

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

MAY 01 2013

PRINTED: 03/28/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345631	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/21/2013
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NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDNG #10, PO BOX 699 SALISBURY, NC 28146
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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 334 SS=B	<p><b>483.26(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS</b></p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is</p>	F 334	<p>This Plan of Correction constitutes my 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 requirements established by state and federal law.</p> <p>F-334- North Carolina State Veteran Nursing Home Salisbury will ensure before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>- The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>- That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>- That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>- The consent/refusal of immunization will be maintained under the immunization tab in the resident's medical record.</p> <p>Resident #10 - New Influenza (Flu) Vaccine Consent/Refusal form was updated and signed by the resident responsible party on 4/3/13. Resident #10 on 4/3/13 signed consent stating that he has been informed of the policy, side effects, benefits and risks of the vaccine and did wish to receive the vaccine.</p> <p>Resident # 24- New Influenza (Flu) Vaccine Consent/Refusal form was updated and signed by the resident responsible party on 4/3/13. Resident #24 responsible party was informed of policy, side effects, benefits, and risks for 2012. Telephone refusal obtained with responsible party by two Registered Nurses.</p>	4/3/13  4/3/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Admin.istrator* (X6) DATE *4-29-13*

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  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDNG #16, PO BOX 699 SALISBURY, NC 28146		
(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 334	Continued From page 1 medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.  This REQUIREMENT is not met as evidenced by: Based on record review, facility policy review and staff interview, the facility failed to ensure (1) responsible parties received education on influenza vaccinations annually and (2) responsible parties were offered the opportunity to accept or decline the influenza vaccination annually for 2 of 5 residents (Resident #10 and #24). The findings included:	F 334	All residents had their Influenza (Flu) Vaccine Consent/Refusal form updated. All alert residents were notified of the policy, side effects, benefits and risks of the vaccine and consent/refusal was obtained. For all residents unable to sign consent responsible party was verbally contacted in person or by telephone and was documented with two Registered Nurses.  Infection Control Nurse in-serviced nursing staff and admission coordinator on the Influenza (Flu) Vaccine Consent/Refusal policy and procedure.  DHS/Infection Control Nurse will monitor all new admissions, readmissions, significant changes and annually for compliance on a ongoing basis and yearly.  When the CDC releases the vaccine information statement for 2013-2014 all consents and refusal will be obtained. Infection Control/DHS will monitor for completion and will report to the Quality Improvement Committee.  Findings will be presented by the Infection Control Nurse or designee to the Quality Improvement Committee for Follow-up monthly.	4/18/13  4/18/13	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345531	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/21/2013
NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 BRENNER AVE, BLDG #10, PO BOX 599 SALISBURY, NC 28146		
(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 334	<p>Continued From page 2</p> <p>A facility policy, dated 2/2008, entitled, " Influenza (Flu) Vaccinations " read in part, " Permission or refusal to receive the vaccine will be obtained on admission and will remain in place unless revoked by the physician, patient/resident or family. This will be documented on the Annual Influenza (Flu) Vaccine Consent/Refusal Form. "</p> <p>1. Resident #10 was initially admitted to the facility on 6/15/09. A significant change assessment dated 8/21/12, indicated the resident had severe cognitive impairment.</p> <p>Record review revealed " Influenza (Flu) Vaccine Consent/Refusal Form " indicating on 6/16/09 and 10/1/09 the resident ' s responsible party refused the vaccine by checking the statement, " I have been informed of this policy and the side effects, benefits and risks of the vaccine. I do not wish to receive the flu vaccine yearly. "</p> <p>The " Immunization Summary Record " indicated refusal of the influenza vaccine on 7/8/09, 10/1/09 and that the vaccine was given in the hospital on 9/12/10. There was no indication whether the influenza vaccine was offered in 2011 or 2012.</p> <p>Administrative Staff #3 was interviewed on 3/21/13 at 9:38 AM. She indicated that the facility only required a signed consent for the influenza vaccine on admission. Every fall, 3-4 weeks prior to planned administration of the vaccine, the facility mailed responsible parties (RPs) a letter and the current year " Vaccine Information Statement " published by the Centers for Disease Control (CDC). The letter read in part, "</p>	F 334			

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NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDG #10, PO BOX 599 SALISBURY, NC 28146		
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F 334	<p>Continued From page 3</p> <p>If you signed a consent form for your family member for immunizations at the time of admission, this consent is still in effect. You may change this if you desire. " Administrative Staff #3 acknowledged there was no system in place to verify that the RP had actually received the information.</p> <p>2. Resident #24 was readmitted to the facility on 12/30/09. A significant change assessment dated 9/28/12, indicated the resident had severe cognitive impairment.</p> <p>Record review revealed " Influenza (Flu) Vaccine Consent/Refusal Form " indicating on 12/30/09 the resident ' s responsible party gave permission for the resident to receive the vaccine by checking the statement, " I have been informed of this policy and the side effects, benefits and risks of the vaccine. I do wish to receive the flu vaccine each year, depending of the availability of the vaccine. "</p> <p>The " Immunization Summary Record " indicated the resident refused the vaccine on 12/30/09, saying that it made him sick to take it, but did receive it on 11/4/10, 11/3/11 and 11/1/12. There was no documentation to indicate the resident or responsible party had received education on the benefits/risks of the vaccine for 2010, 2011 or 2012.</p> <p>Administrative Staff #3 was interviewed on 3/21/13 at 9:38 AM. She indicated that the facility only required a signed consent for the influenza vaccine on admission. Every fall, 3-4 weeks prior to planned administration of the vaccine, the facility mailed responsible parties (RPs) a letter</p>	F 334			

