DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/24/2013 FORM APPROVED

STATEMENT	OF DEFICIENCIES F CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIE	PLE CONSTRUCTION	(X3) DATE SU	<u>), 0938-039</u> Rvey	
440 FD44 ()	r CORRECTION	IDENTIFICATION NUMBER:	A. BUII			COMPLETED		
		346494	B. WIN	IG			10040	
VAME OF PI	ROVIDER OR SUPPLIER			ĊΤ	DECT ADDOCCO CITY OTHER TIP CON-	01/1	0/2013	
PFAK RF	SOURCES - GASTONIA				REET ADDRESS, CITY, STATE, ZIP CODE 1780 X-RAY DR			
				Į.	GASTONIA, NC 28054			
(X4) ID PREFIX	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID.	1	PROVIDER'S PLAN OF CORRECTIO	N	(XS)	
TAG	REGULATORY OR L	T MOST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		DATE	
F 441	483.65 INFECTION C	CONTROL, PREVENT	F.	441		-		
SS≍E	SPREAD, LINENS	•			Filing of the Plan of Correction of			
	The facility and the	101			not constitute an admission that		ļ	
	The facility must estat	blish and maintain an			deficiencies alleged did, in fact, e	exist.	ĺ	
	safe, sanitary and con	ram designed to provide a nfortable environment and	1		This Plan of Correction is filed as	;		
ļ	to help prevent the de	velopment and transmission	[evidence of the facility's desire t	ю.		
	of disease and infection	on.	1		comply with the requirements a	nd to		
					continue to provide high quality]	
	(a) Infection Control P	rogram		İ	care.	J.	Ì	
	Program under which	olish an Infection Control	İ		(a) C.			
		ols, and prevents infections						
	in the facility;	olo, and prevents infections	ſ		Affected Residents: Resident #9,	#20		
	(2) Decides what proc	edures, such as isolation,	i		#56, #70, #78, #108 and #153 we		,	
	should be applied to a	n individual resident; and			1 :	ere		
	(3) Maintains a record actions related to infec	of incidents and corrective	1		noted with no adverse reactions		-	
- 1	actions leiated to met	coons,	1		related to glucometer use. Reside		1/28/13	
	(b) Preventing Spread	of Infection			#9, #38, #56, #70, #78, #108 and	#153	1/20/20	
İ	(1) When the Infection	Control Program			were provided with individual			
	determines that a resid	dent needs isolation to	1	i	glucometers as were other reside	ents		
	isolate the resident.	infection, the facility must			who require finger stick blood su	gars.		
	(2) The facility must pr	ohibit employees with a e or infected skin lesions]			٠	
- 1	from direct contact with	h residents or their food, if		-				
	direct contact will trans	smit the disease.		- 1	Batanti-III. Afforted Booldonte: D	ΩN		
	(3) The facility must re	quire staff to wash their		İ	Potentially Affected Residents: D			
ĺ	hands after each direc	t resident contact for which	1		completed audit for 100% of resi		l	
1	hand washing is indica professional practice.	ated by accepted		J	regarding diabetic status. All oth			
	proressional practice,				residents requiring finger stick bl	lood	1/28/3	
	(c) Linens			.	sugars have the potential to be			
1	Personnel must handle	e, store, process and			affected. Residents who require	!		
i	transport linens so as t	to prevent the spread of	-		finger stick blood sugars were			
	infection.				provided with individual glucom	eters.		
					•			
ATORY 5	NOSC OD OS OS OS	Hone Para	<u></u>					
	PILLE TOR S UK PROVIDER/S	UPPLIER DEPRESENTATIVES SIGNATURE	, /		Art		(X6) DATE	
oficion	Ma	Kay f			Administrator	<u>&/·</u>	<u> 7/13</u>	
ollowing t	he date these documents are	erisk (*) denotes a deficiency which the ir n to the patients. (See instructions.) Exce I plan of correction is provided. For nursi a made available to the facility. If deficien	estitution may opt for nursing ng homes, the	y be e g hor e abo	excused from correcting providing it stoler inner mes, the findings stated above are disclosabled a over findings and plans of princitorial city of sea	d that days		
am partitor	Driginal i	Sianature Nate:	1/21/	u, an	approved plan of correction is requisite to care	F []		
	(02-99) Previous Versions Obsol		1/01/	1) Fac	——————————————————————————————————————	ntinuation sh		
		EYOH ID.J24/ H	i	rac	α-1711∪. ₹43100 \ ••• "[(€0)	ntinuālion sh	eel Pana 1	

by.

