

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/23/2018
NAME OF PROVIDER OR SUPPLIER  East Lake Arbor		STREET ADDRESS, CITY, STATE, ZIP CODE  304 Fifth Avenue Decatur, GA 30030	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>16752</p> <p>Based on facility policy review, record review, observations, interviews, and review of the Georgia Practical Nurses Practice Act, it was determined the facility failed to ensure professional standards of care were met regarding the cleaning of glucometers for seven out of 23 residents (R) receiving blood glucose checks in the facility, (R#2, R#4, R#15, R#25, R#35, R#71, and R#285). Specifically, nursing staff were not following the standard of care related to cleaning and sanitizing glucometers prior and after each resident's use to avoid cross contamination.</p> <p>The facility's failure to ensure professional standards of care were followed related to sanitizing the resident's glucometers to prevent the cross contamination of blood borne illnesses was determined to be likely to cause serious injury, harm, impairment, or death to residents. Immediate Jeopardy was determined to exist on 9/18/18, when the surveyor observed R#25 's blood glucose level being checked with a glucometer that had not been appropriately sanitized prior to use.</p> <p>The immediate jeopardy was related to the facility's noncompliance with the program requirements at</p> <p>CFR 483.21(b)(3)(i) Professional Standards (F658 Scope/Severity: K);</p> <p>CFR 483.35(a)(3)-(4),(C), Nursing Services (F726, Scope/Severity: K);</p> <p>CFR 483.70 Administration (F835, Scope/Severity: K);</p> <p>CFR 483.75(g)(2), Quality Assessment and Assurance (F867, Scope/Severity: K);</p> <p>CFR 483.80 (a)(1)(2)(i)(ii)(iii) (4) Infection Control Program (F880 Scope/Severity: K).</p> <p>The facility's Administrator, Regional Director of Operations, and Regional Nurse Consultant were informed of the Immediate Jeopardy on 9/20/18 at 5:18 p.m. The noncompliance related to the immediate jeopardy was identified to have existed as of 9/18/18 during the observation of medication administration nursing staff failed to properly sanitize the glucometers before and after use for R#2, R#4, R#15, R#25, R#35, R#71, and R#285.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0658</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 9/23/18 the facility provided a Credible Allegation of Compliance (AOC) of Jeopardy Removal alleging that interventions had been put into place to remove the immediacy on 9/22/18. Based on validation of the AOC the State Survey Agency (SSA) conducted observations, record reviews, interviews and review of the facility's policies as outlined in the AOC, the State Survey Agency (SSA) determined the immediate Jeopardy was removed on 9/23/18. The Scope and Severity were lowered to E while the facility continued management level oversight of licensed nursing staff and develops and implements a plan of correction (POC) and the facility's Quality Assurance Committee monitors the effectiveness of the systematic changes.</p> <p>The findings include:</p> <p>Review of the Georgia Practical Nurses Practice Act with a copyright date of 2013 documents the following: The practice of licensed practical nursing (LPN) means the provision of care for compensation, under the supervision of a physician practicing medicine, a dentist practicing dentistry, a podiatrist practicing podiatry, or a registered nurse practicing nursing in accordance with applicable provisions of law. Such care shall relate to the maintenance of health and prevention of illness through acts authorized by the board, which shall include, but not be limited to, the following:</p> <p>A. Participating in the assessment, planning, implementation, and evaluation of the delivery of health care services and other specialized tasks when appropriately trained and consistent with board rules and regulations .</p> <p>B. Providing direct personal patient observation, care, and assistance in hospitals, clinics, nursing homes</p> <p>D. Administering treatments and medications ;</p> <p>Review of the Manufacturer's Guidelines for the use of the Assure Platinum Blood Glucose Monitor read, in pertinent part, Cleaning and Disinfecting Guidelines: Contact with blood presents a potential infection risk. We suggest cleaning and disinfecting the meter between patient use. Option 1: Cleaning and disinfecting can be completed using a commercially available EPA (Environmental Protection Agency)-registered disinfectant detergent or germicide wipe, To use a wipe, remove from container and follow product label instructions to disinfect the meter. Take extreme care not to get liquid in the test strip and key code ports of the meter, many wipes act as both a cleaner and disinfectant, though if blood is visibly present on the meter, two wipes must be used; use on wipe to clean and a second wipe to disinfect. Option 2: To clean the outside of the blood glucose meter, use a lint -free cloth dampened with soapy water or isopropyl alcohol (70 - 80%), To disinfect the meter, dilute 1 ml (milliliter) of household bleach (5 - 6% sodium hydrochloride solution) in 9 ml of water to achieve a 1:10 dilution (final concentration of 0.5 - 0.6% sodium hydrochloride). The solution can then be used to dampen a paper towel (do not saturate the towel). Then use the dampened paper towel to thoroughly wipe down the meter. Please note that there are commercially available 1:10 bleach wipes from a variety of manufacturers. Take extreme care not to get liquid in the test strip and key code ports of the meter. With all recommended meter cleaning and disinfecting methods, it is critical that the meter be completely dry before testing a resident's glucose level. Please follow the disinfectant product label instructions to ensure proper drying time.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the Manufacturer's Guidelines for use of Super Sani-Cloth Germicidal Disposable Wipes read, in pertinent part, Kills HIV-1 (AIDS Virus), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) on the pre-cleaned environmental surfaces/objects in two minutes at room temperature (68-77 Degrees F) in health care setting in which there is an expected likelihood of soiling of surfaces/objects with blood or body fluids, and in which the surfaces/objects likely to be soiled with blood or body fluids can be associated with the potential for transmission of Human Immunodeficiency Virus (HIV) Type 1 (HIV-1) (associated with AIDS, Hepatitis B Virus (HBV) and Hepatitis C (HCV).</p> <p>Observations during Medication Administration on 9/18/18 and 9/19/18 revealed the following:</p> <ol style="list-style-type: none"> <li>1. Licensed Practical Nurse (LPN) DD was observed performing R#25's blood glucose check on the 200 Unit on 9/18/18 at 11:29 a.m. LPN DD cleaned the glucometer with an alcohol prep pad for approximately 15 seconds prior to using the monitor to obtain R#25's blood glucose level.</li> <li>2. LPN DD was observed performing R#4's blood glucose checks on the 200 Unit on 9/18/18 at 11:33 a.m. LPN DD cleaned the glucometer with an alcohol prep pad for approximately 10 seconds prior to using the monitor to obtain R#4's blood glucose level.</li> <li>3. LPN DD was observed performing R#285's blood glucose checks on the 200 Unit on 9/18/18 at 11:38 a. m. (immediately after performing R#4's blood glucose check). LPN DD cleaned the glucometer with an alcohol prep pad for approximately 10 seconds prior to using the glucometer to obtain R#285's blood glucose level.</li> </ol> <p>During an interview with LPN DD on the 200 Nursing unit on 9/18/18 at 11:45 a.m., he stated, I usually use an alcohol swab to clean the meter. I think I might have had one in-service, when I started working here in March (regarding proper sanitization of a glucose monitor). The LPN additionally stated, I think had one in-service when I started working here in March. LPN DD couldn't recall if he'd been trained, or not on the use of glucometer). I don't know what kill time is.</p> <ol style="list-style-type: none"> <li>4. Observation on the 100 Unit on 9/18/18 at 4:54 p.m. revealed LPN FF performing R#15's blood glucose check. LPN FF made no attempt to clean the glucometer prior to obtaining R#15's blood glucose level.</li> <li>5. LPN FF was observed performing R#2's blood glucose check on the 100 Unit on 9/18/18 at 5:15 p.m. (immediately after obtaining R#15's blood glucose). LPN FF did not clean the glucometer prior to obtaining R#2's blood glucose level.</li> <li>6. LPN FF was observed obtaining R#71's blood glucose checks on the 100 Unit on 9/18/18 at 5:25 p.m. (immediately after obtaining R#2's blood glucose). LPN FF did not clean the glucometer prior to obtaining R#71's blood glucose level.</li> </ol> <p>During an interview conducted with LPN FF on the 100 Nursing unit on 9/18/18 at 5:30 p.m., she stated, We clean the glucometers with soap and water every week. I use an alcohol pad sometimes between residents to wipe glucometer off. I do that randomly. We have Clorox Disinfecting wipes on the cart. LPN FF showed the surveyor a container of Clorox Disinfecting Wipes on the medication cart. She stated, I don't use these, though. LPN FF only had one glucometer on this medication cart, which she used for monitoring blood glucose for all residents on the unit. Additionally, LPN FF stated she did not remember receiving training on how to properly clean a glucometer.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>7. Observation on the 200 Unit on 9/20/18 at 8:58 a.m. revealed LPN AA performing R#35's blood glucose check. LPN AA cleaned the glucose monitor with an alcohol prep pad for approximately 20 seconds prior to obtaining R#35's blood glucose level.</p> <p>During an interview with LPN AA on the 200 Nursing unit on 9/20/18 at 9:11 a.m., the LPN stated, I have to sanitize the glucometer with an alcohol pad before I use it. Additionally, LPN AA stated, he did not remember receiving training on how to sanitize the glucometer.</p> <p>During an interview with LPN EE on the 100 Nursing unit on 9/18/18 at 11:51 a.m., she stated, I clean the glucometer with alcohol before and after each use. I haven't received any training on how to clean the glucometer.</p> <p>During an interview with LPN GG on the 100 Nursing unit on 9/19/18 at 5:35 p.m., she stated, The glucometer are cleaned with alcohol and the Clorox wipe. I use a Clorox wipe and then alcohol.</p> <p>During an interview with Unit Manager (UM) BB on the 100 Nursing unit on 9/20/18 at 8:54 a.m., she stated, The process for cleaning the glucometer is to use the wipes kept in the bottom drawer of the medication cart to clean the meter and then let it dry.</p> <p>During an interview with the Regional Clinical Director in the conference room on 9/20/18 at 9:20 a.m., she stated, The Glucometers should be cleaned before and after use. The staff have a Clorox based cleaner on the medication carts for cleaning the glucometer. I think it's a Purple Top Sani-Wipe. She indicated on glucometer was kept in each medication cart, and the same glucometer was used for all residents receiving medication from that cart.</p> <p>During an additional interview with the Regional Clinical Director in the conference room on 9/20/18 at 12:09 p.m., The policies aren't being followed. We have been unable to find training documentation for any of the nurses. We are doing competencies right now with all of the nurse.</p> <p>During an interview with the Medical Director in the conference room, via phone, on 9/20/18 at 2:23 p.m., he stated, I would expect, minimally, for the policy to be followed.