

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

PRINTED: 04/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345247	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2012
NAME OF PROVIDER OR SUPPLIER VALLEY NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 681 NC HWY 16 SOUTH TAYLORSVILLE, NC 28681	
(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 248 SS=E	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff, family and resident interviews and documentation review the facility failed to provide identified captivities of interests for two (2) of three (3) sampled residents (Resident #36 and Resident #114).</p> <p>The findings are:</p> <p>1. Resident #36 was admitted to the facility with diagnoses that included severe depression, respiratory failure and ventilator dependency among others. The most recent Minimum Data Set (MDS) dated 3/9/12 specified the resident had no impaired cognition and had little interest or pleasure nearly every day. Resident #36 did not have an individualized care plan related to Activities.</p> <p>A document titled "Life Enrichment Department Admission Assessment" (not dated) specified Resident #36 preferred to have in-room activities and enjoyed reading, puzzle books, trivia games, religious events and all types of music.</p> <p>Further review of the resident's medical record revealed four (4) entries made on 12/19/11, 12/22/11, 1/2/12 and 1/5/12 that specified the</p>	F 248	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law.</p> <p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>Corrective actions taken for residents found to have been affected by alleged deficient practice as listed:</p> <p>1. a. The Life Enrichment (Activity) Director met with resident #36 to deliver April activity calendar and to conduct a new interview with to determine areas of activity interest.</p> <p>b. The Music Therapist met with resident #36 to discuss music interests and to begin a treatment plan for her. Resident was asked to participate in one-on-one music therapy session.</p> <p>c. Resident #36 Comprehensive Care Plan was updated to include desired activities of interest to address her social isolation.</p> <p>2. a. The Life Enrichment (Activity) Director met with resident #114 to conduct a new interview to determine areas of activity interest.</p> <p>b. Resident #114 agreed to and attended Ventilator Unit Music group on this day.</p> <p>c. Resident #114 Comprehensive Care Plan was updated to include desired activities of interest to address his risk for social isolation.</p> <p>Corrective actions taken for residents having the potential to be affected by the same alleged deficient practice: Each resident will have activity preferences updated quarterly or more often if needed. This update will include new or changed areas of interest so that the Life Enrichment Department can offer activity preferences to each resident on</p>	04/02/2012 04/04/2012 04/18/2012 04/02/2012 04/02/2012 04/18/2012 04/03/2012

