

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AB0031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/01/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>A PREFERRED WOMEN'S HEALTH CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1604 JONES FRANKLIN ROAD RALEIGH, NC 27606</b>
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TD  
10/19/21

(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) COMPLETE DATE
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E 157	<p><b>.0311(A) Surgical Services</b></p> <p>10A-14E .0311(a) The procedure room shall be maintained exclusively for surgical procedures and shall be so designed and maintained to provide an atmosphere free of contamination by pathogenic organisms. The clinic shall establish procedures for infection control and universal precautions.</p> <p>This Rule is not met as evidenced by: Based on policy and procedure review, observation, and staff interviews, facility staff failed to prevent of the transmission of infections by failing to remove gloves and perform hand hygiene prior to moving to another task in 1 of 1 observation during tour.</p> <p>The findings include:</p> <p>A request on 09/02/2021 at 1630 for a policy regarding changing of gloves and performing hand hygiene revealed there was no policy that outlined this infection control practice.</p> <p>Observation during a facility tour on 09/01/2021 at 1238 revealed a Patient Care Advocate (PCA) #1 entered the lab from the recovery room with gloves on, documented on the laboratory log, removed bottles from the refrigerator and then performed a urine pregnancy test on a patient's urine. Observation revealed PCA #1 performed vital signs and escorted a patient to the waiting room. Observation revealed PCA #1 returned to the lab room and performed two additional urine pregnancy tests. Observation revealed PCA #1 did not change gloves and perform hand hygiene after performing multiple tasks prior to and after taking a patient's vital signs..</p>	E 157	<p>We thank NC DHHS for their time and feedback.</p> <p>In regards to the deficiency cited (identified by 10A-14E .0311(a) Surgical Services), we provide the following response:</p> <p>Administration acknowledges their error of removing the APWHC Infection Control Program (see attached) from our Policy and Procedure manual. It was mistakenly refiled in our APWHC New Hire Training Manual. Please note that at no time was this policy rescinded or suspended; the expectations set forth in this program have remained in effect since its creation in 2000.</p>	
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Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

EXECUTIVE DIRECTOR

(X6) DATE

09/22/2021

TO 10/18/2021

10/18/2021

PRINTED: 09/17/2021  
FORM APPROVED

Division of Health Service Regulation

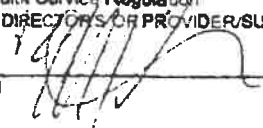
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STATE FORM

6899

MYKG11

If continuation sheet 1 of 2

Division of Health Service Regulation

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E 157	<p>Continued From page 1</p> <p>Interview on 09/01/2021 at 1300 with Patient Care Advocate (PCA) #1 revealed she did not change gloves and did not perform hand hygiene between performing multiple tasks and taking patient vital signs. Interview revealed normally PCA #1 would have changed her gloves and washed her hands after performing each task.</p> <p>Interview on 09/01/2021 at 1302 with the Executive Director #2 revealed the expectation is for the Patient Care Advocate (PCA) to change her gloves and performed hand hygiene after each task.</p>	E 157	<p>In terms of corrective action, we propose the following action plan:</p> <ul style="list-style-type: none"> <li>- on 9/1/21, while DHHS inspectors were on site, hand hygiene protocol was reviewed with PCA #1 by clinic manager and executive director.</li> <li>- On 9/2/21, a staff meeting was held to ensure understanding and acknowledgement of hand hygiene protocol. This meeting was held by the clinic manager with executive director and RN supervisor present.</li> <li>- On 9/23/21, an inservice was performed by the clinic manager to review the infection control program, with emphasis on hand hygiene and glove wearing. The review memo was signed by all members of staff that attended, and is attached to this form.</li> <li>- Beginning on 9/24/21, random spot checks are to be performed by either the clinic manager or RN supervisor to ensure adherence to the infection control program.               <ul style="list-style-type: none"> <li>- Spot checks will include observation of employees through at least two (2) patient interactions to ensure that all steps of the hand hygiene are followed.</li> <li>- At least 1 spot check will be conducted each day, for 30 days.</li> <li>- These checks will be documented (see attached log for review.)</li> <li>- Any staff member that fails their spot check will be subject to disciplinary action and will undergo retraining. A second failed spot check will result in suspension.</li> </ul> </li> </ul>	<p>9/1/2021</p> <p>9/2/2021</p> <p>9/23/21</p> <p>9/24/21-</p> <p>10/25/21</p>

## **APWHC Infection Control Program**

APWHC has established written protocols for infection control reflective of CDC standards to be reviewed initially upon hiring and at least annually with its employees.

