

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

SEP 25 2012


PRINTED: 09/14/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/07/2012
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NAME OF PROVIDER OR SUPPLIER  EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 1820 BROOKWOOD AVE BURLINGTON, NC 27215
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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
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F 441 SS=D	<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 -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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 transport linens so as to prevent the spread of infection.</p>	F 441		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 9/21/12
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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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NAME OF PROVIDER OR SUPPLIER  EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 BROOKWOOD AVE BURLINGTON, NC 27215		
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F 441	Continued From page 1  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 for 1 of 1 sampled resident observed receiving blood glucose monitoring (resident #256). Findings include:  The facility's policy, untitled and undated, read in part: "Cleaning between individual patient use: Assign glucose meters to individual patients whenever possible. Glucose meters shared among patients must be cleaned and disinfected between each patient use and PRIOR to returning to the tote for transport or docking ...After each individual patient use, wipe the outside of the meter with a Super sani-wipe."  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. Decontaminate environmental surfaces such as glucometers regularly and any time contamination with blood or body fluids occurs or is suspected. Glucose test meters approved for use with more than one person must be cleaned and disinfected following disinfection guidelines."  Accu-check or fingerstick blood sugar (FSBS) tests involve sticking a resident's finger for a blood sample, which is then placed on a strip. The strip goes into a glucose meter that reads the blood sugar level.	F 441			

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F 441	<p>Continued From page 2</p> <p>Resident #256 was admitted to the facility on 12/22/10 and readmitted on 9/4/12 with multiple diagnoses including diabetes. Review of the resident's clinical record revealed a physician order dated 9/4/12 for FSBS before meals and at bedtime.</p> <p>Observation on 9/6/12 at 11:37AM revealed nurse #1 preparing to obtain a finger stick blood sugar for resident #256. Nurse #1 removed the glucometer from the tote where is was stored. The nurse wiped the resident's finger with an alcohol pad, obtained a blood sample by disposable lancet, and applied a drop of blood to the test strip. The nurse inserted the test strip into the glucometer. After reading the test results, the nurse removed and disposed of the used test strip, alcohol pad, and lancet. The nurse placed the glucometer back into the tote for storage. Nurse #4 did not clean or disinfect the glucometer after use.</p> <p>In an interview on 9/6/12 at 11:50AM, nurse #1 stated the facility policy was to clean the glucometers thoroughly once daily at night. He stated the meter was cleaned during the day with a sani-wipe or other disinfectant if it was visibly soiled. Nurse #1 acknowledged he did not disinfect the glucometer after using it for resident #256.</p> <p>In an interview on 9/6/12 at 2:08PM, nurse #1 stated he received training at least yearly. The nurse stated he had completed skills and competency training. Medication pass observations were completed routinely by the Director of Nursing (DON) and senior nurse.</p>	F 441		

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NAME OF PROVIDER OR SUPPLIER  EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 BROOKWOOD AVE BURLINGTON, NC 27215		
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F 441	Continued From page 3 In an interview on 9/6/12 at 3:01PM, the DON stated she trained the staff upon hire and annually thereafter. Her training included medication pass and proper glucometer use. Medication pass observations were completed periodically by the pharmacist. The DON stated the facility policy was to disinfect the glucometer between residents. Her expectation was for the glucometer to be disinfected between each resident use and before returning it to the tote for storage.	F 441	No residents were harmed during or after this finding. The glucometer was cleaned prior to being used on another resident. Additionally, on 9/6/12, the other 4 glucometers were inspected and deemed acceptable for use. Each of these was tagged appropriately with a sticker to indicate that they were cleaned since the last use. On 9/10/12, the nurse supervisors were serviced by the DON to go over the policy and ensure compliance with it. The remaining nurses and CNAs were recertified on 10/12 and 10/13. New hires are trained in two ways: Nurses are trained in orientation through education and competency prior to starting on the floor for clinical orientation for 4 weeks. CNAs must go through the 4 hour course taught at ARMC for glucometer certification. All clinical staff must be retrained annually through competency and written materials. The nurse in question was counseled verbally on 9/6/12 and was directed to clean the unit immediately prior to using it on another resident. He was formally counseled on 10/2/12 and given a copy of the policy and signed that he understood the policy. As a result of this finding, the DON will perform 10 unannounced inspections per month for 3 months. At that time, it will be presented to the QA Committee on 1/17/13 for discussion. Depending on the findings, the inspections may or may be continued as per the committee's recommendation.	10/13/12	

*Arden Dun*  
10/15/12  
*[Signature]*

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NAME OF PROVIDER OR SUPPLIER  EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 BROOKWOOD AVE BURLINGTON, NC 27215		
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*Added*  
10/3/12  
*[Signature]*

