

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

PRINTED: 09/16/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345484	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/05/2013
NAME OF PROVIDER OR SUPPLIER PENNSYLVANIA REGIONAL HOSPITAL INC		STREET ADDRESS, CITY, STATE, ZIP CODE HOSPITAL DRIVE BREVARD, NC 28712		
(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 441 SS=D	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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441	All staff on the Transitional Care Unit have been educated re: the procedure for cleaning the blood glucose meter. The policy of cleaning the blood glucose meter has been updated to reflect cleaning the glucometer using specific guidelines provided by the manufacturer of the disinfectant wipes. Specifically, current practice of using the Super Sani-Cloth wipes to ensure the meter has a contact time (remains wet) for 2 minutes. Furthermore, the policy and education reflects that all staff must be aware of the manufacturer's instructions of any germicidal disposable wipe to be used regarding cleaning and disinfecting of equipment, including compliance with the recommended contact time. All staff have been observed performing the correct cleaning procedure as described above, demonstrating understanding of contact time via performance and verbalization of same. TCU staff have been provided with a timer to use when cleaning and that is being utilized with each cleaning of the glucometer. In Transylvania Regional Hospital's Annual Skills Fair, to be held on September 25, 26, 27, all RNs and C.N.As will also be educated regarding cleaning and disinfecting of medical equipment, including following all manufacturer's recommendations regarding contact time, in the case of our facility, using the Super Sani-Cloth Wipes, for a contact time of 2 minutes. The stations for the glucometer will be two: one station with glucometer competency check off to include proper cleaning procedure and another separate "cleaning and disinfection" station with all disinfectant products used at TRH with their contact times, including the definition and purpose of the contact time. This is an annual training, and shall be continued annually among all clinical direct care staff.	9/13/2013 9/27/2013

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

TITLE

(X6) DATE

 V.P., Chief Operating Officer 10/2/2013

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.

OCT - 3 2013
by: PJM

original signature 9/25/13 mh

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NAME OF PROVIDER OR SUPPLIER TRANSYLVANIA REGIONAL HOSPITAL INC			STREET ADDRESS, CITY, STATE, ZIP CODE HOSPITAL DRIVE BREVARD, NC 28712		
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F 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to correctly disinfect a blood glucose meter after use on 1 of 1 resident during observation of obtaining a finger stick blood sugar. The findings included:</p> <p>A review of the instructions provided by the manufacturer of the germicidal disposable wipe utilized by the facility was conducted. The directions specified to accomplish disinfection on a hard surface, unfold a wipe and thoroughly wet the surface. Treated surface must remain visibly wet for a full 2 minutes. Use additional wipe(s) if needed to assure continuous 2 minute wet contact time. Let air dry.</p> <p>An observation of Nursing Assistant (NA) #1 obtaining a finger stick blood sugar was conducted on 09/04/13 at 11:05 AM. Following the procedure at 11:07 AM, NA #1 wiped the blood glucose meter with a germicidal disposable wipe. NA #1 ensured the entire surface of the meter was wiped. She then set the wipe aside, removed her gloves, and placed the meter in a docking station at 11:08 AM. An observation of the meter at this time revealed all areas of the meter were not visibly wet. During an interview with NA #1 at this time, she stated this was the facility practice and her normal practice of disinfecting a blood glucose meter after use.</p> <p>An interview was conducted with the Director of Nursing (DON) at 12:00 PM on 09/05/13. The DON disinfected the blood glucose meter following the same practice as NA #1. She stated the meter did not remain continuously wet all over for a full 2 minutes using this method of</p>	F 441	<p>Monitoring of appropriate technique disinfecting the glucometer on the Transitional Care Unit shall be completed by the Director of Nursing on the Transitional Care Unit. Monitoring shall include the following:</p> <ol style="list-style-type: none"> All staff shall verbalize understanding of the appropriate procedure, including demonstration of disinfecting the glucometer; Utilizing the recommendations made by the disinfectant manufacturer. In the case of TCU, the current product of Super Sani Cloth wipes, shall demonstrate a contact time of 2 minutes. Initial return demonstration of the procedure shall be completed by all TCU staff, and validated by the Director of Nursing or a trained RN validator. Following the initial training, staff on TCU shall be observed monthly, with an unannounced schedule, for accuracy and compliance of disinfecting the glucometer. This shall continue monthly until a 100% compliance rate is achieved for three consecutive months. The training shall be reviewed with all newly hired TCU staff during orientation, and annually after that. This training shall include demonstration of verbal understanding of the procedure and return demonstration of the clinical procedure. 	9/13/2013	

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F 441	Continued From page 2 disinfection. The DON acknowledged the manufacturer's recommendations for disinfection were not followed to ensure disinfection of the blood glucose meter.	F 441	The results of this survey, including demonstration of the proper technique for disinfecting the glucometer and the action plan to address the citation, was reported to the Quality Council of Transylvania Regional Hospital on Wednesday, September 18, 2013, by the Director of Nursing of the Transitional Care Unit, Val Smith, MHS, RN, RAC-CT.	9/18/2013	