Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9004	A. BUILDING _____ B. WING _____	12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRTH CONTROL CARE CENTER	872 E SAHARA AVE, LAS VEGAS, NEVADA ,89104

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual permit survey conducted at your facility on 12/11/19. This State Permit Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Outpatient Facilities. Five patient records and nine employee records were reviewed. The findings and conclusions of any investigation by the Division of Public and Behavioral Health 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:	0000		
0140 SS= F	NAC 449.999448 (1) - Professional standards of practice - NAC 449.999448 In addition to the guidelines established pursuant to NAC 449.999441, the holder of a permit to operate an outpatient facility shall establish guidelines and maintain policies for the outpatient facility which: 1. Ensure the health, safety and well-being of patients of the outpatient facility; Inspector Comments: Based on observation, document review, record review and interview, the facility failed to maintain professional standards of practice by ensuring: 1) Medications were stored in a secure manner; 2) Follow-up calls were made to 1 of 4 surgical patients within 24-48 hours, per facility policy (Patient #2); and 3) Filters for the transvaginal ultrasound probes were changed per manufacturer instructions. Findings include: 1) Medications Storage: On 12/11/19 at 9:15 AM, the facility crash cart was unlocked. The medications and needles for the crash cart were located on top of the crash cart. The crash cart had a lock on it. The crash cart was located in a room at the end of the facility's main hallway. The two procedure rooms were across from the room. The door to the room was open. There was an unnamed person sitting alone in the room at the time of observation. There was also a working desk in the room. The Administrator	0140	The Surgical Tech will ensure the facilities crash cart will be secured via a locked medication room, that is locked at all times. The leadership staff and physicians will have a key and access to the locked medication room. Staff had training on securing the crash carton Thursday January 2, 2020. In addition, all syringes, needles and medications will be kept in a drawer/cabinet that can be locked in surgery rooms one and two for patient safety and needle security. Staff assigned to respective surgery room shall be responsible to ensure drawers and cabinets are locked. Patients will be accompanied by staff at all times in Surgery Room. Other medication in the common area will be moved to a locked cabinet within the common area. All staff will have access to the locked cabinet. The leadership staff will ensure the cabinet is locked at all times. The refrigerator in the common area will have a lock installed on January 8, 2020. The facility will implement the Medication and Needle Security Policy effective December 23, 2019. The policy is attached. All staff had training on this policy on	01/02/2020

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRTH CONTROL CARE CENTER	**872 E SAHARA AVE, LAS VEGAS, NEVADA ,89104**

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	indicated an unawareness of who the person in the room was and they were probably a student in training. Employees and patients were observed passing the room going to and/or from procedure rooms. Some of the medications on the crash cart included: Midazolam, Naloxone, nitroglycerin, romazicon, Labetalol, flumazenil, ephedrine, atropine and Metoprolol Tartrate. There were needles and syringes on top of the crash cart. On 12/11/19 in the morning, the interim Infection Prevention and Control Manager confirmed the cart was unlocked and verbalized the cart was unlocked during the day for convenience. There was no indication of where the medications on top of the crash cart were stored at the end of the day. On 12/11/19 at 9:20 AM, unsecured medications, syringes and needles were observed as follows: -Surgery Room 1 drawers, included medications such as misoprostol 200 milligrams (mg), BD needles, catheters, IV start syringes and needles. -Surgery Room 2 drawers, included medications, syringes and BD Insyte Autoguard Winged IV catheters. On 12/11/19 at 9:20 AM, the interim Infection Prevention and Control Manager confirmed the observation and reported patients were left in the rooms alone to dress and undress for procedures. On 12/11/19 at 9:50 AM, the refrigerator in the facility common area (pathway to procedure rooms) was unlocked. The refrigerator contained Methylergonovic, Vasostrict, Anti D Bland. On 12/11/19 at 9:50 AM, the interim Infection Prevention and Control Manager confirmed the observation and explained the refrigerator was always unlocked. On 12/11/19 in the afternoon, the Administrator confirmed there was no facility policy for crash cart or medication and needle security. There was a facility policy for the security of narcotics. 2) Patient Follow-Up Calls: Patient #2 (P2) P2 was admitted on 12/3/19 for a surgical procedure. The facility document titled May We Call You? documented patients had a choice of giving permission for facility contact with the patient 24 to 48 hours after the surgical procedure, to ask questions and check on patient well being. P2 signed the May We		January 2, 2020. The GUS G10VP Wall-Mounted Disinfection Soak Station for Transvaginal and Transrectal Ultrasound Probe (GUS) filter change log is now in place and located in the common area. The medical assistant responsible for changing and documenting the filter changes, will circle the date of when the filter was changed, initial and sign the log. The manufacturers instructions for use indicates the filter to be changed every six months. All staff that reprocesses the transvaginal ultrasound probes had training on this filter change log on December 26, 2019. A policy was modified to facilitate documentation of post procedural follow up calls in the event team members were unable to reach the patient during the initial follow up call. The back office Lead Medical Assistant will continue to monitor for compliance with follow up calls on a monthly basis. All staff underwent follow up training on this procedure and the new policy on December 26, 2019.	

