STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345227	A. BUILDING _____ B. WING _____	C 08/13/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTE AT REIDSVILLE	**543 MAPLE AVENUE REIDSVILLE, NC 27320**

(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=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (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. (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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441		8/29/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/02/2014

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	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews, the facility failed to disinfect the glucometer for 2 of 2 resident (resident #5 and #6) and disinfect glucometer per manufacturers ' instructions for 3 of 3 residents (residents #5, #6, #7) during a medication pass. Findings included: The undated facility policy for Cleaning and Disinfecting Blood Glucose Meters read in part " thoroughly clean all visible soil or organic material (e.g., blood) from glucometer prior to disinfection. Using gloves as indicated wash with disinfectant and allow for drying time as indicated per manufacturer. " Review of manufacturer directions for the germicidal disinfectant the facility uses, the direction read in part " To disinfect nonfood contact surfaces only. Use a wipe to remove heavy soil. Unfold a clean wipe for use, twist corner of next wipe and thoroughly wet surface. Treated surface must remain visibly wet for 2 minutes. " 1. During an observation of blood sugar check on 8/13/14 at 11:30 AM, nurse #1 took the blood sugar level of resident #5. At 11:42 AM, nurse #1 proceeded to do another blood sugar check resident #6. Nurse was stopped before entering room of resident #6. In an interview with nurse #1 on 8/13/14 at 11:48 AM, the nurse stated she forgot to clean the glucometer. The nurse returned to her medication cart on 8/13/14 at 11:43 AM and wiped the glucometer	F 441	Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of Health and Safety code section 1280 and 42C.F.R.405.1907. 1) How Corrective action will be accomplished for those found to have been effected. Nurse #1 and nurse #2 were re-educated by the director of nursing on the facility policy for cleaning and disinfecting blood glucose meters and the manufacturer directions for the germicidal disinfectant on 8/13/14 2) How corrective action will be accomplished for those having potential to be affected by the same practice. Licensed nurses were re-educated by the director of nursing on the facility policy for cleaning and disinfecting blood glucose meters and the manufacturer directions for the germicidal disinfectant. 3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur. The director of nursing will add the	

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F 441	Continued From page 2 with a germicidal wipe, threw the wipe in the trash and placed the glucometer on top of the medication cart. The total time from wiping the glucometer and placing the glucometer back on medication cart until the glucometer was visibly dry was 35 seconds. In an interview with nurse #1 on 8/13/14 at 11:48 AM, nurse #1 stated she was not aware of the directions of the disinfectant. 2. During an observation on 8/13/14 at 11:53 AM for nurse #2, the nurse took the blood sugar level of resident #7. The nurse wiped the glucometer with germicidal disinfectant wipe, threw the wipe in the trash and placed the glucometer on top of medication cart. The total time from wiping the glucometer and placing back on medication cart until the glucometer was visibly dry was 45 seconds. During that time nurse #2 was interviewed and stated she did not know it should be visibly wet for two full minutes to disinfect the glucometer machine. The Director of Nursing (DON) was interviewed on 8/13/14 at 2:04 PM. The DON stated the expectation was nursing should clean the glucometer per facility policy and as directed by the manufacturer ' s instruction.	F 441	cleaning and disinfecting of blood glucose meters and the manufaturer directions for the germicidal disinfectant to orientation for licensed nurses.The director of nursing and supervisors will visually monitor licensed nurses perform cleaning and disinfecting the glucose meters daily for five days and weekly for three months to insure the manufacturer directions are followed while cleaning the glucose meters. 4) How the facility plans to monitor its performance to make sure that solutions are sustained. The director of nursing will present the results of the visually monitoring of licensed nurses to the QA&A committee monthly for three months. The QA&A committee will determine if continued monitoring is necessary.	