APWHC will assure sufficient and appropriate supplies necessary for these standards are provided, e.g. hand hygiene products, personal protective equipment, etc.

Additionally, employees will be evaluated for competency in meeting these standards by methods including but not limited to direct observation and written assessments.

Any procedure related infections will be monitored and documented in the appropriate Google QA form. If additional STI testing is requested by the physician, any events of reportable diseases will be reported to the local health department.

The plan will be monitored by the office's RN Supervisor (if applicable), site administrator, and the Chief Administrative Officer through reviews performed at least quarterly and as indicated. Infection control procedures and findings from the quarterly infection control review will be discussed at the APWHC Quarterly QA Committee Meetings. The Ambulatory Surgical Center Infection Control Surveyor Worksheet may be used as a template.

## **APWHC Hand Hygiene Policy**

Hands are to be washed and/or sanitized if visibly dirty, and in the following circumstances:

- **Before:**
  - having contact with patients
  - putting on gloves
  - inserting any invasive device
  - manipulating an invasive device
- **After:**
  - having contact with a patient's skin
  - having contact with bodily fluids or secretions, non-intact skin, wound dressings, contaminated items
  - having contact with inanimate objects near a patient
  - removing gloves (gloves should be removed after each task or contact with a patient)

## **HOW TO PRACTICE HAND HYGIENE CORRECTLY**

- **HAND RUB** (foam and gel sanitizer)
  1. Apply sanitizer to the palm of one hand (the amount used depends on specific hand rub product).
  2. Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry. Use enough rub to require at least 15 seconds to dry.
- **HANDWASHING**
  1. Wet hands with water.
  2. Apply soap.
  3. Rub hands together for at least 15 seconds, covering all surfaces, focusing on fingertips and fingernails.
  4. Rinse under running water and dry with disposable towel.
  5. Use the towel to turn off the faucet.

## **APWHC Personal Protective Equipment Policy**

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Protective equipment will be provided to employees in the following manner:

All PPE will be available on the job site and appropriately located in the work area that requires PPE. The clinic administrator will check daily on the PPE supplies and availability of PPE to the employees.

The following is a list of PPE uses at this facility:

**Gloves:** Gloves are used during all procedures that require contact with the patient (lab work, patient care, cleaning, etc.)

**Face Shield:** Face Shields are used in cleaning the equipment / suction machines / scrubbing in the dirty utility room.

**Barrier Gowns:** Barrier Gowns are used during decontamination of surgical instruments in the dirty utility room.

**Shoe covers:** Shoe Covers are used in the procedure rooms, and in the dirty utility room.

PPE will be cleaned, laundered, and / or disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available in the following locations: laboratory, utility room, procedure rooms, and recovery room.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or if they exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protective devices, such as goggles or glasses with solid side shield, or chin length face shields are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this facility which would require such protection are as follows:

Cleaning instruments or surgical trays

Cleaning reusable medical equipment

Packing bio-hazardous materials

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. All employees are to remove barrier gowns and face shields in the dirty utility room, placing the shield in the specified cabinet and hanging the gowns on the hooks provided. Gloves are to be disposed of in the trash cans with red biohazard liners.

## **APWHC Injection Safety Policy**

Injection safety practices are intended to prevent transmission of infectious diseases between patients and healthcare workers.

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible (which will be determined by the physician only) and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the physician *ONLY* with use of a mechanical device (serrated forceps) or a one-handed technique. *No One*, other than the physician, can ever recap or remove a needle using *any* technique.

If any surgical procedure requires the use of a needle extender, the physician will be responsible for removing any used needles from the needle extenders. The physician is also responsible for the immediate disposal of any used needle, utilizing the sharps containers provided in all surgical areas. We have reviewed the current available safety devices and investigated procedure protocols from other medical offices. There is no safety device at this time that will work effectively in this situation.