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	9004	A. BUILDING _____ B. WING _____	12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRTH CONTROL CARE CENTER	**872 E SAHARA AVE, LAS VEGAS, NEVADA ,89104**

(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
	Call You? document on 12/3/19, giving the facility permission to make contact 24 to 48 hours after their procedure. An initial follow-up call was placed to the patient on 12/5/19. There was no answer and a voicemail message was left. There was no documented second contact attempt. On 12/11/19 at 10:23 AM, the interim Infection Prevention and Control Manager confirmed no second call attempt was made. The interim Infection Prevention and Control Manager explained the follow-up call process. Surgery patients filled out a form (May We Call You?) if they were agreeable to a call 24 to 48 hours after a surgical procedure, or the patient could decline. If the patient gave permission, all were called. If there was no answer, the facility would leave a voicemail message. Two attempts were made by either phone call, text or email. A note was placed in the patient's chart regarding tried and successful follow-up attempts. 3) Ultrasound Probe Filter Changes: The GUS G10VP Wall-Mounted Disinfection Soak Station for Transvaginal and Transrectal Ultrasound Probes Operator's Manual (undated), documented the patented filter had a six-month life in normal everyday use. On 12/11/19 in the morning, a small blue sign was attached to the transvaginal ultrasound probe machine in a procedure room, that indicated to replace filter on 2/20/20. There was no filter change log located on the machine and no filter change log could be provided by the facility. On 12/11/19 in the morning, a Medical Assistant responsible for changing and documenting the filter changes, explained the process, reporting the change was documented in red on the scope or probe log and highlighted. The Medical Assistant could not locate documentation of a filter change after 2/18/19, expressing they documented it but could not find that documentation. On 12/11/19 at 2:49 PM, the interim Infection Prevention and Control Manager indicated the facility changed the ultrasound filters based on manufacturer instructions. Severity: 2 Scope: 3			

Division of Public and Behavioral Health

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	7982	A. BUILDING _____ B. WING _____	11/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE AND SOUND FOR WOMEN, INC	**3131 LA CANADA #110, LAS VEGAS, NEVADA ,89169**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Re-permitting Survey conducted in your facility on 11/20/18 and completed on 11/20/18, in accordance with Nevada Administrative Code (NAC), Chapter 449, Outpatient Facilities. Five patient files were reviewed and six employee files were reviewed. The findings and conclusions of any investigation by the Division of Public and Behavioral Health 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 regulatory deficiencies were identified:	0000		
0140 SS= F	NAC 449.999448 (1) - Professional standards of practice - NAC 449.999448 In addition to the guidelines established pursuant to NAC 449.999441, the holder of a permit to operate an outpatient facility shall establish guidelines and maintain policies for the outpatient facility which: 1. Ensure the health, safety and well-being of patients of the outpatient facility; Inspector Comments: Based on observation and interview, the facility failed to ensure medications and needles were kept locked in a room where patients were receiving care. Findings include: On 11/20/18, 10:30 AM, a patient was sitting in the lab room getting a blood draw from a staff member. The staff member drawing the blood walked out of the room leaving the patient in the room. The following medications and needles were unsecured in the lab room. -one bottle of Misoprostol 200 milligrams (mg) -one bottle of Doxycycline 10 mg -one bottle of Metronidazole 500 mg -one bottle of Ondansetron 8 mg -one box of 18 gauge x1 needles -one box of hypodermic needles -one box of 20 gauge needles -one box of 22 gauge needles. On 11/20/18 at 10:45 AM, the Manager verified the unsecured medications and needles and was not aware the medications and needles should be in a locked cabinet. Severity: 2 Scope 3	0140	Are plan of correction for unlock medication and needles is to lock cabinet. The cabinet will be lock every time a staff member steps out of the room. The way it will be monitored is by unlocking the cabinet to get medication and needles out and locking it ones we have what we need never to leave unlock. The office manager will manage the plan of correction. The correction was done 11/26/18. We will make sure all areas where medication and needles are at will be locked or not in a patient room.	12/07/2018