</p> <p>During an interview with the Administrator in the conference room on 9/21/18 at 11:10 a.m., he stated the Assistant Director of Nursing (ADON) was responsible for the Infection Control program in the facility, however she was no longer working in the facility as of 9/7/18.</p> <p>The facility implemented the following actions to remove the immediate Jeopardy:</p> <p>I. Record review revealed the RNC provided training to the RN supervisor and the ADON on the professional standards of care as it relates to the staff cleaning the glucometers properly with the correct disinfectant and avoid using the same glucose meters on residents with infectious diagnosis such as HIV + and Hepatitis C. All training records to be maintained in the Administrators office.</p> <p>II. Record review and interviews revealed the RNC,ADON and RN Supervisor have completed 100% staff training on meeting the professional standards of care as it relates to the proper cleaning of the glucose meter.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>III. Interview with the ADON that she responsible for Staff development and she plant to incorporate the training of glucose meters for al new hires, annually and needed.(sic)</p> <p>IV. Record review and interview with the RNC revealed she has redesigned the daily audit sheets to focus on the professional standards of licensed staff must exhibit performing finger sticks correctly according to the training received and suing (sic) the glucometers. If during the daily audit a deficient practice is identified the observer will intervene and remove the nurse prior to contact with the resident. The audit sheet will reflect the necessary retraining for the employee (sic). The daily audit sheet will be reviewed and by the RNC, ADON, and Administrator. The audit sheets will be maintained in the Administrator's office.</p> <p>V. The RNC and ADON will be responsible for gathering for presenting the result of the dialy audits and training to the QAPI committee for monitoring for adherence to the AOC.</p> <p>VI. The DON/ADON will provide education regarding professional Standards upon hire and annually for all licensed nurses. Documentation of the education and competency will be located in the Administrators office.</p> <p>VII. The ADON/Unit Manager will perform Glucose cleaning audits to assure that the level and type of care meets the professional standards for Licensed nursed, daily, each shift,7 days per week. the audits will be documented and maintained in the Administrators office.</p> <p>VII. Results will be presented to the QAPI committee, by the Administrator and/or the DON, to allow the QAPI committee to monitor completion of licensed nurse competencies r/t cleaning and decontamination of the Glucometer, to ensue compliance.</p> <p>The State Survey Agency (SAA) validated the facility Credible Allegation of Immediate Jeopardy Removal as follows:</p> <p>Review of the facility's Allegation of Compliance (AOC) Manual revealed the facility Regional Nurse Consultant (RNC) reviewed and revised the facility's policy for sanitizing the glucometers for residents requiring finger sticks to monitor blood glucose on 9/20/18. Revision of the policy also included the storage of separate glucometers for those residents identified with an infectious disease.</p> <p>Review of the facility in-service records dated 9/20/18 to 9/22/18 revealed the RNC, Assistant Director of Nursing (ADON) and the Unit Manager (UM) BB provided training to facility licensed staff on the revised policy titled Policy in Cleaning and Disinfecting the Glucose Monitor.</p> <p>Review of the facility training records revealed the training provided by the RNC, ADON, and the UM BB also included a skills competency checklist for each licensed staff member.</p> <p>Review of the facility 's AOC records also included audit forms developed by the RNC. The audits were to be completed daily on different shifts to monitor the licensed staff compliance with decontamination/sanitation and storage process of the glucometers. The RNC/ADON/designee will be responsible for completing the audits and the audit forms will be turned over to the Administrator. The audit form does reflect what interventions or actions (i.e. remedial training, etc.) will be taken if a deficient practice is identified.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Observation of the medication cart for 300 Hall with LPN OO on 9/22/18 at 2:15 p.m. revealed LPN OO demonstrated the procedure for cleaning the glucometers as follows: Before using the meter on a resident staff clean/sanitize the meter using Santi Cloth Bleach wipes cleaning both sides two minutes then let it air dry for one minute and repeated the procedure after obtaining the resident's finger stick blood sugar. LPN OO stated if a resident has an infectious disease diagnosis then that resident will their own glucometer and must not share with the other diabetic residents. The same cleaning procedure will be used, and their glucometers will be stored in a plastic bag with the resident's name.</p> <p>Observation of the 400 Hall medication cart with LPN DD on 9/22/18 at 2:30 p.m. revealed the medication cart contained two glucometers for two residents with infectious diseases. The LPN created a clean field, set-up cleaning supplies (disinfectant wipes) and plastic cup. LPN DD performed hand hygiene and donned gloves; then inspected glucometer for traces of dried blood then obtained one Santi Cloth Bleach towel wiping the entire machine; then obtained a second wipe and continued to sanitize the machine for two minutes (checking his watch) and then placed the machine in the plastic cup to let it air dry for one minute. LPN DD stated the glucometers for these two residents are not be shared with other diabetic residents on the unit to avoid cross contamination. And the glucometer in the Styrofoam cup was to be used on the other diabetic residents on the 400 Hall.</p> <p>Observation of the 500 Hall medication cart with LPN AA on 9/22/18 at 2:45 p.m. revealed two glucometers in separate plastic bags for two residents with infectious disease diagnosis. LPN AA used hand sanitizer to clean her hands and then laid down two paper towels for clean field, set-up supplies to obtained blood sugar. LPN AA then used hand sanitizer again and donned gloves removed glucometer from the plastic bag and wiped glucometer with Sani wipe according to new policy for two minutes. LPN AA timed himself by watching the wall clock then placed the glucometer in a plastic cup to air dry for one minute. After demonstrating the decontaminating procedure for the glucometer, LPN AA stated it is now the facility policy to use separate glucometers for residents to avoid cross contamination</p> <p>Observation on 200 Hall with LPN FF 9/22/18 at 4:20 p. m. LPN FF used hand sanitizer and then set-up a clean field with paper towels then donned gloves and used Santi Cloth to sanitize glucometer for two minutes. LPN FF timed herself by watching the clock on the wall and then placed the glucometer in a clean cup to air dry for a minute. Then preceded to perform resident's finger stick (followed procedure for blood testing) LPN FF returned to medication cart and performed sanitizing procedure on the glucometer without any problems.</p> <p>Observation on 9/22/18 at 5:30 p.m. on the 300 Hall revealed LPN EE preparing to demonstrate hand sanitizing process for the glucometers. LPN EE used hand sanitizer and created clean field. Wiped the glucometer for 30 sec with Santi cloth and obtained a clean Santi cloth and wrapped the glucometer in the same cloth and placed in clean plastic cloth. Asked LPN EE if this was how she was trained? LPN stated she works at another LTC facility and that's they do it. LPN EE was asked to sanitize the glucometer the way she was trained. LPN EE repeated the procedure this time setup another clean field, used hand sanitizer and donned gloves, then wiped the meter front and back, sides, insertion site, then pulled another Santi cloth and continued with the sanitizing method for the two minutes and then placed in clean cup to air dry for one minute.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Observation on 9/23/18 at 5:57 a.m. on the 500 Hall revealed LPN QQ started to sanitize the glucometer when she realized that she had not established a clean field, had not used hand hygiene and was not wearing gloves. LPN identified these areas herself and requested to start over again. LPN QQ used the hand sanitizer, created a clean field, and donned gloves then used two Santi-Cloth Bleach wipes to clean meter for two minutes and then placed the monitor in a clean plastic cup to air dry for one minute. LPN QQ explained those residents with a diagnosis of infectious disease will have their glucose meters which are maintained in a plastic bag and labeled with their names to avoid cross contamination.</p> <p>Observation on 9/23/18 at 6:25 a.m. on the 200 Hall with LPN RR had an instruction sheet on the medication cart for guidance in performing the procedure. LPN performed the sanitizing procedure without any difficulty.</p> <p>Interview with the RNC on 9/23/18 at 10:10 a.m. in the conference room revealed that she and the ADON will be responsible for monitoring the licensed staff for compliance. Audits will be conducted daily on the different shifts to identify any deficient practice. RNC stated if a deficient practice is identified, then that employee will be removed from resident care and receive remedial training immediately. The RNC also stated the audits and training records will be presented in the scheduled QAPI meetings to review staff compliance.</p> <p>An interview with the ADON on 9/23/18 at 10:30 a.m. in the conference room revealed that she is also responsible for staff education. The ADON stated that she has included sanitation and storage training of the glucometers in the new employees' orientation schedule. The ADON further stated all licensed staff will receive competency training on the glucometers annually and as needed.</p> <p>18947</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>18947</p> <p>Based on facility policy review, record review, observations, and interviews, it was determined the facility failed to ensure nursing staff was appropriately trained to provide clinical services, specifically the sanitizing and/or decontaminating the glucometers for of seven out of 23 residents (R) (R#2, R#4, R#15, R#25, R#35, R#71, and R#285) receiving blood glucose checks. Specifically, the facility was unable to provide documentation of the licensed staff receiving training on how to properly sanitize the residents' glucometer before and after each resident use to prevent cross contamination.</p> <p>The facility's failure to ensure licensed staff were appropriately trained to sanitize the glucometers to avoid cross contamination was determined to be likely to cause serious injury, harm, impairment, or death to residents. Immediate Jeopardy was determined to exist on 9/18/18, when the surveyor observed R#25 's blood glucose level being checked with a glucometer that had not been appropriately sanitized prior to use.</p> <p>The immediate jeopardy was related to the facility's noncompliance with the program requirements at</p> <p>CFR 483.21(b)(3)(i) Professional Standards (F658 Scope/Severity: K);</p> <p>CFR 483.35(a)(3)-(4),(C), Nursing Services (F726, Scope/Severity: K);</p> <p>CFR 483.70 Administration (F835, Scope/Severity: K);</p> <p>CFR 483.75(g)(2), Quality Assessment and Assurance (F867, Scope/Severity: K);</p> <p>CFR 483.80 (a)(1)(2)(i)(ii)(iii) (4) Infection Control Program (F880 Scope/Severity: K).</p> <p>The facility's Administrator, Regional Director of Operations, and Regional Nurse Consultant were informed of the Immediate Jeopardy on 9/20/18 at 5:18 p.m. The noncompliance related to the immediate jeopardy was identified to have existed as of 9/18/18 during the observation of medication administration nursing staff failed to properly sanitize the glucometers before and after use for R#2, R#4, R#15, R#25, R#35, R#71, and R#285.</p> <p>On 9/23/18 the facility provided a Credible Allegation of Compliance (AOC) of Jeopardy Removal alleging that interventions had been put into place to remove the immediacy on 9/22/18. Based on validation of the AOC the State Survey Agency (SSA) conducted observations, record reviews, interviews and review of the facility's policies as outlined in the AOC, the State Survey Agency (SSA) determined the immediate Jeopardy was removed on 9/23/18. The Scope and Severity were lowered to E while the facility continued management level oversight of licensed nursing staff and develops and implements a plan of correction (POC) and the facility's Quality Assurance Committee monitors the effectiveness of the systematic changes.</p> <p>The findings include:</p> <p>(continued on next page)</p>		



