

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345513</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/28/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOWER NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3609 BOND STREET RALEIGH, NC 27604</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 441 SS=E	<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 transport linens so as to prevent the spread of infection.</p>	F 441		5/26/16	

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

TITLE

(X6) DATE

Electronically Signed

05/11/2016

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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff interviews the facility failed to follow manufacturer ' s instructions to disinfect glucose meters (glucometers) for 5 of 5 residents observed for finger stick blood sugars (Residents #93, #59, #79, #32, #14 ).</p> <p>Findings included:</p> <p>Review of the glucometer manufacturer ' s instructions indicated disinfection of the meter between patient use is completed by using a commercially available Environmental Protection Agency (EPA) registered disinfectant detergent or germicide wipe. To use a wipe, remove from the container and follow product label instructions to disinfect the meter. Follow the disinfectant product label instructions to ensure proper drying time.</p> <p>Review of the EPA approved disinfectant wipes container indicated to disinfect, unfold a clean wipe and thoroughly wet the glucometer surface. The surface is to remain wet for a full two minutes. Let air dry.</p> <p>The facility policy for glucometer cleaning and disinfection indicated staff were to use an EPA registered germicidal disposable cloth or wipe to thoroughly wet the entire external surface of the glucometer, then cover or wrap the entire glucometer with the wipe and place in a plastic disposable cup on the med cart and allow full minutes ' exposure time according to the manufacturer ' s product directions for disinfection of the glucometer. After full minutes ' exposure remove cloth or wipe and discard. Return the glucometer to the plastic sup to allow it to thoroughly air dry. When completely dry, it</p>	F 441	<p>Tower Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Tower Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Tower Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>1) Nurses #1, #2, and #3 were in-serviced on proper glucometer cleaning following the manufacturer's instructions and facility policy on 4/29/16 by the Staff Facilitator to include maintaining a barrier for the glucometer against surfaces. A return demonstration was given by Nurse #1, #2, and #3 to the Staff Facilitator on 4/29/16 after receiving the re-education with no identified concerns.</p> <p>2) An in-service for 100% of licensed</p>		

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F 441	<p>Continued From page 2 may be used for the next resident.</p> <p>After performing a glucometer check for Resident #93 on 4/27/2016 at 3:52 PM, Nurse #1 was observed wiping the glucometer for several seconds with a disinfectant cloth and placing the glucometer into the top drawer of the medication cart. When asked about disinfecting the glucometer, the nurse stated the glucometer was to be wiped briskly for five seconds with the disinfecting cloth.</p> <p>After performing a glucometer check for Resident #59 on 4/27/2016 at 4:22 PM, Nurse #2 was observed placing the used glucometer on top of a worksheet on top of the medication cart. The nurse wiped the top and sides of the glucometer with a disinfectant wipe for several seconds and placed it back onto the worksheet where it had been and allowed the glucometer to air dry.</p> <p>After performing a glucometer check for Resident #79 on 4/27/2016 at 4:40 PM, Nurse #2 was observed placing the used glucometer on top of a worksheet on top of the medication cart. The nurse stated he had cleaned the glucometer with an alcohol wipe. The nurse then used a disinfectant wipe and touched the top and sides of the glucometer and dried the glucometer with a tissue. The nurse stated it was okay to use alcohol swabs instead of disinfectant wipes if disinfectant wipes were not available.</p> <p>After performing a glucometer check for Resident #32 on 4/27/2016 at 5:00 PM, Nurse #2 was observed placing the glucometer on top of a tissue on top of the medication cart. The nurse dabbed the glucometer on the top and along the sides with a disinfectant wipe and placed the</p>	F 441	<p>nurses on glucometer cleaning following the manufacturer's instructions, facility policy, and providing a barrier for the glucometer against surfaces was initiated by the Staff Facilitator on 4/29/16. A 100% return demonstration audit was initiated on 4/29/16 and will include 100% of all licensed nurses to provide a return demonstration. All newly hired licensed nurses will receive the education in orientation by the staff Facilitator.</p> <p>3) A Glucometer Care Audit Tool will be utilized to monitor licensed nurses when performing blood sugar finger stick testing and the use of a barrier for the glucometer. The ADON, QI Nurse, and Staff Facilitator will monitor 10% of nurses to include nights and weekends three times a week for 4 weeks, then weekly x 4 weeks, then monthly x 1 month. The ADON, QI Nurse, and Staff Facilitator will immediately retrain the licensed nurse for any identified concerns during the audit. Monitoring observations will include Nurses #1, #2, and #3 and Residents #93, #59, #79, #32, and #14. The DON will review and initial the results of the Glucometer Care Audit Tools weekly x 8 weeks the monthly x 1 month to identify trends and ensure all areas of concerns were addressed.</p> <p>4.)The DON will present the results of the Glucometer Care Audit Tools at the Executive Quality Assurance Meeting monthly x 3 months for trends and the need for continued monitoring</p>		

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F 441	<p>Continued From page 3</p> <p>glucometer onto the same tissue. The nurse stated it was standard procedure to allow the glucometer to air dry.</p> <p>After performing a glucometer check for Resident #14 on 4/28/16 at 6AM, Nurse #3 was observed placing the used glucometer on top of the medication cart. The nurse was then observed with a disinfectant wipe in her hands and the glucometer was observed in the top drawer of the medication cart. The nurse stated she had wiped the glucometer for 2-3 seconds and placed it in the top drawer. The nurse stated she sanitized the glucometer between residents with the disinfectant wipes.</p> <p>An interview with the staff development coordinator (SDC) was conducted on 4/28/2016 at 8:43 AM. The SDC stated during nursing orientation the glucometer policy and procedure is reviewed. The SDC stated the most recent in-service reviewing the glucometer policy and procedure had been last December. The SDC stated monitoring of the nursing staff is done "time to time" by the SDC or the director of nursing (DON) with observation or verbal questioning of the disinfection procedure. The SDC indicated no concerns with disinfection of the glucometers had been identified.</p> <p>An interview was conducted with the DON on 4/28/2016 at 9:00 AM. The DON stated it would be her expectation of the nurse to clean and disinfect the glucometer properly and according to the facility policy.</p>	F 441			