This facility does not allow for any use of reusable sharps (needles or syringes). All sharps used at APWHC are disposable and disposed of in appropriately marked sharps containers.

Aseptic technique is used by the Registered Nurse and physician when preparing and administering medications, and the access diaphragm of medication vials are cleansed with alcohol wipes prior to inserting a device into the vial.

## APWHC Environmental Cleaning Policy

This facility will be cleaned and decontaminated according to the following schedule:

<b>All patient care areas</b>	Daily (or as indicated)
<b>Procedure Rooms</b>	Daily and after each procedure
<b>Patients Bathrooms</b>	Daily (or as indicated)
<b>Office Area</b>	3 Times A Week (or as indicated)
<b>Waiting Area</b>	3 Times A Week (or as indicated)

Decontamination will be accomplished by utilizing the following materials per the manufacturer's instructions:

**Maxizyme Solution and/or Bleach**  
**Germicidal soap**  
**CaviWipes**

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated daily by the CNA/CMA/PCA on duty. Any broken glassware which may be contaminated will not be picked up directly with the hands. Using the provided broom and dustpan, the debris will be removed and put into a safe container to be disposed of with the bio-hazardous material.

### **Regulated Waste Disposal**

All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in the facility. Sharps containers are located in the following areas:

**Procedure rooms**  
**Recovery room**  
**Dirty utility room**  
**Laboratory**

When full, sharps containers cannot be moved without securing / closing the opening at the top of the receptacle. Once the used sharps container is closed, it is to be packed for transport to the medical waste facility per the directives of BFI, utilizing the transport supplies provided by BFI.

Regulated waste other than sharps shall be placed in small biohazard containers. Such containers are located in the following areas:

***Procedure Rooms***  
***Dirty Utility Room***

This lab-regulated medical waste is packed for transport utilizing the transport supplies provided by Stericycle, and placed in a freezer used exclusively for medical waste. The regulated waste remains frozen until the time of regularly scheduled pick up and transport.

### **Laundry Procedures**

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use. All employees who handle contaminated



laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. Laundry at this facility will be cleaned onsite, using universal precautions. Soiled items will be decontaminated using manufacturer's recommendations for chlorine bleach. Items will be thoroughly laundered using hot water, dried on high heat, and inspected prior to reuse. Items unresponsive to chlorine bleach disinfectant will be disposed in the appropriate biohazardous waste receptacle.



September 23rd, 2021  
ATTN: APWHC Raleigh staff  
RE: Infection Control Program + Hand Hygiene

On September 1st, NC DHHS did their annual recertification visit in Raleigh. During their visit, they noted a deficiency when they observed a staff member not changing their gloves between tasks. This is in direct violation of the APWHC Infection Control Policy. During the visit, we were unable to locate a copy of the policy on site - later, we found this policy had been misfiled with training documents. As such, the employee in question was immediately re-educated on hand hygiene, and the infection control program was reviewed with all staff the following day.

To ensure that all staff are aware of and understand the APWHC Infection Control Program, we are once again reviewing the Infection Control Program. The full program document is to be posted for your review in the front office. Additionally, we'd like to emphasize the following hand hygiene protocols:

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  1. Apply sanitizer to the palm of one hand (the amount used depends on specific hand rub product).
  2. Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry. Use enough rub to require at least 15 seconds to dry.

- **HANDWASHING**

**A Preferred Women's**  
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1. Wet hands with water.
2. Apply soap.
3. Rub hands together for at least 15 seconds, covering all surfaces, focusing on fingertips and fingernails.
4. Rinse under running water and dry with disposable towel.
5. Use the towel to turn off the faucet.

Once staff has reviewed the infection control program, including the hand hygiene protocols, please sign below to signify understanding and acknowledgement of protocol.

Janya Whitehead 9/23/21

Rosul Westbrook 9/23/21

*[Signature]* 09/23/2021

*[Signature]* 9-23-2021

*[Signature]* 9-23-2021

*[Signature]* 9/23/2021

*[Signature]* 9/23/21