

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2011
FORM APPROVED
OMB NO. 0938-0391

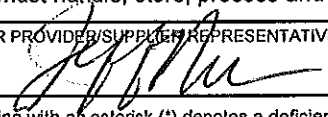
MAR 21 2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2011
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534
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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) COMPLETION DATE
F 000 F 441 SS=J	<p>INITIAL COMMENTS</p> <p>The survey was done on 2/15-17/2011 and 03/02-03/2011. Tag F441 was amended and the scope and severity was changed to "J".</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and</p>	F 000 F 441	<p>The licensed nurse (#1) identified was immediately provided 1:1 education on February 15, 2011 by the Director of Nursing (DON) regarding the importance of cleaning and disinfecting glucometers between residents and the procedure for cleaning and disinfecting a glucometer between residents. Following the 1:1 education, the licensed nurse (#1) was observed by the Director of Nursing for compliance with the procedure, on February 15, 2011. At the time no residents were specifically identified; therefore, resident specific actions were not possible at that time. The facility learned the identity of the two residents on March 3, 2011. Neither resident GB nor resident HF currently has any blood borne disease listed on their cumulative diagnosis sheet. Resident GB was being treated by an antibacterial medication for an upper respiratory infection at the time of the survey. Resident HF did not have any blood borne diseases at the time of the survey. Resident GB has a planned discharge on March 4, 2011.</p> <p>The noted linen was immediately removed from the floor. The responsible certified nursing assistant received immediate re-education regarding the facility policy with "handling and transporting linen". Nursing Administration made comprehensive facility rounds immediately to identify any other potential deficient linen handling and transport practices; none were noted.</p>	3/21/2011 3/21/2011

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



TITLE

Administrator

(X6) DATE

3/18/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	<p>Continued From page 1</p> <p>transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to clean and disinfect a glucometer that was shared between 2 of 14 sampled residents (resident # 8, #25) observed receiving blood glucose monitoring. The facility did not have a written policy and procedure on how to clean and disinfect a glucometer that was being shared between residents in the facility. The facility failed to handle linen to prevent the spread of infection in 1 of 14 rooms on the 500 hall (room #513).</p> <p>The Immediate Jeopardy began on 2/15/11 at 4:00 PM. The facility was informed of the Immediate Jeopardy on 3/2/11 at 6:25PM. Immediate Jeopardy was removed on 3/3/11 at 6:23PM, after the facility provided a credible allegation of compliance. The facility remained out of compliance at a scope and severity level D (no actual harm with the potential for more than minimal harm that is not immediate jeopardy) for the facility to complete employee training and to monitor its corrective action for glucometer use and handling linen properly.</p> <p>Findings include:</p> <p>1. The (name brand) Blood Glucose Monitoring System User' Guide read in part: "Cleaning Your Monitor...Healthcare professionals: Acceptable cleaning solutions include 10% Bleach, 70% Alcohol, or 10% Ammonia." The User's Guide did</p>	F 441	<p>Diabetic residents with orders for blood glucose monitoring through the use of a glucometer have the potential to be affected by the same alleged deficient practice. There were no other residents at the time of the survey who were showing signs and symptoms of abnormal blood sugars. In the event that we identify residents with signs and symptoms of abnormal blood sugars we would notify the physician for further instructions and implement instructions if ordered. The care plans and cardexes would be updated as appropriate.</p> <p>A chart audit was completed by the DON, Unit Managers and/or the Staff Development Coordinator (SDC) to identify residents who have physicians' orders for blood glucose monitoring. The audit was completed by February 15, 2011. Forty-eight (48) residents currently residing in the facility were identified during the audit. The DON or other designated administrative nurse will continue, on an ongoing basis, to review all new physicians' orders in the morning meeting, daily, Monday through Friday, to identify additional residents. The weekend supervisor will review all new orders to identify whether clarifications are necessary and to identify any residents who are to be monitored for changes in blood glucose levels.</p>	3/21/2011 3/21/2011

