: -The Brand A glucometer was recommended for "single-patient use only". -The manufacturer recommended using the glucometer for only a single patient and should not be shared.</p> <p>1. Review of Resident #2's current FL2 dated 03/23/21 revealed: -Diagnoses included diabetes. -There was no order to check FSBS.</p> <p>Review of Resident #2's physician's order revealed an order dated 07/13/21 to obtain FSBS three times daily.</p> <p>Review of the FSBS values stored in the history in Resident #2's glucometer revealed: -The glucometer was a Brand A glucometer and labeled with Resident #2's first name. -The glucometer was not set to the current date (08/03/21) but displayed (03/23/21) as the date. -The glucometer time was not current by 7 hours and 37 minutes displaying the time as 7:00pm. -There were no FSBS values in Resident #2's glucometer on 07/28/21.</p> <p>Review of Resident #2's July 2021 Medication</p>	{C 932}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/03/2021
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES II		STREET ADDRESS, CITY, STATE, ZIP CODE 6704 SHANGHI DRIVE WILLOW SPRINGS, NC 27592		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 932}	<p>Continued From page 4</p> <p>Administration Record (MAR) and Blood Glucose monitoring log revealed: -On 07/28/21 at 7:30am FSBS =124. -On 07/28/21 at 11:30am FSBS =109.</p> <p>Based on observation, interviews, and record reviews, it was determined Resident #2 was not interviewable.</p> <p>Refer to interview with the Supervisor-In-Charge (SIC) on 08/03/21 at 11:40am.</p> <p>Refer to telephone interview with the Owner/Administrator on 08/03/21 at 11:48am.</p> <p>2. Review of Resident #3's current FL2 dated 03/23/21 revealed: -Diagnoses included diabetes. -There was an order to check FSBS once daily.</p> <p>Review of Resident #3's physician's order dated 05/19/21 revealed an order to change Resident #3's FSBS from once daily to once weekly.</p> <p>Review of the FSBS values stored in the history in Resident #3's glucometer revealed: -The glucometer was a Brand A glucometer and labeled with Resident #3's first name. -The glucometer was set to the correct date (08/03). -The glucometer did not display the current time, but was off by two hours. The current time was 11:54am (time displayed in the glucometer was 9:53am). -There were three FSBS values in the glucometer on 07/28/21 (FSBS=124 at 6:12am, 109 at 9:41am and 132 at 8:17am).</p> <p>Review of Resident #3's July 2021 Medication Administration Record (MAR) and Blood Glucose</p>	{C 932}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/03/2021
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES II		STREET ADDRESS, CITY, STATE, ZIP CODE 6704 SHANGHI DRIVE WILLOW SPRINGS, NC 27592		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 932}	<p>Continued From page 5</p> <p>monitoring log compared to FSBS values stored in the glucometer history revealed:</p> <p>-On 07/28/21 there was one FSBS documented at 8:00am (132).</p> <p>-On 07/28/21 at 7:30am FSBS =124 corresponded to the FSBS value documented at 7:30am on the MAR for Resident #2.</p> <p>-On 07/28/21 at 11:30am FSBS =109 corresponded to the FSBS value documented at 11:30am on the MAR for Resident #2.</p> <p>Based on observation, interviews, and record reviews, it was determined Resident #3 was not interviewable.</p> <p>Refer to interview with the Supervisor-In-Charge (SIC) on 08/03/21 at 11:40am.</p> <p>Refer to telephone interview with the Owner/Administrator on 08/03/21 at 11:48am.</p> <p>Interview with the Supervisor-In-Charge on 08/03/21 at 11:40am revealed:</p> <p>-Each resident had their own glucometer.</p> <p>-Each glucometer was labeled with the resident's name.</p> <p>-On the dates Resident #3's glucometer was used to obtain another resident's FSBS results her initials were documented as the staff obtaining the FSBS.</p> <p>-She was aware glucometers should not be shared between residents.</p> <p>-She was unable to explain or recall why she used Resident #3's glucometer to obtain another resident's FSBS.</p> <p>Telephone interview with the Owner/Administrator on 08/03/21 at 11:48am revealed:</p> <p>-The glucometers should not be shared between residents.</p>	{C 932}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/03/2021
NAME OF PROVIDER OR SUPPLIER NOVELTY HEALTHCARE SERVICES II			STREET ADDRESS, CITY, STATE, ZIP CODE 6704 SHANGHI DRIVE WILLOW SPRINGS, NC 27592		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{C 932}	<p>Continued From page 6</p> <p>-Each resident had their own glucometer. -There were no residents with a diagnosis of a bloodborne pathogen disease.</p> <p>_____</p> <p>The facility failed to implement infection control procedures consistent with CDC guidelines resulting in sharing glucometers between residents which placed residents at risk for possible exposure to bloodborne pathogens diseases. This failure was detrimental to the health, safety, and welfare of the residents and constitutes an Unabated Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/03/21 for this violation.</p>	{C 932}			