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CRAIG HARTMAN Title: Medical Director Date: 12/07/2018

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7982	A. BUILDING _____ B. WING _____	11/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE AND SOUND FOR WOMEN, INC	**3131 LA CANADA #110, LAS VEGAS, NEVADA ,89169**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Permit Survey conducted in your facility on 11/07/17 and completed on 11/17/17, in accordance with Nevada Administrative Code (NAC), Chapter 449, Outpatient Facilities. Five patient files were reviewed and seven employee files were reviewed. The findings and conclusions of any investigation by the Division of Public and Behavioral Health 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 regulatory deficiencies were identified:	0000		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name: CRAIG HARTMAN, DO	Title: Medical Director	Date: 12/12/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7982	A. BUILDING _____ B. WING _____	11/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE AND SOUND FOR WOMEN, INC	3131 LA CANADA #110, LAS VEGAS, NEVADA ,89169

(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
0131 SS= D	NAC 449.999446 (2) - Overseeing and managing program - NAC 449.999446 2. The person described in subsection 1: (a) Must have completed specialized training in the prevention and control of the development and transmission of infections and communicable diseases; and (b) Shall ensure that the program for the prevention and control of infections and communicable diseases for the outpatient facility: (1) Complies with all applicable federal, state and local laws; (2) Is consistent with the guidelines adopted by the holder of the permit pursuant to NAC 449.999441; and (3) Is reviewed with all employees of the outpatient facility and all persons under contract with the outpatient facility who work at the facility and have exposure to patients at the facility within the first 10 days of employment and every 12 months thereafter, or more often if required pursuant to subsection 2 of NAC 449.999447. Inspector Comments: Based on record review, interview and document review, the facility failed to ensure the Infection Control Officer completed specialized training on control and prevention of infections and communicable diseases (Employee #4). Findings include: Employee #4 was hired on 01/23/15, as Medical Staff, Infection Control Officer. On 11/07/17, review of personnel records revealed the employee is not a licensed healthcare professional. The employee completed the same infection control and prevention training provided to all clinical employees. The employee's file lacked documented evidence of a specialized training in infection control and prevention. Review of the Infection Control Officer's job description revealed the employee's responsibilities did not include oversight and management of the facility's program for infection control and prevention. Severity: 2 Scope: 1	0131	1) Our infection control officer obtained the additional training requested in the deficiency. 2) We reviewed the deficiency with our compliance consultants. They will provide the required training on an annual basis at the time of our annual staff training. 3) Our compliance consultants will maintain a log book documenting annual training for our infection control officer. 4) Our infection control officer is responsible for attending the required training. The Medical Director, Clinic Director, and compliance consultant will continually monitor all staff requirements for training and maintain a log book as noted above. 5) The required training was completed on December 7, 2017. 6) The certificate of training and log of educational training completed on 12/7/17 will be scanned and attached.	12/07/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7982	A. BUILDING _____ B. WING _____	11/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE AND SOUND FOR WOMEN, INC	3131 LA CANADA #110, LAS VEGAS, NEVADA ,89169

