


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AB0032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/01/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF CENTRAL NORTI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1765 DOBBINS ROAD CHAPEL HILL, NC 27514</b>	
--	---	---


(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
E 165	<p>.0314 Cleaning of Materials and Equipment</p> <p>10A-14E .0314 (a) All supplies and equipment used in patient care shall be properly cleaned or sterilized between use for different patients.</p> <p>(b) Methods of cleaning, handling, and storing all supplies and equipment shall be such as to prevent the transmission of infection through their use.</p> <p>This Rule is not met as evidenced by: Based on policy and procedure review, manufacturers recommendations, observation and staff interviews, the facility staff failed to prepare the MaxiZyme (enzymatic detergent) per manufacturer's recommendations for use in cleaning soiled medical instruments.</p> <p>Findings included:</p> <p>Review of the facilities 2022 ARMS IP (infection prevention) Manual ... Chapter 2 Cleaning, Disinfection, &amp; (and) Sterilization ... Directions for Cleanng and Disinfection ... *Following the clinical procedure, instruments should be kept wet by soaking in a detergent or enzymatic cleaning solution ... All disinfectants must be prepared, changed, and discarded according to insturctions on the package label ..."</p> <p>Review of the manufactureres recommendations for use on the labe of the MaxiZyme gallon container revealed "DIRECTIONS FOR USE: Use fresh MaxiZyme for each endoscope or set of instruments. Discard diluted MaxiZyme solution after each use ... Manual Cleaning: Add 1 oz. (ounce) (1 pump yields 1 oz.) of concentrate to</p>	E 165	<p>Planned Parenthood South Atlantic (PPSAT) has implemented a system in order to address the deficiency noted on the inspection report.</p> <p>On 6/8/22, Senior Health Center Manager, Laura Renteria, led all Health Center staff in a training on proper procedure for measuring appropriate ratios of solution to water (see meeting minutes and training attestations signed by staff).</p> <p>Immediately following the state inspection, the container holding the MaxiZyme solution was marked to indicate appropriate level of water. Staff have been instructed to refer to the marking when measuring levels of water. Staff have also been retrained to always review manufacturer's instructions prior to mixing solution.</p> <p>In order to ensure this system is working properly, a monitoring site visit will be completed in the month of July by the Patient Services Director who will complete direct observation of Health Center staff in order to ensure proper procedure is being followed when mixing MaxiZyme solution. The Patient Services Director will also will ensure the marking on the container is visible and measuring devices are made available to staff near the sinks.</p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

 Sr. Health Center Manager

7/8/2022

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AB0032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/01/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF CENTRAL NORTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1765 DOBBINS ROAD CHAPEL HILL, NC 27514</b>		
(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
E 165	Continued From page 1  one gallon of warm water (68 degrees Fahrenheit - 104 degrees Fahrenheit) ...  Observation in the instrument reprocessing area on 06/01/2022 at 0940 revealed two stainless steel sinks filled less than half full of blue colored water. Observation revealed there were no indicator marks in the sink to fill to and there were no measuring cups or devices near the sinks. Observation revealed three one-gallon containers (2-MaxiZyme; 1 identified as instrument barrier milk) on the floor near the sinks.  Interview on 06/01/2022 at 0941 with Healthcare Assistant (HCA) #1 revealed she had prepared the sinks that morning for use in cleaning the instruments used in clinic that day. Interview revealed HCA #1 stated she put a "good amount" of cleaner solution and water in the sinks. Interview revealed HCA #1 did not measure the cleaner solution prior to mixing it with the water. Interview revealed HCA #1 did not measure the water amount in the sink prior to mixing it with the cleaner solution.  Interview on 06/01/2022 at 0943 with Senior Health Center Manager (SHCM) #2 revealed the staff should be measuring the amount of water and cleaner being mixed in the sink. Interview revealed the facility has a measuring cup to use. Interview revealed SHCM #2 told staff to change the water mixture and use the measuring cup to prepare it per the manufacturers recommendations.	E 165		



