STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345503	A. BUILDING _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH ROWA	**4412 SOUTH MAIN STREET SALISBURY, NC 28147**

(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 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and physician interview and contracted outside lab services interview the facility failed to follow physician orders to obtain lab values for 1 of 5 Residents (Resident #173). Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ulcer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14. Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the sacrum, unstageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15. Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care. Review of the daily lab sheet located in the note	F 281	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F 0281 Services provided meet professional standards (LTC) Corrective action: Resident #173 labs were obtained on 3/31/2015. MD notified of results with no new MD orders for #173. Nurse #6 was counseled and educated on lab procedures on 4/17/2015 by DON. Identification of other residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents medical records were audited in	4/20/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/20/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345503	A. BUILDING _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH ROWA	4412 SOUTH MAIN STREET SALISBURY, NC 28147

(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 281	Continued From page 1 book at the nurse's station revealed a daily lab sheet dated 3/27/15. Resident #173 was not identified as having labs drawn. Review of the daily lab sheet dated 3/30/15 did not identify Resident #173 as having labs drawn. Review of Resident #173 physician note dated 3/30/15 indicated Resident #173 had complaints of pain with repositioning and treatments. The note identified the resident had wounds to the left ankle, back and coccyx. The assessment and plan stated wounds- patient denies any pain medication, will add scheduled Tylenol; labs as recommended by wound doctor. In an interview with Nurse #6 on 3/31/15 at 9:24 am revealed she was responsible for entering the needed lab into the labs system. Nurse #6 stated she could not locate information indicating the lab was drawn. She stated she entered the lab that was requested by the wound doctor for Resident #173. Nurse #6 indicated she requested the lab draw for 3/27/15. The wound doctor would have wanted the requested labs today (3/31/15) for his review when providing the wound care. The labs would have normally been available for review on Monday 3/30/15. Nurse #6 indicated she could not locate any requisition in the lab book that would indicate the lab or requisition was completed. Interview with a representative of the outside lab on 3/31/15 at 11:15 am revealed labs are drawn as evidenced a printed requisition form that is located in the facility lab draw book. The lab draw book was located at the nursing station. The representative of the outside lab indicated Resident #173 did have a requisition that indicated a lab draw could not have been done on	F 281	the last month for lab orders, if labs were processed, drawn and results in the chart with indication MD was notified of results. This audit was completed by DON/Unit Managers and results revealed labs completed as ordered. Systemic changes: When MD orders a lab, the nurse receiving the order is to put the residents name, lab and date to be drawn in the Solstas lab book at the nurses' station. The nurse is to enter the information in the lab computer and print the requisition to place in the date section of lab book to be drawn. The lab Phlebotomist comes Monday, Wednesday and Friday and will check the lab notebook take the requisition obtain the blood and indicate she has completed the task by signing her initials. Should lab be ordered stat or on a day the phlebotomist is not scheduled the nurse is responsible for processing the order, entering info in the computer and printing requisition then obtaining the blood per Solstas lab protocol. The nurse then will call the lab for pickup. The 11-7 Nurse is responsible for reviewing lab orders in the last twenty four hours assuring that labs are entered into the computer, requisitions forms are in the lab books on the correct date with resident and room number. Routine and non-critical labs are faxed to the facility once results are finalized. When received by the facility the nurse	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345503	A. BUILDING _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH ROWA	**4412 SOUTH MAIN STREET SALISBURY, NC 28147**

