STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345484	A. BUILDING _____ B. WING _____	06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSYLVANIA REGIONAL HOSPITAL	260 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
E 000	Initial Comments An unannounced recertification survey was conducted on 06/19/23 through 06/20/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #I8K111.	E 000		
F 000	INITIAL COMMENTS A recertification survey was conducted from 06/19/23 through 06/20/23. Event ID#I8K111.	F 000		
F 868 SS=E	QAA Committee CFR(s): 483.75(g)(1)(i)-(iii)(2)(i); 483.80(c) §483.75(g) Quality assessment and assurance. §483.75(g) Quality assessment and assurance. §483.75(g)(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (iv) The infection preventionist. §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: (i) Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement	F 868		7/13/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/10/2023

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F 868	Continued From page 1 projects required under the QAPI program, are necessary. §483.80(c) Infection preventionist participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the Medical Director (MD) was present for one (1) of the one (1) quarterly Quality Assurance (QA) meetings reviewed. This deficient practice had the potential to impact facility residents as the Medical Director was not involved in identifying and responding to quality deficiencies within the facility. The findings include: Review of the last quarterly QA committee meeting dated 05/18/2023 revealed the MD was not present for the QA committee meeting. On 06/20/2023 at 1:45 PM, the Administrator Director Quality and Safety reported that she was responsible for inviting the MD or his/her designee and she had never invited the MD or his/her designee to attend any of the quarterly QA committee meetings. She indicated the MD had no involvement in QA or by alternate means. She indicated that she was not aware that the MD or his/her designee was required to attend the QA committee meetings. Administrator Director Quality and Safety indicated moving forward she will make sure the MD or his/her designee was	F 868	F 868 QAA Committee Transylvania Regional Hospital (TRH) holds the safety of all patients, staff, and visitors as its highest priority. Leadership, Medical Staff, and hospital staff are dedicated to exemplifying our mission statement in all care provided to our community. Above all else, we are committee to the care and improvement of human life. TRH has a system of reporting and investigation of safety issues and concerns when they are identified. TRH submits this Plan of Correction in order to meet the requirements established by state and federal law. During the recent survey the facility failed to ensure a quality committee consisting of the minimum required attendees was conducted. An oversight in Quality Committee required attendees led to this deficiency. " On 07/05/2023, the standard CFR: 483.75 (g)(1) and the finding from the	

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F 868	Continued From page 2 invited in all the QA committee meeting.	F 868	recent survey were sent via email notification to the Transition Care Unit (TCU) Quality Committee required participants. " On 07/07/2023, the TCU Quality Committee required participants, including Medical Director (or designee), were scheduled to participate in the TRH TCU Quality Committee meeting scheduled for 07/13/2023 to discuss the TCU quality assurance program and performance improvement plan. " The subsequent regularly scheduled quarterly TCU Quality Committee meetings were also scheduled with the required invitees, including the TCU Medical Director (or designee). " The Director of Quality will monitor the TCU Quality Committee participation to ensure all required attendees participate in the quarterly meetings " Beginning July 2023, monitoring of required attendees participation in TCU Quality Committee will occur for 3 consecutive quarters for 100% compliance. Compliance monitoring is expected to be completed by 01/09/2024. " The Director of Quality is responsible for implementing and overseeing the actions taken with this plan.	