STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345406	A. BUILDING _____ B. WING _____	C 03/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AND REHABILITATION	38 CARTERS ROAD GATESVILLE, NC 27938

(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 000	INITIAL COMMENTS A revisit to the facility was conducted on 3/28/2018. Tags F 640, F 641 and F 867 were corrected as of this survey's exit date. However, new tags were cited as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is still out of compliance.	F 000		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 761		4/11/18

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

Electronically Signed | 04/11/2018

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F 761	Continued From page 1 Based on observation and staff interviews the facility failed to lock an unattended medication cart for 1 (Cart ABF) of 2 medications carts observed. The findings included: On 3/28/2018 at 9:32 AM, a medication cart was observed unlocked next to Room 111 in the B Hall, with the push-in lock observed to be in the out position. The nurse was not in view of the cart or visible from the open resident room doors across and adjacent from the cart. The nurse was observed to return to the cart within 2 minutes coming from a resident's room 1 door down the hall from the location of the cart. There were no residents observed in the hallway near the cart at the time. During an interview on 3/28/108 at 9:34 AM with Nurse #2, she stated she could see the cart at all times while she was in the resident's room. The nurse then stated she thought she would be right back to the cart, but she had to pull the resident up in bed before she gave him his medications. On 3/28/2018 at 12:29 PM, an interview was conducted with the nursing supervisor. The Supervisor stated if the medication cart was in the hallway and the nurse was not in front of it, the cart should be locked. On 3/28/2018 at 1:52 PM, an interview was conducted with the Administrator who stated she expected the medication cart to be locked when the nurse was away from it.	F 761	The plan of correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency cited are correctly applied. F0761 1.Corrective action for the residents affected by the alleged deficient practice of an unlocked med cart are 100% nurse in-servicing done to teach the staff of the current procedure and policies for passing meds and locking med carts during those med passes. To ensure proper procedures are being followed and that the cart must be in the doorway of the patient you are passing medications to so that it is visible at all times. 2.Corrective action taken for the residents having the potential to be affected by the alleged deficient practice: Residents that may have altered cognition or possibly med seeking may have the potential to be affected. Nurses that pass meds will pass medication pass audits/ competencies by the staff development coordinator as a follow-up to survey. 3.Measures/ Systematic changes put in place to ensure the alleged practice does not re occur: Licensed nurses will be in	

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F 761	Continued From page 2	F 761	serviced by DON/SDC designee on policy and procedure for administering medication and cart policies. Active nurses will have completed the in service and competency training by the date of compliance. PRN nurses will be completed prior to first scheduled shift. 4. Corrective actions will be monitored to ensure the alleged deficient practice will not re occur: The DON/Designee will Conduct random audits for med passes and watching nurses with carts on the hall no less than 1x per day 5 x weekly x 4 weeks on all units and rotating shifts to ensure proper procedure is followed. Audits will continue monthly x3 months and then quarterly until 100% compliance is achieved. Any negative results will result in additional training before being able taking the next scheduled shift.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying,	F 880		4/11/18

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F 880	Continued From page 3	F 880		

reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which 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; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the

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F 880	Continued From page 4 corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to disinfect a glucometer per the manufacturer's recommendations before use to check blood sugar for 1 of 1 resident (Resident #2) observed for blood sugar check. The findings included: The facility's policy titled "Obtaining a Fingerstick Glucose Level," listed for Step #18. Clean and disinfect reusable equipment between uses according to the manufacturer's instructions and current infection control standards of practice. Glucometer manufacturer's recommendations for cleaning and disinfecting were reviewed, and the facility used the recommended germicidal/disinfectant wipes. The manufacturer germicidal/disinfectant wipe instructions were visible on the wipe container as follows: "Treated surface must remain visibly wet for one minute to achieve complete disinfection of all pathogens listed on this label." On 3/28/2018 at 8:48 AM, Nurse #2 was observed to exit Room #117 and place the glucometer on the med cart and take her gloves	F 880	The plan of correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency cited are correctly applied. F0880 1.Corrective action for the residents affected by the alleged deficient practice of an unlocked med cart are 100% nurse in-servicing done to teach the staff of the current procedure and policies for cleaning glucometers after taking blood sugars. 2.Corrective action taken for the residents having the potential to be affected by the alleged deficient practice: Residents that may have diabetes may have the potential	

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F 880	Continued From page 5 off and discard them. The nurse stated she had checked the resident's blood sugar from the "B" bed, and she was now going to pass meds to the resident in Bed A. The nurse used hand sanitizer and prepared the medications for the resident, which included insulin. On 3/28/2018 at 8:58 AM, the nurse inserted a new blood test strip into the glucometer, picked up the glucometer, lancet, and medications including insulin pen, and entered the resident's room. The nurse stated she was going to administer the medications first then check the resident's blood sugar before administering the insulin. After the medications were given, the nurse was asked about the cleaning of the glucometer, since she had used it previously with the roommate. The nurse stated she was supposed to wipe the glucometer with purple wipes, but was nervous with someone watching her and forgot. The nurse took the glucometer, insulin and supplies back out to the cart, laid the glucometer directly on the cart and looked for the purple wipes, which were not on the cart. The nurse left to find the wipes. On 3/28/2018 at 9:05AM, the nurse arrived back at the cart at with a container of purple wipes, and wiped the glucometer for 10 seconds and laid the glucometer directly on the medicine cart. The nurse stated the glucometer needed to be wiped for 5 to 10 seconds, and then after a minute the germs would be killed. The nurse was requested to obtain the infection control nurse to offer guidance. On 3/28/2018 at 9:13 AM, the infection control nurse was interviewed in the presence of Nurse #1, and after reading the directions on the wipe	F 880	to be affected. Nurses will pass infection prevention audits/ competencies by the staff development coordinator as a follow-up to survey. 3.Measures/ Systematic changes put in place to ensure the alleged practice does not re occur: Licensed nurses will be in serviced by DON/SDC designee on policy and procedure for administering blood glucose testing with glucometer policies. Active nurses will have completed the in service and competency training by the date of compliance. PRN nurses will be completed prior to first scheduled shift. 4. Corrective actions will be monitored to ensure the alleged deficient practice will not re occur: The DON/Designee will Conduct random audits for BG's on the hall no less than 1x per day 5 x weekly x 4 weeks on all units and rotating shifts to ensure proper procedure is followed. Audits will continue monthly x3 months and then quarterly until 100% compliance is achieved. Any negative results will result in additional training before being able taking the next scheduled shift. All residents with diabetic testing needs have been provided their own monitor as of 3/28/18. They are properly labeled and stored in the patients room in individual cases.	

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F 880	Continued From page 6 container, stated the glucometer needed to be wet for one minute, then laid on a clean tissue and allowed to air dry. On 3/28/2018 at 12:29 PM, an interview was conducted with the nursing supervisor, who stated the glucometer should be cleaned at the start of each shift and between each resident. She indicated the glucometer was to be cleaned with the disinfectant wipe for 1 minute, then put on a clean paper towel to air dry before using. On 3/28/2018 at 1:52 PM, an interview was conducted with the Administrator, who stated she expected the glucometer to be cleaned per facility policy.	F 880		