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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the facility's policy titled Infection Control: Cleaning and Disinfecting Blood Glucose Meters Policy, dated 5/10 documented It is the policy of this facility to clean and disinfect blood glucose meters in a manner consistent with manufacturer's recommendations and in accordance with current CDC (Centers for Disease Control) guidelines for prevention of infection.</p> <p>Review of the facility's document titled the Infection Control: Cleaning and Disinfecting Blood Glucose Meters Training, undated, read, in pertinent part, Learning Objectives: At the conclusion of this program, the participant will be able to 1. State the reason for cleaning and disinfecting the glucose meters, 2. Discuss materials for cleaning and disinfecting glucose meters, 3. State the appropriate times and frequency for cleaning ad disinfecting glucose meters, 4. Demonstrate cleaning and disinfecting glucose meters, and 5. To use the purple top disinfectant with at least 2-minute kill time.</p> <p>Review of the facility's document titled The Glucometer Competency Checklist, dated 12/16, documented, Disinfection process for the glucometer with Super Sani-wipes prior to use: 3. Open and unfold 1st wipe to clean any blood and/or bodily fluids from the glucometer, 4. Unfold a second wipe to disinfect by wiping down all surfaces of the glucometer, 5. Allow the treated surface to remain wet for a full two (2) minutes, 6. Place the glucometer on a clean barrier surface and allow to air dry.</p> <p>1. Licensed Practical Nurse (LPN) DD was observed preparing to perform R#25's blood glucose check on 9/18/18 at 11:29 a.m. on 200 Hall. LPN DD cleaned the glucometer with an alcohol prep pad for approximately 15 seconds prior to using the glucometer to obtain R#25's blood glucose level.</p> <p>2. LPN DD was observed preparing to perform R#4's blood glucose check on 9/18/18 at 11:33 a.m. on 200 Hall. LPN DD cleaned the glucometer with an alcohol prep pad for approximately 10 seconds prior to using the monitor to obtain R#4's blood glucose level. LPN DD had previously used this same glucometer to check the blood glucose on R#25.</p> <p>3. LPN was observed preparing to check R#285's blood glucose on 9/18/18 at 11:38 a.m. on the 200 Hall. LPN DD cleaned the glucometer with an alcohol prep pad for approximately 10 seconds prior to using the glucometer to obtain R#285's blood glucose level. LPN DD used this same glucometer on R#4 a few minutes earlier. Record review revealed R#285 had an infectious disease diagnosis.</p> <p>4. LPN FF was observed preparing to perform R#15's blood glucose check on 9/18/18 at 4:54 p.m. on the 100 Hall. LPN FF did not clean the glucometer prior to obtaining R#15's blood glucose level.</p> <p>5. LPN FF was observed preparing to perform R#2's blood glucose check on 9/18/18 at 5:15 p.m. on the 100 Hall. LPN FF did not clean the glucometer prior to obtaining R#2's blood glucose level. LPN FF had just finished using the same glucometer on R#15 a few minutes earlier.</p> <p>6. LPN FF was observed preparing to perform R#71's blood glucose check on 9/18/18 at 5:25 p.m. on the 100 Hall. LPN FF did not sanitize the glucometer prior to obtaining R#71's blood glucose level. This was the same glucometer that LPN FF use to obtain R#2's blood glucose a few minutes earlier</p> <p>7. LPN AA was observed preparing to check R#35's blood glucose on 9/20/18 at 8:58 a.m. on the 100 Hall. LPN AA cleaned the glucometer with an alcohol prep pad for approximately 20 seconds prior to obtaining R#35's blood glucose level.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview with LPN DD on the 100 Hall on 9/18/18 at 11:45 a.m., he stated, I usually use an alcohol swab to clean the glucometer. From training, from all that I've got, that's what we do. I think I had one in-service when I started working here in March. LPN DD couldn't recall if he'd been trained, or not on the use of glucometer. I don't know what kill time is.</p> <p>During an interview with LPN EE on the 100 Hall on 9/18/18 at 11:51 a.m., she stated, I clean the glucometer with alcohol before and after each use. I haven't had any training on how to clean the glucometer. I don't know what kill time is.</p> <p>During an interview with LPN FF on the 100 Hall on 9/19/18 at 5:30 p.m., she stated, she did not remember being trained on how to properly clean a glucometer.</p> <p>During an interview with LPN GG on the 100 Hall on 9/19/18 at 5:35 p.m., she stated, I've had no training here on the cleaning the glucometer that I recall.</p> <p>During an interview with Unit Manager (UM) BB in the 100 Hall nurse's station on 9/20/18 at 8:54 a.m., she indicated the correct product for cleaning the glucometer was the purple top Sani-wipes, but stated she did not know what the kill time was for the product.</p> <p>During an interview with LPN AA on the 100 Hall on 9/20/18 at 9:11 a.m., he indicated he did not remember receiving training on how to sanitize the glucometers.</p> <p>During an interview with the Regional Clinical Director in the conference room on 9/20/18 at 1:14 p.m., she stated, No staff training records were found for any of the licensed nursing staff members. I looked through the records, and nothing could be found. We are doing training and competencies right now.</p> <p>The facility failed to provide the staff with training on the manufacturer's recommendations on the cleaning procedure of the glucometers for residents requiring finger sticks for blood sugar monitoring.</p> <p>Cross Reference to F880</p> <p>The facility implemented the following actions to remove the immediate Jeopardy:</p> <p>I. On September 20, 2018, the Regional Nurse Consultant provided training to the ADON, Unit Manager, and Nurse Supervisor on Infection control as it relates to cleaning and decontaminating of the blood glucose meters.</p> <p>II. On September 20, 2018, The Unit Manager/ADON provided education to 2 RN's and 10 LPN's, in Person, with competency and return demonstration of cleaning and decontaminating of the Glucometer. The training included; infection control, cleaning and disinfecting the blood glucose meter and the Observation of the License Nurse Demonstrating competency in cleaning and decontaminating the glucose meter, using the Approved Germicidal Disposable wipes. The documentation of this training and competency will be maintained in the Administrator's office</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>III. On September 21, 2018, The Unit Manager/ ADON provided education to 1 RN and 3 LPN' s, in Person, with competency and return demonstration of cleaning and decontaminating of the Glucometer. The training included; infection control, cleaning and disinfecting the blood glucose meter and the Observation of the License Nurse Demonstrating competency in cleaning and decontaminating the glucose meter, using the Approved Germicidal Disposable wipes. The documentation of this training and competency will be maintained in the Administrator's office.</p> <p>IV. On September 21, 2018, The Unit Manager/ADON provided education to 1 RN and 5 LPN's, By Telephone. The training included; infection control, cleaning and disinfecting the blood glucose meter using the Approved Sani Cloth Germicidal Disposable wipes. The documentation of this training will be maintained in the Administrator's office.</p> <p>V. As of September 21, 2018, the facility completed education in regard to meeting the professional standard of care to 4 RN' s and 18 LPN' s for a total of twenty-two (22) of the twenty-four (24) Licensed nurses or 92 % of the Licensed nursing staff. The remaining 2 licensed nurses, who were unavailable for training due to being off duty, or on leave, are to receive this in-service training upon their return to work, prior to direct patient care.</p> <p>VI. The DON/ ADON will provide Glucose cleaning/decontamination training and competency to nurses, upon hire and annually for all licensed nurses. Documentation of the education and competency will be maintained in the DON's office.</p> <p>VII. The ADON/Unit Manager will perform Glucose cleaning audits, for License nurses daily, each shift, 7 days per week. The audits will be documented and maintained in the Administrator's office.</p> <p>VIII. If deficient practice is observed during the audit, the observer will immediately intervene, prior to resident contact. The Nurse will be retrained, and the observation will continue. If the nurse is unable to maintain compliance, the nurse will be removed from resident care and provided remedial training until they are able to perform the proper process for cleaning and decontaminating the Glucose meter or they are removed from duty.</p> <p>IX. Results of the training and audits will be presented to the QAPI committee, by The Administrator and/or the DON, to allow the QAPI committee to monitor completion of licensed nurse competencies r/t cleaning and decontaminating of the Glucometer, to ensure compliance.</p> <p>The State Survey Agency (SAA) validated the facility Credible Allegation of Immediate Jeopardy Removal as follows:</p> <p>Review of the facility's policy titled Infection Control: Cleaning and Disinfecting Blood Glucose Meters updated 9/21/18 revealed the procedure as follows:</p> <p>a) before each use of the blood glucose meter machine must be inspected for debris. The machine may be cleaned with a lint free dampened cloth with soapy water.</p> <p>b) the machine should be wiped down for two minutes both front and back with Santi-Cloth Bleach wipes to disinfect the machine. The machine should air dry for one minute before it is used.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>c) Do not clean inside the battery compartment or test strip port. Allow the machine to air dry as you prepare to perform the blood glucose testing.</p> <p>d) When glucose testing of an individual resident is completed the machine should be cleaned and disinfected by wiping it down front and back, with Santi Cloth Bleach wipes.</p> <p>e) the machine should air dry for one minute before the next use.</p> <p>f) Residents with diagnosis of an infectious disease will be provided their own individual glucometer. It will be cleaned/decontaminated, labeled, and stored in a plastic bag in the Med Cart.