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0140 SS= F	NAC 449.999448 (1) - Professional standards of practice - NAC 449.999448 In addition to the guidelines established pursuant to NAC 449.999441, the holder of a permit to operate an outpatient facility shall establish guidelines and maintain policies for the outpatient facility which: 1. Ensure the health, safety and well-being of patients of the outpatient facility; Inspector Comments: Based on observation, interview and document review, the facility failed to ensure emergency medications were secured. Findings include: On 11/07/17, in the morning, emergency medications were stored in an upright plastic box with compartments. The storage unit did not have a locking mechanism. The storage unit was on top of the nurses' station, in the hallway across from the pre-procedure room, operating room, and recovery room. The medications included: Amiodarone, Albuterol, Atropine, Dexamethasone, Epinephrine, Flumazenil, Narcan and Nitrostat. The Physician/Owner explained the emergency medications were stored at the nurses' station because they did not want the operating room cluttered. Severity: 2 Scope: 3	0140	1) Emergency medicines have been relocated to our emergency crash cart kit. 2) Our facility Policy and Procedure manual states that emergency medicines will be stored in our crash cart. All employees were briefed on the proper storage and maintenance of emergency medications on 12/7/17. 3) The Quarterly Quality Assurance Committee will inspect all emergency medications and ensure expiration dates have not expired. A log of the Quarterly Quality Assurance Committee inspection check lists is maintained in our Policy and Procedures manual book. 4) The Medical Director relocated the emergency medications to the crash cart and will maintain the quarterly log book of medication inspection. 5) The corrective action was completed on 12/7/17.	12/07/2017

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	7982	A. BUILDING _____ B. WING _____	11/17/2017

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SAFE AND SOUND FOR WOMEN, INC	3131 LA CANADA #110, LAS VEGAS, NEVADA ,89169

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0142 SS= D	NAC 449.999448 (3) - Professional standards of practice - NAC 449.999448 In addition to the guidelines established pursuant to NAC 449.999441, the holder of a permit to operate an outpatient facility shall establish guidelines and maintain policies for the outpatient facility which: 3. Require each person employed by the outpatient facility or under contract with the outpatient facility to have a skin test for tuberculosis in accordance with NAC 441A.375. Inspector Comments: Based on record review, interview and document review, the facility failed to ensure 1 of 7 employees completed the initial 2-Step Tuberculosis (TB) Skin Test within the required timeframe (Employee #7). Findings include: Employee #7 was hired on 11/01/17, as Advanced Practice Registered Nurse (APRN). Review of personnel records revealed the 1st-Step TB Skin Test was administered on 09/12/16 and read on 09/13/16, with negative result. The 2nd-Step TB Skin Test was administered on 10/18/17 and read on 10/20/17, with negative result. The 2nd-Step was completed more than 12 months after the 1st-Step. Review of the facility's policy on Employee TB Testing (undated) revealed the policy did not include the specific requirements of NAC 441A.375. On 11/07/17, the Medical Staff Manager acknowledged the finding. Severity: 2 Scope: 1	0142	1) Employee #7 has received her 2 step TB test. Step 1 was read on 10/20/17. Step 2 was read on 10/27/17. 2) There was no deficient practice. Employee #7 was up to date with her TB testing. The documentation for this is attached. 3) A log book of employee TB test dates has been created to ensure all employees remain up to date. 4) The Clinic Director will review the employee TB test log book at the time of annual employee training and at the time of initial hire of any new employee. 5) Employee #7 had appropriate TB testing as of 10/27/17. Documentation of such is attached.	12/07/2017

Division of Public and Behavioral Health

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	9004	A. BUILDING _____ B. WING _____	12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRTH CONTROL CARE CENTER	**872 E SAHARA AVE, LAS VEGAS, NEVADA ,89104**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an Initial State Permit Survey conducted in your facility on 12/06/17, in accordance with Nevada Administrative Code (NAC), Chapter 449, Outpatient Facilities. Five patient records were reviewed. Fifteen employee files were reviewed and attested to by the facility, five of these files were reviewed for compliance and accuracy. The findings and conclusions of any investigation by the Division of Public and Behavioral Health 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 regulatory deficiencies were identified.	0000		

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9004	A. BUILDING _____ B. WING _____	12/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRTH CONTROL CARE CENTER	**872 E SAHARA AVE, LAS VEGAS, NEVADA ,89104**