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

TITLE

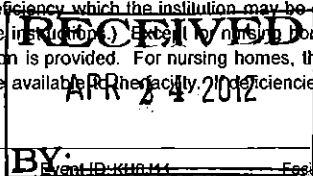
(X6) DATE

Danden O. Tofton

Administrator

4/20/2012

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 248	<p>Continued From page 1</p> <p>resident was invited to an out of room group activity for music that she declined.</p> <p>Observations made of Resident #36 revealed the following:</p> <p>a. On 3/27/12 at 2:30 p.m. the resident was in her bed staring at the wall with the lights off. During this time the facility was conducting Activities for other residents.</p> <p>b. On 3/28/12 at 10:10 a.m. and at 1:55 p.m. the resident was in her bed with the lights off looking out her window. During these times the facility was conducting organized Activities for other residents.</p> <p>c. On 3/29/12 at 3:00 p.m. the resident was in bed awake in her room alone with the lights off. During this time the facility had organized Activities scheduled for other residents.</p> <p>d. On 3/30/12 at 10:00 a.m. the resident was in bed alone in her room not attending the organized Activity being offered for other residents.</p> <p>On 3/30/12 at 9:30 a.m. Resident #36 was interviewed. She reported that the facility invited her to attend out of room activities which she did not care to attend and added she preferred to stay in her room. She verified she was fond of music and was unaware the facility offered music therapy. Resident #36 nodded her head in favor of receiving music therapy services from the facility. During the interview Resident #36's room was observed and revealed there was no calendar of events to alert her to activities of interest.</p> <p>On 3/30/12 at 3:45 p.m. the Life Enrichment Director was interviewed and reported that</p>	F 248	<p>a regular basis.</p> <p>The Life Enrichment Department will make monthly activity calendars available to each resident and encourage residents to participate in both group and individual activities, in room and out of room, based on the residents individual preferences.</p> <p>The information collected during the MDS process will be used to include activity and Music Therapy interventions, where appropriate, in the resident's comprehensive plan of care.</p> <p>Measures taken and systems changes to prevent repeat of alleged deficient practice:</p> <p>The Administrator met with the Life Enrichment (Activity) Director to discuss expectations of the services provided by the Life Enrichment Department to all residents of the facility.</p> <p>The Life Enrichment Director and the Administrator met with the Life Enrichment staff to discuss the implementation of changes within the department to ensure that meaningful activities of interest are offered to each resident based on individual preferences.</p> <p>The Activity Assessment will be completed within 5 days of resident admission and the Life Enrichment Director will make individual resident preferences available to the activity staff. The activity staff will offer and encourage resident participation in activities based on identified areas of interest.</p> <p>The Music Therapist will complete assessments on residents referred for Music Therapy and a treatment plan will be initiated per the individual resident's needs.</p> <p>Music Therapy and Life Enrichment interventions will be included where appropriate in the resident's individual comprehensive care plan.</p> <p>Facility Monitoring to Assure Sustained Compliance with F 248:</p>	<p>04/02/2012</p> <p>04/03/2012</p> <p>04/03/2012</p> <p>04/19/2012</p> <p>04/03/2012</p> <p>04/04/2012</p> <p>04/04/2012</p>	

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F 248	<p>Continued From page 2</p> <p>Resident #36 did not like to attend out of room or group activities. She added that she still encouraged the resident to attend these events. The Life Enrichment Director also stated that Resident #36 enjoyed music related activities but none had been provided for her in her room. The Life Enrichment Director offered no explanation why the resident's identified interests had not been provided by the facility.</p> <p>On 3/30/12 at 4:40 p.m. the Administrator was interviewed and reported she expected the activity needs of the residents to be provided.</p> <p>2. Resident #114 was admitted to the facility with diagnoses including depression, anxiety, chronic respiratory failure and ventilator dependency. The annual Minimum Data Set (MDS) dated 2/10/12 indicated staff was unable to complete the questions for cognition. The MDS also indicated Preferences for Customary Routine and Activities and it was very important for him to listen to music; be around animals/pets; do things with groups of people; do favorite activities; go outside when good weather and participate in religious practices. Resident #114 did not have an individual care plan related to activities.</p> <p>A review of a facility document titled "Memory Impaired Unit/Individual Interaction Activities" from 1/27/12 through 3/29/12 for Resident #114 indicated: Three (3) Barber shop appointments: 2/10/12; 2/21/12; 3/20/12 Three (3) dates with sensory stimulation: 2/10/12; 2/21/12; 3/20/12 People Watching: 2/10/12 Family visit: 3/2/12 Other: 3/5/12</p>	F 248	<p>This Quality Assurance monitoring program was initiated by the Quality Assurance committee, will be supervised by the Life Enrichment Director, and will be implemented as follows: The Life Enrichment Director will be responsible for conducting 5 resident interviews per week, for a period of 6 month, to ascertain whether residents are receiving preferred activities of choice in their desired location on a regular basis. Any resident who indicates that they are not receiving appropriate activities will have their preferences updated and this information will be shared with the Life Enrichment staff so that preferred activities can be offered. The results of the weekly resident interviews will be compiled by the Life Enrichment Director and presented to the QA committee monthly. The QA committee will monitor the results of these audits monthly for a beginning April through October 2012 to assure sustained compliance with F 248.</p>	04/17/2012 04/23/2012