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	345494			B. WING				
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA				2	REET ADDRESS, CITY, STATE, ZIP CODE 1780 X-RAY DR BASTONIA, NC 28054	1. 01/1	0/2013	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			D PROVIDER'S PLAN OF CORRECTION EFIX (EACH CORRECTIVE ACTION SHOULD BE AG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
F 441	Continued From page 1 This REQUIREMENT is not met as evidenced by: 3 of 3 observations for glucometer use		F	441	reflect specific instructions reg individual and shared glucome disinfecting.	garding	1/14/13	
	prior to use for 7 of 7 of 8 blood sugar monitoring #70, #78, #108 and #7 Findings included: A facility policy entitled of Medical Equipment the effectiveness of the depended, in part, on germicide. A review of the Instructional Medical Equipment the effectiveness of the depended, in part, on germicide.	cility failed to properly e monitors (glucometers) residents observed for g. (Residents #9, #38, #56, 153). d Cleaning and Disinfection dated 03/2010 specified e disinfection process the exposure time to the etions provided by the ermicidal disposable wipe was conducted. The			Revisions include: To disinfect "shared" glucome 1)Arrange the supplies so they easily reached 2)Use an approved disinfectan germicide wipe 3)Use wipe as directed by the manufacturer and follow the linstructions on the meter 4)Use extreme care to not get disinfectant liquid in the test s port 5)Clean the meter thoroughly the wipe for several seconds, t	the trip		
	a hard surface, unfold the surface. Treated s wet for a full 2 minutes needed to assure contact time. Let air d 1. On 01/08/13 at 3:4 observed removing 2 chall medication cart ar plastic cups on top of glucometer from its cu	ry. 9 PM, Nurse #2 was glucometers from the 400 ad placing them in clear the cart. Removing a p, Nurse #2 wiped the middal wipe and gathered			wrap the glucometer in the willeave for the number of minut manufacturer recommended 6) The glucometer must remain with the solution to establish publishing of the glucometer 7) Remove wipe and allow gluc to dry then put away 8) Wash and dry your hands thoroughly	es the n "wet" proper		

