STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	hal002004	A. BUILDING: _____ B. WING _____	R 04/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEXANDER ASSISTED LIVING	3032 N C HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681

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{D 000}	Initial Comments The Adult Care Licensure Section and the Alexander County Department of Social Services conducted a follow-up survey and complaint investigation on 4/14/15 and 4/15/15.	{D 000}		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to infection prevention. The findings are: Based on observations, record reviews, and interviews, the facility failed to assure adequate and appropriate infection control procedures were implemented for blood glucose monitoring for at least 2 of 10 residents with orders for finger stick blood sugars (FSBS) by borrowing lancet device(s) from other resident(s) for 1 resident (#4) who did not have a lancet device available for use. (Resident #4 and an undetermined number of other residents.) [Refer to Tag D 932 G.S. 131D-4.4 A(b) (Unabated Type A2 Violation).]	{D912}		

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{D932}	Continued From page 1	{D932}		
{D932}	G.S. 131D-4.4A (b) ACH Infection Prevention Requirements G.S. 131D-4.4A Adult Care Home Infection Prevention Requirements (b) In order to prevent transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012: (1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following: a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents. b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules. c. Accessibility of infection control devices and supplies. d. Blood and bodily fluid precautions. e. Procedures to be followed when adult care home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens. f. Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves. (2) Require and monitor compliance with the facility's infection control policy. (3) Update the infection control policy as necessary to prevent the transmission of HIV,	{D932}		

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{D932}	Continued From page 2 hepatitis B, hepatitis C, and other bloodborne pathogens. This Rule is not met as evidenced by: FOLLOW-UP TO A TYPE A2 VIOLATION. Based on these findings, the previous Type A2 Violation was not abated. Based on observations, record reviews, and interviews, the facility failed to assure adequate and appropriate infection control procedures were implemented for blood glucose monitoring for at least 2 of 10 residents with orders for finger stick blood sugars (FSBS) by borrowing lancet device(s) from other resident(s) for 1 resident (#4) who did not have a lancet device available for use. (Resident #4 and an undetermined number of other residents.) The findings are: Review of Resident #4's most recent FL2 dated 9/30/14 revealed: - Diagnoses of dementia and type 2 diabetes. - An admission date of 10/27/10. - No current medications for the treatment of diabetes. Continued record review revealed an order dated 3/3/15 to check FSBS every morning. Review of Resident #4's March and April 2015 Medication Administration Records (MARs) revealed:	{D932}		

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{D932}	Continued From page 3 - The resident's FSBS was checked 27 times at 6am in the morning. - The resident refused to have her FSBS checked 5 times. - Resident #4 was out of the facility from 4/3/15 through 4/15/15 (the day of the survey exit.) - The range of FSBS from 3/1/15 through 4/3/15 was 80 to 126 mg/dl. - Staff A (medication aide) documented obtaining FSBS from Resident #4 on 4/2/15, 3/11/15, 3/12/15, and 3/13/15. - Staff B (medication aide) documented obtaining FSBS from Resident #4 on 4/3/15 and 3/23/15. Interview with Staff A on 4/14/15 at 10:20am revealed: - All residents with orders for FSBS have their own meters and lancet pen devices. - The facility does not use disposable (single use) lancet devices. - They (staff) do not share residents' lancets, pen devices, or meters. Interview with Staff B on 4/14/15 at 4:10am revealed: - She had been working at the facility since December 2014 and Resident #4's lancet pen had always been in her case. - Staff B had never used another resident's lancet pen to obtain a FSBS for Resident #4. - Resident #4 had been home visiting her family since 4/3/15. Observation of the residents' FSBS kits at 10:25am on 4/14/15 revealed: - All 10 residents with orders for FSBS had a case for their FSBS kits with their name on a label attached to the case. - Ten of ten had meters in their cases, and 4 of the 10 meters did not have the residents' names	{D932}		

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{D932}	Continued From page 4 on them. - Nine of ten cases had lancet devices in their cases, and 2 of the 9 lancet pen devices did not have residents' names on them. - One of the ten residents did not have a lancet pen device in their case, Resident #4. Interview with Staff A at 10:28am on 4/14/15 revealed: - She was not sure what happened to Resident #4's lancet pen. - She doesn't usually work the evening shift and doesn't normally obtain Resident #4's 6am FSBS. (Facility shifts run from 6am to 6pm, and from 6pm to 6am.) - She had used another resident's (resident not specified) lancet pen within the past 2 weeks to obtain a FSBS for Resident #4, but "sanitized it with an alcohol swab before using it." Interview with the facility Director on 4/14/15 at 1:40pm revealed: - She was unaware Resident #4's lancet device was missing from her case. - She was not sure what happened to Resident #4's lancet device. - The facility policy was every resident was supposed to have their own lancet device and meter and they are not to be shared. - She keeps extra meters and lancet devices in her office in case they need one. (Observed new meters and lancets in boxes in the office at this time.) - She was not sure if Staff A had any additional infection control training since the last survey. - Staff A knew we had extra meters and lancet devices available in the office. - She had been the Director of the facility for only 3 weeks.	{D932}		

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{D932}	Continued From page 5 Interview with the facility Director on 4/14/15 at 3:20pm revealed: - Staff A found Resident #4's lancet pen "on the other side of the medication cart, out of place." - Staff A told the Director "she wasn't sure why she told you she borrowed the lancet device", and "said she was talking about lancet strips." Attempts to interview Resident #4, her power of attorney, and a family member were unsuccessful prior to exit from the facility. Interview with Staff A on 4/15/15 at 10:50am revealed: - She found Resident #4's lancet pen in the med room. - The lancet pen she found did not have a resident's name on it, "it's just an extra." - She believed it was Resident #4's lancet pen because she was the only resident that didn't have a pen in their FSBS case. - Staff A believed this was the lancet pen she used to obtain Resident #4's blood sugars, but could not be sure. - She was not sure how the lancet pen ended up in the med room. - She had infection control training after the last survey that addressed, sharing lancet devices and meters, changing lancets in the pens, and the importance of handwashing. Review of Staff A's personnel records revealed she had the state approved infection control training since the last survey on 2/2/15. _____ On 4/14/15 the facility provided the following plan of protection: - Each resident with a diabetes order for blood	{D932}		

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{D932}	Continued From page 6 glucose monitoring will have their own meter, lancet, and lancing device which is labeled with residents' names, and stored separately for each resident. - The Director/Administrator will ensure adequate supplies are available for each resident at all times, and will randomly monitor areas of deficient practice and follow-up. - Director will print bloodborne pathogens awareness training for employees (approved by DHSR). - All medication aides will review course and sign they have received information in the course as soon as possible. - The Administrator/Director will oversee and routinely monitor the day to day operations of the home to ensure these rules are being met starting on 4/14/15. THE FACILITY PROVIDED A DATE OF CORRECTION FOR THIS TYPE A2 VIOLATION OF APRIL 17, 2015.	{D932}		