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F 248	<p>Continued From page 3</p> <p>Conversing: 3/5/12 Three (3) dates of Reading/Trivia: 3/14/12; 3/15/12; 3/27/12 Watching television was documented each day The document further indicated Resident #114 refused individual interaction on 3/9/12 Unavailable for individual activity: 1/27/12; 2/6/12; 2/22/12; 2/28/12; 2/29/12; 3/20/12; 3/29/12 Invited to group activity but refused: 2/11/12; 3/5/12 Unavailable for group activity: 2/7/12; 2/10/12; 2/24/12; 3/15/12; 3/16/12; 3/20/12; 3/24/12; 3/29/12</p> <p>During a family interview on 3/28/12 at 11:13 a.m. Resident #114's wife stated staff used to take him to activities but now they don't. She stated she felt he would benefit from being around other resident's and thought staff should encourage him to participate more in activities. She stated Resident #114 stayed in bed most of the time and she was not sure how much staff encouraged him to participate.</p> <p>During an observation on 3/29/12 at 9:40 a.m. Resident #114's door was open and he was lying on his back with his head turned slightly toward the left with his eyes closed and the television was on in his room.</p> <p>During an observation on 3/29/12 at 1:15 p.m. Resident #114's door was open and lying on his back with his eyes closed and the television was on in his room.</p> <p>During an interview on 3/30/12 at 10:45 a.m. Nursing Assistant (NA) #2 stated Resident #114 was unable to speak but would give them a</p>	F 248			

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F 248	<p>Continued From page 4</p> <p>"thumbs up" when they talked with him and that was his only way to communicate back to them. She explained they turned his bed in his room so he could see his television.</p> <p>During an observation on 3/30/12 at 11:50 a.m. Resident #114's door was open and he was lying on his back with his eyes closed and the television was on in his room.</p> <p>During an interview on 3/30/12 at 12:24 p.m. NA #3 stated she was not sure if Resident #114 participated in activities because he stayed in bed most of the time.</p> <p>During an interview on 3/30/12 at 3:44 p.m. the Life Enrichment Director verified she did not have a specific activity plan for Resident #114. She further explained she did activities in general for every resident. The Life Enrichment Director stated individual and group activities provided to the resident were documented on the "Memory Impaired Unit/Individual Interaction Activities" document and explained if the resident was unavailable it usually meant the resident was asleep. She explained Resident #114 enjoyed having his hands lightly massaged as a part of sensory stimulation and he liked for them to read to him. She also stated he enjoyed music and they did provide music therapy to him. The Life Enrichment Director stated Resident #114 could probably benefit from more one on one activities than what they had provided for him.</p> <p>During an interview on 3/30/12 at 4:44 p.m. the facility administrator stated she expected for the activity needs of the residents to be provided to them.</p>	F 248			

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F 279 SS=E	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to develop an individualized Activity care plan for two (2) of three (3) sampled residents with social isolation. (Resident #36 and Resident #114).</p> <p>The findings are:</p> <p>2. Resident #36 was admitted to the facility with diagnoses that included severe depression, respiratory failure and ventilator dependency among others. The most recent Minimum Data</p>	F 279	<p>Corrective actions taken for residents found to have been affected by alleged deficient practice as listed:</p> <p>1. The MDS Coordinator and the Life Enrichment Director reviewed the most recent Minimum Data Set and comprehensive care plan for resident #36. Individualized approaches, specific to her identified activity needs and preferences, will be provided by the Life Enrichment (Activity) Department and Music Therapist, and were included on her Comprehensive Care Plan for social isolation.</p> <p>2. The MDS Coordinator and the Life Enrichment Director reviewed the most recent Minimum Data Set and comprehensive care plan for resident #114. Individualized approaches, specific to his identified activity needs and preferences, will be provided by the Life Enrichment (Activities) Department and Music Therapist, and were included on his comprehensive care plan for social isolation.</p> <p>Corrective actions taken for residents having the potential to be affected by the same alleged deficient practice:</p> <p>The Life Enrichment (Activities) Director and the Care Plan Nurses completed reviews of the current comprehensive assessments and care plans for all residents. Individualized approaches, specific to identified activity needs and goals, were included in the residents comprehensive care plans to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>Measures taken and systems changed to prevent repeat of alleged deficient practice: The MDS / Care Plan Coordinator completed individual meetings with each interdisciplinary care plan team member to review the care planning process and to assure that each</p>	<p>04/03/2012</p> <p>04/03/2012</p> <p>04/18/2012</p> <p>04/18/2012</p>

