

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

PRINTED: 04/05/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185328	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/24/2011
NAME OF PROVIDER OR SUPPLIER  ST LUKE HOSPITAL EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 85 NORTH GRAND AVENUE FORT THOMAS, KY 41075	
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F 000	INITIAL COMMENTS  A standard survey was conducted 03/15/11 through 03/24/11 and a life safety code survey was conducted 03/16/11. Immediate Jeopardy was identified on 03/16/11 and determined to exist on 03/15/11 at 483.65 Infection Control and 483.75 Administration, both at a scope and severity of a "K" and is ongoing. The facility failed to ensure all facility infection control policies and procedures were revised to reflect facility wide changes and failed to ensure staff was knowledgeable and competent with regard to infection control practices. On 03/15/11, facility staff failed to clean and disinfect a glucometer (blood glucose monitoring device) after Resident #11's use, who the facility identified as requiring contact isolation precautions due to the diagnosis of Methicillin-resistant Staphylococcus aureus (MRSA, antibiotic resistant infection). This failure led to another staff (CNA #9) using the same glucometer to perform the blood glucose testing on Resident #12 (having a stapled incision to the left hip) later on that date without ensuring the device was cleaned and disinfected prior to it's use. CNA #9 did not recall disinfecting the glucometer prior blood glucose testing on Resident #12.	F 000	Please accept this Plan of Correction as the St. Luke Hospital East Skilled Nursing Facility's credible allegation of substantial compliance effective <u>March 25, 2011</u> for the deficiencies related to Immediate Jeopardy and April 16, 2011 for the deficiencies related to Food Sanitation noted from the survey completed March 24, 2011. It is our intent that we have substantially corrected our deficiencies per requirements in 42 CFR Part 483 subpart B.	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371	<b>F371</b>  <b>Floor Care</b> Policy reviewed with all department staff meeting on 3/31/11. <b>Attachment 1: Nutrition Service Department Meeting, 1.1.</b> Immediate action taken to ensure no	4/16/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Mindy Bauer, RN, NHA*

TITLE

*Director / Admin.*

(X6) DATE

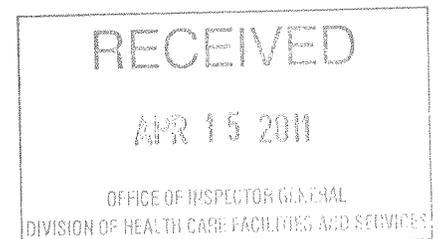
*4/13/11*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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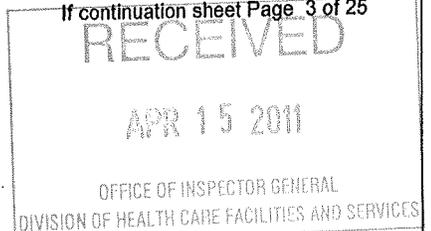
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F 371	Continued From page 1  This REQUIREMENT is not met as evidenced by: Based on observations, interview, and record review, it was determined the facility failed to ensure food was stored, prepared, and distributed under sanitary conditions. The facility failed to follow their Floor Care, Infection Control Guidelines for Nutrition Services, Storage of Foodstuffs and Maintenance of Equipment for Nutrition Services policies. The Kitchen floors were observed unclean and with standing water. Appliances (i.e. mixers, bowls) were soiled with dried sticky substances. Employees were not wearing required full hair covering. Frozen food items were stored on the floor in the freezer. Dry goods items were not sealed and covered and stored in a manner in accordance with infection control. The walk in refrigerators and freezers had peeling paint on the ceilings.  The findings include:  1. Policy review of the Floor Care policy with revision date of 11/09 revealed all spills (food, liquids, grease) are immediately cleaned up by appropriate staff person. Floor care policy states mop heads are placed in soiled laundry and mop equipment is stored in the appropriate area, and wet floor signs are placed on wet floors until dry, with all associates responsible to report wet or slippery floors to Supervisors.  Observation, on 03/15/11 at 10:00am, during a tour of the kitchen revealed the kitchen floor had standing water near large boilers directly under the hood where condensation dripped constantly on the floor. Two (2) large boilers had continuous	F 371	reoccurrence of excess water from steam jacketed kettles: dry mop bucket and dry mop to be kept in area to contain excess water on floor. Staff to discard bucket in proper are and mop head in soiled mop container when kettles are not in use.  Bimonthly hood cleaning completed by StillWater Services on 3/23/11. Plant Engineering Director working with outside company to determine long range plan.  Spills regarding lettuce and flour cleaned from floor immediately on 3/15/11. Floor care procedure reviewed with Staff. <b>Attachment 1: Nutrition Service Department Meeting, 1.1.</b>  Action taken immediately with daily Monitoring by supervisor/team leader for 3 months. <b>Attachment 2: Daily Monitoring Checklist.</b>  <b>Infection Control</b> Hair control policy reviewed with staff in department meeting on 3/31/11. <b>Attachment 1: Nutrition Service Department Meeting, 1.2.</b> Action taken to ensure no reoccurrence: Daily monitoring by supervisor/team leader for 3 months.	



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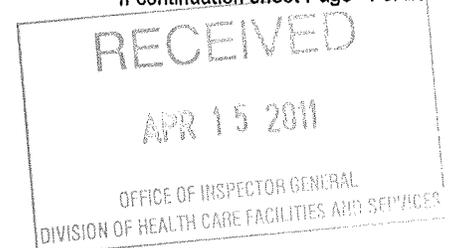
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F 371	<p>Continued From page 2</p> <p>boiling water. Puddles of water were contained by using multiple mop heads placed on the floor to absorb the water. Lettuce salad was spilled on the floor near the cold prep area. In the dry goods storage area, flour was spilled on the floor.</p> <p>Interview, on 03/15/11 at 10:00am, with the Manager of Food Service (FSM) revealed that condensation drips from the range hood where new boilers and equipment were installed during 2010 in order to provide a new meal delivery format. The FSM said, the staff used mop heads to absorb the condensation from the range hood, which pools on the floor. The FSM acknowledged the spills should be cleaned when they occur, and the lettuce salad and flour should have been cleaned off the floor immediately.</p> <p>2. Policy review of Infection Control Guidelines for Nutrition Services, with revision date 11/09 reveal all equipment shall be disassembled, cleaned, sanitized, dried, and reassembled after each use, and states 'clean' means free of visible soil. The Infection Control Guidelines also stated that kitchen personnel shall keep clean hair covered with a hairnet, all foods that have been prepared for service shall be covered, dated, and discarded after three days, and food shall be served with clean tongs, scoops, forks, spoons, spatulas or other suitable implements to avoid manual contact whenever possible.</p> <p>Observation on 03/16/11 at 11:45am during tray line preparation found the Cook wearing a checked cap with hair outside of the cap. The Prep-cook and Server/Cashier both wore a bouffant head cover on the back part of the head with the front of the head/hair exposed. The staff at the Starter Station wore a bouffant head cover</p>	F 371	<p><b>Attachment 2: Daily Monitoring Checklist</b></p> <p>Equipment cleaning reviewed with staff in department meeting. <b>Attachment 1: Nutrition Service Department Meeting, 1.3.</b> Action taken to ensure no re-occurrence: Stand/counter mixer added to currently weekly cleaning checklist. <b>Attachment 6: Weekly Cleaning Checklist.</b> Cleaning of can opener added to daily monitoring sheet. <b>Attachment 2: Daily Monitoring Checklist.</b></p> <p><b>Storage of Foodstuffs</b> Food storage policy/HCCAP reviewed with staff at department meeting on 3/31/11. <b>Attachment 1: Nutrition Service Department Meeting, 1.4.</b> Storage bin ordered/received for bread crumbs. <b>Attachment 3: Purchase Requisition.</b> action taken to ensure no reoccurrence: proper storage of food in coolers and in walk-ins monitored daily by supervisor/team leader for 3 months. <b>Attachment 2: Daily Monitoring Checklist.</b> Immediate action taken regarding proper chilling of food items: Blast Chiller in-service given to all cook staff. <b>Attachment 4: Blast Cool Instructions/ In-service.</b></p>	



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F 371	<p>Continued From page 3</p> <p>In a manner which left hair exposed at the forehead and back of the neck.</p> <p>Observation on 03/17/11 at 9:10am, during the sanitation tour, revealed the Kitchen Aide counter mixer, can opener, and Hobart stand mixer were not clean and ready for use, as there were dried particles on the equipment.</p> <p>Continued interview with the FSM revealed the FSM said the Kitchen Aide mixer, the Hobart stand mixer, and the can opener were not cleaned properly and should have been cleaned after use. The FSM did not have a cleaning log for the cleaning of appliances and the kitchen work area. The FSM said she was not aware that kitchen staff were not wearing complete head coverings, and said that no hair should be exposed when the head covering was worn properly.</p> <p>3. Policy review of Storage of Foodstuffs, with a revision date of 11/09, revealed food items are to be stored six inches off the floor, and all leftovers will be placed in shallow pans, covered, labeled, and dated before refrigeration, with mandatory prompt cooling of leftovers.</p> <p>Continued observation during the kitchen tour revealed the Walk-in refrigerator #2 had a container of tomato soup, artichoke strips, and blueberry muffin batter in baking tins uncovered on a cart. The tomato soup and artichoke strips were stored in open containers on the top shelf of a second cart, within three (3) feet of cracked and peeling paint on the ceiling. The third cart had a tray of scalloped potatoes which were too hot to touch and directly placed under a covered tray with tomatoes, sauce, and cheese. The prep</p>	F 371	<p><b>Maintenance of Equipment</b></p> <p>Cracked and peeling paint in cooler: immediate action taken for temporary resolution: peeling paint and scraped and sealed by Plant Engineering. <b>Attachment 5: Before and After Pictures.</b> Long term resolution to ensure no reoccurrence: walk-in boxes stripped of paint. This will require a refrigerated box truck for transfer of cold food items. Scheduled to be completed by June 13, 2011.</p> <p>Frozen condensation on condenser: TEMP TRAK, automated monitoring system, takes daily readings. Reports show that adequate temperatures were maintained for freezer unit. <b>Attachment 7: Temp Trak Report.</b> Kent Electricians to inspect condenser to ensure defrost mode working properly on 4/15/11.</p>	



