

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

PRINTED: 10/15/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/23/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GASTONIA CARE AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>416 N HIGHLAND STREET GASTONIA, NC 28052</b>	
(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 000	INITIAL COMMENTS	F 000		
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 - (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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and</p>	F 441		10/13/15

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

TITLE

(X6) DATE

Electronically Signed

10/13/2015

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 441	<p>Continued From page 1</p> <p>transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to follow infection control procedures by wearing gloves for 1 of 1 residents observed for glucometer checks (Resident #72). The findings included: Resident #72 was admitted to the facility on 06/30/15 with diagnoses that included diabetes among others. Review of the quarterly Minimum Data Set dated 09/09/15 indicated she was cognitively intact. On 09/23/15 at 9:45 AM a copy of the facility policy on blood glucose monitoring was obtained from the Staff Development Coordinator (SDC). The policy stated the nurse should obtain gloves before beginning the procedure as part of her equipment. The initial steps of the procedure performed by the nurse include verification of doctor's order, performing hand hygiene, and putting on gloves. On 09/22/15 at 3:45 PM an observation was made of Nurse #1 performing a fingerstick blood glucose test with a glucometer on Resident #72. Nurse #1 was observed sanitizing the equipment and preparing for the procedure without incident. She then performed the procedure without the use of gloves. Nurse #1 used an alcohol wipe to clean Resident #72's fingertip and allowed it to dry. She then took a lancet and pricked Resident #72's finger, obtaining a sample of blood for the glucose monitor. Nurse #1 took a small gauze pad and placed on Resident #72's fingertip to stop the blood flow. The procedure was</p>	F 441	<p>Preparation and/ or execution of this Plan of Correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and /or executed solely because it is required by the provisions of Federal and State Law.</p> <ol style="list-style-type: none"> <li>On 9-22-15, The Staff Development Coordinator re-educated Nurse #1 and a skills validation was completed per facility policy on blood glucose monitoring and donning gloves before beginning the procedure. Initial steps for the procedure performed by the licensed nurse included verification of physicians order, performing hand hygiene and donning gloves.</li> <li>On October 6, 2015, the Staff Development Coordinator completed re-education for all Licensed Nurses on Blood Glucose Monitoring and donning gloves before beginning the procedure. Initial steps for the procedure performed by licensed nurses included verification of physicians order, performing hand hygiene and donning gloves.</li> <li>All residents requiring glucose monitoring were identified. The Staff</li> </ol>		

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F 441	<p>Continued From page 2</p> <p>performed without the use of gloves. On 09/22/15 at 3:50 PM an interview was performed with Nurse #1. She stated she typically did fingerstick blood glucose monitoring without the use of gloves. She stated she believed there was no risk of blood exposure to herself or to the resident. Nurse #1 was asked what the facility policy was as it related to blood glucose monitoring and use of protective gloves. She indicated she did not know the facility policy for glucose monitoring.</p> <p>On 09/22/15 at 3:55 PM an interview was conducted with the Director of Nursing (DON). She stated the facility policy for doing fingerstick glucose monitoring was for staff to always wear gloves when providing any care or treatment of residents where there was possible exposure to blood or body fluids. The DON revealed it was her expectation that all staff providing blood glucose monitoring on residents would wear gloves during the procedure.</p> <p>On 09/23/15 at 10:15 AM an interview was conducted with Resident #72. She revealed the nurses usually wore gloves when doing her fingerstick blood sugars. Resident #72 stated she did not think the staff always wore gloves when providing blood glucose monitoring.</p> <p>On 09/23/15 at 9:58 AM an interview was conducted with the SDC. She revealed it was expected that staff wear gloves when providing blood glucose monitoring because they were dealing with bloodborne pathogens.</p>	F 441	<p>Development Coordinator re-educated all Licensed Nurses on how to perform glucose monitoring per facility's policy to include donning gloves to prevent contamination between residents and staff. A skills validation for obtaining blood glucose monitoring for licensed nurses was completed on 10-6-2015.</p> <p>4. As of 9/29/2015, two nurses are observed per day by the Assistant Director of Nursing (ADON) and Staff Development Coordinator (SDC) performing blood glucose monitoring and to continue X 2 weeks, then one nurse will be observed three times per week x 4 weeks, and then one nurse observed weekly x 3 months. Blood glucose monitoring re-education and skills validation will be conducted as indicated and included during orientation for newly hired licensed nurses. The Director of Nursing, ADON and/or Designee will review blood glucose monitoring sheets daily X 2 weeks then weekly X 4 weeks and then monthly times 3 months. The DON, ADON and/ or Designee will report observation results at the monthly Quality Assurance Performance Improvement Committee for continued compliance and/or revision. Any issues or identified trends will be addressed to ensure continued compliance.</p>		