

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 09/25/2024
NAME OF PROVIDER OR SUPPLIER Transylvania Regional Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Hospital Drive Brevard, NC 28712	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37538</p> <p>Based on observations and staff interviews, the facility failed to store food items on a clean surface and maintain a clean floor in the dry food storage area and failed to discard thickened fluids as indicated by the expiration date. These deficiencies occurred in the kitchens dry food storage area and had the potential to affect food served to residents at the facility.</p> <p>Findings included:</p> <p>During initial tour of the kitchen on [DATE] at 9:01 AM with the Director of Dining Services revealed the following:</p> <ul style="list-style-type: none"> a. Crumblike food debris on the plastic shelf covering in the dry food storage area where food items were being stored. b. Dark colored stains on the plastic shelf covering in the dry food storage area that appeared as if a liquid was spilled and left to dry where food items were being stored. c. The floor in the dry food storage area was noted to have food crumbs and other debris including unopened packets of condiments and other paper trash. d. Thirteen (13) four ounce containers of thickened water ready for use with an expiration date of February 2024. The expired water was removed by the Director of Dining Services. e. Six (6) 46 ounce containers of thickened sweet tea ready for use with an expiration date [DATE]. The expired sweet tea was removed by the Director of Dining Services. <p>During an interview on [DATE] at 9:01 AM the Director of Dining Services revealed the cleaning schedule of the dry food storage area included to wipe clean the plastic shelf cover with soap and water every other month and the floor was swept and mopped twice a week and confirmed both the shelving and floor needed to be cleaned. The Director of Dining Services revealed the thickened liquids were available for use for the residents at the facility and it was an oversight those were not discarded as indicated by the expiration date on the container.</p> <p>(continued on next page)</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 4:42 PM the Administrator revealed the shelving and floor in the dry food storage area should be cleaned more often as needed and kept clean. She revealed expired items should not be stored and available for use and expected they were discarded based on the expiration date on the container.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47683</p> <p>Based on observations, record review and staff interviews, the facility failed to develop and implement Enhanced Barrier Precautions policy and procedures that included the use of Personal Protective Equipment (PPE) during high-contact care activities for residents with indwelling medical devices and chronic wounds. In addition, nursing staff did not don a gown while providing high-contact care for residents with indwelling medical devices for 2 of 2 nursing staff observed for infection control practices (Nurse #1 and Nurse Aide #1).</p> <p>Findings included:</p> <p>Review of the facility's infection control policy and procedures revealed no policy and procedure for Enhanced Barrier Precautions (EBP).</p> <p>a. An observation on 09/25/24 at 10:51 AM revealed Nurse #1 sanitized his hands and put on clean gloves but did not put on a gown. Nurse #1 proceeded to flush Resident #4's Peripherally Inserted Central Catheter line (abbreviated as PICC and refers to a long flexible tube that is inserted into a vein in the arm and threaded into a large vein near the heart).</p> <p>An interview with Nurse #1 on 09/25/24 at 10:55 AM revealed that he only wore gloves to flush the PICC line. He further stated that when the PICC line dressing or the PICC line itself needed changed, he wore a mask, gown and gloves. Nurse #1 stated that he had never heard of or received any education on EBP.</p> <p>37538</p> <p>b. During an observation on 09/25/24 at 10:06 AM Nurse Aide (NA) #1 provided urinary catheter care for Resident #57. NA #1 washed her hands with soap and water and donned a pair of gloves prior to the procedure. NA #1 did not don a gown. NA #1 held the catheter tubing approximately one inch away from the insertion site and wiped the tubing in the direction away from Resident #57. When finished with catheter care NA #1 discarded her gloves and washed her hands.</p> <p>During an interview on 09/25/24 at 10:15 AM, NA #1 revealed she did not wear a gown when she provided catheter care for Resident #57 because she did not receive instructions about EBP. She had not used EBP for residents with indwelling medical devices during high contact care activities and revealed the appropriate precautions were implemented if a resident had a specific organism that required it.</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 - Many</p>	<p>A joint interview with the Director of Nursing (DON) and the Infection Preventionist (IP) was conducted on 09/25/24 at 11:07 AM. The IP revealed she had not informed staff to implement EBP during high-contact care activities. The IP stated she was not familiar with EBP and would need to update herself on the guidance for implementing EBP during high-contact care activities when a resident had an indwelling medical device. The DON revealed she had not informed nursing staff to implement EBP for residents with a PICC line or indwelling urinary catheter and was not familiar with the guidance for EBP related to indwelling medical devices. The DON revealed if a resident's lab identified the presence of a Multi Drug Resistant Organism (MDRO) an alert was sent to the nurse indicating the type of isolation precautions needed and it was the nurse's responsibility to implement the type of precautions by placing a sign on the resident's room door and bin of personal protective equipment by the door.</p> <p>An interview with the Administrator on 09/25/24 at 4:52 PM revealed she would expect staff had received education about EBP and were implementing the necessary precautions for indwelling medical devices.</p>		