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F 371	<p>Continued From page 4</p> <p>walk-in refrigerator revealed containers of carrots, corn, green beans, and asparagus, which were stored on the top shelf of a rolling cart, unsealed and open to air. Observation of Walk-In freezer #3 revealed three (3) boxes of frozen mashed potatoes were stacked and stored directly on the floor.</p> <p>Continued interview the FSM was unaware of the open dry goods and said she would identify a container in which to seal and store the breadcrumbs and lentils. The FSM said staff have been trained during orientation to review kitchen policies, and not to leave scoops in a container/bins. The FSM acknowledged that all refrigerated containers of prepared foods should be covered and the items on the top of the rolling cart were in close proximity to the cracked and peeling paint, which created a risk of food contamination. The FSM stated, the storage of a tray of hot scalloped potatoes on a cart within the walk-in refrigerator was acceptable because the food was stored in a large flat tray which would cool quickly. He/she said hot food would not affect the tray of prepared cold food directly above it or raise the temperature of the refrigerator. The FSM acknowledged boxes of frozen food should not be stored on the freezer floor.</p> <p>4. Policy review of Maintenance of Equipment for Nutrition Services, with revision date 11/09, stated all corrective maintenance is conducted consistent with procedures outlined by Plant Engineering.</p> <p>Both walk-in refrigerator #1 and #2 were found to have cracked and peeling paint from the ceilings</p>	F 371		

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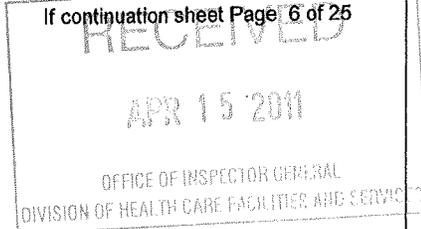
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OFFICE OF INSPECTOR GENERAL  
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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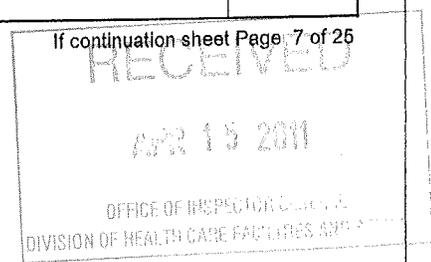
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F 371	<p>Continued From page 5</p> <p>and walls. Walk-in freezer #3 revealed ice droplets on the ceiling and ice on the freezer vent; ice was heavy on the upper right side.</p> <p>Continued interview revealed the FSM was not aware of the cracked and peeling paint in walk-in refrigerators #1 and #2, but said the peeling paint, "needs to be taken care of." The FSM further stated the ice on the ceiling and vent of walk-in freezer #3 was not unusual. This freezer was out of service in January, 2011. The FSM said the freezer was old and required service frequently by facility Plant Engineering. Interview on 03/17/11 at 9:10am with the FSM revealed that she initiated a work order to report the cracked and peeling paint in walk-in refrigerators #1 and #2, as well as the collection of ice droplets on the ceiling and vent of walk-in freezer #3. The FSM said she addressed concerns with the hospital's Project Manager about the condensation of the floor since the new equipment was installed in October, 2010, and said he/she sent an e-mail on the date of the survey, 03/17/11, requesting assistance.</p> <p>Interview on 03/17/11 at 10:00am with the Supervisor of Plant Engineering (SPE) revealed that the frozen condensation in walk-in freezer #3 was not an unusual occurrence because it was a very old appliance. The SPE said the defrost mode is automatically activated three (3) times daily and runs for thirty (30) minutes to defrost the buildup. The SPE had no response to explain if the defrost mode was functioning properly, or why the frozen condensation remained in place as observed consecutively for two days. The SPE stated when the request was received to paint the inside of walk-in refrigerators #1 and #2, he objected and explained that the interior surface of</p>	F 371		



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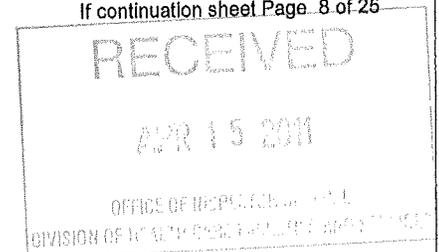
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F 371	Continued From page 6 both units was aluminum, which should not be painted. The SPE said last year the engineering staff scraped the paint off of the interior of walk-in freezer #3 which also aluminum, had been painted earlier and the paint was cracking and peeling. The SPE said, "I guess we will have to scrape the other refrigerators now."	F 371		
F 441 SS=K	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.	F 441	<b>F441</b>  All direct care staff, including CNAs LPNs and RNs are trained on infection control precautions during new hire mandatory in-service days. Non-direct care staff- Administrator, Social trained on infection control protocols during new hire orientation and annually through mandatory computer based education program. In addition direct care staff receive training on the proper use, cleaning and storage of Glucometers. Lab conducts a Competency and recertifies staff three [3] times year. <b>Attachment: G – Initial Skill/ Equipment Competency Checklist [corporate orientation] and Attachment H – Unit Clinical Orientation Checklist [unit orientation].</b> Sample from CNA orientation.  <b>Please note Attachment L: Infection Control print out for tracked Infections for SNF in 2010.</b>	3/25/11



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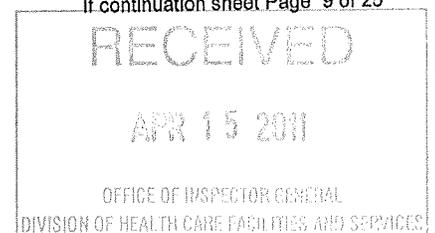
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F 441	Continued From page 7  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and literature review of The Centers for Disease Control, the facility failed to ensure effective Infection Control procedures to prevent cross-contamination were implemented. The facility identified nine residents of a census of thirteen (13) on 03/24/11, requiring contact isolation precautions, to prevent the spread of infection, of which four residents required blood glucose monitoring. The facility failed to ensure all facility infection control policies and procedures were revised to reflect facility wide changes and failed to ensure staff was knowledgeable and competent with regard to infection control practices. On 03/15/11, facility staff failed to clean and disinfect a glucometer (blood glucose monitoring device) after Resident #11's use, who the facility identified as requiring contact isolation precautions due to the diagnosis of Methicillin-resistant Staphylococcus aureus (MRSA, antibiotic resistant infection). This failure led to another staff (CNA #9) using the same glucometer to perform the blood glucose testing on Resident #12 (having a stapled incision to the left hip) later on that date without ensuring the device was cleaned and disinfected prior to it's use. CNA #9 did not recall disinfecting the glucometer prior blood glucose testing on	F 441	On March 15, 2011 during the State Survey the surveyor noted that CNA #4 in performing blood glucose test on resident #11, entered the isolation room and laid the meter on the residents bed. CNA #4 was gowned and gloved. When CNA #4 completed the testing process she returned the meter to the case and placed it back in the storage cabinet without cleaning it. The meter was used by CNA #9 on resident #12. The unit's practice at that time was 1] take only needed supplies for glucose testing into a resident's room; 2] clean the meter after each use and before replacing in charger. Isolation precautions related to the cleaning of equipment would apply. The meter would be cleaned prior to exiting room. <b>Attachment C: Contact Isolation [sign posted on door] and Attachment D: Contact Precautions.</b>  The Administrator was notified of the breach in the procedure on 3/16/11 at approximately 11:00 and ending at approximately 11:20, coinciding with the noon blood glucose testing. At that time the Administrator suspended any further testing and ordered an in-servicing of all staff currently working. The Assistant Nurse Manager developed a "key point" in-service. <b>Attachment A: Blood Glucose Monitoring and</b>	



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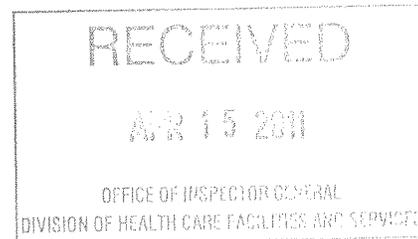
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F 441	<p>Continued From page 8</p> <p>Resident #12. This failure to ensure effective cleaning and disinfection after each use placed Resident #12 at risk for exposure to a pathogen. Additionally, facility staff was observed placing used isolation gowns on stored clean gowns ready for staff use in contact isolation rooms and placing used gowns on hooks in residents rooms to be reused.</p> <p>The facility's failure to ensure disinfection of blood glucose monitoring devices after each use placed other residents requiring blood glucose monitoring at risk for serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 03/15/11 at F441 "K" and F490 "K".</p> <p>The findings include:</p> <p>1. Review of the Centers for Disease Control and Prevention (CDC) website page regarding glucometer care, last updated on 02/23/11, revealed the "CDC is alerting all persons who assist others with blood glucose monitoring and/or insulin administration of the following infection control requirements: ...whenever possible, blood glucose meters should not be shared. If they must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions. If the manufacturer does not specify how the device should be cleaned and disinfected then it should not be shared."</p> <p>Review of the Quick Reference Guide for the Accucheck Inform manufacturer guidelines for cleaning the glucometer, stated it should be cleaned with a dampened cloth or pre-moistened</p>	F 441	<p><b>Isolation Precautions.</b></p> <p>The Administrator and Assistant Nurse Manager presented the in-service at approximately 11:30. Float pool staff working on the unit on 3/16/11 were included in the in-service. <b>See In-service Attendance Sheets attached to Attachment B.</b> At the conclusion of the in-service the Administrator and Assistant Nurse Manager began the observation process. Priority was given to the CNAs, who had primary responsibility for blood glucose testing.</p> <p>Staff were informed that no staff would be permitted to perform blood glucose testing until they had completed the in-service.</p> <p>The Administrator and Assistant Nurse Manager continued to in-service staff at the beginning of each shift to ensure that trained staff would be available for the shift. This process would continue until all staff had been in-serviced and observed correctly performing blood glucose testing ensuring that adequate staff would be trained to perform the scheduled tests. <b>This process was completed, including in-service and observation on March 19,2011. Attachment B: SNF: In-service and Observation</b></p>	