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

F 441 Continued From page 2 monitoring on a resident. In less than 2 minutes of wiping down the glucometer it was dry and Nurse #2 collected a finger stick blood sample for blood glucose monitoring from Resident #56. Upon completion of blood glucose monitoring, Nurse #2 removed the glucometer back into its plastic cup. Nurse #2 removed the second glucometer from the other plastic cup, wiped it with a germicidal wipe and gathered other supplies necessary for blood glucose monitoring, Nurse #2 removed the glucometer it was dry and Nurse #2 removed the glucometer it was dry and Nurse #2 removed ther gloves and washed her hands, returned to the medication cart, wiped the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer back into its plastic cup. On 01/08/13 at 4:06 PM, Nurse #2 was observed TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) If the glucometer is the individual residents: 1)The glucometer will be cleaned as needed or when visibly soiled. SDC provided education to all nurses regarding care and placement of individual glucometer and use of shared glucometer when necessary. Monitoring: An audit tool was developed to monitor appropriate procedure of disinfecting glucometers. SDC, or designee, will conduct an audit that will include 5 nurses per week to complete return	- OLIVIEI	O FOR WEDICARE &	MEDICAID SERVICES				OMB MC	J. <u>0930-038 I</u>
MAKE OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPRICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 441 Continued From page 2 monitoring on a resident. In less than 2 minutes of wiping down the glucometer it was dry and Nurse #2 collected a finger stick blood sample for blood glucose monitoring, Nurse #2 removed the regulation of blood glucose monitoring than the other plastic cup, wiped it with a germicidal wipe and placed the glucometer it was dry and Nurse #2 collected a finger stick blood sample for blood glucose monitoring a nother resident. In less than 2 minutes of wiping down the glucometer from the other plastic cup, wiped it with a germicidal wipe and placed the glucometer from the other plastic cup, wiped it with a germicidal wipe and gathered other supplies necessary for blood glucose monitoring, Nurse #2 removed the second sample for blood glucose monitoring from Resident #70. Upon completion of blood glucose monitoring, Nurse #2 removed her gloves and washed her hands, returned to the medication cart, wiped the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with								
PEAK RESOURCES - GASTONIA (X4)D PREFIX TAG F 441 Continued From page 2 monitoring on a resident. In less than 2 minutes of wiping down the glucometer back into its plastic cup. Nurse #2 removed the second glucometer from the other plastic cup, wiped it with a germicidal wipe and glaceos monitoring on another resident. In less than 2 minutes of wiping down the glucometer back into its plastic cup. On 01/08/13 at 4:06 PM, Nurse #2 was observed removing a glucometer from a plastic cup, wiping On 1/08/13 at 4:06 PM, Nurse #2 was observed removing a glucometer from a plastic cup, wiping PREFIX TAG PROWDER'S PLANOF CORRECTION SHOULD BE (ACH CORRECTION SHOULD	_	345494		B. WI	IG		01/10/2013	
F 441 Continued From page 2 monitoring on a resident. In less than 2 minutes of wiping down the glucometer it was dry and Nurse #2 removed the second glucometer from the other plastic cup, wiped it with a germicidal wipe and glucose monitoring on another resident. In less than 2 minutes of blood glucose monitoring from Resident #70. Upon completion of blood glucose monitoring on another resident. In less than 2 minutes of blood glucose monitoring from Resident #70. Upon completion of blood glucose monitoring on another resident. In less than 2 minutes of wiping down the glucometer back into its plastic cup. On 01/08/13 at 4:06 PM, Nurse #2 was observed removing a glucometer from a plastic cup, wiping down the germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with an expensive with a new germicidal wipe and placed the glucometer with a new germicidal wipe and placed the glucometer with an expensive with a new germicidal wipe and placed the glucometer with an expensive with a new germicidal wipe and placed the glucometer with an expensive with a new germicidal wipe and placed the glucometer with an expensive with a new germicidal wipe and placed the glucometer with an expensive with a new germicidal wipe and placed the glucometer with an expensive with a new germicidal wipe and placed the glucometer with an expensive with an expensive with a new germicidal wipe and placed with a germicidal wipe			•	27	780 X-RAY DR			
monitoring on a resident. In less than 2 minutes of wiping down the glucometer it was dry and Nurse #2 collected a finger stick blood sample for blood glucose monitoring from Resident #56. Upon completion of blood glucose monitoring, Nurse #2 removed her gloves and washed her hands, returned to the medication cart, wiped the glucometer with a new germicidal wipe and placed the glucometer back into its plastic cup. Nurse #2 removed the second glucometer from the other plastic cup, wiped it with a germicidal wipe and glucometer it was dry and Nurse #2 collected a finger stick blood sample for blood glucose monitoring on another resident. In less than 2 minutes of wiping down the glucometer it was dry and Nurse #2 collected a finger stick blood sample for blood glucose monitoring, Nurse #2 removed her gloves and washed her hands, returned to the medication cart, wiped the glucometer with a new germicidal wipe and placed the glucometer back into its plastic cup. On 01/08/13 at 4:06 PM, Nurse #2 was observed removing a glucometer from a plastic cup, wiping	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	ΙX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD 8E	COMPLETION
supplies necessary for blood glucose monitoring on another resident. In less than 2 minutes of wiping down the glucometer it was dry and Nurse #2 collected a finger stick blood sample for blood glucose monitoring from Resident #78. Upon completion of blood glucose monitoring, Nurse #2 removed her gloves and washed her hands, returned to the medication cart, wiped the glucometer with a new germicidal wipe and placed the glucometer back into its plastic cup. Audit initiated week of 1/28/13. Ongoing audits will be determined based on results of prior audits. Audit tool will be reviewed during routine QA meeting. QA meeting.	F 441	monitoring on a resid of wiping down the gl Nurse #2 collected a blood glucose monitor Upon completion of the Nurse #2 removed he hands, returned to the glucometer with a nerplaced the glucometer Nurse #2 removed the the other plastic cup, wipe and gathered of blood glucose monitor less than 2 minutes of glucometer it was dry finger stick blood san monitoring from Resi of blood glucose monitoring from Resi of blood glucose monitoring from Resi of blood glucose monitoring a glucometer it with a germicidal wipe and pinto its plastic cup. On 01/08/13 at 4:06 or removing a glucometer with a germicidal	ent. In less than 2 minutes ucometer it was dry and finger stick blood sample for wing from Resident #56. slood glucose monitoring, or gloves and washed her emedication cart, wiped the way germicidal wipe and or back into its plastic cup. The second glucometer from wiped it with a germicidal her supplies necessary for wing on another resident. In wife wiping down the rand Nurse #2 collected a maple for blood glucose dent #70. Upon completion altoring, Nurse #2 removed and her hands, returned to the did the glucometer with a new colaced the glucometer back. PM, Nurse #2 was observed er from a plastic cup, wiping ipe and gathering other or blood glucose monitoring. In less than 2 minutes of cometer it was dry and Nurse stick blood sample for blood om Resident #78. Upon glucose monitoring, Nurse #2 and washed her hands, cation cart, wiped the way germicidal wipe and er back into its plastic cup.	F	441	residents: 1)The glucometer will be clear needed or when visibly soiled. SDC provided education to all regarding care and placement individual glucometer and use shared glucometer when necessary and the state of	ned as nurses of of essary. s oriate e, will lude 5 return g meters veeks. 13. mined its. Audit	1/21/13