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F 279	<p>Continued From page 6</p> <p>Set (MDS) dated 3/9/12 specified the resident had no impaired cognition and had little interest or pleasure nearly every day. Resident #36 did not have an individualized care plan related to Activities.</p> <p>On 3/30/12 at 3:35 p.m. the MDS Coordinator was interviewed and reported that a comprehensive care plan was developed for all residents to meet their individual needs. She also reported that residents with depression were care planned and life enrichment/activities were encouraged as interventions for depression. The MDS Coordinator reviewed Resident #36's care plan and reported the resident did not have activity related interventions to address her depression.</p> <p>On 3/30/12 at 3:45 p.m. the Life Enrichment Director (Activities Director) was interviewed and reported that she did not develop individualized Activity care plans for residents. She stated that residents on the ventilator unit were typically socially isolated and suffered from depression. The Life Enrichment Director explained that she communicated with other staff members the expressed desires and interests of residents.</p> <p>2. Resident #114 was admitted to the facility with diagnoses including depression, anxiety, chronic respiratory failure and ventilator dependency. The annual Minimum Data Set (MDS) dated 2/10/12 indicated staff was unable to complete the questions for cognition. The MDS indicated Preferences for Customary Routine and Activities and it was very important for Resident #114 to listen to music; be around animals/pets; do things with groups of people; do favorite activities; go outside when good weather and participate in</p>	F 279	<p>discipline understands the correct care planning process and importance of the interdisciplinary approach to attain goals for the identified problems.</p> <p>Individualized Comprehensive Care Plans will be developed for each resident to include measurable objectives and timetables to meet the medical, nursing, and mental psychosocial needs as identified in the comprehensive assessment process. Each discipline, including the Life Enrichment (Activity) Department, will provide individualized approaches and interventions to assure that each resident attains or maintains their highest practicable physical, mental, and psychosocial well-being as required. The Comprehensive Care Plan will be reviewed and revised with each comprehensive assessment, and as needed, to address the needs of the resident.</p> <p>Facility Monitoring to Assure Sustained Compliance:</p> <p>This Quality Assurance monitoring program was initiated by the Quality Assurance committee, will be supervised by the MDS / Care Plan Coordinator, and will be implemented as follows:</p> <p>Beginning 04/23/12, the Care Plan Nurses will review all interdisciplinary care plans at the time of the resident's Comprehensive Assessment to ensure appropriate interventions are listed to attain goals for identified problem per the MDS and RAP protocol. Any Care Plan identified as in need of corrections will be corrected by the MDS / Care Plan nurse and the appropriate discipline will be informed of the correction and or added interventions. The MDS / Care Plan nurses will log data to include number of comprehensive care plans reviewed, the number requiring corrections, and the number of needed corrections per discipline. The MDS / Care Plan Coordinator will report this data to the QA</p>	04/17/2012 04/23/2012

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F 279	Continued From page 7 religious practices. Resident #114 did not have an individual care plan related to activities. During an interview on 3/30/12 at 3:23 p.m. with the MDS Coordinator she explained the Life Enrichment Director completed the activity section on the MDS for all residents in the facility. She further explained the answers to questions in the activity section should drive the activity care plans. She verified Resident #114 had a care plan that was resolved in November 2011 for psychoactive medications and activities were included on that care plan as interventions. She further verified there were no current care plans specifically for activities. During an interview on 3/30/12 at 3:44 p.m. the Life Enrichment Director verified she did not have a specific activity plan for Resident #114. She further explained she did activities in general for every resident and communicated with staff any areas that were discussed in the resident's care planning meetings. She explained she did not develop activity care plans with specific goals and interventions for residents in the facility but documented in their medical records the activities she provided for them. During an interview on 3/30/12 at 4:44 p.m. the facility administrator stated she expected for the activity needs of the residents to be provided to them.	F 279	committee monthly. The QA committee will monitor the results of these audits monthly, to begin April through October 2012, to assure sustained compliance with F 279.		
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and	F 441	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS Corrective actions taken for residents found to have been affected by alleged deficient practice as listed:		