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F 441	<p>Continued From page 2</p> <p>not indicate how to disinfect the glucometer. Alcohol is not considered an EPA (environmental protection agency) approved 'disinfectant.'</p> <p>The label of (name brand) Germicidal Disposable Wipe, an EPA approved disinfectant, purple topped canister, read in part: "To Disinfect and Deodorize: To disinfect nonfood contact surfaces only: Use a wipe to remove heavy soil. Unfold a clean wipe and thoroughly wet surface. Treated surface must remain visibly wet for a full two (2) minutes. Use additional wipe(s) if needed to assure continuous two (2) minute wet contact time. Let air dry."</p> <p>The Center for Disease Control (CDC) and Prevention Guidelines for Glucose Monitoring read in part: "Any time blood glucose monitoring equipment is shared between individuals there is a risk of transmitting viral hepatitis and other blood borne pathogens."</p> <p>The CDC "Recommended Infection Control and Safe Injection Practices to Prevent Patient-to-Patient Transmission of Bloodborne Pathogens" read in part: "Environmental surfaces such as glucometers should be decontaminated regularly and anytime contamination with blood or body fluids occurs or is suspected. Glucometers should be assigned to individual patients. If a glucometer that has been used for one patient must be reused for another patient, the device must be cleaned and disinfected."</p> <p>Accu-check or fingerstick blood sugar (FSBS) tests involve sticking a resident's finger with a lancet to obtain a blood sample, which is then placed on a strip. The strip goes into a glucose meter that reads the blood sugar level.</p>	F 441	<p>Our system for cleaning and disinfecting glucometers is as follows:</p> <ol style="list-style-type: none"> 1. Glucometers are to be cleaned and disinfected in between residents 2. Glucometer cleaning and disinfecting is to be completed using "Sani-Cloth Wipes" an EPA -Registered, Hospital-Grade Disinfectant Wipes 3. The Glucometer is to be wiped off using the Sani-Cloth Wipe 4. Using a clean wipe the glucometer is to be wrapped for a period of 2 minutes 5. Remove the wipe after 2 minutes and allow to air dry before utilizing again. <p>The facility and Company representatives are reviewing whether to purchase individual glucometers. The Vice President of Purchasing is in the process of discussing options with the glucometer vendor.</p>	3/21/2011

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F 441	Continued From page 3 Resident #25 was admitted to the facility on 1/22/07 with multiple diagnoses including diabetes. Record review of the resident's clinical record revealed physician orders dated 2/9/11 for FSBS BID (twice daily). Resident #8 was admitted to the facility on 8//19/10 with multiple diagnoses including diabetes. Record review of the resident's clinical record revealed physician orders dated 8/19/10 for FSBS ac (before meals) & hs (at bedtime). During an observation of a medication pass on 02/15/11 at 4:00 P.M., the medication nurse (nurse #3) entered Resident #25's room, donned gloves and did a fingerstick. Nurse #3 then discarded the lancet, took off the gloves, and moved the medication cart to the opposite side of the hall to administer medications and do a fingerstick on Resident #8. She donned gloves in Resident #8's room, did a fingerstick with the same glucometer she used for Resident # 25 and returned to the cart to dispose of the lancet. The glucometer was not cleaned and disinfected between use for Resident # 25 and #8. After she finished doing the fingerstick on Resident # 8, nurse #3 retrieved an alcohol pad from the cart and cleaned the surface of the glucometer. In a telephone interview on 3/3/11 at 4:55PM, nurse #3 stated she had worked at the facility since June 2010 as a prn (as needed) employee. Nurse #3 stated her schedule varied due to her other full time job. Nurse #3 stated she received training during employee orientation and with the staff on the floor. Nurse #3 stated she was trained by the floor nurse to clean the glucometer with alcohol between residents. Nurse #3 stated she may have missed cleaning the glucometer	F 441	Beginning on February 15, 2011 licensed nurses were provided mandatory education by the SDC or the DON regarding glucometer cleansing and disinfection. Licensed nurses were educated prior to the beginning of their next scheduled shift. Licensed nurses who have not been scheduled to work since February 15, 2011 will be required to attend the mandatory education prior to beginning their next scheduled shift. The content of the mandatory education conducted included the procedure described above. The SDC will re-educate all nursing staff on the facility policy regarding "handling and transporting linen to include, not placing linen on floor, handwashing, bagging linen, transportation to soiled linen areas, etc.".	3/21/2011 3/21/2011