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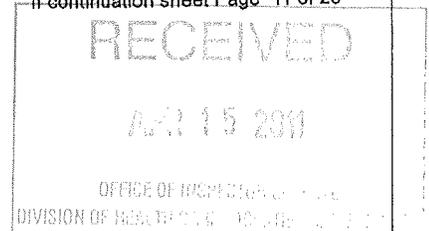
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F 441	<p>Continued From page 9</p> <p>wipe with one of the following: water, soap, 70% (or less) isopropyl alcohol, 1:10 dilution of sodium hypochlorite, or ammonium chloride. There was no recommendation by the manufacturer for frequency of cleaning the glucometer. Interview with the Health Care Professionals department of Roche Diagnostics (manufacturer of the Accucheck Inform), on 03/24/11 at 2:40pm, revealed the Accucheck Inform is a glucometer intended for multi-person use. The representative stated the manufacturer recommends how to clean the device only, and stated they do not recommend how or with what product to disinfect the unit or the frequency of disinfection. The representative detailed the disinfection process would be determined by the facility and it's infection control practices.</p> <p>Review of the Infection Control Quick Guide in the facility's Infection Control Manual revealed that all equipment is to be decontaminated before use on another patient. Review of the Patient Care Services Policies and Procedures Manual and Whole Blood Glucose Monitoring: Accu-Check Inform with effective date January 2009, revealed the glucometer should be wiped with Gluco-chlor wipes, alcohol wipes, or ammonium chloride wipes, and stated "Frequency is as needed."</p> <p>Record review and observation of the facility revealed the facility had identified nine residents requiring contact isolation requirements of which four residents required blood glucose monitoring. Record review revealed the facility admitted Resident #11 on 03/14/11 with multiple diagnoses which included osteomyelitis of the left foot with Methicillin-resistant Staphylococcus aureus (MRSA). The facility had initiated, per physician order upon admission, contact isolation</p>	F 441	<p><b>Of Blood Glucose and Isolation Precautions Tracking Record</b> [sign in sheets attached].</p> <p>There was one outlier – CNA, who was on vacation and received training on return to work on night shift 3/21/11. <b>Attachment B and attached sign in sheet.</b></p> <p>The Administrator determined that the in-service process would need to continue beyond 3/19/11 as float staff assigned to the unit after that date would need to be in-serviced. Float staff assigned to the unit during the survey and through the initial in-servicing period [through 3/19/11] were in-serviced by the Administrator and Assistant Nurse Manager. After 3/19/11 the Charge Nurses were given the responsibility of in-servicing and observing float staff assigned to the unit that had not previously been in-serviced. A packet was developed. <b>Attachment D [please note signatures after 3/19/11].</b></p> <p>In addition to in-servicing, the Administrator directed the Charge Nurse to remove all contents from both meter cases [two, 2] and discard, thoroughly clean cases with SaniWipes and restock with new supplies – lancets, gauze pads, alcohol pads, bandaids, testing solutions and test strips. In addition, both meters were to be cleaned and replaced in charger. The Charge</p>	



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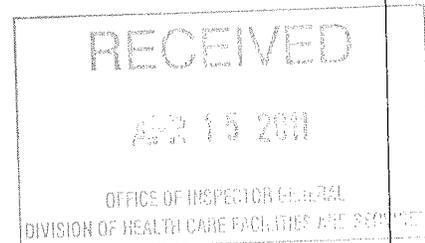
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F 441	Continued From page 10 procedures regarding Resident #11 due to having active MRSA. MRSA is defined as any strain of Staphylococcus aureus that has developed antibiotic resistance to beta-lactam antibiotics which include the penicillins, (methicillin Methicillin, dicloxacillin/Dicloxacillin, nafcillin/Nafcillin, oxacillin/Oxacillin, etc.) and the cephalosporins. Patients/Residents with open wounds, invasive devices and weakened immune systems are at greater risk of infection/Nosocomial infection than the general public. [source:Wikipedia]) Record review of training provided to CNA #4 revealed a hire date of 12/06/10 and training during hospital orientation included Bloodborne Pathogens, Infection Control, and Isolation Update, all provided on 12/07/10. Point of Care Testing dated 12/08/10, revealed CNA #4 completed training, and provided return demonstration of blood glucose monitoring, witnessed by a Hospital Education Specialist. Initial skill/equipment competency checklist revealed blood glucose monitoring training was provided on 12/09/11 and initialed as completed by a Hospital Education Specialist. Nurse Assistant Skill Demonstration on 12/10/11 did not include assessment of Infection Control procedures. CNA #4 was provided Unit Clinical Orientation during the period of 12/13/10 through 01/14/11. CNA #4 demonstrated use of the blood glucose monitor, and verbalized and demonstrated Contact Precautions on 01/04/11, which was acknowledged and signed by the Associate Nurse Manager on 01/21/11. Observation on 03/15/11 at 12:20pm, revealed CNA #4 wore gloves and a gown into the contact isolation room of Resident #11 and carried the glucometer, stored inside the case with glucometer supplies, into the room. CNA #4	F 441	Nurse completed this project before the end of the first in-servicing. The cleaned and restocked meters were used to perform scheduled noon testing.  On 3/17/11 the Administrator and Assistant Nurse Manager conducted a follow-up on Resident #12. The physician was notified that an accucheck had been performed on Resident #12 with a meter that was potentially contaminated. A CBC was ordered. The staff were instructed to monitor the resident for the following signs of infection: fever, chills, diarrhea and any change in status that would indicate onset of an infection. Documentation in Epic [computer based data entry system] indicated that full assessments had been done each shift, including vital signs. The CBC was negative and the assessments showed no indication of any infection. <b>Attachment I: CBC Results and Vital Sign Sheet.</b>	



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F 441	<p>Continued From page 11</p> <p>placed the glucometer case and the glucometer on the bed, obtained the glucometer test result, then returned the glucometer to the case. CNA #4 entered the resident's bathroom, placed the glucometer case on the sink, removed the gloves and washed her hands. CNA #4 walked to the doorway, placed the glucometer case on a cart outside the resident's door, removed the isolation gown, and returned the used gown to the bin within the cart, placing the used gown on top of the clean gowns on the cart. CNA #4 carried the glucometer case to the nursing station, and placed the glucometer case inside a locked cabinet, then returned to serve a lunch tray to Resident #11. During this observation, the CNA did not clean or disinfect the glucometer after Resident #11's use, prior to placing the glucometer in the case or putting the glucometer case in the locked cabinet. Interview, on 03/15/11 at 12:25pm with CNA #4, revealed that she stated it would be acceptable to sit the glucometer and case on the bed in Resident #11's room because she is assigned to the care of this resident and since she changed the bed, it was considered clean. CNA #4 acknowledged that neither the glucometer nor the glucometer case was disinfected before they were returned to the locked cabinet. She further revealed that she did not know if she had been trained to clean the glucometer after removing it from a contact isolation room.</p> <p>Review of the memory report for glucometer #12, on 03/15/11 at 1:45pm accessed by CNA #8, revealed a glucometer check was performed for Resident #11 on 03/15/11 at 11:23am, followed by a glucometer check for Resident #12 on 03/15/11 at 11:35am. (CNA #8 stated that the glucometer's time settings had not been changed to reflect</p>	F 441	<p>The Infection Control Quick Guide was removed from the unit on 3/16/11 by the Infection Preventionist. The practice of cleaning the meter as needed was replaced on 3/16/11 by requiring that the meter be cleaned when removing it from the charger before using it, between each resident and when finished with testing. <b>Attachment A: Blood Glucose Monitoring and Isolation In-Service.</b> In-service used for staff education, as outlined above.</p>	

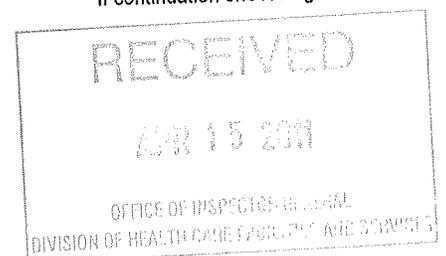


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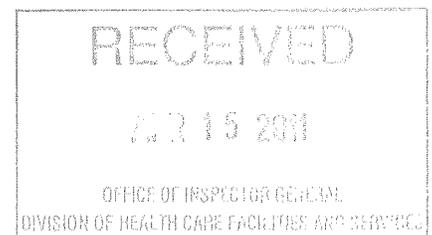
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F 441	<p>Continued From page 12</p> <p>daylight saving time which went into effect on 03/13/11.) Interview on 03/23/11 at 10:45am with CNA #9, revealed CNA #9 conducted the blood glucose check for Resident #12 on 03/15/11 at 11:35am. CNA #9 did not remember if she cleaned the glucometer prior to performing the glucometer check on Resident #12. CNA #9 stated it should have been cleaned after the previous glucometer check. Record review revealed on 03/10/11 Resident #12 had a surgical repair of a left hip fracture. Observation revealed Resident #12 had a stapled incision to the left hip on 03/15/11.</p> <p>Interview with the facility's Infection Preventionist, on 03/15/11 at 2:20pm, revealed that all equipment, including the glucometer, should be disinfected between resident use with Sani-wipes. She stated when blood glucose monitoring is performed, only the glucometer should be taken into the room, leaving the case with the lancets and other supplies on the cart outside of the resident room. While the Infection Preventions detailed that the glucometer syould be disinfected between resident use the Patient Care Services Policies and Procedures Manual and Whole Blood Glucose Monitoring: Accu-Check Inform policies did not detail when or the frequency for which the glucometer should be wiped with Gluco-chlor wipes, alcohol wipes, or ammonium chloride wipes.</p> <p>Interview with three (3) Education Specialists, who are all responsible for nursing facility orientation and training of newly hired staff, by conference call on 03/24/11 at 4:00pm, revealed that staff are trained to gather supplies needed to perform a glucometer check before entering an isolation room. The staff are trained to leave the</p>	F 441		



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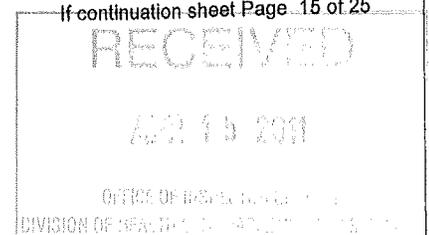
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F 441	<p>Continued From page 13</p> <p>glucometer case outside of the room, and wear a gown and gloves into the contact isolation room. The isolation gown should be placed in the soiled linen bag upon exit from the room. Staff are required to disinfect the glucometer between residents with Sani-wipes which were provided on the carts next to each isolation room. However, observations revealed that while the Sani-wipes were provided on the carts, CNA #4 did not use them.</p> <p>Interview with the Associate Nurse Manager (ANM), on 03/15/11 at 2:25pm, revealed staff are trained to disinfect the glucometer after each use with Sani-Wipes which are germicidal. The ANM said all staff are trained during a three (3) day period after corporate orientation that provided more specific training on the unit which includes use of the glucometer. The ANM stated she worked with CNA #4 on 03/17/11 and told the Administrator that CNA #4 did not seem to understand what had been taught regarding infection control and glucometer policy and procedures.</p> <p>2. Review of Centers for Disease Control website revealed, '2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings' which advised: Contact Precautions are intended to prevent transmission of infectious agents, including epidemiologically important organisms, which are spread by direct or indirect contact with the patient or the patient's environment. When Contact Precautions are used, donning of both gown and gloves upon room entry is indicated to address unintentional contact with contaminated environmental surfaces." It was also</p>	F 441	<p>The Infection Control Quick Guide was removed from the unit on 3/16/11 by the Infection Preventionist. The practice of cleaning the meter as needed was replaced on 3/16/11 by requiring that the meter be cleaned when removing it from the charger before using it, between each resident and when finished with testing. The policy has been and continues to be that gloves are worn when entering a Contact Isolation room. Gowns are worn when providing direct patient care.</p> <p><b>Attachment A: Blood Glucose Monitoring and Isolation In-Service.</b> In-service used for staff education, as outlined above.</p> <p><b>Attachment C: Contact Isolation, Door Sign.</b></p> <p><b>Attachment F: CDC 2007 Guideline, highlighted areas.</b></p>	