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F 441	Continued From page 8 to help prevent the development and transmission of disease and infection. (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. (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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record reviews facility staff failed to disinfect a	F 441	1. & 2: The Director of Nursing conducted one-on-one infection control in-service training with the identified nurses (LN #2 and LN #3) on the requirement for cleaning and disinfection of the glucometers after each use and the proper use of the approved and provided disinfecting wipes. 3: The Director of Nursing conducted one-on-one in-service training with NA #1 on proper hand washing, glove use, and infection control procedures during incontinence care. Corrective actions taken for residents having the potential to be affected by the same alleged deficient practice: 1. & 2: The Staff Development RN conducted infection control in-service training with Nurses and Medication Aides on the requirement for cleaning and disinfection of the glucometers after each use and the proper use of the approved and provided disinfecting wipes. 3: The Staff Development RN conducted in-service training with CNA's on proper hand washing, glove use, and infection control procedures during incontinence care. Measures taken and systems changed to prevent repeat of alleged deficient practice: 1 & 2: The Director of Nursing and the Staff Development RN have revised the "Skills Checklists" for new Nurses and Medication Aides to include specific infection control training on the requirement for cleaning and disinfection of glucometers after each use and the correct use of the approved disinfecting wipes. Staff will be required to demonstrate proper cleaning and disinfection procedures of a glucometer using the provided disinfection wipes in order to prevent transmission of disease or infections.	04/02/2012 04/02/2012 04/12/2012 04/13/2012

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F 441	Continued From page 9 blood glucose meter for two (2) of two (2) residents observed for finger stick blood sugars. (Resident #161 and Resident #37). The facility staff also failed to remove gloves and wash hands after providing incontinence care to one (1) of one (1) residents observed during incontinence care. The findings are: A review of a facility policy titled "Cleaning and Disinfection of Resident-Care Items and Equipment" dated October 2009 revealed "Glucometers shall be disinfected between resident uses with approved disinfectant wipe per manufacturer's instructions." 1. During an observation on 3/29/12 at 12:22 p.m. Licensed Nurse (LN) #2 removed a blood glucose meter, alcohol wipes, test strips and a lancet from the medication cart and walked into Resident #161's room. She washed her hands with soap and water, put on gloves and performed a finger stick blood sugar on Resident #161. LN #2 removed her gloves, disposed them in the trash with the used alcohol wipes and washed her hands. She walked out of the resident's room with the blood glucose meter and lancet in her hand to the medication cart. She placed the blood glucose meter on top of medication cart and disposed the used lancet into a sharps container. She took a single use packet of alcohol wipes from a drawer in the medication cart, cleaned the blood glucose meter with the alcohol wipe and placed the blood glucose meter inside the drawer in the medication cart. LN #2 opened a medication administration notebook and opened the medication drawer to pull	F 441	Competency in this area will be documented on the "Skills Checklist". This procedure will also be included in annual "Infection Control" in-service training. 3. The Director of Nursing and the Staff Development RN have revised the "Skills Checklist" for CNA's to include infection control procedures in the area of hand washing and glove use during incontinence care in order to prevent the development or transmission of disease. New CNA's will be required to demonstrate competency in this area during orientation period. Competency will be recorded on the "Skills Checklist". This process will also be covered in the annual infection control in-services for CNA's. Facility Monitoring to Assure Sustained Compliance: These Quality Assurance monitoring programs were initiated by the Quality Assurance committee, will be supervised by the Director of Nursing, and will be implemented as follows: 1. & 2. The DON or her designee will audit 3 nurses weekly, for a period of 6 months, to observe glucometer cleaning and disinfecting procedure. Each nurse will be required to perform this procedure per facility policy and the results will be documented as correct or incorrect. Anyone observed to use incorrect procedure will receive documented re-training at the time of the occurrence. The results of these weekly audits will be compiled and presented to the Quality Assurance Committee monthly by the Director of Nursing or her designee. The QA committee will monitor the results for a period to begin with April running through October 2012, to assure compliance is sustained. 3. The DON or her designee will audit 3 CNA's during care weekly to assure that proper	04/13/2012 04/17/2012 04/19/2012 04/19/2012	