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0142 SS= F	NAC 449.999448 (3) - Professional standards of practice - NAC 449.999448 In addition to the guidelines established pursuant to NAC 449.999441, the holder of a permit to operate an outpatient facility shall establish guidelines and maintain policies for the outpatient facility which: 3. Require each person employed by the outpatient facility or under contract with the outpatient facility to have a skin test for tuberculosis in accordance with NAC 441A.375. Inspector Comments: Based on record review and interview, the facility failed to ensure pre-employment tuberculosis (TB) testing was conducted according to NAC 449.375 concerning TB requirements for 3 of 5 employees (Employees #1, #2, and #5). Findings include: A review of the employee files on 12/06/17, revealed the following: Employee #1 Employee #1 was hired in 08/21/17. The file contained a two step TB test with a negative result initiated on 08/23/17 and completed on 09/15/17. The file lacked evidence of a two step TB test prior to hire. Employee #2 Employee #2 was hired on 04/11/17. The file contained a two step TB test with a negative result initiated on 04/11/17 and completed on 04/20/17. The file lacked evidence of a two step TB test prior to hire. Employee #5 Employee #5 was hired on 10/30/17. The file contained a two step TB test with a negative result initiated on 10/30/17 and completed on 11/08/17. The file lacked evidence of a two step TB test prior to hire. On 12/06/17, the Administrator acknowledged the files lacked evidence of two step pre-employment TB tests and reported new hires have had the two step TB process initiated on the employee's first day of work. Severity: 2 Scope: 3	0142	All new hire employees will undergo two step TST upon offer of employment, and this will be completed by the first day of patient care. This may also be accomplished by completion of BAMT prior to first date of patient care. This procedure has been added to our new employee packets and our Administrator has been made aware of this requirement and the importance of timely completion. Our Medical Director will review new hire packets for comprehensive documentation and timely completion of TST, ensuring the employee completes screening prior to participation in direct patient care. Our Administrator is responsible to to ensure this plan is implemented and carried out consistently. This was completed on 12-7-17.	12/07/2017

Acceptable POC 11/9/12

PRINTED: 10/01/2012
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
	NVS6143OPF	A. BUILDING _____ B. WING _____	09/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A ALL WOMEN CARE	3599 S EASTERN AVE LAS VEGAS, NV 89169 Wrong Address

(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
O 000	Initial Comments This statement of deficiencies was generated as the result of the state re-permitting inspection that was completed at your facility on 9/18/12, in accordance with Chapter 449 Nevada Administrative Code for Outpatient Facilities. An Infection risk assessment was completed. Ten patient medical records were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	O 000		
O 070 SS=E	Infection Prevention Policies Section 29. Policies for prevention of infection: Each program for the prevention and control of infections and communicable diseases must include policies and procedures to prevent exposure to blood-borne and other potentially infectious pathogens, including, without limitation, policies and procedures relating to: 1. Hand hygiene, including provisions regarding the time and procedure for hand washing with soap and water or the use of an alcohol-based hand rub. (2) Use of gloves:	O 070		

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

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

STATE FORM 6899 VZWD11 If continuation sheet 1 of 11

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OCT 17 2012
BUREAU OF HEALTHCARE QUALITY & COMPLIANCE LAS VEGAS, NV

10/15/2012

Americans United for Life

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
	NVS6143OPF	A. BUILDING _____ B. WING _____	09/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A ALL WOMEN CARE	3599 S EASTERN AVE LAS VEGAS, NV 89169 (wrong address)

(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
O 070	Continued From page 1 The proper use of medical gloves, including, without limitation, a requirement that each person who works at the outpatient facility must wear medical gloves when the person: (a) Anticipates coming in contact with blood or bodily fluids; (b) Handles contaminated instruments, items and equipment; (c) Handles biological waste or biologically contaminated waste that may cause harm to humans, animals or plants; (d) Handles linens potentially contaminated with biological waste or biologically contaminated waste that may cause harm to humans, animals or plants; and (e) Performs housekeeping activities or cleans contaminated surfaces. (3) Safe injection practices: Safe injection practices to prevent the contamination of equipment used for injections and medication, including, without limitation, a requirement that a new sterile needle and new sterile syringe be used for each patient and not used for more than one patient. (4) Handling of sharps: The proper handling of sharp instruments and the disposal of sharp instruments, which must be consistent with the standards developed by the Occupational Safety and Health Administration of the United States Department of Labor for the handling and disposal of such instruments. (5) Access of medications in vials: Techniques for accessing a vial of medication, which must comply with the requirements set forth in section 30 of this regulation.	O 070		