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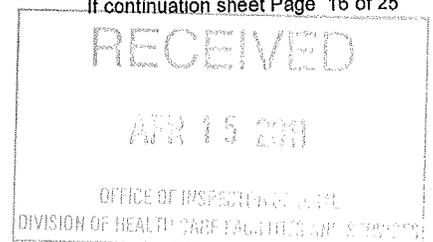
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F 441	<p>Continued From page 14</p> <p>recommended the gown be removed before leaving the patient care area in a manner that prevents contamination of clothing or skin with the outer, contaminated side of the gown, which should be turned inward and rolled into a bundle, then discarded into a receptacle for contaminated linen.</p> <p>Review of the Infection Control Quick Guide in the facility's Infection Control Manual revealed gloves were to be worn when entering a contact isolation room to provide direct patient care. Interview with the Associate Nurse Manager (ANM), on 03/17/11 at 12:00pm, revealed that direct care is defined as care which requires touching of the resident. Review of the facility's Contact Precautions Policy revealed that gloves are required when entering contact isolation and that gowns are worn when providing direct patient care. The policy stated individuals may reuse the gown during a shift if not soiled with blood or body fluids, and stored on hooks in the room. The soiled gowns are to be placed in soiled linen bags within the isolation room.</p> <p>Observation, on 03/15/11 at 12:10pm, revealed that CNA #4 wore gloves and a gown into the contact isolation room of an unsampled resident to deliver the lunch tray. CNA #4 removed the gown at the doorway upon exit of the isolation room, then folded the used gown and placed it in the open bin on top of the clean gowns on the cart near the resident room. Observation, on 03/15/11 at 12:20pm, revealed CNA #4 wore gloves and a gown into the contact isolation room of Resident #11. Upon finishing in the contact isolation room, CNA #4 removed the isolation gown, and returned the used gown to the bin, placing it on the clean gowns stored on the cart.</p>	F 441	<p>On 3/16/11 the Administrator and Assistant Nurse Manager conducted an investigation, based on information provided by the surveyor regarding Resident #11, and identified the staff involved in the breach.</p> <p>CNA #4, as part of new hire orientation, received training on Infection Control Precautions on 12/8/10 and Glucose Monitoring, including redemonstration, On 12/9/10. <b>Attachment G: Initial Skill/ Equipment Competency.</b> During her Unit orientation she successfully demonstrated competency in blood glucose monitoring and infection control precautions on 1/4/11. <b>Attachment H: Unit Clinical Orientation Checklist.</b></p> <p>CNA #4 was not working on 3/16/11 but returned to work on 3/17/11. On 3/17/11 prior to the beginning of the shift she was in-serviced. In addition, the Assistant Nurse Manager worked directly with her on her assigned accuchecks to ensure her understanding of the use and cleaning of the glucometer and standards for contact isolation and her competency in performing tasks. The Assistant Nurse Manager, after four [4] tests determined that CNA #4 still did not understand and could not perform without extensive cueing. The Assistant Nurse Manager reassigned any additional accuchecks and resident in isolation to the other CNA on duty.</p>	



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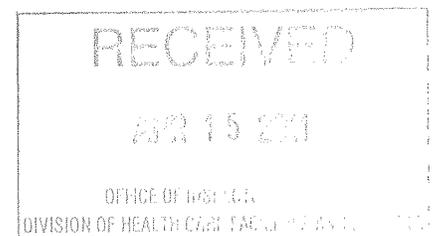
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F 441	Continued From page 15  Interview with CNA #4, on 03/15/11 at 12:15pm, revealed that she was trained to always wear gown and gloves when entering a contact isolation room. CNA #4 stated that it was an acceptable practice to place the used gown in the clean bin near the door, unless contact with the resident occurred, then the gown should be placed in the linen hamper in the soiled utility room.  Continued interview with the ANM revealed that only gloves are required in contact isolation unless direct care is provided, then a gown would be required. The ANM said isolation gowns should be disposed in the dirty linen after each use and are not intended for reuse. However, interview with CNA #11, on 03/23/11 at 4:20pm, revealed that an Infection Control Inservice was provided by the Hospital Infection Preventionist on 03/18/11 which covered the same information as presented in the training last summer in hospital orientation which detailed the Contact Precautions Policy. Interview with CNA #10, on 03/23/11 at 4:10pm, revealed that the Hospital Infection Preventionist provided training regarding Isolation Policy and Procedures on 03/21/11 for the Skilled Nursing Unit. CNA #10 stated the focus was Contact Precautions and she had been provided a copy of and reviewed the Contact Precautions Policy, dated 02/18/10. Review of the Contact Precautions Policy which CNA #11 and #10 referenced as the training material used on 03/18/11 and 03/23/11 detailed that individuals may reuse the gown during a shift if not soiled, and store the gown on hooks in the room.  Interview with three (3) Education Specialists by conference call on 03/24/11 at 4:00pm, who are	F 441	CNA #4 completed the work day. The Administrator then removed her from the schedule and arranged for more extensive education through Staff Development. She was told there would be no loss of pay and that she should view this as an opportunity to help her in her practice.  On 3/21/11 CNA #4 attended a day long class on blood glucose monitoring in Isolation and out of isolation, and on Isolation precautions. <b>Attachment J: Report from Staff Development.</b>  CNA #4 was observed performing these tasks on her return to work on 3/22/11. She performed well on 3/22/11 and on subsequent observations. <b>Attachment E: SNF Monitor: Observation of Monitoring and Isolation Precautions.</b>	



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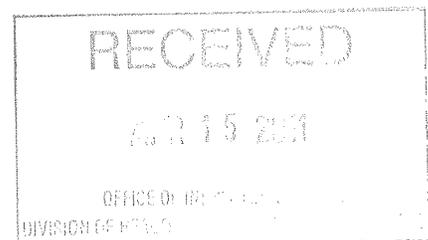
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F 441	<p>Continued From page 16</p> <p>all responsible for nursing facility orientation and training of newly hired staff, revealed the staff are trained to wear a gown and gloves into the contact isolation room. The isolation gown should be placed in the soiled linen bag upon exit from the room. The Education Specialists agreed it would be acceptable to hang the isolation gown on the hook in the resident room if it was not soiled with blood or body fluids, used only for single staff use, and discarded at the end of the shift. The Education Specialists did not think reusing the isolation gown would result in staff contamination. Interview with the Hospital Infection Preventionist (HIP), on 03/24/11 at 3:40pm, revealed that the hospital trains employees in accordance with the Contact Precautions Policy, dated 02/18/10. The HIP stated that it is acceptable for staff to reuse gowns if they are not soiled with blood or body fluids, and hang them on a hook provided in the resident room, and are for single staff use, and must be discarded in the soiled linen at the end of each shift. The HIP was not aware that the Skilled Nursing Unit had been training staff to discard the isolation gowns after each use, but said that it was a more cautious practice than the policy required, and said, "the reuse of isolation gowns is a nursing judgment." The HIP did not agree that the reuse of isolation gowns would result in staff contamination.</p> <p>Further interview with the ANM revealed they were told it was acceptable to reuse gowns and hang them on a hook in the room, but later told it was best not to reuse them. The ANM expected staff to dispose of the isolation gowns after each use.</p> <p>However, observation of Resident Rooms</p>	F 441	<p>The unit provides care for Contact Isolation residents only. The unit is not equipped to handle Respiratory or Droplet Precautions. To ensure all staff were confident in their understanding of this precaution, Jeri Abrams, Infection Preventionist, presented an in-service on standard precautions and Contact Isolation on 3/18/11. The Administrator continued to present in-service until all staff attended. Complete date was 3/22/11. <b>Attachment D: Contact Isolation [including sign in sheets].</b> As indicated above, this is the same In-service along with the glucose monitoring in-service that has been on going for float staff. In-service included the following:</p> <ul style="list-style-type: none"> <li>• Requirement that all staff wear gloves when entering room</li> <li>• Gowns are required when direct care is being provided; gowns will not be reused</li> <li>• Discussion on what Constitutes direct care</li> <li>• Equipment: what can be taken into the room and what can't; cleaning of equipment before removal from isolation</li> </ul> <p>On April 5, 2011 SNF administration and Infection Control held a mandatory Q&amp;A session to give staff the opportunity to ask questions or clarify information related to Contact Isolation and Infection Control. <b>ment D: Contact Isolation.</b></p>	



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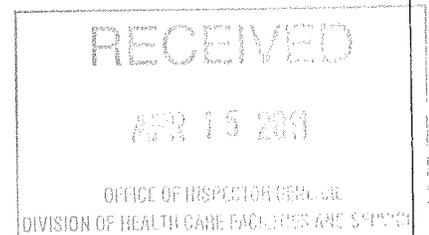
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F 441	Continued From page 17 5322-02 and 5323-01, on 03/24/11 at 5:20pm, revealed both rooms were identified by the facility as requiring contact isolation precautions. At the time of this observation both rooms each had an isolation gown hanging on a hook located behind the door to the room.  Further interview with the ANM revealed all staff are trained during a three (3) day period after corporate orientation which provided more specific training on each individual unit including the use of equipment including the glucometer. The ANM said when a staff member is observed functioning outside the facility policy and procedures, the ANM provides immediate one on one retraining. The ANM said recent issues addressed with staff on a one to one basis included appropriate removal of gown, and handwashing encouragement, which involved review of the policy regarding isolation gowns and handwashing.	F 441	On 3/24/11 two [2] gowns noted to be hanging on hooks in two [2] isolation rooms by the surveyor. By the time it was brought to the attention of the Administrator the gowns had been removed. This had been done by CNA #2. The gowns had been left by therapy who was gone for the day. On 3/25/11 the Charge Nurse met with This is noted in monitor, Attachment E.	
F 490 SS-K	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING  A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.  This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to be administered in a manner that ensured an effective Infection Control program to prevent cross-contamination was implemented. The facility identified nine residents requiring contact isolation precautions,	F 490	Random daily observations began on 3/19/11, at the completion of the in-servicing process. <b>Attachment E: SNF: Observation of Blood Glucose and Isolation Precautions.</b> The Administrator, Assistant Nurse Manager or Charge Nurse will continue to monitor compliance with blood glucose testing and isolation precautions for four [4] weeks, then weekly for four [4] weeks. Monitoring will be noted on Attachment E. In addition, a PDSA Performance Improvement Plan will be implemented at the end of the eight weeks. <b>Attachment K: PDSA sample form</b> Observations will not be limited to unit staff or float staff, but any staff entering an isolation room. To date that has included: housekeeping, lab, pastoral care and dietary. Any breach or potential breach will be handled as follows: Identify breach/ ensure safety of resident Counsel staff involved Review procedures with all staff	



