

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Autumn Care of Marshville		STREET ADDRESS, CITY, STATE, ZIP CODE 311 W Phifer Street Marshville, NC 28103	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>38904</p> <p>Based on record review and staff interviews the facility failed to post accurate totals of licensed nurses for 4 of 4 days (11/1/2024, 11/2/2024, 11/3/2024, and 11/4/2024) reviewed for posted nurse staffing.</p> <p>Findings included:</p> <p>Review of the Daily Posted Nurse Staffing with the Staffing Coordinator on 11/20/2024 at 12:40 pm to 12:49 pm revealed discrepancies in the number of Licensed Nurses for the following dates:</p> <p>On 11/1/2024 the Daily Posted Nurse Staffing form indicated the facility staffed 3 Licensed Practical Nurses (LPNs), but the nursing schedule indicated there was 1 LPN and 2 Certified Medication Aides (CMA).</p> <p>On 11/2/2024 the Daily Posted Nurse Staffing form indicated the facility staffed 3 LPNs, but the nursing schedule indicated there were 2 LPNs and 1 CMA.</p> <p>On 11/3/2024 the Daily Posted Nurse Staffing form indicated the facility staffed 3 LPNs, but the nursing schedule indicated there was 1 LPN and 2 CMAs.</p> <p>On 11/4/2024 the Daily Posted Nurse Staffing form indicated the facility staffed 1 Registered Nurse (RN) and 2 LPNs, but the nursing schedule indicated there was 1 RN, 1 LPN, and 1 CMA.</p> <p>During an interview with the Staffing Coordinator on 11/20/2024 at 12:59 pm she stated she was responsible for updating the Daily Posted Nurse Staffing forms. She stated she counted the CMAs as LPNs on the Daily Posted Nurse Staffing forms. She stated she had been the Staffing Coordinator for the past 4 months and she had counted the CMAs as LPNs since she had been employed. She stated she was told to count the CMAs as LPNs when she was trained for the position and did not realize they should be counted separately.</p> <p>On 11/20/2024 at 11:08 am an interview was conducted with the Administrator, and she stated she was not aware the Posted Nurse Staffing was not posted correctly by the Staffing Coordinator. She stated the CMAs should not have been recorded as LPNs on the Posted Nurse Staffing.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37281</p> <p>Based on observations, record review, and staff interviews, the facility failed to disinfect a dedicated resident glucometer according to the manufacturer's germicidal disinfectant instructions for 1 of 1 observations of glucometer disinfection (Nurse #1).</p> <p>The findings included:</p> <p>The facility policy Glucometer/Point of Care blood testing and disinfection procedure dated 10/15/2015 with a revision date of 12/27/2023 read in part: wipe meter using friction with recommended type of germicidal disinfectant wipe; maintain visible wetness of meter for required kill time according to the germicidal disinfectant instructions .</p> <p>The label for the germicidal disposable bleach wipe instructed: Unfold wipe and thoroughly wet surface. Allow surface to remain visibly wet for 4 minutes. Let air dry.</p> <p>A continuous observation of Nurse #1 was conducted 11/19/24 at 11:34 AM. Nurse #1 removed Resident #73's glucometer from an unsealed zip top plastic bag with Resident #73's name on it from the medication cart drawer and proceeded to his room to check his blood glucose level. Nurse #1 placed the glucometer directly on Resident #73's over the bed table and proceeded to check his blood glucose level, disposing of the trash after and returning to the medication cart where she placed the contaminated glucometer directly on the top of the medication cart. Nurse #1 applied gloves and dispensed 1 germicidal disposable bleach wipe, and she wiped the exterior of the glucometer for approximately 10 seconds before carrying the glucometer to the nursing station desk and taking a tissue from a box and drying the glucometer with the tissue.</p> <p>Nurse #1 was interviewed on 11/19/24 at 11:44 AM regarding the amount of time the glucometer was required to stay wet with the germicidal disinfectant wipe and Nurse #1 responded she did not know and would need to check the package directions. Nurse #1 was shown the manufacturer instructions for the germicidal disinfectant wipe that instructed the surface was to remain visibly wet for 4 minutes and be allowed to air dry. Nurse #1 stated she did not know how she would keep the surface of the glucometer wet for 4 minutes and she thought that it might be an infection control issue to allow something to sit for 4 minutes. Nurse #1 reported she thought that wiping the glucometer off with the bleach wipe was enough to disinfect it.</p> <p>The Director of Nursing (DON) was notified of the observation on 11/19/24 at 11:52 AM.</p> <p>The DON was interviewed on 11/20/24 at 9:21 AM and she reported Nurse #1 had received training and had competency reviews of her skills and she should have known the procedure for disinfecting the glucometer. The DON reported she did not know why Nurse #1 did not use the correct procedure to disinfect the glucometer and she expected all staff to correctly use the disinfecting wipes.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Staff Development Coordinator (SDC) nurse was interviewed on 11/20/24 at 1:09 PM. The SDC nurse reported she reviewed Nurse #1's competency check list and in December 2023 she had updated training on the disinfecting procedure for glucometers and she should have known how to properly disinfect the glucometer. The SDC nurse explained Nurse #1 had expressed feeling nervous about the glucometer observation.</p> <p>The Administrator was interviewed on 11/20/24 at 2:48 PM. The Administrator reported she expected the staff to follow manufacturer guidelines for the products used by the facility.</p>		