

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

PRINTED: 05/08/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/27/2017
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NAME OF PROVIDER OR SUPPLIER SOUTHAMPTON MEMORIAL HOSP	STREET ADDRESS, CITY, STATE, ZIP CODE 100 FAIRVIEW DR FRANKLIN, VA 23851
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F 000 INITIAL COMMENTS

F 000

An unannounced Medicare/Medicaid standard survey was conducted 4/25/17 through 4/27/17. One complaint was investigated. Corrections are required to the following 42 CFR Part 483 Federal Long Term Care requirements.

The census in this 129 certified bed facility was 107 at the time of the survey. The survey sample consisted of 19 current resident reviews (Resident #1 through Resident #19) and 4 closed record reviews (Resident #20 through Resident #23)

F 431 483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS
SS=D

F 431

The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--

(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation, and

F- 431

The staff member observed during the survey has been educated on the removal of expired drugs in the medication cart.

05-08-17

All medication carts and medication refrigerators were checked for expired medications by our outside pharmacy consultant.

05-05-17

The resident has not experienced any adverse effect from the expired insulin flex pen dated (4-19-17).

Licensed staff have been re-educated by the administrator on the policy for removing expired medications from the medication carts and medication refrigerator. The facility policy will be reviewed with staff by the administrator.

The monthly Medication Administration Observation Audit Tool has been revised to include

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ester Francis, RN LNHA</i>	TITLE <i>5/16/17</i>	(X6) DATE
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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 431	Continued From page 1 (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (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. (h) Storage of Drugs and Biologicals. (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. (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: Based on observation, staff interviews and review of the facility's policy the staff failed to discard expired biological stored inside the back hall medication cart on Unit 3 (South Hall). The findings included: On 04/26/17 at approximately 11:35 a.m., the back hall medication cart on Unit 3 (South Hall)	F 431	medication carts and medication refrigerators have been inspected for expired medications. The DON and Administrator will review this form monthly. The outside pharmacy consultant will do medications audits weekly beginning 5/5/17 times 4 weeks, then monthly to ensure there is no expired medication in the medicine cart and medication refrigerators. If non-compliance is observed the license nurse will be immediately re-educated on the correct process. Findings of these audits will be provided to DON for additional monitoring and further education and/or disciplinary action. An analysis of the findings will be reported to the Performance Improvement Committee for additional oversight, recommendations, and determination of the continued audits. This plan will be effective by 5/22/2017 and measures will be maintained to ensure ongoing compliance.	
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<p>F 431 Continued From page 2</p> <p>was inspected with License Practical Nurse (LPN) #2. Inside the medication cart was a Lantus FlexPen (1) with an expiration date written 04/19/17. LPN stated, "The Lantus Pen should have been taken off the cart, it expired on 04/19/17". The surveyor asked LPN #2 who is responsible for inspecting the medication carts for expired biologicals; she replied "All the nurses are responsible to make sure all expired medications have been taken off the medication cart".</p> <p>The Administrator was informed of the expired biological medication (Lantus FlexPen) on the medication cart on unit 3 (South hall) on 04/26/17.</p> <p>The above information was shared with the Administrator and Director of Nursing (DON) during a pre-exit meeting on 04/27/16 at approximately 3:15 p.m. The Administrator and DON were made aware of the expired Lantus FlexPen on the back hall medication cart located on unit 3 (South hall). Administrator stated the nurses are responsible for removing all expired medications from the medication carts.</p> <p>The facility's policy titled FlexPen Storage with an effective date of 1/2015 read under Policy: (6) write the expiration date on each FlexPen after the first use.</p> <p>(1) Lantus (insulin glargine) is a man-made form of a hormone that is produced in the body. Insulin is a hormone that works by lowering levels of glucose (sugar) in the blood. Insulin glargine is long-acting insulin that starts to work several hours after injection and keeps working evenly for 24 hours. Storing opened (in use) Lantus: Store the injection pen at room temperature (do not</p>	<p>F 431</p>
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F 431 Continued From page 3
refrigerate) and use within 28 days
(www.drugs.com/lantus.html).

F 431

F - 441

F 441 483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL,
SS-D PREVENT SPREAD, LINENS

F 441

Resident #17

05-8-17

(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:

(1) A system for preventing, identifying, 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 (facility assessment implementation is Phase 2);

(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

The license nurse observed during the survey has been re-educated on appropriate hand hygiene after performing an accu check by the ICP nurse and administrator. Resident #17 has not experienced any adverse effect from the observation.

The license nurse observed during the survey has been re-educated on procedure for wearing gloves when performing an accu check by the ICP nurse and administrator. Resident #17 has not experienced any adverse effect from the observation.

The facility policy on Hand Hygiene has been reviewed with staff by ICP nurse and administrator.

The facility policy on accu-checks has been reviewed with licensed staff and the staff was educated on the use of gloves when performing accu-checks by the ICP nurse and administrator.