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NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDNG #10, PO BOX 599 SALISBURY, NC 28146		
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F 334	Continued From page 4 and the current year " Vaccine Information Statement " published by the Centers for Disease Control (CDC). The letter read in part, " If you signed a consent form for your family member for immunizations at the time of admission, this consent is still in effect. You may change this if you desire. " Administrative Staff #3 acknowledged there was no system in place to verify that the RP had actually received the information.	F 334			
F 371 SS-E	483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain sanitary condition in the kitchen and ensure proper food storage by not ensuring all packaged food items opened and used were labeled and dated and failed to remove a plastic scoop from a bin that contained seafood breader mix. The findings included:  On 3/18/13 at 6:13 PM., an initial tour of the kitchen was conducted. In the walk in freezer, there was one bag containing approximately twenty-four (24) cinnamon rolls unlabeled and	F 371	F-371- NORTH CAROLINA STATE VETERANS NURSING HOME of Salisbury will assure that the center will store, prepare, distribute and serve the food under sanitary conditions. -The 24 cinnamon rolls; the 24 yeast rolls dough; the 12 slices of French toast; the 12 frozen biscuits ; and the one package of frozen hamburger meet have been removed from the freezer.  - Dietary Manager removed from the seafood breeder.  - All dietary staff has been In-serviced by dietary manger on Storage of food and Supplies policies.  - Dietary Manager will monitor for compliance weekly x 4 weeks.  Findings will be presented to the Quality Improvement Committee for Follow-up monthly.	3/18/13  3/20/13  3/20/13	

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F 371	Continued From page 6 undated, one bag containing approximately twenty-four (24) yeast roll dough balls unlabeled and undated, twelve (12) slices of frozen french toast unlabeled and undated, twelve (12) frozen biscuits unlabeled and undated and one (1) package of frozen hamburger meat with date use by 2/27/13. At 6:20 PM., an interview with dietary staff #1 revealed the items in the freezer should have been labeled and dated after opening.  On 3/18/13 at 6:13 PM., an initial tour of the kitchen was conducted and revealed a plastic scoop inside the seafood breader mix bin.  On 3/20/13 at 10:15 AM., another tour of the kitchen was conducted. A plastic scoop was noted in the seafood breader mix bin with handle of the scoop in the seafood breader mix. The Dietary Manager stated the scoop should not have been stored in the bin but should have been in a bag outside of the container.  On 3/20/13 at 10:20 AM., the Dietary Manager stated the opened items in the freezer should have been labeled and dated at the time they were opened.	F 371			
F 441 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 -	F 441	F-441 NORTH CAROLINA STATE VETERANS NURSING HOME of Salisbury will establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection.  - continued next page		

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NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDG #10, PO BOX 809 SALISBURY, NC 28146		
(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 6</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> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to disinfect the shared blood sugar monitor (glucometer) after use per manufacturer's instruction for 1 (Nurse #1) of 2 nurses observed and failed to wash hands prior to handling food in 1 (2C dining room) of 4 dining rooms observed. The findings included:</p>	F 441	<p>- Resident #57 will have fingerstick blood sugar levels obtained after Accuchecks/glucometers or other blood sugar monitor devices will be cleaned by the Standardized cleaning and disinfecting procedures will be utilized to promote compliance to manufacturer and CDC guidelines.</p> <p>-All residents Residents on diabetic management will have their fingerstick blood sugar levels obtained after Accuchecks/glucometers or other blood sugar monitor devices will be cleaned by the Standardized cleaning and disinfecting procedures will be utilized to promote compliance to manufacturer and CDC guidelines.</p> <p>- Nurse # 1 was in serviced by the Infection Control Nurse and Director Health Service on Accuchecks/ Glucometer Cleaning and Disinfecting Procedure.</p> <p>- The DHS/ Infection Control Nurse will in-service the nursing staff concerning Accuchecks/ Glucometer Cleaning and Disinfecting Procedure. One nurse on each shift is monitored on the Accuchecks/Glucometer Cleaning and Disinfecting Procedure.</p> <p>-The DON/Infection Control Nurse will monitor nursing staff compliance concerning Accuchecks/ Glucometer Cleaning and Disinfecting Procedure as follows: 3X/week for 4 weeks, then 1X/week for 4 weeks, then 1x/month for 4 months and then quarterly at the Quality Assurance Committee for review.</p> <p>- Certified Nurses Aide # 1 in serviced 1:1 on hand washing policy and procedure.</p> <p>- All nursing staff was in serviced by the Infection Control on hand wash policy,</p> <p>continued next page</p>	<p>3/20/13</p> <p>3/20/13</p> <p>4/18/13</p> <p>3/20/13</p> <p>4/18/13</p>	