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F 441	<p>Continued From page 4</p> <p>one time during the med pass observation on 2/15/11 with the state surveyor. She stated after the med pass observation on 2/15/11, she was inserviced to clean and disinfect the glucometer with (name brand) disinfectant wipes from the purple topped canister. Nurse #3 stated she did not recall receiving any inservices on glucometers since her orientation until 2/15/11. Nurse #3 stated she was now aware the policy was to use the wipes to disinfect the glucometer, wrap it in another wipe for two minutes, and then let it air dry. She stated the glucometer should be disinfected between each resident.</p> <p>Record review of nurse #3's January 2011 and February 2011 time record revealed she worked on 1/8/11, 1/23/11, 1/26/11, 2/2/11, 2/6/11, 2/15/11, and 2/25/11.</p> <p>Record review of nurse #3's training record revealed she completed courses entitled Bloodborne Pathogens and Infection Control on 6/22/10, and Infection Control on 10/29/10. The Staff Development Coordinator (SDC) could provide no written documentation that the courses included training on the proper use, cleaning, and disinfection of glucometers.</p> <p>Record review of the attendance record of an Inservice Report entitled Disinfection of Glucometers, dated 2/10/11, 2/11/11, and 2/12/11 revealed nurse #3 did not attend.</p> <p>In an interview on 3/3/11 at 1:44PM, the Director of Nursing (DON) stated nurse #3 did not attend the inservices on glucometers 2/10/11, 2/11/11, or 2/12/11. She stated nurse #3 was a prn nurse. She stated nurse #3 worked another full-time job and was unavailable to attend on those days.</p>	F 441	<p>Ongoing education will be provided to the licensed nurses by the Staff Development Coordinator (SDC) based on our systems and policies for cleaning and disinfecting glucometers and on any relevant sections of the guidance provided by the State ("Best Practices-Glucometers" by Karen Hoffman of the Statewide Program for Infection Control and Epidemiology (SPICE)). Licensed nurses, including as needed nurses and agency nurses, will not be permitted to assume floor responsibilities until such training is completed.</p> <p>Education regarding glucometer cleaning and disinfecting and medication pass observation is a part of the facility's new hire orientation.</p>	<p>3/21/2011</p> <p>3/21/2011</p>

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F 441	<p>Continued From page 5</p> <p>The DON stated no one was allowed to work the floor or on the cart without going through the orientation process. She stated orientation included education on infection control and the proper use of glucometers. She stated nurse #3 was inserviced on glucometer use on 2/15/11.</p> <p>In an interview with the DON and Administrator on 02/16/11 at 11:30 AM, the events of the entire medication pass were reviewed. The DON stated the facility had purchased canisters of disinfectant wipes and she had done the in-service on the use of the towelettes. Staff was to wipe the outside of the glucometer on returning to the cart and then wrap the glucometer in the towelette wipes for 2-5 minutes. The DON indicated that they were currently using the red topped canister and the waiting period was 5 minutes. However the facility ordered purple topped canisters. The wipes in the purple canister would disinfect inanimate objects in two minutes so that the medication passes could go faster.</p> <p>In an interview on 3/2/11 at 2:22 PM, the SDC stated nurse #3 was hired on 6/22/10 and worked on a prn basis at least once every two weeks. The SDC stated, upon hire, she trained nurse #3 for two days during orientation. She stated nurse #3 received additional training from the nursing staff on the floor for five days. The SDC stated the training included infection control and the proper use, cleaning, and disinfecting of glucometers. She stated the glucometer training was repeated at least every six months for all staff. The SDC stated she had trained nurse #3 and expected her to follow proper procedure for disinfecting the glucometer between residents. She stated the proper procedure for cleaning and disinfecting glucometers was to clean the</p>	F 441	<p>Administrative nursing staff including the DON, SDC, Resident Care Management Director (RCMD) and / or the RN Supervisor continue to conduct medication pass observations with licensed nurses to verify/validate compliance with glucometer cleaning and disinfection after use. Administrative nursing staff will continue to conduct quarterly medication administration observations of 2 nurses weekly for a period of 1 month, then quarterly for a period of 3 months. Additional training will be conducted as needed based on the trends identified during medication pass observation and the facility's monthly infection analysis. The DON, and nurse administrative team, will audit facility corridors as well as resident rooms 3 times a week for four weeks then weekly for 3 months to ensure linen is not deficiently stored.</p>	3/21/2011	