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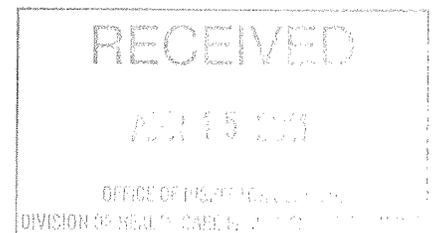
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F 490	<p>Continued From page 18</p> <p>to prevent the spread of infection, of which four residents required blood glucose monitoring. The facility failed to ensure all facility infection control policies and procedures were revised to reflect facility wide changes and failed to ensure staff was knowledgeable and competent with regard to infection control practices. On 03/15/11, facility staff failed to clean and disinfect a glucometer (blood glucose monitoring device) after Resident #11's use, who the facility identified as requiring contact isolation precautions due to the diagnosis of Methicillin-resistant Staphylococcus aureus (MRSA, antibiotic resistant infection). This failure led to another staff using the same glucometer to perform the blood sugar testing on Resident #12 (having a stapled incision to the left hip) later that date without ensuring the device was cleaned and disinfected prior to it's use. This failure to ensure effective cleaning and disinfection after each use placed Resident #12 at risk for exposure to a pathogen. Additionally, facility staff was observed placing used isolation gowns on stored clean gowns ready for staff use in all contact isolation rooms as well as storing used isolation gowns on hooks in the residents room ready for staff to reuse.</p> <p>The facility's failure to ensure disinfection of blood glucose monitoring devices after each use placed other residents requiring blood glucose monitoring placed residents at risk for serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 03/15/11 at F441 "K" and F490 "K".</p> <p>The findings include:</p> <p>Refer to F441</p>	F 490	<p><b>F490</b></p> <p><b>Please refer to documentation under F441.</b></p> <p>All direct care staff, including CNAs LPNs and RNs are trained on infection control precautions during new hir mandatory in-service days. Non-direct care staff- Administrator, Social trained on infection control protocols during new hire orientation and annually through mandatory computer based education program. In addition direct care staff receive training on the proper use, cleaning and storage of Glucometers. Lab conducts a Competency and recertifies staff three [3] times year. <b>Attachment: G – Initial Skill/ Equipment Completeny Checklist [corporate orientation] and Attachment H – Unit Clinical Orientation Checklist [unit orientation].</b> Sample from CNA orientation.</p> <p>On March 15, 2011 during the State Survey the surveyor noted that CNA #4 in performing blood glucose test on resident #11, entered the isolation room and laid the meter on the residents bed. CNA #4 was gowned and gloved. When CNA #4 completed the testing process she returned the meter to the case and placed it back in the storage cabinet without cleaning it. The meter was used by CNA #9 on resident #12. The unit's practice at that time was</p>	3/25/11



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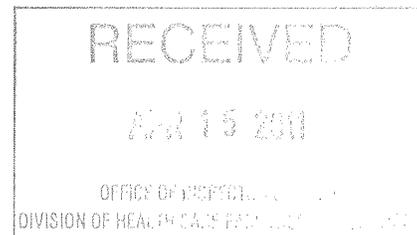
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F 490	<p>Continued From page 19</p> <p>1. Based on observation, interview and record review, the facility failed to ensure effective Infection Control procedures to prevent cross-contamination were implemented. The facility identified nine residents requiring contact isolation precautions, to prevent the spread of infection, of which four residents required blood glucose monitoring. The facility failed to ensure all facility infection control policies and procedures were revised to reflect facility wide changes and failed to ensure staff was knowledgeable and competent with regard to infection control practices. On 03/15/11, facility staff failed to clean and disinfect a glucometer (blood glucose monitoring device) after Resident #11's use, who the facility identified as requiring contact isolation precautions due to the diagnosis of Methicillin-resistant Staphylococcus aureus (MRSA, antibiotic resistant infection). This failure led to another staff using the same glucometer to perform the blood sugar testing on Resident #12 (having a stapled incision to the left hip) later that date without ensuring the device was cleaned and disinfected prior to it's use. This failure to ensure effective cleaning and disinfection after each use placed Resident #12 at risk for exposure to a pathogen. Additionally, facility staff was observed placing used isolation gowns on stored clean gowns ready for staff use in contact isolation rooms as well as storing used isolation gowns on hooks in the residents room ready for staff to reuse.</p> <p>Review of the Centers for Disease Control and Prevention (CDC) website revealed the "CDC is alerting all persons who assist others with blood glucose monitoring and/or insulin administration of the following infection control requirements: ...whenever possible, blood glucose meters</p>	F 490	<p>1] take only needed supplies for glucose testing into a resident's room; 2] clean the meter after each use and before replacing in charger. Isolation precautions related to the cleaning of equipment would apply. The meter would be cleaned prior to exiting room. <b>Attachment C: Contact Isolation [sign posted on door] and Attachment D: Contact Precautions.</b></p> <p>The Administrator was notified of the breach in the procedure on 3/16/11 at approximately 11:00 and ending at approximately 11:20, coinciding with the noon blood glucose testing. At that time the Administrator suspended any further testing and ordered an in-servicing of all staff currently working. The Assistant Nurse Manager developed a "key point" in-service. <b>Attachment A: Blood Glucose Monitoring and Isolation Precautions.</b></p> <p>The Administrator and Assistant Nurse Manager presented the in-service at approximately 11:30. Float pool staff working on the unit on 3/16/11 were included in the in-service. <b>See In-service Attendance Sheets attached to Attachment B.</b> At the conclusion of the in-service the Administrator and Assistant Nurse Manager began the observation process. Priority was given to the CNAs, who</p>	



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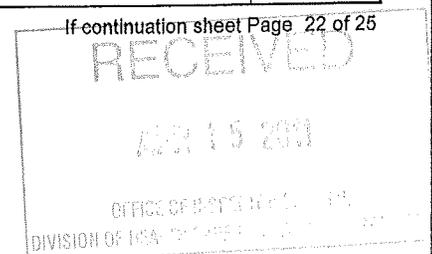
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F 490	<p>Continued From page 20</p> <p>should not be shared. If they must be shared the device should be cleaned and disinfected after every use, per manufacturer's instructions. If the manufacturer does not specify how the device should be cleaned and disinfected then it should not be shared."</p> <p>Review of the Infection Control Quick Guide in the facility's Infection Control Manual revealed that all equipment is to be decontaminated before use on another patient. Review of the Patient Care Services Policies and Procedures Manual and Whole Blood Glucose Monitoring: Accu-Check Inform with effective date January 2009, revealed the glucometer should be wiped with Gluco-chlor wipes, alcohol wipes, or ammonium chloride wipes, and stated "Frequency is as needed."</p> <p>Observation on 03/15/11, revealed CNA #4 did not clean and disinfect a glucometer (blood glucose monitoring device) after Resident #11's use, who the facility identified as requiring contact isolation precautions due to the diagnosis of Methicillin-resistant Staphylococcus aureus (MRSA, antibiotic resistant infection). CNA #4 stored the glucometer after use in the storage cabinet available for use by other staff.</p> <p>Interviews with the Associate Nurse Manager ANM (on 03/15/11 at 2:25pm), Education Coordinators (on 03/24/11 at 4:00pm), the Hospital Infection Preventionist (HIP) (on 03/24/11 at 3:40pm) and the Administrator (on 03/24/11 at 5:45pm and on 03/17/11 at 2:10pm) revealed staff are expected and trained to clean and disinfect the glucometers after each resident's use in order to prevent the spread of infection. Additionally, they stated only the glucometer should be taken into the room,</p>	F 490	<p>had primary responsibility for blood glucose testing. Staff were informed that no staff would be permitted to perform blood glucose testing until they had completed the in-service. The Administrator and Assistant Nurse Manager continued to in-service staff at the beginning of each shift to ensure that trained staff would be available for the shift. This process would continue until all staff had been in-serviced and observed correctly performing blood glucose testing ensuring that adequate staff would be trained to perform the scheduled tests. <b>This process was completed, including in-service and observation, on March 19,2011. Attachment B: SNF: In-service and Observation Of Blood Glucose and Isolation Precautions Tracking Record</b> [sign in sheets attached].</p> <p>There was one outlier – CNA, who was on vacation and received training on return to work on night shift 3/21/11. <b>Attachment B and attached sign in sheet.</b></p> <p>The Administrator determined that the in-service process would need to continue beyond 3/19/11 as float staff assigned to the unit after that date would need to be in-serviced. Float staff assigned to the unit through the survey and through the initial in-servicing period [through 3/19/11]</p>	



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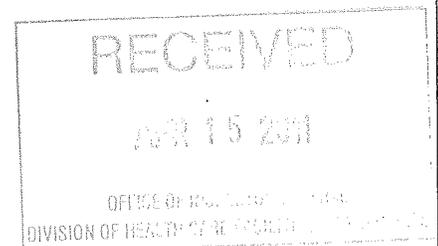
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F 490	<p>Continued From page 21</p> <p>leaving the case with the lancets and other supplies on the cart outside of the resident room. While this is the expectation, the facility's policy on disinfecting the glucometers did not specify that the glucometers needed to be cleaned and disinfected after each use by a resident.</p> <p>2. Review of Centers for Disease Control website revealed, '2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings' which advised: Contact Precautions are intended to prevent transmission of infectious agents, including epidemiologically important organisms, which are spread by direct or indirect contact with the patient or the patient's environment. When Contact Precautions are used, donning of both gown and gloves upon room entry is indicated to address unintentional contact with contaminated environmental surfaces." It was also recommended the gown be removed before leaving the patient care area in a manner that prevents contamination of clothing or skin with the outer, contaminated side of the gown, which should be turned inward and rolled into a bundle, then discarded into a receptacle for contaminated linen.</p> <p>However, review of the Infection Control Quick Guide in the facility's Infection Control Manual revealed gloves were to be worn when entering a contact isolation room to provide direct patient care. Interview with the Associate Nurse Manager (ANM), on 03/17/11 at 12:00pm, revealed that direct care is defined as care which requires touching of the resident. Review of the facility's Contact Precautions Policy revealed that gloves are required when entering contact isolation and that gowns are worn when providing</p>	F 490	<p>were in-serviced by the Administrator and Assistant Nurse Manager. After 3/19/11 the Charge Nurses were given the responsibility of in-servicing and observing float staff assigned to the unit that had not previously been in-serviced. A packet was developed. <b>Attachment D [please note signatures after 3/19/11].</b></p> <p>In addition to in-servicing, the Administrator directed the Charge Nurse to remove all contents from both meter cases [two, 2] and discard, thoroughly clean cases with SaniWipes and restock with new supplies – lancets, gauze pads, alcohol pads, bandaids, testing solutions and test strips. In addition, both meters were to be cleaned and replaced in charger. The Charge Nurse completed this project before the end of the first in-servicing. The cleaned and restocked meters were used to perform scheduled noon testing.</p> <p>On 3/17/11 the Administrator and Assistant Nurse Manager conducted a follow-up on Resident #12. The physician was notified that an accucheck had been performed on Resident #12 with a meter that was potentially contaminated. A CBC was ordered. The staff were instructed to monitor the resident for the following signs of infection: fever, chills, diarrhea and any change in status that would indicate onset of an infection. Documentation in Epic [computer based data entry</p>	