</p> <p>Review of the facility's training records revealed the Regional Nurse Consultant (RNC) provided Glucomer cleaning training to Assistant Director of Nursing (ADON) and the Unit Manager (UM BB) on 9/20/18.</p> <p>Review of the facility's Allegation of Compliance (AOC) documents revealed the facility conducted in-services on September 20, and 21, 2018. The facility's licensed nurses had received training on the facility's revised policy for cleaning blood glucose meters. In addition to training on the cleaning process the licensed staff received training on the storage of the of the glucometers for those residents with an infectious disease diagnosis. It was a requirement for the staff to complete a competency checklist during the training. The in-service was provided by the Regional Nurse Consultant, (RNC), the Assistant Director of Nursing (ADON), and the Unit Manager (UM BB). The facility had completed training on 100% of its licensed staff which includes 18 of 18 Licensed Practical Nurses and four of four Registered Nurses.</p> <p>Review of the facility's document titled Glucometer Competency Checklist (undated) revealed the facility had completed skill competency checklists for 18 of 18 Licensed Practical Nurses and four of four Registered Nurses which is 100% of the licensed staff.</p> <p>Review of the facility's document titled Nursing Blood Glucose Monitoring System (undated) revealed the RNC and ADON were utilizing this document to monitor the staff's compliance with disinfecting and storage of the residents' glucose meters. The document was revised to reflect if any problems are identified with compliance additional intervention or action will be taken to prevent reoccurrence.</p> <p>Interview with the RNC on 9/23/18 at 10:10 a.m. conference room revealed that when the problem with sanitizing the glucose meters was identified, she reviewed and revised the facility's policy for cleaning and storage of the glucometers. RNC also stated that she immediately trained the ADON and UM BB on the correct procedure, so that they could assist with the training and monitoring the entire licensed staff. The RNC also stated the monitoring for compliance would be done daily on various shifts. If a compliance problem was identified in the audits, that employee would receive remedial training until they are able to perform the proper process for cleaning and decontaminating the glucometer or the employee is removed from duty. The RNC further stated the audits will be maintained in the Administrator's office. Also, that she and the ADON will be responsible for presenting the results of the training and monitoring audits to the Quality Assurance Performance Improvement Committee (QAPI) meetings.</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>18947</p> <p>Based on interview and review of facility policy and contracts, it was determined that the facility Administrator was unaware that licensed nursing staff were using glucometers between residents without properly sanitizing the instrument per manufacture recommendations for 23 residents requiring glucose monitoring.</p> <p>The facility's failure to identify nursing staff's noncompliance with sanitizing the glucometers between residents use has caused, or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was determined to exist on 9/18/18.</p> <p>The immediate jeopardy was related to the facility's noncompliance with the program requirements at:</p> <p>CFR 483.21(b)(3)(i) Professional Standards (F658 Scope/Severity: K);</p> <p>CFR 483.35(a)(3)-(4),(C), Nursing Services (F726, Scope/Severity: K);</p> <p>CFR 483.70 Administration (F835, Scope/Severity: K);</p> <p>CFR 483.75(g)(2), Quality Assessment and Assurance (F867, Scope/Severity: K);</p> <p>CFR 483.80 (a)(1)(2)(i)(ii)(iii) (4) Infection Control Program (F880 Scope/Severity: K).</p> <p>The facility's Administrator, Regional Director of Operations, and Regional Nurse Consultant were informed of the Immediate Jeopardy on 9/20/18 at 5:18 p.m. The noncompliance related to the immediate jeopardy was identified to have existed as of 9/18/18 during the observation of medication administration nursing staff failed to properly sanitize the glucometers before and after use for R#2, R#4, R#15, R#25, R#35, R#71, and R#285</p> <p>On 9/23/18 the facility provided a Credible Allegation of Compliance (AOC) of Jeopardy Removal alleging that interventions had been put into place to remove the immediacy on 9/22/18. Based on validation of the AOC the State Survey Agency (SSA) conducted observations, record reviews, interviews and review of the facility's policies as outlined in the AOC, the State Survey Agency (SSA) determined the immediate Jeopardy was removed on 9/23/18. The Scope and Severity were lowered to E while the facility continued management level oversight of licensed nursing staff and develops and implements a plan of correction (POC) and the facility's Quality Assurance Committee monitors the effectiveness of the systematic changes.</p> <p>The findings include:</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on 9/21/18 at 10:52 a.m. in the facility's conference room with the Administrator. Per the Administrator, the Director of Nursing (DON) never made him aware that the licensed staff were not routinely cleaning glucometers per manufacturer recommendations. The DON was expected to monitor for the proper sanitizing of glucometers by nursing staff as her role of facility Infection Preventionist. The Administrator also reported the DON was responsible for the training of nursing staff of the proper cleaning technique of glucometers. The Administrator reported there was no documentation available to demonstrate nursing staff ever received glucometer cleaning training per manufacturer's recommendations.</p> <p>The Administrator also reported during the interview, the facility also conducted surveillance of medication administration by facility nursing staff through a contractual agreement with an outside pharmacy service. The contracted pharmacy service provides a nurse consultant who conducts monthly onsite visits. The onsite visits consist of the nurse consultant making direct observations of facility nursing staff during their routine medication administration times. Regular reports are submitted to the facility by the nurse the consultant for review. The reports are intended to identify any irregularities that need to be addressed by facility administration and management. Neither the facility's DON, nor the contracted Pharmacy Nurse Consultant had made the Administrator aware of any problems regarding the proper cleaning of glucometers by the facility's licensed staff.</p> <p>Review of the facility document titled 'Daily Census Report' dated 9/20/18 revealed the following 23 residents were identified as receiving finger sticks for blood glucose monitoring: R#2, R#4, R#5, R#15, R#23, R#25, R#26, R#29, R#30, R#42, R#45, R#49, R#52, R#67, R#69, R#75, R#71, R#79, R#80, R#183, R#187, R#234, and R#285.</p> <p>Review of the facility's Pharmacy Consultant Agreement dated 7/01/14 indicated The Consultant shall, upon request of the facility, provide consultation on the functional quality of provider pharmacy services, and facility compliance with various qualified indicators. Opportunities for improvement identified during the performance of that advanced services will be reported to the facility along with recommendations that if action upon, will insure facility compliance. These services shall include: Evaluation of facility medication administration error rate with follow up one-to-one training of facility nursing staff to provide an environment where maximum accuracy (&lt;5% error rate with no significant errors), and appropriate technique are assured.</p> <p>Telephone interview conducted on 9/21/18 at 3:12 p.m. with the Pharmacy Nurse Consultant. The Pharmacy Nurse Consultant reported she began conducting monthly onsite visits at the facility starting approximately four years ago. Onsite responsibilities included direct observation of facility nursing staff administering medications. Direct staff observations of facility staff were primarily limited to pills or tablets being administered by oral route to residents. The Pharmacy Nurse Consultant reported rarely observing facility staff checking resident's blood glucose levels using a glucometer due to her standard arrival time to the facility of 9:00 a.m. on the day of her visits. Facility practice was to have resident's ordered morning blood glucose checks completed by 6:30 a.m. The Pharmacy Nurse Consultant reported she was under no direction, and had not received any request from facility management or administration officials to observe varying routes of medication administration. Whatever medication administration procedures facility nursing staff were performing upon her arrival is what she observed. The Pharmacy Nurse Consultant reported if she would have observed facility nursing improperly cleaning glucometers outside of manufacturer's recommendations, she would have included those observations in her monthly reports to the facility.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>I. On September 20, 2018, the Administrator was educated, by the Regional Director of Operations, on Infection Control as it relates to the requirements for cleaning and decontaminating of Glucose meters. The documentation of the education will be maintained in his personnel file in the Administrator's office.</p> <p>II. On September 20, 2018, the Administrator was educated, by the Regional Director of Operations on the facility QAPI policy.</p> <p>III. On September 20, 2018, the Administrator was educated, by the Regional Director of Operations on the AOC drafted for the cited deficiency F880 as it relates to cleaning and decontaminating blood glucose meters. The Administrator's responsibility for oversight will specifically include:</p> <p>a. Assuring that the policy for cleaning and decontaminating the Blood Glucose meter is trained and implemented for all licensed staff prior to working another shift.</p> <p>b. Validating the audit of 100% of resident's diagnosis, MD orders, and Medication administration records, that were reviewed by the Regional Nurse Consultant, to determine who and how often they received finger stick blood sugar checks, the MD was notified of the results of this review.</p> <p>c. Validating The audit of 100% of MD orders, to determined who receives finger stick blood sugar checks. 23 residents were identified to receive finger stick blood sugar checks, according to the MD orders.</p> <p>d. Ongoing communication with the Medical Director regarding these 23 residents, and their potential exposure to an infectious disease.</p> <p>e. Assuring that education is provided to all licensed nurses prior to their working another shift in the facility.</p> <p>f. Validating the Documentation of the education and competencies to be maintained in the DON's office.</p> <p>g. Assure that Nurses that are unable to successfully clean and decontaminate the Blood Glucose meter are removed from duty.</p> <p>h. Maintaining the glucose audits that the ADON/Unit Manager will perform for License nurses daily, 1.:ad1 shift, 7 days pt:r wt:t:k, in tht: Administrator's office.