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F 441	<p>Continued From page 6</p> <p>glucometer with a (name brand) disinfectant wipe in the purple topped canister, discard the used wipe, wrap the glucometer with another wipe for two minutes, and then let the glucometer air dry. She stated this procedure was to be followed after use for each resident. She stated the pharmacy had completed medication pass observations of the nursing staff at least twice since June 2010, but was unsure if any observations of nurse #3 had been done. She stated she was not aware if anyone else observed medication pass. She stated the pharmacy sent the results of medication pass observations to the DON.</p> <p>In an interview on 3/2/11 at 5:35PM, the DON stated all new staff were trained during orientation by the SDC. She stated existing staff were inserviced by the SDC at least every quarter. She stated the SDC and nurse consultant conducted medication pass observations during orientation. She stated the frequency of med pass observations after orientation depended on the staff's knowledge base. She stated existing staff were observed at least once quarterly. She stated monitoring of FSBS and the proper use of glucometers was part of medication pass observations. The DON stated she received the results of medication pass observations and a copy also went to the administrator. The DON stated nurse #3 last worked on 2/15/11 and was not on the current schedule. She stated nurse #3 had been inserviced regarding proper use of glucometers on 2/15/11 after the medication pass observation with the state surveyor. She stated nurse #3 had been inserviced several times since hired in June 2010. The DON stated there was no written facility policy or protocol regarding FSBS monitoring, glucometer use, and related</p>	F 441	<p>The Quality Assessment and Assurance (QA&A) Committee met on March 2, 2011 to go over the findings that were presented on March 2, 2011. The Medical Director was involved with this discussion. The Quality Assessment and Assurance Committee approved this plan during the March 2, 2011 meeting. The QA&A Committee will review the plan related to Infection Prevention Practices specifically glucometer cleaning and disinfecting, weekly for a period of 4 weeks, then monthly for a period of 2 months. The Committee will evaluate the effectiveness of the plan and adjust the plan as necessary based on identified trends. Trends related to general Infection Prevention Practices will be reviewed by the QA&A Committee in the QA&A meeting monthly for a period of 3 months. The Regional Vice President of Operations, Regional Clinical Director, Division Director of Clinical Services or other Region/Division team member will review the Committee's minutes and plans developed to ensure compliance and to assist with further development of the Committee as needed.</p>	3/21/2011	