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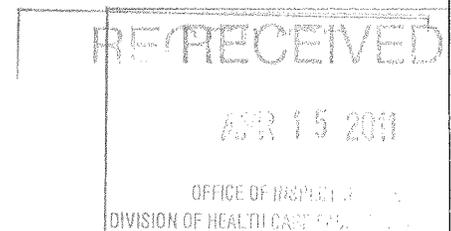
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F 490	Continued From page 22 direct patient care. The policy stated individuals may reuse the gown during a shift if not soiled, and stored on hooks in the room. The soiled gowns are to be placed in soiled linen bags within the isolation room. Additionally, review of the facility's Contact Precautions Policy revealed that gloves are required when entering contact isolation and that gowns are worn when providing direct patient care. The policy stated individuals may reuse the gown during a shift if not soiled, and stored on hooks in the room. The soiled gowns are to be placed in soiled linen bags within the isolation room.  Interviews with the Education Coordinators (on 03/24/11 at 4:00pm) and the Hospital Infection Preventionist (HIP) (on 03/24/11 at 3:40pm) revealed the staff are trained to wear a gown and gloves into the contact isolation room. The isolation gown should be placed in the soiled linen bag upon exit from the room. They agreed it would be acceptable to hang the isolation gown on the hook in the resident room if it was not soiled, used only for single staff use, and discarded at the end of the shift. Interviews with CNA #11, on 03/23/11 at 4:20pm, and CNA #10, on 03/23/11 at 4:10pm, revealed that an Infection Control Inservice was provided by the Hospital Infection Preventionist on 03/18/11 and 03/23/11, respectively, which covered the same information as presented in the training last summer in hospital orientation which detailed the Contact Precautions Policy detailing that individuals may reuse the gown during a shift if not soiled, and store the gown on hooks in the room. However, interview with the ANM, on 03/15/11 at 2:25pm, revealed that only gloves are required in contact isolation unless direct care is provided, then a gown would be required. The ANM said isolation	F 490	system] indicated that full assessments had been done each shift, including vital signs. The CBC was negative and the assessments showed no indication of any infection. <b>Attachment I: CBC Results and Vital Sign Sheet.</b> The Infection Control Quick Guide was removed from the unit on 3/16/11 by the Infection Preventionist. The practice of cleaning the meter as needed was replaced on 3/16/11 by requiring that the meter be cleaned when removing it from the charger before using it, between each resident and when finished with testing. <b>Attachment A: Blood Glucose Monitoring and Isolation In-Service.</b> In-service used for staff education, as outlined above.  On 3/16/11 the Administrator and Assistant Nurse Manager conducted an investigation, based on information provided by the surveyor regarding Resident #11, and identified the staff involved in the breach.  CNA #4, as part of new hire orientation, received training on Infection Control Precautions on 12/8/10 and Glucose Monitoring, including redemonstration, On 12/9/10. <b>Attachment G: Initial Skill/ Equipment Competency.</b> During her Unit orientation she successfully demonstrated competency in blood		



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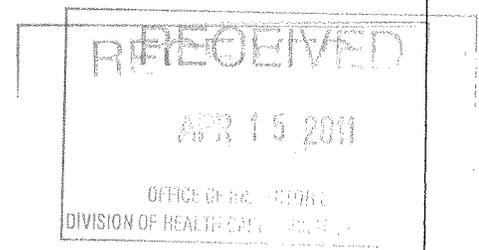
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NAME OF PROVIDER OR SUPPLIER  ST LUKE HOSPITAL EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 85 NORTH GRAND AVENUE FORT THOMAS, KY 41075	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 490	<p>Continued From page 23</p> <p>gowns should be disposed in the dirty linen after each use and are not intended for reuse.</p> <p>Observation, on 03/15/11 at 12:10pm and 12:20pm, revealed that CNA #4 wore gloves and a gown into the contact isolation room, upon leaving the resident room CNA #4 removed the used gown, folded and placed the used gown on top of the clean gowns stored in the bin of the isolation cart near the resident room. (Refer to F441 for full observation details).</p> <p>Further observations of Resident Rooms 5322-02 and 5323-01, on 03/24/11 at 5:20pm, revealed the facility had identified both rooms as requiring contact isolation precautions. At the time of this observation both rooms each had a used isolation gown hanging on a hook located behind the door to the room.</p> <p>Interview, on 03/17/11 at 3:30pm and on 03/23/11 at 1:55pm, with the Administrator revealed there were currently two (2) policies regarding glucometer use as a result of a recent merger, and acknowledged a need to develop the policies into one (1) accepted policy for glucometer use. Further interview, on 03/24/11 at 5:45pm, with the Administrator revealed that all staff are trained to remove isolation gowns upon exit of an isolation room and discard the gown in the soiled linen. The Administrator did not think the difference in the infection control practice on the Skilled Nursing Unit, and the adopted Contact Precautions Policy would have any bearing on the ability to effectively administer the Infection Control Policy because the unit reinforces the infection control expectations frequently with staff. However, the Administrator revealed that she was unaware of isolation gowns hanging on hooks in</p>	F 490	<p>glucose monitoring and infection control precautions on 1/4/11. <b>Attachment H: Unit Clinical Orientation Checklist.</b></p> <p>CNA #4 was not working on 3/16/11 but returned to work on 3/17/11. On 3/17/11 prior to the beginning of the shift she was in-serviced. In addition, the Assistant Nurse Manager worked directly with her on her assigned accuchecks to ensure her understanding of the use and cleaning of the glucometer and standards for contact isolation and her competency in performing tasks. The Assistant Nurse Manager, after four [4] tests determined that CNA #4 still did not understand and could not perform without extensive cueing. The Assistant Nurse Manager reassigned any additional accuchecks and resident in isolation to the other CNA on duty.</p> <p>CNA #4 completed the work day. The Administrator then removed her from the schedule and arranged for more extensive education through Staff Development. She was told there would be no loss of pay and that she should view this as an opportunity to help her in her practice.</p> <p>On 3/21/11 CNA #4 attended a day long class on blood glucose monitoring in Isolation and out of isolation, and on Isolation precautions. <b>Attachment J:</b></p>	



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

PRINTED: 04/05/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185328	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/24/2011
NAME OF PROVIDER OR SUPPLIER  ST LUKE HOSPITAL EAST			STREET ADDRESS, CITY, STATE, ZIP CODE 85 NORTH GRAND AVENUE FORT THOMAS, KY 41075	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
F 490	Continued From page 24 rooms 5322-02 and 5323-01 on 03/24/11 at 5:20pm, as she had not made rounds on 03/24/11. The Administrator stated that the facility has recently experienced a merger with another facility which resulted in staff confusion of the current policies and procedures. The Administrator acknowledged the importance of integration of both policies from the different facilities in an attempt to improve compliance with infection control.	F 490	<b>Report from Staff Development.</b>  CNA #4 was observed performing these tasks on her return to work on 3/22/11. She performed well on 3/22/11 and on subsequent observations. <b>Attachment E: SNF Monitor: Observation of Monitoring and Isolation Precautions.</b>  Random daily observations began on 3/19/11, at the completion of the in-servicing process. <b>Attachment E: SNF: Observation of Blood Glucose and Isolation Precautions.</b> The Administrator, Assistant Nurse Manager or Charge Nurse will continue to monitor compliance with blood glucose testing and isolation precautions for four [4] weeks, then weekly for four [4] weeks. Monitoring will be noted on Attachment E. In addition, a PDSA Performance Improvement Plan will be implemented at the end of the eight weeks. <b>Attachment K: PDSA sample form</b> Observations will not be limited to unit staff or float staff, but any staff entering an isolation room. To date that has included: housekeeping, lab, pastoral care and dietary. Any breach or potential breach will be handled as follows: Identify breach/ ensure safety of resident Counsel staff involved Review procedures with all staff	



Blood Glucose Monitoring and Isolation Precaution In-Service

ITEM	KEY POINT	ACTION
<p><b>Non-Isolation Preparation for Test</b></p>	<ol style="list-style-type: none"> <li>1. Glucometer stored in charger will be wiped with SaniWipe prior to placing in carrying case</li> <li>2. Staff performing test will take carrying case with meter and SaniWipes to resident room. <b>Case will remain outside room on wall mounted desk</b></li> <li>3. Staff will assemble supplies                             <ol style="list-style-type: none"> <li>a. meter,</li> <li>b. lancet</li> <li>c. gauze</li> <li>d. alcohol pad</li> <li>e. test strip – strip must be protected from light; place between gauze and unopened alcohol pad</li> </ol> </li> <li>4. Put on gloves</li> <li>5. Place a paper towel on the over bed table or bedside stand to use as a barrier. Glucometer may then be laid on over bed or bedside table with supplies</li> </ol>	<p>In-servicing by Administrator of all direct care staff [nurses and CNAs], Assistant Nurse Manager and MDS Coordinator initiated on March 16, 2011. <b>Please see Attendance Sheet for March 16, 2011.</b></p> <p>Inservicing will be completed by March 19, 2011</p>
<p><b>Performing Test</b></p>	<ol style="list-style-type: none"> <li>1. Enter resident data by scanning resident ID band</li> <li>2. Perform test</li> </ol>	
<p><b>Cleaning and Storage of Glucometer</b></p>	<ol style="list-style-type: none"> <li>1. Dispose of equipment appropriately with lancet in needle box and alcohol pad/gauze in trash container; remove strip and discard</li> <li>2. Wash hands</li> <li>3. Take meter out of resident room and wipe with SaniWipe</li> <li>4. When air dried return to carrying case</li> <li>5. Repeat process for all residents</li> <li>6. When finished with case will be place meter in charge and return carrying case to cabinet.</li> </ol>	
<p><b>Residents in Isolation Preparation</b></p>	<ol style="list-style-type: none"> <li>1. Glucometer stored in charger will be wiped with SaniWipe prior to placing in carrying case.</li> <li>2. Staff performing test will take carrying case with meter and SaniWipes to resident room. <b>Case will remain outside room on wall mounted desk.</b></li> </ol>	

