PRINTED: 04/14/2010
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN669HOS	A. BUILDING _____ B. WING _____	04/07/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENOWN REGIONAL MEDICAL CENTER	1155 MILL STREET RENO, NV 89502

(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
S 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure focused re- survey conducted in your facility on 4/5/10 and finalized on 4/7/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified.	S 000 Approved [illegible] 5-5-10		
S 107 SS=E	NAC 449.322 Housekeeping Services 3. Cleaning must be performed in a manner to minimize the spread of pathogenic organisms. Floors must be cleaned regularly. Polishes on floors must provide a nonslip finish. Throw or scatter rugs must not be used except for nonslip entrance mats. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure cleaning was performed in a manner to minimize the spread of pathogenic organisms.	S 107	S 107 The practice observed by the Environmental Services employee is not consistent with the existing written policy regarding terminal cleaning of a patient's room. The employee identified in the event was coached immediately regarding her infection control practice on 4/5/10. Education of all Environmental Services staff on appropriate terminal cleaning procedure per Infection Control policy occurred on 4/23/10.	

f deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

[signature] TITLE Chief Operating Officer (X6) DATE 4/28/10

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

STATE FORM 6899 PLT011 If continuation sheet 1 of 5

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S 107	Continued From page 1 1. On 4/5/10, a housekeeper was observed to place a used dirty cleaning cloth in the clean water bucket, wring it out, and continue cleaning the room. She reported she would empty the clean water bucket at the end of her shift. 2. An orderly was observed placing biohazardous waste including a bloody liquid, and bags of waste from operating room number ten that were observed to have been dragged across the floor on a gurney for transport. The orderly was then observed to have pushed the gurney to the biohazardous waste area. The bloody fluid was observed to have spilled onto the gurney and the floor. The orderly then pushed the gurney wheels through the bloody fluid. Severity 2 Scope 2	S 107	Immediate review of policy on bagging and transportation of biohazardous waste presented to applicable OR orderlies on 4/8/10. Nursing Educator, Operating Room, provided education to all appropriate operating room personnel on proper bagging and transportation of waste within the OR on 4/22/10.	
S 115 SS=D	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (a) Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases This Regulation is not met as evidenced by: Based on observation, interview and review of the facility's standard of practice, the facility failed to follow its standard of practice by allowing personal briefcases and rolling cases to be brought in from outside of the facility, into the operating room suites. 1. On 4/6/10, during observation of the cleaning between cases of operating room (OR) ten, a physician was observed placing cords and other equipment into a rolling bag that he pulled out of the OR suite at the end of a procedure.	S 115	S115 Policy disallowing surgical team personal items, i.e. rolling briefcases, bags, etc. being carried into the operating room suite was developed on 4/26/10. Policy will be submitted to Medical Office for review by Chief of Staff, Chief of Surgery, and Chief Medical Officer on 4/28/10. Policy will be forwarded to MEC for approval on 5/11/10.	

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S 115	Continued From page 2 2. On 4/6/10, a briefcase was observed leaning up against the anesthesia machine. An RN was interviewed and reported that the Anesthesiologist had brought it with him. Severity: 2 Scope: 1	S 115		
S 126 SS=E	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (a) The standards for the control of infection established by the infection control officer of the hospital This Regulation is not met as evidenced by: Based on observation and review of the facility's standard of practice the facility failed to ensure that the facility's standard of practice was followed to ensure the sterility of surgical instruments and implants. On 4/6/10, several peel packs were observed to be folded inside of a second peel pack in the sterile supply area for the main surgical floor. Two of these packages contained implants to be implanted on 4/8/10. Severity 2 Scope 2	S 126	S126 On 4/8/10 all present sterile processing staff were re-educated on the proper way to prepare peel pack items for sterilization. All peel pack items are currently being inspected by the technician operating the autoclave for proper preparation before sterilization. Education to all sterile processing staff relative to peel pack sterilization occurred 4/21/10.	
S 128 SS=E	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with:	S 128		

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S 128	Continued From page 3 (c) When applicable, the manufacturer's guidelines for the use and maintenance of the equipment. This Regulation is not met as evidenced by: Based on interview the facility failed to ensure the manufacturer's recommendation for routine weekly and monthly maintenance was performed on the autoclaves and washers on the same day surgery unit. Severity 2 Scope 2	S 128	S 128 Same Day Surgery staff received training on 4/23/10 on the preventive maintenance required as outlined by the operators manual to include: checking the back-up battery supply and pressure valve. A weekly log record was posted 4/23/10 to include weekly cleaning, checking of the trap, back battery system and safety valve. To facilitate immediate access to reference information relating to preventative maintenance procedures the Biological manufacture preventive maintenance book was posted at each autoclave on 4/23/10. A Policy was developed regarding the above maintenance procedure and the policy was laminated and posted 4/23/10 in the Department.	
S 176 SS=F	NAC 449.338 Dietary Services 6. In providing for the preparation and serving of food, a hospital shall: (b) Obtain the necessary permits from the bureau of health protection services of the health division of the department of human resources. This Regulation is not met as evidenced by: Surveyor: Vincent Valiente Based on observation, interview, and record review on 4/5/10, the facility failed to ensure the kitchen complied with the standard of NAC 446. Findings include: 1. Critical Violations: a. Multiple cans (4) of Mandarin Oranges were found dented within the dry storage area. 2. Cleaning and Sanitation Issues: a. The Bakery ventilation hood over the stove was soiled with dust and debris. b. The floors under mounted equipment are soiled with food debris especially under the old	S 176	S 176 All dented cans immediately discarded from shelving on 4/7/10 and all applicable dietary staff was counseled on 4/8/10 relative to appropriate discarding of cans. All departmental staff will be educated via staff meeting on appropriate disposal of dented cans on 4/28/10. Policy will be reviewed during staff meeting.	

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S 176	Continued From page 4 dishwasher located in the back of the kitchen. 3. Maintenance Issues: a. Piping insulation within the dishroom under the dishwasher was in disrepair. b. Copper condenser piping was found exposed and unprotected within the produce and dairy walk-in refrigerators. Severity: 2 Scope: 3	S 176	The cleaning schedule for the cleaning of the bakery ventilation hood is updated to provide for weekly cleaning. Hood was cleaned on 4/8/2010. Cleaning of areas under equipment will be reviewed by the supervisor monthly and cleaning action taken as needed. Piping Insulation within the dish-room under the dishwasher and exposed copper condenser piping was repaired on 4/27/10.	

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