(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 281	Continued From page 2 3/27/15 if the facility completed a requisition after they had already left the facility. The representative indicated that the lab would have been drawn on the next scheduled visit on 3/30/15. Interview with the wound doctor on 3/31/15 at 12:10 pm revealed the recommendations were automatically generated on the evaluation forms. He revealed he did not necessarily need the prealbumin levels drawn because they were a waist of money. The wound doctor indicated it was his expectation that labs be available for him to review upon follow-up visits. In an interview with the Director of Nursing (DON) on 3/31/15 at 3:37 pm revealed it was her expectation that labs be obtained as ordered by the physician. The DON further indicated it was her expectation that nursing draw the lab in the instance the lab was not obtained by the laboratory as evidence by nightly requisition review completed by the 3rd shift nurse.	F 281	checks the lab off as received in the lab book. MD notified of lab results and then placed into the MD communication book for initials by MD/NP. Once initialed labs, they are filed in the resident chart. Stat labs are called and faxed to the facility by the lab. Nurse on duty receiving the call is responsible to call the MD and obtain follow up orders as needed. Nurse will write a nurse note or document on lab result sheet of MD notification. Nurses, 1st and 2nd shift, are responsible to check the lab book to ensure all labs drawn have results back to the facility. If lab results have not been returned nurse is to check the computer for results and print as applicable. The nurse then notifies the MD of lab results or inability to obtain results for further direction and orders. On 3/31/2015 all nurses were in serviced by DON/Unit Managers on lab policy and procedure, topics included MD order processing, lab ordering procedures, monitoring responsibilities for assuring blood draws and results obtained, and notification of MD of lab results. Any in-house staff who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required in-service. Monitoring: Five days a week for one month DON/Unit Managers will review lab book for lab orders, drawn, results obtained and MD notified for three	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345503	A. BUILDING _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH ROWA	4412 SOUTH MAIN STREET SALISBURY, NC 28147

(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 281	Continued From page 3	F 281	residents on Survey QA Tool and identified issues will be brought immediately to the DON or Administrator for appropriate action. This will continue weekly for two months until compliance is obtained. Monday through Friday the Daily Clinical QA meeting will review lab monitoring tool. The Daily Meeting includes Administrator, DON, Unit Managers, Rehab Director, HIM, Dietary Manager and MDS Coordinator.	
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329		4/20/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345503	A. BUILDING _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH ROWA	4412 SOUTH MAIN STREET SALISBURY, NC 28147

(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 329	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews the facility failed to obtain lab values for a TSH (thyroid stimulating hormone) and Free T-4 (thyroxin) as ordered by the physician for 1 of 5 residents reviewed for unnecessary drugs. (Resident # 164) The findings included: Resident #164 was admitted to the facility on 2/5/15 with the diagnosis of dementia, congestive heart failure, depressive disorder and hypothyroidism. The admission Minimum Data Set (MDS) assessment with assessment reference date of 2/12/15 indicated that Resident #164 required extensive assistance with activity of daily living (ADL ' s) and was severely cognitively impaired. The physician progress note dated 2/9/15 revealed an assessment and plan with a diagnosis of hypothyroidism and a note to increase the medication levothyroxine to 100 mg every day and re-check TSH in 4 weeks. The most recent TSH was 8.87 (high) on 2/6/15, reference range (.350-4.50). A physician order dated 2/9/15 indicated to increase levothyroxine to 100 mg every day, re-check TSH and Free T4 in 4 weeks. A record review on 3/31/15 revealed that lab	F 329	F 0329 Drug Regimen is free from unnecessary drugs (LTC) Correction action: Resident #164's TSH and T4 labs were obtained on 4/16/2015. MD notified of results with no new MD orders for Synthroid. Nurse #3 was counseled and educated on lab procedures on 4/17/2015 by DON. Identification of other residents who may be involved with this practice: All residents have the potential to be affected by this alleged practice. On 4/16/2015 all residents records on Synthroid were audited in the last month for lab orders, if lab were processed, drawn and results in the chart with indication MD was notified of results, This audit was completed by DON and results revealed no residents requiring a dose change. Systemic changes: When MD orders a lab, the nurse receiving the order is to put the residents name, lab and date to be drawn in the Solstas lab book at the nurses' station. The nurse is to enter the information in the lab computer and print the requisition to place in the date section of lab book to be drawn. The lab Phlebotomist comes Monday, Wednesday and Friday and will check the lab notebook take the requisition obtain the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345503	A. BUILDING _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH ROWA	4412 SOUTH MAIN STREET SALISBURY, NC 28147