</p> <p>i. Assuring that Results are presented to the QAPI committee, by The Administrator and/or the DON, to allow the QAPI committee to monitor staff compliance with cleaning and decontaminating of the Glucometer, to ensure that this procedure is in compliance</p> <p>IV. The Regional Director of Operations / Regional Nurse Consultant will, daily review, 7 days per week, the Administrators management of the AOC to include;</p> <p>a. Education has been completed and documented</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>b. Competency has been completed successfully</p> <p>c. Audits have been completed and documented</p> <p>d. Any Non-compliant area receives retraining and competency demonstrated</p> <p>e. New hires trained on cleaning/decontaminating of the Glucometer</p> <p>f. Validate that Documentation is stored per the AOC</p> <p>V. On September 21, 2018, The Regional Director of Operations/ Regional Nurse consultant reviewed the Ad-Hoc QAPI minutes to assure that the Administrator is reporting on the AOC plan as it relates to cleaning and decontaminating of the Glucose meters.</p> <p>The State Survey Agency (SAA) validated the facility Credible Allegation of Immediate Jeopardy Removal as follows:</p> <p>Review of the facility's training records dated 9/20/18 revealed the facility Administrator training from the Regional Director of the Operations on the Infection Control related to the requirements for cleaning and sanitizing the glucometers. The Administrator's training included a review of the facility's revised policy on the Cleaning and Disinfecting of the Glucose Meters.</p> <p>The training also included the Administrator's responsibility oversight which included validating the audits of the physicians' orders for residents receiving fingerstick for glucose monitoring. Ongoing communicating with the Medical Director regarding the 23 residents receiving finger sticks and their potential exposure to an infectious disease. Validating the documentation and education and competencies to be maintained in the Director of Nursing's office. Monitoring the training, competency skill checklist and audits for 100% compliance. And assuring the results are present to the QAPI committee to ensure staff compliance.</p> <p>Additional review of the facility training records revealed the Administrator received additional training on the facility's Quality Assurance Performance Improvement (QAPI) Policy on 9/21/18 provided by the Regional Director of Operations. This training included a review of the summary report of a QAPI meeting which identified the policy statement and the primary goals of the QAPI committee. The Administrator training record also included an allegation of compliance sheet signed by the Administrator and the Regional Director of Operations verifying the Administrator's training.</p> <p>Review of the facility's training records dated 9/21/18 revealed the Regional Director of Operations and the Regional Nurse Consultant reviewed Ad-Hoc QAPI minutes to ensure the Administrator was reporting on the Allegation of Compliance (AOC) plan related to decontamination and storage of the glucose meters. Review of the attendance sheet revealed the Ad-Hoc meeting was attended by all QAPI Committee members including the Medical Director.</p> <p>(continued on next page)</p>		



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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interview with the Administrator and the Regional Director of Operations was conducted on 9/23/18 at 3:33 p. m. in the conference room revealed the DON at the time was also the Infection Control Nurse for facility was responsible for identifying any problems related to possible transmission of the infectious diseases. Both stated when the problem was identified thru the survey process they first became aware the DON was not performing Infection Control Nurse responsibilities and that the staff had not received any training on the sanitation of the glucometers according to manufacturer's recommendations. During the interview the Regional Director of Operations stated he was surprised the Pharmacy Nurse Consultant had not identified this problem earlier for the survey. This was part of the Pharmacy Nurse Consultant's responsibilities. The Regional Director of Operations also stated that he planned to schedule training for the Pharmacy Consultant Nurse on the facility revised policy for sanitation and storage of the residents' glucometers.</p> <p>Interview with the Administrator on 9/23/18 at 4:10 p.m. in the conference room the Administrator reiterated the training he had from the Regional Director Operations as to his role in the QAPI Committee and the his role in the oversight monitoring of the facility compliance to the AOC. The Administrator also stated that he had received training on how to clean and decontaminated the glucometers. and since he now knows the process he could conduct his own spot check of the nurses to ensure compliance.</p> <p>34746</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>18947</p> <p>34746</p> <p>Based on interview and review of facility policy and procedure, it was determined that the facility failed to have a functioning Quality Assessment and Performance Improvement (QAPI) Committee to oversee the implantation of the facility's QAPI Program. The QAPI did not lend itself to identify deficient practice related to infection control, specifically proper sanitizing glucometers before and after use. The licensed nursing staff were using glucometers between residents without sanitizing the instrument per manufacture recommendations for 23 residents requiring the use of the glucometers.</p> <p>The QAPI Committee failed to monitor infection control practices of facility nursing staff was determined to had caused, or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified was determined to exist on 9/18/18.</p> <p>The immediate jeopardy was related to the facility's noncompliance with the program requirements at:</p> <p>CFR 483.21(b)(3)(i) Professional Standards (F658 Scope/Severity: K);</p> <p>CFR 483.35(a)(3)-(4),(C), Nursing Services (F726, Scope/Severity: K);</p> <p>CFR 483.70 Administration (F835, Scope/Severity: K);</p> <p>CFR 483.75(g)(2), Quality Assessment and Assurance (F867, Scope/Severity: K);</p> <p>CFR 483.80 (a)(1)(2)(i)(ii)(iii) (4) Infection Control Program (F880 Scope/Severity: K)</p> <p>The facility's Administrator, Regional Director of Operations, and Regional Nurse Consultant (RNC) were informed of the Immediate Jeopardy on 9/20/18 at 5:18 p.m. The noncompliance related to the immediate jeopardy was identified to have existed as of 9/18/18 during the observation of medication administration nursing staff failed to properly sanitize the glucometers before and after use for R#2, R#4, R#15, R#25, R#35, R#71, and R#285</p> <p>On 9/23/18 the facility provided a Credible Allegation of Compliance (AOC) of Jeopardy Removal alleging that interventions had been put into place to remove the immediacy on 9/22/18. Based on validation of the AOC the State Survey Agency (SSA) conducted observations, record reviews, interviews and review of the facility's policies as outlined in the AOC, the State Survey Agency (SSA) determined the immediate Jeopardy was removed on 9/23/18. The Scope and Severity were lowered to E while the facility continued management level oversight of licensed nursing staff and develops and implements a plan of correction (POC) and the facility's Quality Assurance Committee monitors the effectiveness of the systematic changes.</p> <p>The findings include:</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the facility's Quality Assurance and Performance Improvement (QAPI) Plan, dated 2001, revised April 2014: The Administrator is responsible for assuring that this facility's QAPI Program complies with federal, state and local regulatory agency requirements. The QAPI Committee will scrutinize all department reports and summarize the findings in the committee minutes. The QAPI Committee shall help various departments/committees/disciplines/individuals develop and implement plans of correction and monitoring approaches. The plans and approaches should include specific time frames for implementation and follow-up. The committee shall track the progress of any active plans of correction. The committee shall advise the administration of the need for policy or procedural changes and, as appropriate, monitor to ensure that such changes are implemented.</p> <p>Interview conducted on 9/21/18 at 10:52 a.m. in the facility's conference room with the Administrator. Per the Administrator, the Director of Nursing (DON) was responsible as the facility's Infection Preventionist and QAPI committee member to train, monitor and report any irregularities to him and the QAPI committee through verbal and written reports. At no time did the DON make him or the QAPI committee aware that facility nurses were not cleaning glucometers between resident uses, per manufacturer's recommendations.</p> <p>The Administrator also reported during the interview on 9/21/18 at 11:00 a.m. in the conference room, the facility also conducted surveillance of medication administration by facility nursing staff through a contractual agreement with an outside pharmacy service. The contracted pharmacy service provides a nurse consultant who conducts monthly onsite visits. The onsite visits consist of the nurse consultant making direct observations of facility nursing staff during their routine medication administration times. Regular reports are submitted to the facility by the nurse the consultant for review. The reports are intended to identify any irregularities that need to be addressed by facility administration and management. Review of Consultant Activity Reports dated 7/06/18 and 8/14/18 revealed neither report addressed observing staff use and cleaning of glucometers between resident use. Neither the facility's DON, nor the contracted pharmacy nurse consultant had made the Administrator aware of any problems he needed to be made aware of regarding the proper cleaning of glucometers by facility staff.</p> <p>Cross Reference to F880</p> <p>The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>I. On September 20, 2018, The Regional Director of Operations educated the Administrator on the facility QAPI policy / process.</p> <ol style="list-style-type: none"> <li>a. Review of Operations</li> <li>b. Identify opportunities for improvement</li> <li>c. Determine the root cause</li> <li>d. Implement the performance improvement</li> <li>e. Evaluate</li> </ol> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>II. On September 20, 2018, the Regional Nurse Consultant reviewed the existing QAPI action plans and performance improvement.</p> <p>III. On September 20, 2018, The Regional Nurse Consultant developed an action plan for Cleaning and decontaminating the glucose meters.</p> <p>IV. On September 21, 2018, The Regional Nurse Consultant educated the QAPI committee on the facility QAPI policy / process. Committee members include; The Administrator, DON/ ADON, Medical Director, SSD</p> <p>a. Review of Operations</p> <p>b. Identify opportunities for improvement</p> <p>c. Determine the root cause</p> <p>d. Implement the performance improvement</p> <p>e. Evaluate</p> <p>V. On September 21, 2018, the facility QAPI committee convened an Ad-Hoc QAPI meeting.</p> <p>VI. On September 21, 2018, The Regional Director of Operation and the Regional Nurse Consultant attended and monitored the Ad-hoc QAPI meeting to assure that the process is facilitated per policy and training.</p> <p>The State Survey Agency (SAA) validated the facility Credible Allegation of Immediate Jeopardy Removal as follows:</p> <p>Review of the facility Allegation of Compliance (AOC) documents revealed on 9/20/18 the Regional Director of Operations provided education to the Administrator on the facility's Quality Assurance Performance Improvement policy and process. The process included a review of the facility operations; identify opportunities for improvement; determine any root causes of a deficient practice; implement performance improvement and evaluate the outcome.