STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011357	A. BUILDING: _____ B. WING _____	10/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE VILLAGE HOME UNIT H	134 CENTER AVENUE BLACK MOUNTAIN, NC 28711

(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) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual survey on October 9, 2017.	C 000		
C 932	G.S. 131D 4.4A (b) ACH Infection Prevention Requirements 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.	C 932		

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C 932	Continued From page 1 (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, hepatitis B, hepatitis C, and other bloodborne pathogens. This Rule is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to assure infection control procedures consistent with Centers for Disease Control and Prevention (CDC) guidelines on infection control related to the failure of 1 of 2 sampled Medication Aides (Staff A) to wear gloves while performing fingerstick blood sugar testing. The findings are: Interview on 10/9/17 at 11:30am with Staff A, Medication Aide/Supervisor-in-Charge (MA/SIC), revealed: -When she performed a fingerstick blood sugar test on a resident, she started by washing her hands. -She would gather the resident's equipment (the glucometer, a test strip, an alcohol pad and a lancet) and take it to the resident's room. -She would wipe the resident's finger with the alcohol pad and put the strip in the glucometer while she waited for the alcohol to dry. -She would use the lancet to puncture the resident's finger and touch the end of the testing strip to the blood from the puncture. -She would give the alcohol pad to the resident to hold on the puncture wound and remove the equipment from the room.	C 932		

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C 932	Continued From page 2	C 932		

-She disposed of the lancet and testing strip in the sharps container, put the glucometer back in the case and return it to the medications cart.
-She would wash her hands and record the blood sugar result on the resident's Medication Administration Record (MAR).
-When asked at what point she would put on gloves, she stated she never wore gloves when she did fingerstick blood sugars.

Review of Staff A's personnel record revealed:
-She had been hired on 10/3/17 as a Medication Aide/Supervisor-in-Charge (MA/SIC).
-She had been a MA since 6/14/05.
-She had completed 15 hours of medication training on 10/3/17 as a review.
-She had her medication skills validation and diabetic care training on 10/3/17.
-Due to her being recently hired, she had not taken the North Carolina Infection Control training.

Observation on 10/9/14 at 11:35am revealed a full box of gloves beside the medication cart in the medication room.

A second interview at 1:00pm with Staff A revealed:
-Prior to the fingerstick blood sugar testing, she had the resident wash their hands and she washed her hands.
-After the lancet has punctured the skin on the resident's finger, the resident squeezed their finger to get blood.
-She never touched the resident.
-She has been a MA since 2005.
-She had been hired at this facility on 10/3/17 as a MA/SIC.
-She had taken the 15-hour medication training as a review and the importance of wearing

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C 932	Continued From page 3 gloves, why to use them and when to use them had been discussed. -She had received training on Diabetic Care and the importance of wearing gloves had been discussed. -She had Medication Clinical skills validation on 10/3/17 and the use of gloves had been discussed. -She said she knew she should wear gloves" because of germs and cross contamination". -She hadn't been wearing gloves when doing fingerstick blood sugars because "she never touched the resident". Interview on 10/9/17 at 1:10pm with the Administrator revealed: -She expected the MA's to always wear gloves when performing fingerstick blood sugars. -She was not aware Staff A had not been wearing gloves. -"Wearing gloves prevented catching and/or spreading germs/illness." -She will do random checks to ensure gloves are being worn. -She was responsible for stocking supplies in the home and she always made sure gloves were available.	C 932		