(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 329	Continued From page 5 results for 3/9/15 for TSH and Free T4 could not be located. An interview with nurse #5 on 3/31/15 at 2:30 PM revealed that she signed off on the order dated 2/9/15 and thought the hall nurse carried out the orders for the TSH and Free T4 to be done in 4 weeks. The physician progress note dated 3/19/15 revealed an assessment and plan with a diagnosis of hypothyroidism and a note that indicated that the levothyroxine was increased to 100 mg every day on 2/9/15 and labs were ordered x 4 weeks. Will obtain results and titrate as needed. A physician order dated 3/19/15 indicated the TSH, Free T4 was ordered on 2/9/15 to be done in 4 weeks. If done, please get results and place in MD/NP book, if not please obtain on next lab day. A record review on 3/31/15 revealed that lab results for 3/19/15 for TSH and Free T4 could not be located. An interview with nurse #3 on 3/31/15 at 3:00 PM revealed that she signed off the order dated 3/19/15 but did not obtain the lab for TSH and Free T4 because she saw the lab results that were done on 2/6/15 and assumed the lab was done. An interview with the unit manager on 3/31/15 at 3:30 PM indicated that the lab ordered on 2/9/15 and 3/19/15 for TSH and Free T4 was not done. The lab requisition will be done today. The unit manager further indicated that the process is that	F 329	blood and indicate she has completed the task by signing her initials. Should lab be ordered stat or on a day the phlebotomist is not scheduled the nurse is responsible for processing the order, entering info in the computer and printing requisition then obtaining the blood per Solstas lab protocol. The Nurse then will call the lab for pickup. The 11-7 Nurse is responsible for reviewing lab orders in the last twenty four hours assuring that labs are entered into the computer, requisition forms are in the lab books on the correct date with resident and room number. Routine and non-critical labs are faxed to the facility once results are finalized. When received by the facility the nurse checks the lab off as received in the lab book. MD notified of lab results and then placed into the MD communication book for initials by MD/NP. Once initialed labs, they are filed in the resident chart. Stat labs are called and faxed to the facility by the lab. Nurse on duty receiving the call is responsible to call the MD and obtain follow up orders as needed. Nurse will write a nurse note or document on lab result sheet of MD notification. Nurses on 1st and 2nd shifts are responsible to check the lab book to ensure all labs drawn have results back to the facility. If lab results have not been returned nurse is to check the computer for results and print as applicable. The	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345503	A. BUILDING _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH ROWA	**4412 SOUTH MAIN STREET SALISBURY, NC 28147**

(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 329	Continued From page 6 the nurse should sign off on the order, put the lab requisition in the computer and the lab company will come to obtain lab from the resident. During an interview with the Director of Nurses on 3/31/15 at 3:30 PM indicated that she expected that labs were to be obtained as ordered by the physician. The third shift is to check all physician orders to verify that they are carried out and the lab was missed.	F 329	nurse then notifies the MD of lab results or inability to obtain results for further direction and orders. On 3/31/2015 all nurses were in serviced by DON/Unit Managers on lab policy and procedure, topics included MD order processing, lab ordering procedures, monitoring responsibilities for assuring blood draws and results obtained, and notification of MD of lab results. Any in-house staff who did not receive in service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required in service. Monitoring: Five days a week for one month DON/Unit Managers will review lab book for lab orders, drawn, results obtained and MD notified for three residents on Survey QA Tool and identified issues will be brought immediately to the DON or Administrator for appropriate action. This will continue weekly for two months until compliance is obtained. Monday through Friday the Daily Clinical QA meeting will review lab monitoring tool. The Daily Meeting includes Administrator, DON, Unit Managers, Rehab Director MDS, and Dietary Director and other clinical staff as needed. Compliance will be monitored and ongoing auditing program reviewed at the weekly QA meeting. The weekly QA	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345503	A. BUILDING _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH ROWA	4412 SOUTH MAIN STREET SALISBURY, NC 28147