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F 441	<p>Continued From page 7</p> <p>infection control issues. The DON stated she expected the staff to clean and disinfect the glucometers between each resident.</p> <p>In an interview on 3/2/11 at 5:52PM, the Administrator stated there was no written facility policy or protocol regarding glucometer use. He stated the facility policy was to use the (name brand) disinfectant wipes, which were approved by the CDC and the manufacturer of the glucometer. He stated the policy was for the staff to wipe the glucometer with the disinfectant wipe, discard the wipe, wrap the glucometer with another wipe, let sit for two minutes, and then let dry. He stated "this should be done between each resident." He stated the SDC trained the staff regarding glucometer use when they were hired and repeated the inservices quarterly. He stated the nursing staff was monitored by the administrative staff and SDC. He stated the pharmacist and nurse consultant also conducted medication pass observations, which included monitoring for proper glucometer use and infection control. He stated the DON spoke with nurse #3 about cleaning and disinfecting the glucometer on 2/15/11 after the medication pass observation by the state surveyor. He stated nurse #3 was also inserviced that same day by the SDC. He stated nurse #3 had been inserviced several times since her hire.</p> <p>In an interview on 3/3/11 at 9:40AM, the DON stated she had reviewed the medication pass observation reports and there was no written record that observations had been conducted for nurse #3.</p> <p>In a telephone interview on 3/3/11 at 10:31AM, the Nurse Consultant stated she completed</p>	F 441		

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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	
(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) COMPLETION DATE
F 441	<p>Continued From page 9</p> <p>The facility learned the identity of the two residents on March 3, 2011. Neither resident #8 nor resident #25 currently has any bloodborne disease listed on their cumulative diagnosis sheet.</p> <p>Resident #8 was being treated by an antibacterial medication for an upper respiratory infection at the time of the survey. Resident #25 did not have any blood borne diseases at the time of the survey. Resident #8 has a planned discharge on March 4, 2011.</p> <p>Residents with the potential to be affected by the alleged deficient practice</p> <p>Diabetic residents with orders for blood glucose monitoring through the use of a glucometer have the potential to be affected by the same alleged deficient practice. There were no other residents at the time of the survey who were showing signs and symptoms of abnormal blood sugars. In the event that we identify residents with signs and symptoms of abnormal blood sugars we would notify the physician for further instructions and implement instructions if ordered. The care plans and cardexes would be updated as appropriate.</p> <p>A chart audit was completed by the DON, Unit Managers and/or the Staff Development Coordinator (SDC) to identify residents who have physicians' orders for blood glucose monitoring. The audit was completed by February 15, 2011. Forty-eight (48) residents currently residing in the facility were identified during the audit. The DON or other designated administrative nurse will continue, on an ongoing basis, to review all new physicians' orders in the morning meeting, daily,</p>	F 441		

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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534
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F 441	<p>Continued From page 10</p> <p>Monday through Friday, to identify additional residents. The weekend supervisor will review all new orders to identify whether clarifications are necessary and to identify any residents who are to be monitored for changes in blood glucose levels.</p> <p>Systemic Changes</p> <p>Our system for cleaning and disinfecting glucometers is as follows:</p> <ol style="list-style-type: none"> 1. Glucometers are to be cleaned and disinfected in between residents 2. Glucometer cleaning and disinfecting are to be completed using "Sani-Cloth Wipes" an EPA -Registered, Hospital-Grade Disinfectant Wipes 3. The Glucometer is to be wiped off using the Sani-Cloth Wipe 4. Using a clean wipe the glucometer is to be wrapped for a period of 2 minutes 5. Remove the wipe after 2 minutes and allow to air dry before utilizing again. <p>The facility and Company representatives are reviewing whether to purchase individual glucometers. The Vice President of Purchasing is in the process of discussing options with the glucometer vendor.</p> <p>Beginning on February 15, 2011 licensed nurses were provided mandatory education by the SDC or the DON regarding glucometer cleansing and disinfection. Licensed nurses were educated prior to the beginning of their next scheduled shift. Licensed nurses who have not been scheduled to work since February 15, 2011 will be required to attend the mandatory education prior to beginning their next scheduled shift. The content of the</p>	F 441		
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	
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F 441	<p>Continued From page 11</p> <p>mandatory education conducted included the procedure described above.</p> <p>Ongoing education will be provided to the licensed nurses by the Staff Development Coordinator (SDC) based on our systems and policies for cleaning and disinfecting glucometers and on any relevant sections of the guidance provided by the State ("Best Practices-Glucometers" of the Statewide Program for Infection Control and Epidemiology (SPICE). Licensed nurses, including as needed nurses and agency nurses, will not be permitted to assume floor responsibilities until such training is completed.</p> <p>Education regarding glucometer cleaning and disinfecting and medication pass observation is a part of the facility's new hire orientation.</p> <p>Administrative nursing staff including the DON, SDC, Resident Care Management Director (RCMD) and /or the RN Supervisor continue to conduct medication pass observations with licensed nurses to verify/validate compliance with glucometer cleaning and disinfection after use. Administrative nursing staff will continue to conduct medication administration observations of 2 nurses weekly for a period of 1 month, then quarterly for a period of 3 months. Additional training will be conducted as needed based on the trends identified during medication pass observation and the facility's monthly infection analysis.</p> <p>The Quality Assessment and Assurance (QA&A) Committee met on March 2, 2011 to go over the findings that were presented on March 2, 2011. The Medical Director was involved with this</p>	F 441		

