

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

PRINTED: 08/10/2016
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 07/27/2016
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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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(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
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F 000	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Electronically Signed

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.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 923509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2016
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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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L 006	<p>.2104(C) REQUIREMENTS FOR LICENSE RENEWAL/CHANGE</p> <p>10A-13D.2104 (c) The facility shall notify the Licensure and Certification Section of the Division of Facility Services within one working day following the occurrence of:</p> <p>(1) change in administration; (2) change in the director of nursing; (3) change in facility mailing address or telephone number; (4) changes in magnitude or scope of services; or (5) emergencies or situations requiring relocation of patients to a temporary location away from the facility.</p> <p>This Rule is not met as evidenced by: Based on record review and staff interview the facility did not notify the Licensure and Certification Section of the Division of Health Service Regulation about a change in employees filling the administrator and director of nursing positions within one working day of the changes.</p> <p>The findings included:</p> <p>During the entrance conference on 07/26/16 at 9:30 AM administrative staff at the facility introduced themselves and the individual who identified herself as the Chief Nursing Officer/President (Administrator) was not the individual listed under administration in Aspen Central Office. The individual who identified herself as the Manager of Clinical Operations (Director of Nursing) was not the individual listed as holding that position under administration in Aspen Central Office. When questioned about how long they had been in their respective</p>	L 006	<p>Transylvania Regional Hospital (TRH) holds the safety of all its patients, staff and visitors as its highest priority. To that end, TRH has developed a robust system of reporting and investigating safety issues and concerns. This Plan of Correction constitutes TRH's written allegation of compliance for the deficiencies cited. This Plan of Correction is submitted to meet the requirements established by state and federal law.</p> <p>Following the survey, the system Director of Accreditation notified DHSR.NH.ADMandDON.CHANGES@dhsr.nc.gov on 7/28/16 to update the hospital's administrator, with confirmation received on 8/1/16. In order to ensure ongoing compliance the System Director of Accreditation developed a Standard Operating Procedure on 8/10/16 titled: Updating Changes of</p>	8/17/16

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE 	(X6) DATE 08/17/16
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L 006	<p>Continued From page 1</p> <p>positions, the Administrator stated she had been in her position since March 2016 and the Director of Nursing (DON) stated she had been in her position since February 2016.</p> <p>On 07/26/16 at 9:45 AM review of the administration information documented electronically in Aspen Central Office revealed a former Administrator was listed as being the current Administrator since 09/14/15. A former DON was listed as being the current DON since 06/20/1997 in Aspen Central Office.</p> <p>An interview on 07/27/16 at 3:19 PM with the Administrator revealed she assumed the position of Administrator of the facility on 04/29/16 and the current DON assumed her position on 04/18/16. The Administrator stated she had verified with senior executives that the Licensure and Certification Section of the Division of Health Service Regulation had not been notified of the change in Administrator or DON and were not aware that they were required to do so.</p>	L 006	<p>CNO/President/Administrator, stating the following:</p> <ol style="list-style-type: none"> 1. Any future change of CNO/President in Mission Health System will be communicated to the System Director of Accreditation prior to the change taking place by the Executive Assistant to the Senior Vice President, Patient Care. 2. Any future changes of Transylvania Community Hospital's Director of Nursing for the Transitional Care Unit will be communicated by the Hospital's President/CNO's Executive Assistant prior to any change taking place. 3. Upon notice, the Director of Accreditation will notify DHR within 1 business day or prior to the change taking place. <p>For the Transitional Care Unit at Transylvania Regional Hospital: changes will be sent to the following email address: DHR.NH.ADMandDON.CHANGES@dhsr.nc.gov (Nursing Home Licensure and Certification: 919-855-4520)</p> <p>In order to ensure ongoing compliance, the Executive Assistant to the Senior Vice President of Patient Care for Mission Health System and the Executive Assistant to the TRH President/CNO were educated via email communication on 8/15/16 regarding the procedure for updating DHR for all changes of CNO/President/Administrator prior to those changes in leadership occurring.</p> <p>Monitoring/Responsible Person To ensure ongoing compliance, the Director of Nursing will confirm that the facility notifies the Licensure and Certification Section of the Division of Health and Human Services Regulation</p>	
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L 006	Continued From page 2	L 006	<p>about any changes in employees filling the Administrator and Director of Nursing positions within one working day of the changes. Denominator = changes in employees filling the Administrator and Director of Nursing positions within one working day of the changes. Numerator = changes in employees filling the Administrator and Director of Nursing positions. This measure will be reported for 3 consecutive months of 100% compliance, then 3 consecutive quarters at 100% compliance, then rolled into the facilities QAPI program for ongoing monitoring. The findings of these quality assurance checks will be reported to the hospital's Patient Quality and Safety Committee.</p>	