10/15/2012

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
	NVS6143OPF	A. BUILDING _____ B. WING _____	09/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A ALL WOMEN CARE	3599 S EASTERN AVE LAS VEGAS, NV 89169 Wrong Address

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O 070	Continued From page 2 (6) Infusion Medications and tubing: The infusion of intravenous medications, which must provide, without limitation, that intravenous tubing and fluid bags or bottles are not to be used for more than one patient. (7) Sterilization and disinfection of medical equipment: The proper sterilization and disinfection of all medical equipment, instruments and devices. Those policies and procedures must, at a minimum, require the outpatient facility to: (a) Sterilize or ascertain the sterility of items that enter sterile tissue or the vascular system, including, without limitation, surgical instruments, endoscopes, endoscopic accessories, catheters, needles and probes used for ultrasounds; (b) Perform high-level disinfection of reusable items that come in contact with nonintact skin or mucous membranes, including, without limitation, respiratory therapy equipment, anesthesia equipment, bronchoscopes and gastrointestinal endoscopes; and (c) Perform low-level disinfection of reusable items that come in contact with only intact skin, including, without limitation, tourniquets, blood pressure cuffs, linens, stands that are used to hold medical instruments and other furnishings. (8) Handling of equipment: The proper handling of equipment, instruments and devices. Those policies and procedures must, at a minimum, require the outpatient facility to: (a) Sterilize and disinfect reusable items as described in subsection 7; (b) Properly dispose of single-use equipment, instruments and devices after use, if the outpatient facility has decided not to have the equipment, instruments or devices reprocessed;	O 070		

10/15/2012

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O 070	Continued From page 3 and (c) Ensure that: (1) All equipment, instruments and devices that may be reprocessed are reprocessed only by a third-party processor approved by the United States Food and Drug Administration; and (2) No equipment, instruments or devices that may be reprocessed are reprocessed at the outpatient facility. (9) The proper handling and disposal of medical waste and specimens. (10) The proper cleaning and disinfection of all areas in which patient care is provided. (11) The proper maintenance of a clean and sanitary environment. (12) Infection identification and tracking: The identification and reporting of the development and transmission of infections and communicable diseases, including, without limitation, the method by which the outpatient facility must: (a) Track and document the development and transmission of infections and communicable diseases which are related to the medical procedures performed at the outpatient facility; (b) Report the development and transmission of infections and communicable diseases as required by federal, state and local laws; and (c) Identify and address trends in such developments and transmissions of infections and communicable diseases. (13) The care of patients with a communicable disease, including, without limitation, patients who are known to have a communicable disease at the time of arrival at the outpatient facility and	O 070		

10/15/2012

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O 070	Continued From page 4 patients who are found to have a communicable disease during the course of treatment at the outpatient facility. (14) The screening for communicable diseases as described in NAC 441A.375 of all employees and of all persons under contract with the outpatient facility who work at the facility and have exposure to patients at the facility. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to assure post procedures were monitored by the facility for 10 of 10 patient records reviewed. Findings include: Ten patient medical records were reviewed. There was no documented evidence the patient's received a follow up telephone call to identify any signs and symptoms of infection. The infection control Registered Nurse (RN) was unable to provide documentation of tracking post procedural infections. On 9/18/12 at 4:10 PM, the infection control RN acknowledged there was no written documentation of tracking of post procedural infections. Severity: 2 Scope: 2	O 070	See page 23 of our Plan of Corrections	10/15/12
O 090 SS=F	Surgical Equipment Sterilization Section 31.	O 090		

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Bureau of Health Care Quality and Compliance