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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534		
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F 441	<p>Continued From page 12</p> <p>discussion. The Quality Assessment and Assurance Committee approved this plan during the March 2, 2011 meeting. The QA&A Committee will review the plan related to Infection Prevention Practices specifically glucometer cleaning and disinfecting, weekly for a period of 4 weeks, then monthly for a period of 2 months. The Committee will evaluate the effectiveness of the plan and adjust the plan as necessary based on identified trends. Trends related to general Infection Prevention Practices will be reviewed by the QA&A Committee in the QA&A meeting monthly for a period of 3 months. The Regional Vice President of Operations, Regional Clinical Director, Division Director of Clinical Services or other Region/Division team member will review the Committee 's minutes and plans developed to ensure compliance and to assist with further development of the Committee as needed.</p> <p>On 3/3/11 at 6:23PM, the credible allegation of compliance was validated by observations, interviews, and record review. Interviews of nursing staff revealed competency in FSBS monitoring and the proper use, disinfection, and storage of glucometers. Observations of FSBS monitoring were conducted on all halls in the facility. Observations of 13 nurses performing FSBS checks revealed glucometers were properly cleaned and disinfected. Approved disinfectant purple top wipes were available on all medication carts and used by all nursing staff. The facility provided evidence of in-service training for all nursing staff, including nurse #3, regarding cleaning and disinfecting of glucometers. Review of medication pass evaluation forms revealed the checklist now included glucometer disinfection. Record review of infection control logs revealed no</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	
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F 441	<p>Continued From page 13</p> <p>documentation of blood borne pathogens in the facility. Interviews with the SDC, DON, and Administrator revealed monitoring tools were in place and education of the staff was ongoing. The interviews revealed active and ongoing monitoring of policy implementation.</p> <p>2. The facility's Department Operations policy for Soiled Linen Collection & Transfer release/revision dated June 2007 identified, in part, the following procedures:</p> <p>Remove soiled linen from resident areas.</p> <p>Place soiled linen in containers label "soiled linen."</p> <p>The facility Inservice Report dated 08/11/10 for an inservice regarding and enforcing basic infection control practices was conducted by Registered Nurse (RN) #1. The Inservice Report identified, in part and in large caps, the following infection control practices:</p> <p>Make sure that no linen is ever placed on the floor.</p> <p>Always place linen in a plastic bag and remove from the room when you exit.</p> <p>The Attendance Record for the infection control practices inservice dated 08/11/10 was signed by Resident Care Specialist (RCS) #1.</p> <p>On 02/15/11 at 10:08 AM, a hospital gown, a bed draw sheet and a protective bed barrier were observed on the floor in the bathroom of room</p>	F 441		