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F 441	<p>Continued From page 4 resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(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, staff interviews and facility documentation the facility staff failed to maintain an infection control program to provide a safe, sanitary environment to prevent the development and transmission of disease and infection for 1 out of 23 residents (Resident #17) in the survey sample.</p>	F 441	<p>ICP Nurse and LTC Administration will do 4 glove usage observations weekly times 4 weeks to observe license staff to ensure appropriate glove usage is done during accu check procedure according to facility policy. If non-compliance is observed the nurse will be immediately re-educated on the correct process. Findings of these observations will be provided to the DON for additional monitoring and further education and/or disciplinary action.</p> <p>An analysis of the findings will be reported to the PI Committee for additional oversight, recommendations, and determination of the continued frequency of glove usage observations.</p> <p>This plan will be effective by 5/22/2017 and measures will be maintained to ensure ongoing compliance.</p>	

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1. The facility staff failed to implement appropriate hand hygiene after performing an accu check (blood sugar check (1)) on Resident #17.

2. During the medication pass and pour observation on the East Unit, RN #1 performed a blood sugar check without wearing gloves on Resident #17.

The findings included:

1. Resident #17 was admitted to the facility on 10/14/15. Diagnoses for Resident #17 included but not limited to Type II Diabetes (2) and Dementia without behavioral disturbance (3).

The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/26/17 coded Resident #17 on the Brief Interview for Mental Status (BIMS) a 3 out of a possible 15 indicating short and long term memory problems with severe cognitive impairment.

During the medication pass and pour observation on 04/25/17 at approximately 4:10 p.m., LPN #2 performed a blood sugar check on Resident #17. After obtaining her blood sugar check on Resident #17, LPN #2 only washed her hands for 5 seconds. The surveyor asked, "How long do you wash your hands after performing a blood sugar check, she replied, "5-10 seconds, I usually sing the happy birthday song". LPN #2 was informed that she only washed her hands for only 5 seconds, she replied, "Oh really, I thought it was more like 10-15 seconds".

During the pre-exit meeting with the Administrator and Director of Nursing (DON) on 04/27/17 at approximately 3:45 p.m., this surveyor asked the

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F 441 Continued From page 6 F 441

DON, "How long should LPN #2 had washed her hands after performing a blood sugar check on Resident #17, she replied "15-20 seconds".

2. On 04/26/17 at approximately 12:40 p.m., RN #1 came from behind the nurse's station on East unit, walked over to Resident #17 and performed a blood sugar check without wearing gloves. RN # 1 was asked, "Should you have worn gloves when performing a blood sugar check on Resident #17, she replied, "Yes, I should have".

During the pre-exit meeting with the Administrator and Director of Nursing (DON) on 04/27/17 at approximately 3:45 p.m., this surveyor asked the DON, "Should RN #1 have worn gloves when performing blood sugar check on Resident #17, the DON replied, "I expect for all the nurses to wear gloves when performing blood sugar checks: not wearing gloves is not part of our practice".

The facility's policy for Hand Hygiene: (Effective date: 04/2003)

1. Introduction: Hand hygiene is considered the single most important procedure for preventing hospital acquired infections. Bacteria are easily spread in the hospital environment from patient to patient via the hands of healthcare workers. Any contact with the patient or the patient's environment could conceivably result in the transfer of microorganism to the hands. Following standard precautions and avoiding contamination of the hands is essential in helping to prevent the spread of micro-organism. When hand hygiene is necessary, Southampton Memorial Hospital personal will follow hand hygiene practices in accordance with the

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F 441	Continued From page 7 following:	F 441		
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2. Purpose: The purpose of hand hygiene is to remove dirt, organic materials, and transient microorganisms or to reduce resident flora based on the activity to be performed. Hand hygiene is only part of a comprehensive approach to providing the patient with a sanitary environment thus reducing the risk of infection.

B. Indications for hand hygiene: (3) After touching wounds or anybody surface likely to contain body fluids or microorganisms

C. Technique for Hand Washing: (5) Wash vigorously for 15 seconds, using friction to cover all surfaces of the hands, with particular attention to fingertips and nails.

(1) Accu chek - Blood sugar test is a test that checks your blood sugar level (accu-chek.com/us/glucose-monitoring/how-to-check.html).

(2) Dementia is the name for a group of symptoms caused by disorders that affect the brain. People with dementia may not be able to think well enough to do normal activities, such as getting dressed or eating. They may lose their ability to solve problems or control their emotions. Their personalities may change. They may become agitated or see things that are not there (<https://medlineplus.gov/ency/article/007365.htm>).

(3) Diabetes is a disease in which your blood glucose, or blood sugar, levels are too high ([https:// medlineplus-bundle&query=diabetes+](https://medlineplus-bundle&query=diabetes+)).

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