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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERS/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345469	A. BUILDING _____ B. WING _____	C 9/13/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WakeMed Zebulon/Wendell Outpatient & SNF	535 West Gannon Avenue Zebulon, NC 27597

(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
F441 SS=D	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 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 Personal must handle, store, process and transport linens so as to prevent the spread of infection.	F 441	• Once the violation was discovered staff present were educated not to use alcohol to clean the glucose testing monitors. A box of PDI Super-Sani-wipes was located and supplied to the staff. This is an agent on the EPA listing as effective against Hepatitis B, Hepatitis C and HIV. Dispatch Brand wipes, also on the list, are available to the staff. • Use of the monitor for any residents with a diagnosis of HIV, Hepatitis B or Hepatitis C was reviewed. The glucose monitors had not been used on the 2 patients who had one of these diagnoses. • The 2010 memo from Infection Prevention instructing staff to use alcohol to clean glucometers between patients was removed. New guidelines for the use of PDI wipes and Dispatch were immediately posted in the Nursing Conference Room. by the Nursing Supervisor; they were also placed on the glucose monitor cases & the in reference book for point of care testing (POCT).	October 11, 2012

Laboratory Director's or Provider/Supplier Representative's Signature	Title	(X6) Date
Ann Bent	Administrator	9-26-2012

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F441	Continued from page 1 This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to follow recommended CDC (Centers for Disease Control) guidelines for disinfection a glucose meter with an EPA (Environmental Protection Agency) registered detergent/germicidal agent before use on 1 (Resident #61) of 1 sampled residents observed for glucose monitoring. Findings included: CDC guidelines state in part: "The disinfection solvent you choose should be effective against HIV, Hepatitis C, and Hepatitis B virus. Please note that 80% ethanol (alcohol) solutions are not effective against viral bloodborne pathogens..." According to the manufacturer's care instructions for maintenance of the Precision Xceed Pro Monitor which were not dated, cleaning the exterior surface of the monitor was recommended to follow your facility's policies and procedures for infection control. The guidelines did not address disinfection. Review of the facility's policy, which was not dated, stated in part; "The exterior surface of the Precision Xceed Pro Glucose Meter should be cleaned after each patient. Acceptable cleaning solutions include alcohol and ammonia-based cleaners. Recommended solutions are [brand names of disinfection wipes]." During an observation on 9/13/12 at 11:10 AM of Nurse Aide (NA) #1 prepared to obtain a blood sugar reading on Resident #61. NA #1 removed	F 441	• The guidelines for cleaning the glucose testing monitors from POCT and the manufacturer were located and reviewed. The term "cleaning" is used in the POCT Guidelines (not disinfecting). There is a reference to alcohol and ammonia based solutions. The manager verified that this was the cleaning policy for the monitors currently being taught with a representative from POCT. A recommendation was made to change the terminology in the POCT Policy to "disinfect" and delete any reference to cleaners other than EPA approved solutions (delete alcohol and ammonia based cleaners from the document) for Hepatitis B, Hepatitis C and HIV. This recommendation was also given to Performance Improvement and forwarded to Infection Prevention.	October 11, 2012

tm Bone 9-26-12

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F441	Continued from page 2 the glucose meter from the case at the resident's bedside and started preparation to obtain the blood sample. Surveyor intervention requested NA #1 to step out of the resident's room into the hallway and questioned as to the facility's policy for disinfection of the glucose meter. NA #1 responded that the glucose meter was to be wiped down using alcohol prep pads before and after each use. When asked if she had wiped the glucose meter prior to taking it into the Resident #61's room, NA #1 responded, "No, I probably should have." On 9/13/12 at 11:15 AM, review of the facility's policy located at the nurse's desk in a Point of Care book, as shown by the Assistant Director of Nurses (ADON) recommended [brand name of disinfection] wipe was to be used. The ADON directed NA #1 to use the disinfection wipe. Further observation of NA #1 on 9/13/12 at 11:20 AM, NA #1 went into Resident #61's room with [brand name of disinfection wipe] and wiped the outside of the glucose meter thoroughly and proceeded to obtain the sample, NA #1 obtained another [brand name of disinfection wipe] and wiped the outside of the glucose meter thoroughly before placing it back in the case. In an interview with the ADON on 9/13/12 at 3:20 PM, the ADON said after review of the CDC guidelines, her expectation was for staff to disinfect the glucose meters with the [brand name of disinfection wipes]. The ADON said staff had been using alcohol prep pads. At 3:30 PM on 9/13/12, the Director of Nurses	F 441	• The guidelines from Point of Care Testing are consistent with the manufacturer's recommendation to use the PDI Sani-wipe and Super Sani-wipe products. • A supply of PDI Super-Sani-wipes was ordered for the SNF Unit and these have been received. • 1:1 Education of the Zebulon Staff began during the survey. A mandatory in service to cover the proper disinfection of the glucose monitors is scheduled (see attached objectives and content).	October 11, 2012

Ann Rona 9-26-12

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F441	Continued from page 3 (DON) said the facility would review and revise the policy for glucose meter disinfection immediately. ann Byrne' 9-26-12	F 441	• The educational intervention has been completed. The CQI Evaluation Period for glucose monitoring device disinfection will be for one year on the following schedule. • (See attached monitoring tool) Monitoring of glucose monitor disinfection/cleaning will be done each shift (7-3/3-11/11-7) once a week x 3 months; • Each shift (7-3/3-11/11-7) once a month x 3 months; • Each shift (7-3/3-11/11-7) once a quarter x 2. The data from the audits will be presented in the quarterly CQI committee meetings held in Dec, March, June, and September. The compliance goal is 100%	October 11, 2012

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FORM APPROVED
OMB NO. 0938-0391

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	345469	A. BUILDING 01-MAIN BUILDING 01 B. WING	10/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K000	Initial Comments The Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type II construction, one story, with a sprinkler system in some hazardous areas tied into the domestic water line. The deficiencies determined during the survey are as follows:	K000		
K029 SS=D	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: 42CFR483.70(a) By observation on 10/10/12 at approximately noon the following hazardous area was non-compliant, specific findings include the door to the storage room, old OR area, was not sprinklered nor separated with one-hour construction. The door could not be confirmed to be ¾ hour rated.	K029	On the day of survey the Property Management Mechanic for WakeMed was notified that an unrated door was identified during the survey. The door will be replaced with a 1 hour rated door with the proper latching and closing hardware. Waiting on proposal from contractor and work will be completed as soon as door & hardware are received.	11/23/2012
K147	NFPA 101 LIFE SAFETY CODE STANDARD	K147		

RECEIVED
OCT 25 2012
CONSTRUCTION SECTION

Laboratory Director's or Provider/Supplier Representative's Signature | Title | (X6) Date

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10/24/12

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K147 SS=D	Continued from page 1 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: 42CFR483.70(a) By observation on 10/10/12 at approximately noon the following NEC item was non-compliant, specific findings include the electrical outlets in the beauty shop/Hydrotherapy were not labeled as GFI protected circuits. Electrical outlets within six inches of a water source should be GFI protected circuits, and labeled as such.	K147	On the day of survey the Property Management Mechanic for WakeMed was notified of the unlabeled outlets in the beauty shop/Hydrotherapy Room. The GFI status of the outlet has been verified and the outlets are now labeled.	11/23/2012

10/24/12