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

		THE DIOTHE CENTUCES				OMR M	<u>0.0938-0391</u>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	<u> </u>	345494	B. WA	NG		01/	01/10/2013	
NAME OF P	ROVIDER OR SUPPLIER			STE	REET ADDRESS, CITY, STATE, ZIP CODE			
PEAK RESOURCES - GASTONIA				780 X-RAY DR				
			G	GASTONIA, NC 28054				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION			
PREFIX TAG	REGULATORY OF I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOL		(X5) COMPLETION	
IAG	NEGOCATORI ON	LOCIDENTIF TING INFORMATION)	TAG	i	CROSS-REFERENCED TO THE APPRI)PRIATE	DATE	
			+		DEFICIENCY)		<u> </u>	
F 441	Continued From page	.3	_					
				441				
	interviewed. Nurse #	2 stated facility policy					ł	
	required having 2 glud	cometers available on the						
	medication cart so wh	ile one was air drying after						
	wiping with a germicio	lal wipe, the other						
	glucometer could be u	used without delay for						
	resident blood glucos	e monitoring. Nurse #2						
	stated that after wiping	g a glucometer a minimum						
	of 2 minutes was requ	ired for air drying. Asked to						
	read the manufacture							
	pre-packaged, single	use germicidal wipe, Nurse						
	#2 stated surfaces we	re to remain wet for 2						
	minutes. Nurse #2 de	monstrated disinfection by					1	
	removing a germicidal	wipe from the package,						
	wiping all surfaces of	a glucometer wet and						
ĺ	placing it in a clear pla	stic cup. At the 2 minute	1					
	mark, Nurse #2 stated	that only a small dime					1	
1	sized area on the gluc	ometer remained wet.		Ī				
]	On 01/09/13 at 10:30	AM a representative from						
	the manufacturer of th	e germicidal wipe was		ŀ				
	interviewed by telepho	ne. The representative				ļ		
1	stated disinfection with	the germicidal wipe	1	ľ				
	required the glucomete	er to remain wet with		J		,	}	
	germicidal solution for	a minimum of 2 minutes.		j			ľ	
ĺ	D- DAMONA		1	ļ				
	On 01/10/13 at 9:34 A	M the Staff Development						
Į		s interviewed. She stated						
	she was responsible for							
	monitoring in this facili	ty. The SDC stated nurses	ł	-				
	were instructed to clea	n glucometers after each		- 1			i	
- 1	use. She added 2 glud	cometers were provided on					 	
	each medication cart s	o while one was drying	J					
i	after cleaning the othe	r may be used for resident		- 1			i i	
	blood glucose monitori	ng. She further stated					l	
ĺ	after the glucometer w	as wiped it was left to air						
	dry for 2 minutes befor	e use. The SDC was					l	
	unaware the olucomete	er had to remain wet for 2		- [ĺ	
ł	minutes to accomplish	disinfection				ļ	l	
	pilati	alonnocuon.	1					