</p> <p>Additional review of the facility's AOC dated 9/23/18 revealed the facility's QAPI committed convened an Ad Hoc QAPI meeting. The Regional Director of Operations and the Regional Nurse Consultant were in attendance to ensure the process was facilitated according to facility policy and training.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview with the Regional Director of Operations and the Administrator on 9/23/18 at 3:55 p.m. in the conference room the facility's AOC was reviewed with both parties and discussed the QAPI components. The Regional Director of Operations stated the Regional Nurse Consultant had the reviewed the existing QAPI action plans and performance improvement. In addition to developing an action plan for decontaminating the residents' glucometers. The Regional Director of Operations also stated the RNC provided additional training to all the QAPI Committee members including the Administrator and the Medical Director. The Director of the Regional Operations conducted individual training for Administrator related to his responsibilities for QAPI and provided training to the Medical Director on his responsibilities as medical portion of the program. The Regional Director also stated that he planned to provide training to the Medical Director and the Pharmacy Nurse Consultant on the policy of the glucometer sanitation.</p> <p>An additional interview with the Administrator and the Regional Director on 9/23/18 at 5:10 p.m. in the conference room revealed the administrative team were planning to schedule a QAPI meeting within the next five to seven days to discuss the outcome the Immediate Jeopardy survey and review the facility 's corrective action plan. The administrative team plan to review the licensed staff completed competency skills checklist and audits conducted since 9/21/18.</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18947</b></p> <p>Based on facility policy review, clinical record review, observations, and staff interviews, the facility failed to ensure appropriate infection control measures were taken to prevent potential transmission of highly infectious diseases, such as hepatitis C and human immunodeficiency virus (HIV) for a total of 23 out of 23 residents receiving blood glucose checks in the facility. Seven residents (R), #2, R#4, R#15, R#25, R#35, R#71, and R#285) were observed receiving blood glucose checks during the survey. Of those seven residents observed, one resident (R#285) was diagnosed with hepatitis C and/or HIV disease. Specifically, blood glucose meters were not appropriately sanitized between use for any of the above referenced residents.</p> <p>The facility's failure to ensure infection control measures were taken to prevent residents from potentially contracting infectious diseases it was determined to be likely to cause serious injury, harm, impairment, or death to residents. Immediate Jeopardy was determined to exist on 9/18/18, when the surveyor observed R#25 's blood glucose level being checked with a glucometer that had not been appropriately sanitized prior to use.</p> <p>The immediate jeopardy was related to the facility's noncompliance with the program requirements at:</p> <p>CFR 483.21(b)(3)(i) Professional Standards (F658 Scope/Severity: K);</p> <p>CFR 483.35(a)(3)-(4),(C), Nursing Services (F726, Scope/Severity: K);</p> <p>CFR 483.70 Administration (F835, Scope/Severity: K);</p> <p>CFR 483.75(g)(2), Quality Assessment and Assurance (F867, Scope/Severity: K);</p> <p>CFR 483.80 (a)(1)(2)(i)(ii)(iii) (4) Infection Control Program (F880 Scope/Severity: K).</p> <p>The facility's Administrator, Regional Director of Operations, and Regional Nurse Consultant were informed of the Immediate Jeopardy on 9/20/18 at 5:18 p.m. The noncompliance related to the immediate jeopardy was identified to have existed as of 9/18/18 during the observation of medication administration nursing staff failed to properly sanitize the glucometers before and after use for R#2, R#4, R#15, R#25, R#35, R#71, and R#285</p> <p>On 9/23/18 the facility provided a Credible Allegation of Compliance (AOC) of Jeopardy Removal alleging that interventions had been put into place to remove the immediacy on 9/22/18. Based on validation of the AOC the State Survey Agency (SSA) conducted observations, record reviews, interviews and review of the facility's policies as outlined in the AOC, the State Survey Agency (SSA) determined the immediate Jeopardy was removed on 9/23/18. The Scope and Severity were lowered to E while the facility continued management level oversight of licensed nursing staff and develops and implements a plan of correction (POC) and the facility's Quality Assurance Committee monitors the effectiveness of the systematic changes.</p> <p>The findings include:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the facility's policy titled Infection Control: Cleaning and Disinfecting Blood Glucose Meters Policy, dated 5/2010 read, in pertinent part, It is the policy of this facility to clean and disinfect blood glucose meters in a manner consistent with manufacturer's recommendations and in accordance with current CDC (Centers for Disease Control) guidelines for the prevention of infection; and Equipment: Blood glucose meter, Commercially prepared pads moistened with 5 - 6 % sodium hypochlorite solution such as Sani-Cloth Bleach Wipes;, and Procedure: 1. Before each use of the blood glucose meter, the machine should be inspected for debris and cleaned, 2. The machine should be wiped down, both front and back, with Sani-Cloth Bleach Wipes to clean and disinfect the machine. The machine should air dry for one (1) minute before it is used, 3. Do not clean the battery compartment, code chip port or test strip port. Allow the machine to air dry as you prepare to perform the blood glucose testing, 4. When blood glucose testing of an individual resident is completed the machine should be cleaned and disinfected by wiping it down, both front and back, with Sani-Cloth Bleach Wipes, 5. The machine should air dry for one (1) minute before the next use.</p> <p>Review of the Manufacturer's Guidelines for the use of the Assure Platinum Blood Glucose Monitor read, in pertinent part, Cleaning and Disinfecting Guidelines: Contact with blood presents a potential infection risk. We suggest cleaning and disinfecting the meter between patient use. Option 1: Cleaning and disinfecting can be completed using a commercially available EPA (Environmental Protection Agency)-registered disinfectant detergent or germicide wipe, To use a wipe, remove from container and follow product label instructions to disinfect the meter. Take extreme care not to get liquid in the test strip and key code ports of the meter, Many wipes act as both a cleaner and disinfectant, though if blood is visibly present on the meter, two wipes must be used; use on wipe to clean and a second wipe to disinfect. Option 2: To clean the outside of the blood glucose meter, use a lint -free cloth dampened with soapy water or isopropyl alcohol (70 - 80%), To disinfect the meter, dilute 1 ml (milliliter) of household bleach (5 - 6% sodium hypochlorite solution) in 9 ml of water to achieve a 1:10 dilution (final concentration of 0.5 - 0.6% sodium hypochlorite). The solution can then be used to dampen a paper towel (do not saturate the towel). Then use the dampened paper towel to thoroughly wipe down the meter. Please note that there are commercially available 1:10 bleach wipes from a variety of manufacturers. Take extreme care not to get liquid in the test strip and key code ports of the meter. With all recommended meter cleaning and disinfecting methods, it is critical that the meter be completely dry before testing a resident's glucose level. Please follow the disinfectant product label instructions to ensure proper drying time.</p> <p>Review of the Manufacturer's Guidelines for use of Super Sani-Cloth Germicidal Disposable Wipes indicated, Kills HIV-1 (AIDS Virus), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) on the pre-cleaned environmental surfaces/objects in two (2) minutes at room temperature (68-77 Degrees F) in health care setting in which there is an expected likelihood of soiling of surfaces/objects with blood or body fluids, and in which the surfaces/objects likely to be soiled with blood or body fluids can be associated with the potential for transmission of Human Immunodeficiency Virus (HIV) Type 1 (HIV-1) (associated with AIDS, Hepatitis B Virus (HBV) and Hepatitis C (HCV).</p> <p>The following concerns were identified during observations of medication administration on 9/18/18 and 9/19/18:</p> <p>1. Licensed Practical Nurse (LPN) DD was observed performing R#25's blood glucose check on the 200 Unit on 9/18/18 at 11:29 a.m. LPN DD cleaned the blood glucometer with an alcohol prep pad for approximately 15 seconds prior to using the monitor to obtain R#25's blood glucose level.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>2. LPN DD was observed performing R#4's blood glucose checks on the 200 Unit on 9/18/18 at 11:33 a.m. (immediately after obtaining R#25's blood glucose check). LPN DD cleaned the glucometer with an alcohol prep pad for approximately 10 seconds prior to using the glucometer to obtain R#4's blood glucose level</p> <p>3. LPN DD was observed performing R#285's blood glucose check on the 200 Unit on 9/18/18 at 11:38 a.m. (immediately after performing R#4's blood glucose check). LPN DD cleaned the glucometer with an alcohol prep pad for approximately 10 seconds prior to using the glucometer to obtain R#285's blood glucose level.</p> <p>During an interview with LPN DD on the 200 nursing unit on 9/18/18 at 11:45 a.m., he stated, I usually use an alcohol swab to clean the meter. I think I might have had one in-service, when I started working here in March regarding proper sanitization of a glucometer. This is the type of wipe we have (showed surveyor an orange top Sani-Wipe container). I don't use these, to be honest. LPN DD only had one glucometer on his medication cart, which he used for monitoring blood glucose for all residents on the unit.</p> <p>4. Observation on the 100 Unit on 9/18/18 at 4:54 p.m. revealed LPN FF was observed performing R#15's blood glucose check. LPN FF did not clean the blood glucometer before obtaining R#15's blood glucose level.</p> <p>5. LPN FF was observed performing R#2's blood glucose check on the 100 Unit on 9/18/18 at 5:15 p.m. (immediately after obtaining R#15's blood glucose). LPN FF did not clean the glucometer before obtaining R#2's blood glucose level.</p> <p>6. LPN FF was observed performing R#71's blood glucose check on the 100 Unit on 9/18/18 at 5:25 p.m. (immediately after obtaining R#2's blood glucose). LPN FF did not clean the glucometer before obtaining R#71's blood glucose level.</p> <p>During an interview conducted with LPN FF on the 100 nursing unit on 9/18/18 at 5:30 p.m., she stated, We clean the blood glucometers with soap and water every week. I use an alcohol pad sometimes between residents to wipe the glucometer off. I do that randomly. We have Clorox Disinfecting wipes on the cart. LPN FF showed the surveyor a container of Clorox Disinfecting Wipes on the medication cart. She stated, I don't use these, though. LPN FF only had one glucometer on this medication cart, which she used for monitoring blood glucose for all residents on the unit.</p> <p>7. Observation on the 200 Unit on 9/20/18 at 8:58 a.m. revealed LPN AA performing R#35's blood glucose check. LPN AA cleaned the glucometer with an alcohol prep pad for approximately 20 seconds prior to obtaining R#35's blood glucose level.</p> <p>Review of a facility document titled Order Report by Category document, dated 9/20/18 indicated there were a total of 23 residents (including the seven sampled residents) receiving regular blood glucose monitoring currently residing in the facility.</p> <p>A review of a facility document titled Diagnoses Report-Clinical Report, dated 9/20/18 documented R#285 had an infectious disease diagnosis and required the use of a glucometer for frequent glucose monitoring.</p> <p>(continued on next page)</p>		