(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 329	Continued From page 7	F 329	meeting is attended by the DON, MDS Coordinator, Unit Managers Rehab Director, HIM, Dietary Manager and Administrator.	
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 - (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	F 441		4/20/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345503	A. BUILDING _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH ROWA	4412 SOUTH MAIN STREET SALISBURY, NC 28147

(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 8 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 observations, staff interviews and policy review the facility failed to follow the manufacturer ' s recommendation to disinfect a shared glucometer (a medical device used to check blood sugar) after use during one of one observation of a glucometer being disinfected. The findings included: The manufacturer ' s recommendations dated 5/10 for disinfecting glucometers after use included in part: " To disinfect your monitor, clean the monitor and wipe down using a solution of 10% bleach. " Observation on 3/31/15 at 5:40 AM revealed Nurse #1 had one blood sugar to check with the glucometer. Nurse #1 obtained the glucometer from the medication cart to check a resident ' s finger stick blood sugar. After obtaining the blood sample and blood sugar reading, Nurse #1 wiped the glucometer with an alcohol wipe and placed it in her uniform pocket. Nurse #1 removed the glucometer from her pocket and placed it inside the medication cart. The nurse locked the cart and went to the other side of the building to pass medications on 200 hall. Interview with Nurse #1 on 3/31/15 at 6:45 AM revealed she cleaned the glucometer after the the fingerstick blood sugar was completed. She	F 441	F 0441 Infection control, prevent spread, linens (LTC) Corrective action: The Nurse #1 was counseled and educated using the correct bleach wipe for cleaning of resident's personal glucometer. Identification of other residents who may be involved with this practice: All residents with Diabetes requiring finger stick blood glucose levels using glucometer could be affected. Residents with a diagnosis of diabetes with an MD order for finger stick blood sugar were observed to ensure that they had and were provided their own glucometers and glucose strips. Bleach wipes for cleaning glucometer after use are stored on medication cart. This audit was completed 3/31/2015 by Unit Managers and revealed no issues and items are in place. Systemic Changes: On admission all residents with a diagnosis of diabetes will be issued a glucometer. The glucometer will be stored in the residents room. Bleach wipes solution is stored on the medication cart for cleaning glucometers.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345503	A. BUILDING _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH ROWA	**4412 SOUTH MAIN STREET SALISBURY, NC 28147**

(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 9 cleaned it with alcohol when she was in the resident's room. Nurse #1 explained she did not know if the residents on the 400 hall had assigned glucometers and she used the one in the medication cart. Interview with the day shift Nurse #2 at 03/31/15 6:48 AM revealed the residents on the 400 hall had assigned glucometers located in the top drawer in the residents ' room. She explained the glucometer Nurse #1 used was an extra machine, kept in the cart for use when needed. Further interview with Nurse #1 on 3/31/15 at 6:52 AM revealed she knew to clean the glucometer with a chlorox wipe. The chlorox wipes were located in the supply room at the nurse's station. She used the alcohol wipe to clean it and had no further explanation for not using the chlorox wipe. Interview with the Director of Nursing on 3/31/15 at 8:30 AM revealed the nurse should not have put the glucometer in her pocket, and the machine should have been cleaned with the chlorox wipe.	F 441	Additional wipes are available in the supply room. In service for all Nurses was provided on 3/31/2015 by the DON and Unit Managers on glucometer monitor policy and cleaning procedure with use of bleach wipes stored on the medication cart. Those nurses not in the facility at the time received a phone call and provided the in service material. Monitoring: To ensure compliance the DON/Unit Managers will observe using the Survey QA Tool the bleach wipes available on the medication cart and two nurses demonstrating the correct procedure for the glucometer after use. Any issues for concerns will be reported immediately to the DON or Administrator for follow up. This will be done five days a week for one month and weekly for two months. Compliance will be monitored and ongoing auditing program reviewed at the weekly QA Meeting. The weekly QA Meeting is attended by the DON, MDS Coordinator, Unit Managers, Rehab Director, HIM, Dietary Manager and Administrator.	