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		IPLE CONSTRUCTION	(X3) DATE S COMPLE	
	345494 B. WING			01/10/2013			
l	ROVIDER OR SUPPLIER SOURCES - GASTONIA			4	REET ADDRESS, CITY, STATE, ZIP CODE 2780 X-RAY DR GASTONIA, NC 28054		10.2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS REFERENCED TO THE APP DEFICIENCY)	OULD BE	(XS) COMPLETION DATE
F 441	3:05 PM revealed the cleaning glucometers	rith the SDC on 01/10/13 at facilities' present method of	F	441			
	specified the effectiver process depended, in to the germicide. A review of the Instruct manufacturer of the ge utilized by the facility will directions specified to a hard surface, unfold the surface. Treated swet for a full 2 minutes needed to assure conticontact time. Let air direction was co 3:38 PM of Nurse #1 of sugar (FSBS) readings entering Resident #38's proper procedure for of Upon completion, Nurs medication cart. She will glucometer with a gerwipe into the trash bin,	Equipment dated 03/20/10 ness of the disinfection part, on the exposure time tions provided by the rmicidal disposable wipe ras conducted. The accomplish disinfection of a wipe and thoroughly wet urface must remain visibly. Use additional wipe(s) if inuous 2 minute wet y. Inducted on 01/08/13 at braining finger stick blood. Nurse #1 was observed is room and following or taining a FSBS reading.					

DEPARTMENT OF HEALTH AND HUMAN SERVICES <u>CENTERS FOR MEDICARE & MEDICAID SERVICES</u>

PRINTED: 01/24/2013 FORM APPROVED

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	IULT	TIPLE CONSTRUCTION	((X3) DATE SURVEY		
	. COMEDNOR	IDENTIFICATION NUMBER:	A. BUI	A. BUILDING			COMPLETED		
		345494	8. WIN	IG_			10/2013		
NAME OF P	ROVIDER OR SUPPLIER			Sī	TREET ADDRESS, CITY, STATE, ZIP CODE			10/2010	
PEAK RESOURCES - GASTONIA				2780 X-RAY DR GASTONIA, NC 28054					
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		Ц_		FOTIO			
PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD	8E	(X5) COMPLETION DATE	
F 441	Continued From page	5	_	44	4				
		ned wet with germicidal		441	F				
	solution for a full 2 mir	nutes. Nurse #1 removed						1	
	another glucometer from	om a medication cart						1	
	drawer and proceeded	to Resident #108's room.			}			!	
	She obtained a FSBS	from this resident and	1					1	
	returned the glucomet	er to the medication cart.							
	the discomptor with a	same procedure of wiping							
	wipe into the trash bin	germicidal wipe, tossing the	1						
	glucometer on the med	dication cart. She did not							
ı	ensure the glucometer	remained wet with	1						
	germicidal solution for	a full 2 minutes. Nurse #1	1						
	picked up the first gluc	ometer that had been						i i	
	drying on the medication	on cart and proceeded to							
	Resident #9's room to	obtain a FSBS.]	
	and followed the proce	ed to the medication cart dure as described and did						li	
ĺ	not ensure the glucom	eter remained wet with			1				
	germicidal solution for	a full 2 minutes.						1	
	An interview with Nurse	e #1 on 01/08/13 at 3:53							
	PM revealed it was fac	ility procedure to have 2							
	glucometers on each n	nedication cart. She			Í				
- 1	explained after utilizing	a glucometer, it was							
	wiped down with a gen	micidal wipe. She stated			1			İ	
1	or more before it was all	owed to dry for 2 minutes dilized again. Nurse #1	1						
	was unaware of ensuri							·	
}	remained wet with gerr	nicidal solution for 2							
	minutes to complete the	e disinfecting process.							
ĺ	On 01/09/13 at 10:30 A	M a representative from							
- 1	the manufacturer of the	germicidal wipe was							
- 1	interviewed by telephor	ne. The representative]				
1	stated disinfection with	the germicidal wipe							
ĺ	required the glucomete	r to remain wet with							
	Aentiliciosi solniiou tot s	minimum of 2 minutes.							