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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview with LPN AA on the 200 nursing unit on 9/20/18 at 9:11 a.m., he stated, I have to sanitize the glucometer with an alcohol pad before use. LPN AA only had one glucometer on his medication cart, which he used for monitoring blood glucose for all residents on the 200 unit.</p> <p>During an interview with LPN EE on the 100 Hall on 9/18/18 at 11:51 a.m., she stated, I clean the glucometer with alcohol before and after each use.</p> <p>During an interview with LPN GG on the 100 Hall on 9/19/18 at 5:35 p.m., she stated, The glucometer gets cleaned with alcohol and the Clorox wipe. I use a Clorox wipe and then alcohol. I use the Clorox wipe, let dry, then I use alcohol.</p> <p>During an interview with Unit Manager (UM) BB on the 100 nursing unit on 9/20/18 at 8:54 a.m., she stated, The process for cleaning the glucometers is to use the wipes kept in the bottom drawer of the medication cart to clean and then let it dry. This is to be done before and after each resident's blood sugar is taken.</p> <p>During an interview with the Regional Clinical Director in the conference room on 9/20/18 at 9:20 a.m., she stated, The glucometers should be cleaned before and after each resident's use. The staff have a product on their medication carts. It's a Clorox based cleaner for cleaning the glucometer. I think it's a Purple Top Sani-Wipe. She indicated a glucometer was kept on each medication cart, and the same glucometer was used for all residents receiving medication from that cart.</p> <p>During an interview with the Regional Clinical Director in the conference room on 9/20/18 at 12:09 p.m., she provided the facility policy for cleaning and disinfecting of the glucometers and stated, They (the policies) aren't being followed. We are doing competencies right now with all of the nurse.</p> <p>During an interview with the Medical Director in the conference room, via phone, on 9/20/18 at 2:23 p.m., he stated, I would expect, minimally, for the policy to be followed. My expectation is to follow the policy. Period.</p> <p>During an interview with the Administrator in the conference room on 9/21/18 at 11:10 a.m., he stated the Assistant Director of Nursing (ADON) was responsible for the Infection Control Program in the facility, however she was no longer working in the facility as of 9/7/18. He stated a new Infection Control Nurse/ADON had been offered the position on 9/17/18 (the first day of the survey), but had not begun working in the position yet.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview with the Pharmacy Nurse Consultant via phone on 9/21/18 at 3:05 p.m., she stated she visited the facility monthly to do observations of medication pass. She stated she usually came to the building for the 9:00 a.m., medication pass, and so she did not often see blood sugar monitoring due to the fact that it was administered at 6:30 a.m. She stated, I do know that they are supposed to be cleaning their glucometers. She stated, On a rare occasion I will watch insulin and blood sugars, but I usually watch oral meds. She indicated she thought she had seen a blood glucose checked in August of 2018. She stated, They are supposed to be using .not the bleach .not the alcohol .I can't think of the name (of the cleaning product to be used). They are supposed to clean it and let it sit for two minutes or so. I'm blank right now, but it comes in a little individual package. I don't document what they clean with. She stated, I don't look closely at what the staff is cleaning the glucose monitor with, I just know they pull out a packet and clean it. I do not pay attention to the specifics of what the name of what they are using to clean with.</p> <p>The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>I. On September 20, 2018, the facility Policy on Cleaning and disinfecting the Blood Glucose meter was reviewed, by The Regional Nurse Consultant. The policy was updated to include: Residents with a diagnosis of HIV/AIDS or Hepatitis C, will be provided a Glucose Meter for their individual use. This Glucose meter will be maintained in a plastic bag, labeled with their name, in the Med Cart. The product to be utilized for cleaning the Glucometers is the Sani Cloth Disposable Germicidal Wipe.</p> <p>II. On September 20, 2018, 86 of 86 resident's; diagnosis, MD orders, and Medication administration records were reviewed by the Regional Nurse Consultant, to determine who and how often they received finger stick blood sugar checks, the MD was notified of the results of this review.</p> <p>III. On September 20, 2018, The Regional Nurse reviewed 100% of MD orders, to determine who receives finger stick blood sugar checks. 23 residents were identified to receive finger stick blood sugar checks, according to the MD orders. The facility consulted with the Medical Director regarding these 23 residents, and their potential exposure to an infectious disease. The Medical Director recommended monitoring for signs and symptoms of infection by the licensed nurse, with documentation, for 14 days starting 9/21/18. If symptoms occur, diagnostic testing will be facilitated. Residents or responsible parties were notified on 9-21-18, by the Regional Nurse. Notification is documented in each resident's medical record. Voice mail Messages were left for 2 of the 23 contacted. One return call was received on 9-21-18, and notification was completed. Daily calls, with documentation in the medical record, will continue to the last responsible party until notification is complete.</p> <p>IV. On September 20, 2018, The Regional Nurse Consultant identified that 7 residents have a diagnosis of HIV or Hepatitis-C. 4 of these seven, are included in the 23 residents receiving finger stick blood sugar checks, who require the use of the glucose meter. The Regional Nurse Consultant provided these 4 residents with an individual Glucose meter for their use. They were placed in individual, labeled, plastic bags and stored back in the Med carts, by The Regional Nurse.</p> <p>V. On September 20, 2018, The Regional Nurse Consultant immediately removed the remaining Glucometers from the medication carts. They were cleaned/decontaminated with the approved Sani Cloth Germicidal Disposable wipes for 2 minutes and allowed to dry. They were stored back in the Med carts, by The Regional Nurse.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  East Lake Arbor		STREET ADDRESS, CITY, STATE, ZIP CODE  304 Fifth Avenue Decatur, GA 30030	
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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>VI. On September 20, 2018, The Unit Manager/ADON provided education to 2 RN's and 10 LPN's, in Person, with competency and return demonstration of cleaning and decontaminating of the Glucometer. The training included; infection control, cleaning and disinfecting the blood glucose meter and the Observation of the License Nurse Demonstrating competency in cleaning and decontaminating the glucose meter, using the Approved Sani Cloth Germicidal Disposable wipes. The documentation of this training and competency will be maintained in the Administrator's office.</p> <p>VII. On September 21, 2018, The Unit Manager/ADON provided education to 1 RN and 3 LPN's, in Person, with competency and return demonstration of cleaning and decontaminating of the Glucometer. The training included; infection control, cleaning and disinfecting the blood glucose meter and the Observation of the License Nurse Demonstrating competency in cleaning and decontaminating the glucose meter, using the Approved Sani Cloth Germicidal Disposable wipes. The documentation of this training and competency will be maintained in the Administrator's office.</p> <p>VIII. On September 21, 2018, The Unit Manager/ADON provided education to 1 RN and 5 LPN's, By Telephone. The training included; infection control, cleaning and disinfecting the blood glucose meter using the Approved Sani Cloth Germicidal Disposable wipes. The documentation of this training will be maintained in the Administrator's office.</p> <p>IX. As of September 21, 2018, the facility completed education in regard to meeting the professional standard of care to 4 RN's and 18 LPN's for a total of twenty-two (22) of the twenty-four (24) Licensed nurses or 92 % of the Licensed nursing staff. The remaining 2 licensed nurses, who were unavailable for training due to being off duty, or on leave, are to receive this in-service training upon their return to work, prior to direct patient care.</p> <p>X. The ADON/Unit Manager will perform Glucose cleaning audits, for License nurses daily, each shift, 7 days per week. The audits will be documented and maintained in the Administrator's office.</p> <p>[NAME]. If deficient practice is observed during the audit, the observer will immediately intervene, prior to resident contact. The Nurse will be retrained, and the observation will continue. If the nurse is unable to maintain compliance, the nurse will be removed from resident care and provided remedial training until they are able to perform the proper process for cleaning and decontaminating the Glucose meter or removed from duty.</p> <p>XII. The DON/ADON will provide Glucose cleaning/decontamination training and competency to nurses, upon hire, annually, and as needed for all licensed nurses. Documentation of the education and competency will be maintained in the DON's office.</p> <p>XIII. Results will be presented to the QAPI committee, by The Administrator and/or the DON, to allow the QAPI committee to monitor staff compliance with cleaning and decontaminating of the Glucometer, to ensure that this procedure is in compliance. QAPI members to include The Administrator, DON/ADON, Medical Director, and Social Service Director.</p> <p>XIV. The Director of Nursing for the facility has been on PTO (Paid Time Off) from Wednesday, September 19, 2018 to current and will be exited from employment on Monday, September 23, 2018. The Regional Nurse Consultant will remain as Acting Director of Nursing until a replacement is identified.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The State Survey Agency (SAA) validated the facility Credible Allegation of Immediate Jeopardy Removal as follows:</p> <p>Review of the facility's training records revealed the RNC, ADON, and Unit Manager (UM BB) started staff training on the sanitizing and storage of the resident's glucometers on 9/20/18. Review on 9/23/18 confirmed that 100% of the facility's licensed staff had been trained on the facility's revised policy for sanitizing the glucometers.</p> <p>Review of the facility's AOC document titled Facility Activity Reports dated 9/22/18 revealed the licensed staff daily documentation monitoring the 23 residents for signs and symptoms cross contamination. As of 9/23/18 none of the 23 residents have exhibited any signs or symptoms of an infectious process.