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NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1691 BRENNER AVE, BLDNG #10, PO BOX 599 SALISBURY, NC 28145		
(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	Continued From page 7  The facility's policy on Diabetes Monitoring: Blood Glucose Equipment and Supplies with a revised date of 1/11 was reviewed. The policy under Glucometer cleaning and disinfecting procedure read in part "accuchecks/glucometers or other blood sugar monitor devices will be cleaned and disinfected in the following manner before and after each patient/resident use: 3. clean outside of the glucometer with isopropyl alcohol wipe (70-85%) or a lint free cloth dampened with soapy water; and 4. disinfect the meter with a bleach solution wipe (>0.5% sodium hypochlorite) or spray a 1:10 bleach solution on a paper towel." In addition to the above policy, the facility also provided a copy of the recommendations for cleaning and disinfection glucometers from the statewide program for infection control and epidemiology (SPICE). The recommendations read in part " 2. if no visible organic material is present, disinfect after each use the exterior surfaces following the manufacturer's direction using a cloth/wipe with either an EPA(environmental protection agency)-registered detergent/germicide with a tuberculocidal or HBV (hepatitis B virus)/HIV (human Immunodeficiency virus) label claim, or a dilute bleach solution of 1:10 (one part bleach to 9 parts water) or 1:100 concentration."  The manufacturer's instruction listed on the germicidal solution used by the facility read in part " use enough wipes for treated surface to remain visibly wet for the contact time listed on label. Let air dry. " The contact times listed on the label were five minutes for Clostridium difficile spores, parvovirus and fungi, one minute for viruses and 30 seconds for bacteria.	F 441	- Wall mounted hand sanitizers add to dining rooms.  - DHS/ Infection Control Nurse will monitor for hand washing compliance weekly X 4 weeks then monthly then after. Performance Improvement Plan is to monitor one employee rotating meals 5'x a week for 4 weeks by the Infection Control Nurse or designee.  - All findings will be taken to the Performance Improvement Committee for action as needed.	4/15/13	



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NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDG #10, PO BOX 699 SALISBURY, NC 28145		
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F 441	<p>Continued From page 8</p> <p>1. On 3/20/13 at 4:55 PM, Nurse #1 was observed to check the finger stick blood sugar for Resident # 57. After use, Nurse #1 was observed to disinfect the glucometer by wiping it with a germicidal solution wipe and immediately drying it with a Kleenex. Nurse #1 did not let the glucometer to air dry and did not follow the manufacturer's direction on contact time.</p> <p>On 3/20/13 at 4:58 PM, Nurse #1 was about to go to another resident to check the finger blood sugar using the same glucometer. When interviewed, she stated that she was not aware that she had to let the monitor to air dry and follow the contact time on the label before using it for another resident.</p> <p>On 3/20/13 at 5:30 PM, administrative staff #1 was interviewed. She provided the facility policy and the SPICE recommendation on how to clean/disinfect the blood sugar monitors. She further stated that the staff should be cleaning the monitor with alcohol wipes and then wrap it with the wipes (germicidal solution the facility uses) for the recommended contact time on the label and let it air dry. The administrative staff indicated that Nurse #1 had been in-service on how to clean and disinfect the blood sugar monitor.</p> <p>On 3/21/13 at 10:45 AM, Nurse #1 was interviewed. She stated that she remembered that she had the in-service on how to clean and disinfect the blood sugar monitors but did not remember that she had to wrap it with the wipes for the recommended contact time. She also did not know that she had to let it air dry.</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDNG #10, PO BOX 599 SALISBURY, NC 28145		
(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>2. A facility policy entitled " Handwashing ", dated 9/2001, read in part: " To prevent spreading bacteria, the dietary staff must wash their hands properly upon reporting to duty " and " before and after handling food. "</p> <p>On 3/19/13 at 12:30 PM, lunch trays were observed being distributed to residents in the 2C dining room. Nursing Assistant (NA) #1 was observed to reposition Resident #79's legs while he was seated in his wheelchair, push the wheelchair up to the table and set up his lunch tray. After completing this task, NA#1 went directly to the tray cart, removed the tray for Resident #8 and delivered it to his table without washing her hands. NA#1 proceeded to set up the tray which involved removing cornbread from a sandwich bag. NA#1 used her bare hand to remove the cornbread, directly touching it with her fingers.</p> <p>During an interview on 3/19/13 at 1:05 PM, NA#1 stated that the residents' bread usually came in a basket and tongs were used to put the bread on the plates. NA#1 acknowledged that she should not have handled the bread with her bare hands or without washing her hands or using hand sanitizer first.</p> <p>During an interview on 3/21/13 at 9:15 AM, a Clinical Consultant for the facility indicated she expected staff to wash their hands or use hand sanitizer before handling food if they had touched a resident.</p>	F 441			