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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534		
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F 441	<p>Continued From page 14 #513.</p> <p>On 02/15/11 at 10:10 AM, the Unit Manager, RN #2, stated the linen should not be on the floor. RN #2 stated the linen should be bagged and put in the soiled linen container. RN #2 identified RCS #1 as the care provider.</p> <p>On 02/15/11 at 10:15 AM, RCS #1 was observed in the hallway answering call lights. RCS #1 was not carrying a plastic bag for soiled linen collection and transfer. RCS #1 stated she had put the used hospital gown, draw sheet and protective barrier on the floor of the bathroom in room #513. RCS #1 stated linen was not supposed to be put on the floor but she was busy answering call lights and had not brought a bag for soiled linen into the bathroom with her.</p> <p>On 02/16/11 at 10:15 AM, the Director of Nursing (DON) stated soiled linen should not be on the floor. The DON stated it was an infection control violation.</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534
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K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 08661 42 CFR 483.70(a) By observation on 3/15/11 at approximately noon the following HVAC system was non-compliant specific findings include: A. The Air Handling Units (AHU) did not shut down with fire alarm activation B. There was not a shut down switch for the AHU's.</p>	K 067	<p>The noted HVAC will be corrected by a licensed HVAC contractor to ensure that the system shuts down with the activation of the fire alarm and in accordance with state and federal regulations. There will be a designated shut down switch for all HVAC systems to use in the event that the systems aren't manually shut off with the activation of the fire alarm.</p>	4/15/2011
			<p>The Maintenance Director will audit the rest of the facility to identify any other HVAC systems that don't properly shut down with the activation of the fire alarm. The Maintenance Director or designee will audit the rest of the facility to identify any other HVAC manual shut down switches that don't work properly.</p>	4/15/2011
			<p>The Maintenance Director or designee will audit the facility weekly x 4 weeks then monthly X 3 months to ensure that the HVAC system properly shuts down with the activation of the fire alarm as well as the proper function of manual shut down switches.</p>	4/15/2011
			<p>The Maintenance Director or designee will bring audit results to monthly QA&A to discuss findings and any needed alteration in the current plan.</p>	4/15/2011

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Administrator (X6) DATE 3/28/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DRW

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345343	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2011
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534
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K 000	INITIAL COMMENTS Surveyor: 08661 There were no Life Safety Code Deficiencies noted at time of survey.	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345343	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BRIAN CENTER GOLDSBI B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2011
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	
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K 000	INITIAL COMMENTS Surveyor: 08661 There were no Life Safety Code Deficiencies noted at time of survey.	K 000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

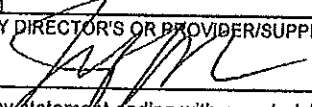
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	
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K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 18.2.8</p> <p>This STANDARD is not met as evidenced by: Surveyor: 08661 42 CFR 483.70(a) By observation on 3/15/11 at approximately noon the following: A. Exit discharge illumination was non-compliant; specific findings include a single bulb fixture at the means of egress from dining and rehab. B. Egress illumination was observed as non-compliant: specific findings include the Alzheimer's dining room would leave the patient in darkness.</p>	K 045	<p>Acceptable, 2 bulb, exit discharge illumination will be installed on the egress paths outside the main dining room and rehab room. The alz. Dining room lights will be wired to operate under generator power to illuminate during an emergency.</p> <p>The Maintenance Director or Designee will audit the rest of the facility to ensure that all exits with egress have the required illumination present. The Maintenance Director or designee will audit the rest of the facility to ensure that all required rooms have emergency lighting wired to the generator.</p> <p>The maintenance Director or Designee will audit the facility weekly X 4 weeks and then monthly X 3 months to ensure that all means of egress are properly illuminated in accordance with state and federal regulation. The Maintenance Director or designee will audit the facility weekly X 4 weeks and then monthly X 3 months to ensure that all required areas and rooms have proper lighting wired to the emergency generator.</p> <p>The Maintenance Director or designee will bring required audits to monthly QA&A X 3 months to ensure the plan is effective and to discuss any negative trends or findings.</p>	<p>4/15/2011</p> <p>4/15/2011</p> <p>4/15/2011</p> <p>4/15/2011</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator (X9) DATE 3/28/11

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