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

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F 441	<p>Continued From page 10</p> <p>medications for the next resident.</p> <p>During an interview on 3/29/12 at 12:38 p.m. with LN #2 she verified she cleaned the blood glucose meter with the alcohol wipe. She explained she thought she could use either alcohol wipes or a disinfectant wipe to clean the blood glucose meter. She further stated she would clean the blood glucose meter now with disinfectant wipes labeled "Dispatch Hospital Bleach Wipes with Disinfectant" that were kept in the medication cart.</p> <p>During an interview on 3/30/12 at 2:05 p.m. the Director of Nursing (DON) stated it was her expectation for blood glucose meters to be disinfected after each finger stick blood sugar with the disinfectant wipes. She further stated alcohol wipes were not acceptable for disinfecting the blood glucose meters.</p> <p>2. During an observation on 3/30/12 at 11:01 a.m. LN #3 removed a blood glucose meter, alcohol wipes, test strips and a lancet out of a drawer on the medication cart. She put on gloves, walked into Resident #37's room and performed a finger stick blood sugar. LN #3 removed her gloves, walked out of the resident's room, placed the blood glucose meter on top of the cart, placed trash in a trash bag and placed the used lancet into a sharps container. She walked back inside Resident #37's room and washed her hands with soap and water. LN #3 walked out of the resident's room, picked up the blood glucose meter, opened a drawer of the medication cart, placed the glucometer inside, closed the drawer and started to move the medication cart in the hallway.</p>	F 441	<p>infection control procedures are being followed for hand washing and glove changing during resident care. Each CNA will be required to follow the correct procedure in order to prevent the development or transmission of disease or infection. The result of each audit will be documented as correct or incorrect procedure. Anyone observed to use incorrect procedure will receive documented re-training at the time of the occurrence. The results of these weekly will be compiled and presented to the QA committee monthly by the DON or her designee.</p> <p>The QA committee will monitor the results of these audits monthly for a period to begin in April and run through October 2012 to assure sustained compliance with F 441.</p>	

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F 441	<p>Continued From page 11</p> <p>During an interview on 3/30/12 at 11:08 a.m. LN #3 verified she did not clean the blood glucose meter after she used it to check Resident #37's blood sugar and stated she just forgot to clean it. She stated she should have cleaned it with the disinfectant wipes located in the bottom of the medication cart.</p> <p>During an interview on 3/30/12 at 2:05 p.m. the Director of Nursing (DON) stated it was her expectation for blood glucose meters to be disinfected after each finger stick blood sugar with the disinfectant wipes. She further stated alcohol wipes were not acceptable for disinfecting the blood glucose meters.</p> <p>3. Resident # 115 had diagnoses which included quadriplegia. The most current quarterly Minimum Data Set dated 1/9/12 assessed the resident as always incontinent of bowel and needed extensive assistance with personal hygiene.</p> <p>Bowel incontinence care was provided for Resident #115 on 3/30/12 at 10:40 a.m. Observations revealed NA (Nurse Aide) #1 washed the resident's rectal area and buttocks while wearing gloves. After washing the resident, NA #1 proceeded to the bedside table, while wearing the same gloves used to clean stool from the resident, opened the top drawer, removed a tube of zinc oxide ointment and applied the ointment to the resident's buttocks using the same gloves used for removing stool from the resident.</p> <p>During an interview on 3/30/12 at 3:30 p.m. NA #1 stated she normally would have changed</p>	F 441			

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F 441	Continued From page 12 gloves and washed her hands before touching the bed side table drawer and before applying the ointment to Resident #115. NA#1 stated she should have changed gloves and washed but did not know why she had not done this today. During an interview on 3/30/12 at 3:50 p.m. the DON (Director of Nursing) stated her expectations were for staff to remove gloves, wash their hands after providing incontinence care before touching items in the resident's rooms. The DON further stated she expected staff to put on clean gloves before applying creams or ointments to residents.	F 441			