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 3/15/11  
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**Residents in Isolation Preparation**

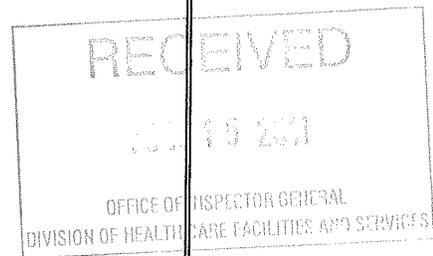
3. Place soiled linen cart outside resident room, near door.
4. Put on gown and gloves.
5. Staff will assembly supplies :
  - a. meter,
  - b. lancet
  - c. gauze
  - d. alcohol pad
  - e. test strip – strip must be protected from light; place between gauze and unopened alcohol
6. Place meter in plastic bag, ice bag or clear biohazard bag, leaving only the area for insertion of strip open.
7. Place a paper towel on the over bed table or bedside stand to use as a barrier. Glucometer may then be laid on over bed or bedside table.

1. Perform test as outlined above.

#### Performing Test

1. Dispose of equipment appropriately with lancet in needle box and alcohol pad/gauze in trash container; remove strip and discard.
2. In bathroom remove gown – fold inward – and place in laundry cart – **do not step outside the room.**
3. Wash hands and put on clean gloves.
4. Using one hand pick up meter in its plastic cover and with other hand carefully pull meter from plastic; discard plastic cover. **Do not come in direct contact with resident or resident's belongings.**
5. Set meter next to case.
6. Remove gloves and discard
7. Clean meter with SaniWipe and wash hands.
8. When air dried return meter to carrying case.
9. Repeat process for all residents in isolation.
10. When finished place meter in charger and return carry case to cabinet.

#### Cleaning and Storage of Glucometer



Attachment B

**SNF: In-service and Observation of Blood Glucose and Isolation Precautions Tracking Record**

Direct Care Staff	In-Service Date	Observation Date [Isolation Res.]	Outcome/Action
<b>CNAs:</b>			
Kyla Riddell	3/16/11	3/16/11	By Administrator @ 1130; compliant
Sonya Marksberry	3/17/11	3/17/11	By Assist. Nurse Manager @ 0700, following in-service; difficulty in understanding concepts in order to maintain compliance with isolation precautions. Assisted Nurse Manager worked with her on 4 additional checks and determined that additional training was needed. Taken off any further blood glucose monitoring and removed from weekend schedule. Scheduled through education for an 8 hour training session on March 21, 2011.
Patricia Riggs	3/17/11	3/17/11	By Administrator @1125; compliant
Mary Schalk	3/19/11	3/19/11	By Administrator @ 1620; compliant
Linda Chandler	3/18/11	3/18/11	By Administrator @ 0700; compliant
Laura Herald	3/16/11	3/16/11	By Administrator @ 1630; compliant
Jessie Newman	3/18/11	3/18/11	By Administrator @ 0715; compliant
James Reeves	3/17/11	3/18/11	By Administrator @ 0730; needed some cueing. Second observation done and no cueing needed.
Paul Siffel	3/17/11	3/17/11	By Assistant Nurse Manager @ 1650; compliant
Debbie Skeene Fowler	3/21/11	3/22/11	By Administrator @ 11pm; Observation by Mary Steiner @ 0700 [no observations to be done on night shift]
Katie Utz	3/18/11	3/18/11	By Administrator @ 1120; compliant
Kathryn Harris	3/16/11	3/16/11	By Assistant Nurse Manager @ 1630; compliant
Tracy Geiger	3/17/11	3/17/11	By Administrator @ 0645; compliant
Joyanna Schulkers [Float Pool]	3/16/11	3/16/11	By State Surveyor and then by Administrator @ 1615; compliant
Cassandra Centers [Float Pool]	3/16/11	3/16/11	By Assistant Nurse Manager @ 1130; compliant

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<b>Nurses:</b>			
Sandra Davis	3/17/11	3/18/11	By Administrator @ 1130; compliant
Sue Feldman	3/16/11	3/18/11	By Administrator @ 1400; compliant
Melissa Gagnon	3/17/11	3/18/11	By Administrator @ 1115; compliant
Kathy Kitz	3/16/11	3/18/11	By Administrator @ 1140; compliant
Charlynn Lambert	3/17/11	3/17/11	By Assistant Nurse Manager @ 2120; compliant
Margie Sams	3/16/11	3/17/11	By Assistant Nurse Manager @ 1630; compliant
Gina Wash	3/16/11	3/18/11	By Assistant Nurse Manager @ 1100; compliant
Olivia Heitzman	3/17/11	3/18/11	By Administrator @ 2110; compliant
Valerie Yaden	3/17/11	3/17/11	By Assistant Nurse Manager @ 2030; compliant
Virginia Brandenburg	3/16/11	3/18/11	By Administrator @ 0650; compliant
Lori Reynolds [Float Pool]	3/17/11	3/17/11	By Administrator @ 1615; compliant
Wendy Younts LPN [Float Pool]	3/17/11	3/17/11	By Assistant Nurse Manager @ 0700; compliant
Gloria Guilfoile	3/16/11	3/16/11	By Assistant Nurse Manager @ 1110; compliant
Betty Turner	3/16/11	3/17/11	By Assistant Nurse Manager @ 1500; compliant
Tammy Allen, LPN, [Float from SNF West]	3/19/11	3/19/11	By Administrator @ 1630

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# SNF AccuCheck Meter In-Service

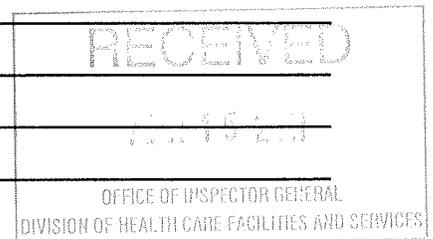
March 18, 2011

Jessilyn Newman

Ayida Chandler

Jam & Ron

OBSERVATION



SNF Accucheck Meter Inservice

March 17, 2011

Arcy Heiger

Jandra Davis

Wendy Younts

Sonya Markesley

Henry Brundenburg

Valerie Yadem

Jane Smith

Patricia Riggs

Olivia Hutchinson

Melissa Dagnon

Charlynn Smith

Don Pignal

Margaret J. Lamm

Paul J. Schiffel

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MAR 15 2011

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# SNF Accucheck Meter Inservice

March 16, 2011

R Sue [Signature]

Betty Turner

Cassandra [Signature]

Kyle [Signature] - observed - LA [Signature], RN

Janice [Signature] RN

MD [Signature] RN

Dina Wasa [Signature]

Debra [Signature]

[Signature] CNA

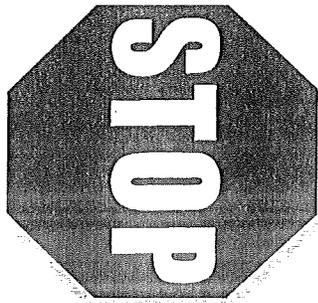
[Signature]

Kashyn [Signature]

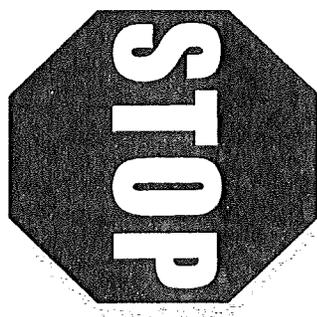
Margie [Signature]

[Signature]

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2011 03 16  
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# CONTACT PRECAUTIONS

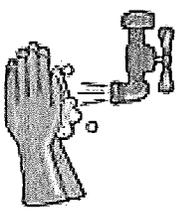


- VISITORS SEE NURSE FOR INSTRUCTIONS BEFORE FIRST VISIT
- Patient should not visit public areas: cafeteria, gift shop, smoking area.

ROOM: Private room recommended.

GLOVES: Must be worn to enter room.

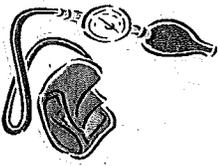
HANDS: Wash hands with soap and water or hand sanitizer before and after patient contact, or after contact with surfaces.



GOWN: Wear for direct patient care. Remove gown before leaving room.

TRANSPORT: Assist patient with hand hygiene. Disinfect transport vehicle after use.

EQUIPMENT: Disinfect before use on another patient, or return to SPD for processing. No precautions are needed for dishware or tray.



## Attachment D



### Contact Isolation

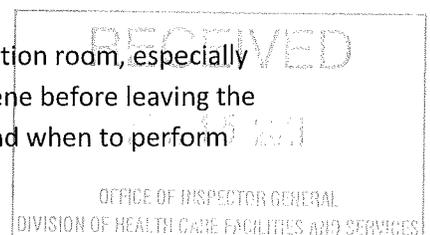
**Purpose:** To minimize the risk of the spread of infections from one resident to another.

**Responsibility:** All Associates

**Definition:** Diseases requiring Contact Isolation are spread primarily by skin to skin contact during the performance of resident care that includes touching the resident, contaminated equipment or environmental surfaces. Examples of diseases requiring contact isolation are: C-difficile, MRSA, VRE and

#### Procedure:

1. Residents requiring contact isolation will be placed in a private room.
2. An isolation cart obtained from Central Supply will be placed outside the resident's room. The cart will be stocked, including isolation gowns, SaniWipes, and gloves.
3. Gloves are required for all staff entering the room. Gloves will be removed and properly disposed of before leaving the room. Hand hygiene will then be performed.
4. Hand may be cleaned with soap and water or alcohol hand sanitizer. If hands are visibly soiled wash only with soap and water. When caring for resident in isolation for C-difficile hand hygiene must be performed with soap and water.
5. Gowns are required in addition to gloves when direct resident care is provided, i.e. bathing, dressing change, shift assessment. Gowns will be used only once and properly disposed in the dirty linen cart before leaving room. When care has been completed remove gown, turn inside out and place in dirty linen cart placed at entrance to resident room. Remove glove and dispose of in trash. Perform hand hygiene.
6. When finished with direct care change gloves before cleaning any environmental surfaces, i.e. overbed table, bedside table.
7. Equipment must be disinfected with the appropriate disinfectant wipe. For residents with C-difficile bleach disinfectant wipes are required. For all other residents in isolation SaniWipes or SaniWipes Plus. Frequently used equipment, when possible, should remain in the room for the length of the resident's stay. Disposable equipment, i.e. thermometer, stethoscope, are recommended.
8. Dishware and trays require no special handling unless visibly soiled. If soiled wipe clean with disposable SaniWipes and return to Nutrition Services.
9. Visitors are encouraged to gown and glove when spending time in an isolation room, especially if care is being provided to the resident. Visitors must perform hand hygiene before leaving the resident's room. Staff need to ensure that visitors are informed of how and when to perform hand hygiene.



