

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>035134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIM COUNTRY HEALTH &amp; RETIREMENT COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>807 WEST LONGHORN ROAD PAYSON, AZ 85541</b>	
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)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on staff interviews, review of the Centers for Disease Control (CDC) and the Food and Drug Administration (FDA) recommendations and policy review, the facility failed to ensure that a staff member was knowledgeable regarding the disinfecting of multi-use glucometers, according to facility policy and CDC/FDA recommendations. The deficient practice could result in the spread of infections. Findings include: An interview was conducted on June 4, 2020 at 1:25 p.m. with a RN (registered nurse/staff #8), who worked on the admission/isolation unit where residents stay for 14 days to be monitored for signs and symptoms of COVID-19. Staff #8 stated that the only equipment that is shared between residents is the glucometer. Staff #8 stated that she wipes down the glucometer with alcohol wipes between residents and lets it dry for 5 minutes. Staff #8 also stated that there were bleach wipes (Cavi-Wipes) in the medication room, but she does not use the bleach wipes, because the wipes smear up the screen on the glucometer. Staff #8 said she was told to use the alcohol wipes. An interview with the DON (Director of Nursing/staff #150) was conducted on June 4, 2020 at 1:30 p.m. Regarding the process for cleaning glucometers between resident use the DON stated that the nurses should be using Cavi-Wipes for disinfecting the glucometers between residents and that alcohol wipes should not be used. Review of a facility policy regarding multi-use glucometers with a revision date of October 18, 2018 revealed the goal was to provide quality care to each and every resident with respect to their individual needs. The policy included that blood sugar levels will be checked according to physicians orders, with a multi-use glucometer. The policy further stated that multi-user glucometers must be disinfected before and after every use. A disinfecting wipe which meets or exceeds the manufacturer's recommendations (such as Cavi Wipe's) shall be used according to directions on the label. Review of the Recommended Practices for Preventing Bloodborne Pathogen Transmission during Blood Glucose Monitoring in Health Care Settings revealed that if blood glucose meters must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions, to prevent carry-over of blood and infectious agents. If the manufacturer does not specify how the device should be cleaned and disinfected then it should not be shared. According to the FDA, the disinfection solvent used on glucometers should be effective [MEDICAL CONDITION].[MEDICAL CONDITION] and [MEDICAL CONDITION] virus. Outbreak episodes have been largely due to transmission of [MEDICAL CONDITION] and [MEDICAL CONDITION], and that 70% [MEDICATION NAME] solutions are not effective against [MEDICAL CONDITION] bloodborne pathogens.</p>		

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

TITLE

(X6) DATE

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.