</p> <p>Review of the facility policy titled Policy on Cleaning and Disinfecting the Blood Glucose Meter revealed the policy was reviewed and revised by the facility's Regional Nurse Consultant on 9/20/18. The policy was updated to include the following: Residents with diagnosis of HIV+/AIDS or hepatitis C will be provided a glucometer for their individual use. The glucose meter will be maintained in a plastic bag, labeled with their name in the medication cart. The product to be utilized for cleaning the glucometers is the Sani Cloth Disposal Germicidal Wipe.</p> <p>Review of the facility document titled Daily Census Report dated 9/20/18 revealed the Regional Nurse Consultant (RNC) had identified those residents with physician's orders that required finger sticks for glucose monitoring and the frequency. The RNC identified 23 residents that required finger sticks for blood glucose. The RNC also identified seven residents with infectious disease diagnoses. Of those seven residents with an infectious disease diagnosis, four residents required the use of a glucometer.</p> <p>Observation of the medication cart on the 100 Hall on 9/22/18 at 2:00 p.m. revealed four glucometers machines. Two glucometers in the styrofoam cups and two meters in plastic bags. The two glucometers belonged to R#2 and R#15. Both residents were identified as diabetics but infectious disease diagnosis. Interview with the Licensed Practical Nurse (LPN) TT during the observation revealed the residents were to have their glucometers maintained in a separate plastic bag. LPN TT also stated the cleaning procedure for meters staff should wash their hands first create clean field set-up equipment then use Sani Cloth Bleach wipes to clean the entire machine for two minutes and let it air dry for one minute before using on the resident. LPN TT further stated after use, the staff should again disinfect the glucometer using the Santi Cloth Beach wipes cleaning front and back of machine for two minutes and let it air dry for one minute. While explaining the procedure the nurse removed a container Santi Cloth Bleach wipes from the medication cart with the directions on the container.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Observation of the 400 Hall medication cart with LPN DD (LPN DD was identified in the Immediate Jeopardy survey) (LPN was employed six months ago to work the 7-3 shift on 400 hall) on 9/22/18 at 2:30 p.m. revealed the medication cart contained glucometers for (R#285 with diagnosis hepatitis C and R#45 with diagnosis of HIV+) Both glucometers were in separate plastic bags with each resident's name. LPN DD demonstrated the cleaning procedure of the glucometer. The LPN created a clean field, set-up cleaning supplies (disinfectant wipes) and plastic cup. LPN DD performed hand hygiene and donned gloves; then inspected glucometer for traces of dried blood then obtained one Santi Cloth Bleach towel wiping the entire machine; then obtained a second wipe and continued to sanitize the machine for two minutes (checking his watch) and then placed the machine in the plastic cup to let it air dry for one minute. LPN DD stated the glucometers for these two residents are not be shared with other diabetic residents on the unit. The residents with hepatitis C or HIV are to have their own glucometers. LPN DD stated he had received his training on 9/20/18.</p> <p>Observation of the medication cart for 300 Hall with LPN OO on 9/22/18 at 2:15 p.m. revealed the cart contained one glucometer for the secured unit. The nurse identified one resident receiving blood glucose monitoring (R#62). LPN OO explained the procedure for cleaning the glucometers as follows: Before using the meter on a resident staff clean/sanitize the meter using Santi Cloth Bleach wipes cleaning both sides two minutes then let it air dry for one minute and repeat the procedure after obtaining the resident's finger stick blood sugar. LPN OO also stated if a resident is infectious disease diagnosis then the resident will their own glucometer and must not share with the other diabetic residents. The same cleaning procedure will be used, and their glucometers will be kept in a plastic bag with the resident's name.</p> <p>Observation of the 500 Hall medication cart with LPN AA (works full time and has been employed for [AGE] years and usually works the 500 Hall for the past year prior) on 9/22/18 at 2:45 p.m. revealed two glucometers in separate plastic bags for residents (R#234 with diagnosis hepatitis C and R#19 with diagnosis of HIV+). LPN AA used hand sanitizer then laid down two paper towels for clean field, set-up supplies to obtained blood sugar. LPN AA then used hand sanitizer again and donned gloves removed glucometer from the plastic bag and wiped glucometer with Sani wipe according to new policy for two minutes. LPN AA timed himself by watching the wall clock then placed the glucometer in a plastic cup to air dry. LPN AA stated residents with HIV and hepatitis C have their own glucometer and do not share glucometers with other residents to avoid transmission of infectious diseases.</p> <p>Observation on 9/22/18 3:10 p.m. of all four medication carts and the medication supply revealed the containers of Santi Cloth Bleach disinfectant wipes. Observations on 9/22/18 at 2:00 p.m. 5:30 p.m. of the 100/200, 300, 400, and 500 Hall medication carts revealed those residents with infectious disease diagnoses had their own glucose meters stored in separate plastic bags with their names. Observation also revealed the medication carts were with stocked with the appropriate Sani Cloth Germicidal Wipes for disinfecting the glucometers.</p> <p>Observation on 200 Hall with LPN FF (employed six months and usually works the evening shift) on 9/22/18 at 4:20 p.m. LPN FF stated she received training last Thursday and Friday. LPN FF used hand sanitizer and then setup a clean field with paper towels then donned gloves and used Santi Cloth to sanitize glucometer for two minutes. LPN FF timed herself by watching the clock on the wall and then placed the glucometer in a clean cup to air dry for a minute. Then preceded to perform resident's finger stick (followed procedure for blood testing) LPN FF returned to med cart and performed sanitizing procedure on the glucometer without any problems.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Observation on the 500 Hall on 9/22/18 at 5:00 p.m. revealed LPN PP (has been employed four to five months and usually works the 3-11 shift) receiving training from Regional Nurse Consultant (RNC) on sanitizing the glucometers. LPN PP did a return demonstration to the Regional Consultant without any difficulty. LPN PP then preceded to perform blood testing on female resident (resident does not have diagnosis of hepatitis C or HIV). Returned to med cart discarded used blood testing items, hand hygiene, set-up clean field and preceded with sanitizing the glucometer for two minutes (counting time to herself) and placed in clean cup to air dry for a minute and then returned to storage of med cart.</p> <p>Observation on 9/22/18 at 5:30 p.m. on the 300 Hall revealed LPN EE preparing to demonstrate hand sanitizing process for the glucometers. This LPN works the 3-11 shift as needed, employments started less than 10 days ago. LPN EE used hand sanitizer and created clean field. Wiped the glucometer for 30 sec with Santi cloth and obtained a clean Santi cloth and wrapped the glucometer in the same cloth and placed in clean plastic cloth. Asked LPN EE if this was how she was trained? LPN stated she works at another LTC facility and that's they do it. LPN EE was asked to sanitize the glucometer the way she was trained. LPN EE repeated the procedure this time set-up another clean field, used hand sanitizer donned gloves, then wiped the meter front and back, sides, insertion site, then pulled another Santi cloth and continued with the sanitizer method for the two minutes and then placed in clean cup to air dry for one minute.</p> <p>Interview with the RNC on 9/23/18 at 10:10 a.m. in the conference room revealed that she and the ADON will be responsible for monitoring the licensed staff for compliance. Audits will be conducted daily on the different shifts to identify any deficient practice. If a deficient practice is identified, then that employee will receive remedial training. The RNC also stated the audits and training records will be presented in the scheduled QAPI meetings.</p> <p>An interview with the ADON on 9/23/18 at 10:30 a.m. in the conference room revealed that she is also responsible for staff education. The ADON stated that she has included sanitation and storage training of the glucometers in the new employees' orientation schedule. The ADON further stated all licensed staff will receive competency training on the glucometers annually.</p> <p>Observation on 9/23/18 at 5:57 a.m. on the 500 Hall revealed LPN QQ (hired 60 days ago usually works the 11-7 shift) LPN QQ started to sanitize the meter when she realized that she had not set-up clean field, no hand hygiene and not wearing gloves. LPN identified these areas herself and requested to start over again. Used hand sanitizer, created a clean field, and donned gloves then used to two Santi-Cloth Bleach wipes to clean meter for two minutes (according to policy) then placed in clean plastic cup to air dry for one minute. LPN QQ explained those residents with diagnosis of hepatitis C or HIV+ have their glucose meters which are maintained in a plastic bag and labeled with their names. Those glucose meters are not be shared with other diabetic residents to avoid cross contaminations.</p> <p>Observation on 9/23/18 at 6:25 a.m. on the 200 Hall with LPN RR (hired a year ago as PRN assumed full time status five months ago usually works 11-7 shift and is a floater). LPN RR also stated that she initially received training last Friday over the telephone. LPN RR had an instruction sheet on the medication cart for guidance in performing the procedure. LPN performed the sanitizing procedure without any difficulty.</p> <p>The findings include:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on 9/21/18 at 10:52 a.m. in the facility's conference room with the Administrator. Per the Administrator, the Director of Nursing (DON) never made him aware that the licensed staff were not routinely cleaning glucometers per manufacturer recommendations. The DON was expected to monitor for the proper sanitizing of glucometers by nursing staff as her role of facility Infection Preventionist. The Administrator also reported the DON was responsible for the training of nursing staff of the proper cleaning technique of glucometers. The Administrator reported there was no documentation available to demonstrate nursing staff ever received glucometer cleaning training per manufacturer's recommendations.</p> <p>The Administrator also reported during the interview, the facility also conducted surveillance of medication administration by facility nursing staff through a contractual agreement with an outside pharmacy service. The contracted pharmacy service provides a nurse consultant who conducts monthly onsite visits. The onsite visits consist of the nurse consultant making direct observations of facility nursing staff during their routine medication administration times. Regular reports are submitted to the facility by the nurse the consultant for review. The reports are intended to identify any irregularities that need to be addressed by facility administration and management. Neither the facility's DON, nor the contracted Pharmacy Nurse Consultant had made the Administrator aware of any problems regarding t [TRUNCATED]</p>		