## Blood Glucose Monitoring and Isolation Precaution In-Service

ITEM	KEY POINT	ACTION
<p style="text-align: center;"><b>Non-Isolation Preparation for Test</b></p>	<ol style="list-style-type: none"> <li>1. Glucometer stored in charger will be wiped with SaniWipe prior to placing in carrying case</li> <li>2. Staff performing test will take carrying case with meter and SaniWipes to resident room. <b>Case will remain outside room on wall mounted desk</b></li> <li>3. Staff will assemble supplies                             <ol style="list-style-type: none"> <li>a. meter,</li> <li>b. lancet</li> <li>c. gauze</li> <li>d. alcohol pad</li> <li>e. test strip – strip must be protected from light; place between gauze and unopened alcohol pad</li> </ol> </li> <li>4. Put on gloves</li> <li>5. Place a paper towel on the over bed table or bedside stand to use as a barrier. Glucometer may then be laid on over bed or bedside table with supplies</li> </ol>	<p>In-servicing by Administrator of all direct care staff [nurses and CNAs], Assistant Nurse Manager and MDS Coordinator initiated on March 16, 2011. <b>Please see Attendance Sheet for March 16, 2011.</b></p> <p>Inservicing will be completed by March 19, 2011</p>
<p style="text-align: center;"><b>Performing Test</b></p>	<ol style="list-style-type: none"> <li>1. Enter resident data by scanning resident ID band</li> <li>2. Perform test</li> </ol>	
<p style="text-align: center;"><b>Cleaning and Storage of Glucometer</b></p>	<ol style="list-style-type: none"> <li>1. Dispose of equipment appropriately with lancet in needle box and alcohol pad/gauze in trash container; remove strip and discard</li> <li>2. Wash hands</li> <li>3. Take meter out of resident room and wipe with SaniWipe</li> <li>4. When air dried return to carrying case</li> <li>5. Repeat process for all residents</li> <li>6. When finished with case will be place meter in charge and return carrying case to cabinet.</li> </ol>	
<p style="text-align: center;"><b>Residents in Isolation Preparation</b></p>	<ol style="list-style-type: none"> <li>1. Glucometer stored in charger will be wiped with SaniWipe prior to placing in carrying case.</li> <li>2. Staff performing test will take carrying case with meter and SaniWipes to resident room. <b>Case will remain outside room on wall mounted desk.</b></li> </ol>	

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Performing Test

3. Place soiled linen cart outside resident room, near door.
4. Put on gown and gloves.
5. Staff will assemble supplies :
  - a. meter,
  - b. lancet
  - c. gauze
  - d. alcohol pad
  - e. test strip – strip must be protected from light; place between gauze and unopened alcohol
6. Place meter in plastic bag, ice bag or clear biohazard bag, leaving only the area for insertion of strip open.
7. Place a paper towel on the over bed table or bedside stand to use as a barrier. Glucometer may then be laid on over bed or bedside table.
1. Perform test as outlined above.
1. Dispose of equipment appropriately with lancet in needle box and alcohol pad/gauze in trash container; remove strip and discard.
2. In bathroom remove gown – fold inward – and place in laundry cart – **do not step outside the room.**
3. Wash hands and put on clean gloves.
4. Using one hand pick up meter in its plastic cover and with other hand carefully pull meter from plastic; discard plastic cover. **Do not come in direct contact with resident or resident's belongings.**
5. Set meter next to case.
6. Remove gloves and discard
7. Clean meter with SaniWipe and wash hands.
8. When air dried return meter to carrying case.
9. Repeat process for all residents in isolation.
10. When finished return place meter in charger and return carry case to cabinet.

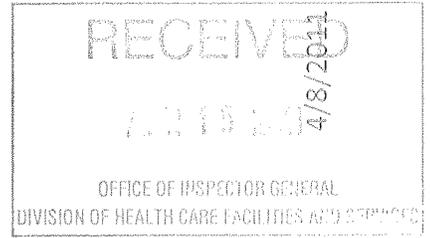
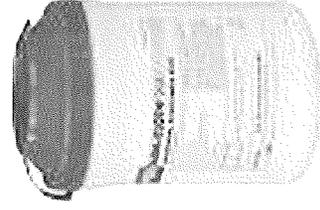
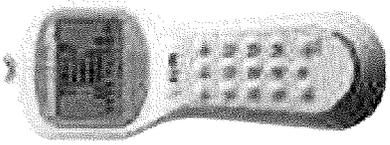
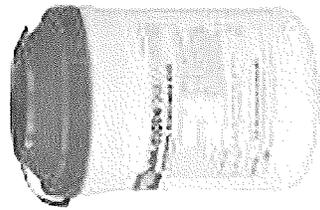
Cleaning and Storage of  
Glucometer

# Disinfecting Blood Glucose Meters

All blood glucose meters *must* be disinfected after *every* patient!

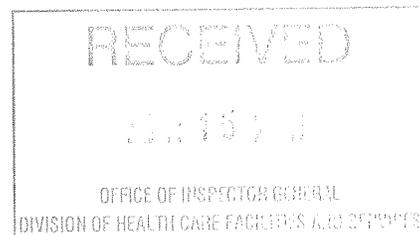
Wipe down the meter with either a Sani Wipe or a Sani Wipe Plus.

Allow the meter to air dry.



## SNF: Contact Isolation Precautions Tracking Record

Direct Care Staff	In-Service Date
<b>CNAs:</b>	
Kyla Riddell	3/18/11
Sonya Marksberry	3/21/11
Patricia Riggs	3/19/11
Mary Schalk	3/19/11
Linda Chandler	
Laura Herald	3/18/11
Jessie Newman	3/20/11
James Reeves	3/18/11
Paul Siffel	3/19/11
Debbie Skeene Fowler	3/21/11
Katie Utz	LOA
Kathryn Harris	3/18/11
Tracy Geiger	3/20/11
<b>Nurses:</b>	
Sandra Davis	3/18/11
Sue Feldman	3/18/11
Melissa Gagnon	3/20/11
Kathy Kitz	3/18/11
Charlynn Lambert	3/22/11
Margie Sams	3/18/11
Gina Wash	3/19/11
Olivia Heitzman	3/20/11
Valerie Yaden	3/17/11
Virginia Brandenburg	3/20/11
Wendy Younts, LPN, [Float Pool]	3/18/11



Gloria Guilfoile	3/21/11
Betty Turner	3/18/11
Tammy Allen, LPN, Float	3/19/11
Mary Steiner – MDS Nurse	3/18/11

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# SNF: Sign IN Sheet – Contact Precaution/Glucometer

Date/Signature:

In-service:

4/2/11	Julie Duke / RB	(1ab)	handout given, verbal
4/2/11	Heather McQuillan 2SNF:		
4/4/11	Judy Keightley RT		handout given, verbal
4/6/11	Shirley Peckham RT		handout given, verbal
4/07/11	Hope Dutton PCA		handouts given, verbal
4/7/11	Jesse S. Warming BSW		

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# SNF: Sign IN Sheet – Contact Precaution/Glucometer

Date/Signature:

In-service:

3/21/11	Ronia J. Guffale RN	Contact Proc.
3/21/11	Dellie Gheena Fowler CNA	Contact/Glucometer
3/22/11	Charlyn Stewart MSW	Contact precautions
3/22/11	Clare Snowell ACC	Contact precautions
3-22-11	Rosella Lane	contact Precautions
3-22-11	EPIN Bridges LSW	Contact precautions
3-22-11	Amy Wenz RN	Contact Precautions
3-22-11	Melissa McElroy	Contact precautions
3/22/11	Linda Rechten PT	Contact precautions
3/22/11	Nancy Norbury OTK	Contact precautions
3/22/11	Sara Alford Rehab Tech.	Contact precautions
3/22/11	Ambur Abel PT	Contact precautions
3/23/11	Joni Webb float nurse	Contact Precaution & Glucometer

Katie Hagg

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Contact Isolation In-Service

March 19, 2011

Paul L. Siff

Dinora - Wilson LPN

Michele

Patricia Rigg

Sammy Allen LPN      Started from SNF West

March 20, 2011

Jesslyn Newman

Olivia Stutzman RN

Sunny Bishdady RN

Melvin Dagnon

Nancy Heiger

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SNF Contact Precaution Review

Jerry Abramis, Infection Preventionist

March 18, 2011

Betty Turner RN

Kathryn Kitz LM  
M. Steiner, PA

Sandra Davis RN

Majorie J. Lane

P. Sue [unclear]

Kyle Caddell

Gene [unclear]

Wendy Younts LPN

K. Harris CHS

[unclear] PNA

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DIVISION OF HEALTH CARE FACILITIES AND SERVICES

# Sign-In Sheet

Date: April 5, 2011 @ Ft. Thomas, 7 am and 2:30pm

In-service: Topic Q&A: Infection Control

**Brief Description of Topic:**

Discussion of Infection Control practices/issues for all disciplines conducted by the Infection Control Preventionist. This is an opportunity for staff to explore specific resident care scenarios involving isolation to ensure consistent practices with all disciplines.

**Sign In:**

Kelly Harris	Ramona Gerald
Della Sheers Fowler	Wendy Young
Gambert LBN	Clara Jones
Valerie Gaden	Rosella Lane
Patricia Riggs	Kathryn Kitz
Stora Sun of Polera	Paul Duffel
Sonya M. Parkesley	Heather McQuillen
Mary Heeger	Melissa De
Linda Chandler	Joan M. Rowe
R. Sue Judd	Ann Kemp
Betty Turner	Clivia Richards
Roxas Samar E.	Marjorie J. James
Virginia Brandenberg	Angie Weiss R.
Rebecca Borders, BSN (ASSHIMGE)	Erin Bridgers
Barbara Hammond	Sandra Davis

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