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

PRINTED: 10/15  
FORM APPR'  
OMB NO. 0938-0044

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:  
  
345091

(X2) MULTIPLE CONSTRUCTION  
A. BUILDING 01 - MAIN BUILDING  
B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED  
  
10/11/2012

NAME OF PROVIDER OR SUPPLIER

EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD

STREET ADDRESS, CITY, STATE, ZIP CODE  
1820 BROOKWOOD AVE  
BURLINGTON, NC 27215

(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

K 000

INITIAL COMMENTS

This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type III(211) construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

K 029  
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with 1/2 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:  
Based on observation on Thursday 10/11/2012 at approximately 9:00 AM onward the following was noted:

- 1) The soiled linen room corridor door to room 12018C did not close latch and seal.

K 076  
SS=F

42 CFR 483.70(a)  
NFPA 101 LIFE SAFETY CODE STANDARD

K 000

K 029

K 076

No residents were affected by this door. As a result of this finding, all other doors were checked and corrected where necessary. This particular door was repaired and tested on 10/12. Checking doors has been increased in the PME program to monthly for the next 3 months and results will be discussed in Safety Committee. All members of the maintenance staff discussed these findings on 10/12 and ways to avoid them in the future.



10/12

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

TITLE

(X6) DATE

*[Signature]* LNHA

ADMINISTRATOR

10/26/12

A 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.

001655

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

PRINTED: 10/11/12  
FORM APPR  
OMB NO. 0938  
(X3) DATE SURVEY COMPLETED  
10/11/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  
345091

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING

B. WING \_\_\_\_\_

NAME OF PROVIDER OR SUPPLIER

EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD

STREET ADDRESS, CITY, STATE, ZIP CODE  
1820 BROOKWOOD AVE  
BURLINGTON, NC 27215

(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

K 076

Continued From page 1  
Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  
  
(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  
  
(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4

K 076

No residents were affected by this finding. The empty storage containers were removed immediately and placed in the appropriate rack during the Life Safety Inspection. All nursing staff was reminded to follow the rules of storage and to read the sign above each rack. We have ordered new racks for the Rose Hall and they were shipped priority on 10/25. They will have signs placed above each indicating whether they are for full or empty cylinders. We will reiterate the new system on November 7 at the next staff meeting to remind them of the standard. The DON will inspect the storage rooms weekly for 3 months to ensure standard is being met and report through QA.

11/7

This STANDARD is not met as evidenced by:  
Based on observation on Thursday 10/11/2012 at approximately 9:00 AM onward the following was noted:

- 1) The oxygen storage was non-compliant, specific findings include; full and empty oxygen cylinders were stored together. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. [NFPA 99 4-3.5.2.2b(2)] (Storage Room 12017 1st floor)
- 2) In the oxygen cylinders in the oxygen storage room on second floor Rose Hall Oxygen cylinders were not properly chained or supported in a proper cylinder stand or cart. [NFPA 99 4-3.5.2.1b(27)]

42 CFR 483.70(a)  
NFPA 101 LIFE SAFETY CODE STANDARD

K 104  
SS=E

K 104

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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K 104	Continued From page 2 Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.  This STANDARD is not met as evidenced by: Based on observation on Thursday 10/11/2012 at approximately 9:00 AM onward the following was noted: 1) The smoke damper located in the smoke wall on Rose did not close upon activation of the fire alarm system. ( Large Damper located above corridor doors.)	K 104	No residents were affected by this hamper. The smoke hamper was repaired on 10/16 and now closes upon activation of the fire alarm system. The State Rep reviewed the manuals from the company who performed the inspection and repairs within the last 12 months. Maintenance does have a PME on the dampers and will continue to check them. This item is reviewed through safety committee.	10/16
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation on Thursday 10/11/2012 at approximately 9:00 AM onward the following was noted: 1) The exhaust fans in the bathroom in resident rooms 323,302 and 206 did not operated when switch was turned on.  42 CFR 483.70(a)	K 147	No residents were harmed by these exhaust fans. During the inspection, 3 were noted as faulty and these items were already ordered. As a result of the inspection, Maintenance reviewed all resident's fans and found a fourth one missing. Each of these was replaced on 10/24 upon receipt of the latest shipment. These fans are also part of the PME process and are kept in stock in the maintenance shop here on campus. They are reviewed through Safety Committee.	10/24



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K 000	<p>INITIAL COMMENTS</p> <p>This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type III(211) construction, one story, with a complete automatic sprinkler system.</p> <p>There were no Life Safety Code Deficiencies noted at time of survey.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE ADMINISTRATOR (X6) DATE 10/26/12

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