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

PRINTED: 01/24/2013 FORM APPROVED

		T DECEMBER				OWR M	IO. 0938-0391
	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345494	B. Win	G			10/2013
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			2	REET ADDRESS, CITY, STATE, ZIP CODE 1780 X-RAY DR BASTONIA, NC 28054		10,2010	
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D 8E	(X5) COMPLETION DATE
	On 01/10/13 at 9:34 A Coordinator (SDC) was she was responsible for monitoring in this facility were instructed to clear use. She added two goon each medication can after cleaning the other blood glucose monitor after the glucometer with dry for 2 minutes befor unaware the glucometer with the glucometer with the general was a facilities of the facilities glucometers did not all remain wet with the general was a facility policy entities. 3. A facility policy entities of the effectiver process depended, in place to the germicide. A review of the Instruction manufacturer of the general was directions specified to a hard surface, unfold a the surface. Treated so wet for a full 2 minutes.	M the Staff Development as interviewed. She stated for Infection Control lity. The SDC stated nurses an glucometers after each glucometers were provided art so while one was drying ar may be used for resident ring. She further stated was wiped it was left to air re use. The SDC was ser had to remain wet for 2 disinfection. Which the SDC on 01/10/13 present method of cleaning low the glucometer to armicidal disinfectant for 2 disinfection of the disinfection part, on the exposure time stone provided by the raccomplish disinfection of a wipe and thoroughly wet surface must remain visibly. Use additional wipe(s) if nuous 2 minute wet	F	441			
]				1	Į.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

<u>CENTER</u>	S FOR MEDICARE &	MEDIÇAID SERVICES					O. <u>0938-0391</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU A. BUILI	LTIPLE CONSTRUC	HOIT	(X3) DATE SURVEY COMPLETED	
		345494	B. WING	i		01/-	10/2013
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			STREET ADDRESS, 2780 X-RAY DR GASTONIA, N			10/10/10	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EA	PROVIDER'S PLAN OF COR ICH CORRECTIVE ACTION SS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
	blood sugar (FSBS) re observed entering Re following proper proce reading. Upon complethe medication cart. Simeter (glucometer) with enter (glucometer) with enter (glucometer) with enter (glucometer) with enter (glucometer sitting on a medication cart. Nurse glucometer remained for a full 2 minutes. A Nurse #4 revealed it will glucometer had to be solution and left to air. On 01/09/13 at 10:30 the manufacturer of the interviewed by telephostated disinfection with required the glucometer germicidal solution for On 01/10/13 at 9:34 A Coordinator (SDC) was he was responsible for monitoring in this facility were instructed to clear use. She added two gon each medication cater cleaning the othe blood glucose monitoriafter the glucometer with the glucometer with the state of the glucometer with the g	#4 obtaining finger stick eadings. Nurse #4 was sident #153's room and edure for obtaining a FSBS etion, Nurse #4 returned to She wiped the glucose the agermicidal wipe, tossed a bin, and left the apaper towel on the e #4 did not ensure the wet with germicidal solution in interview at this time with was her understanding the wet with the germicidal dry for 2 minutes. AM a representative from the germicidal wipe was one. The representative in the germicidal wipe er to remain wet with a minimum of 2 minutes. M the Staff Development is interviewed. She stated for Infection Control ty. The SDC stated nurses in glucometers were provided int so while one was drying in may be used for residenting. She further stated as wiped it was left to air the use. The SDC was the stated or the solution of the solution was left to air the use. The SDC was the stated or the solution was left to air the use. The SDC was the solution was left to air the use. The SDC was the solution was left to air the use. The SDC was the solution was left to air the use. The SDC was the solution was left to air the use. The SDC was the solution was left to air the use. The SDC was the solution was left to air the use.	F4	41			

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

	O TON MEDIONINE &	MEDICAID SEKVICES				OMBIN	<u>J. 0930-039 I</u>
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			RVEY TED
		345494	B. WIN	B. WING			0/2013
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			·. ·	27	EET ADDRESS, CITY, STATE, ZIP CODE 80 X-RAY DR ASTONIA, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 441	revealed the facilities' glucometers did not a	present method of cleaning present method of cleaning illow the glucometer to ermicidal disinfectant for 2	F	441			
						,	