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O 090	Continued From page 5 Sterilization of Surgical items and equipment: All surgical instruments, items or equipment used in the care of patients at an outpatient facility must be sterilized or disinfected according to the program for the prevention and control of infections and communicable diseases adopted by the outpatient facility pursuant to section 28 of this regulation. (2) If such instruments, items and equipment are sterilized or disinfected by equipment or cleaning agents at the outpatient facility: (a) Before an employee or independent contractor may be assigned the responsibility for sterilizing or disinfecting any instrument, item or equipment, the employee or independent contractor must receive training concerning the instructions of the manufacturer of the device or sterilizer for: (1) Sterilizing and disinfecting the instrument, item or equipment; (2) The use and maintenance of the sterilizer or disinfecting equipment; and (3) The agents used to sterilize and disinfect the instrument, item or equipment. (b) An employee or independent contractor assigned the responsibility for sterilizing or disinfecting the instrument, item or equipment shall: (1) Receive annual training concerning the manufacturer ' s instructions described in paragraph (a); and (2) Receive training on any new equipment or procedures if there is any change in the equipment or procedures used to sterilize or disinfect an instrument, item or equipment. (c) The outpatient facility shall ensure that	O 090		

10/15/2012

Bureau of Health Care Quality and Compliance

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O 090	Continued From page 6 documentation of all training completed pursuant to this subsection is kept in the file of the employee or independent contractor. (3) Manufacturer ' s instructions for equipment: The manufacturer ' s instructions for operating any sterilizer or performing any disinfection procedure must be located or posted near the equipment used for sterilization or disinfection. (4) The outpatient facility shall ensure that each employee or independent contractor follows the manufacturer ' s instructions concerning: (a) The instruments, items or equipment that may be sterilized or disinfected; (b) The procedures for cleaning an instrument, item or equipment before the instrument, item or equipment is sterilized or undergoes high-level disinfection; (c) The procedures for sterilizing or disinfecting an instrument, item or equipment; (d) The operation and maintenance of the sterilizer or the equipment used for high-level disinfection; (e) The frequency and type of biologic indicator testing of the sterilizer; (f) The recommended agents for sterilizing and disinfecting the instrument, item or equipment; and (g) The frequency of testing of any solution for disinfecting to ensure maintenance of the minimum level of effectiveness, but the solution must be tested not less often than daily. (5) Use of biologic indicator tests: The effectiveness of the sterilization procedures must be checked by performing a biologic indicator test: (a) At least weekly, or more frequently if recommended by the manufacturer; and	O 090		

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O 090	Continued From page 7 (b) While sterilizing all implantable devices. (6) Sterilization records and logs of the results of the biologic indicator test must be maintained by the outpatient facility for at least 1 year after the test is performed to ensure that the recommended testing and maintenance of the equipment is performed and the manufacturer ' s instructions regarding proper sterilization techniques are followed. Each outpatient facility shall establish a method to track and recall instruments, items or equipment previously sterilized or disinfected if there is a failure of the biologic indicator test. (7) Physical barriers: To aid in environmental control, each outpatient facility shall provide a physical barrier between the decontamination and sterilization areas of the outpatient facility. This STANDARD is not met as evidenced by: Based on interview, observation, record and document review, the facility failed to assure documentation of specialized training to the medical assistant prior to assuming the duties of sterilization of instruments. (Employee #2). The facility also failed to assure the concentration of MetriCide OPA Plus Solution was verified by a MetriCide OPA Plus Solution Test Strip prior to each use of the solution. Findings include: I) There was no documented evidence found in Employee #2's personnel file of specialized training regarding disinfection and sterilization of	O 090	See Plan of Correction Page 3, 4	10/15/2012

10/15/2012

Bureau of Health Care Quality and Compliance

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O 090	Continued From page 8 instruments. On 9/18/12 at 3:50 PM, the Infection Control Registered Nurse acknowledged there was no specialized training for Medical Assistant #1 regarding disinfection and sterilization of the instruments. II) MetriCide OPA Plus Solution (high level disinfection solution) was observed in an examination room. Daily documentation of testing the solution with a MetriCide OPA Plus Solution Test Strip was observed by the GUS Vapor Control System. On 9/18/12 at 2:05 PM, the Registered Nurse explained the MetriCide OPA Plus Solution was tested once a day with the MetriCide OPA Plus Solution Test Strip. The Registered Nurse stated there were four examination rooms with the GUS Vapor Control System. On 9/18/12 at 3:50 PM, the Registered Nurse acknowledged she was not aware the MetriCide OPA Plus Solution required the test strip to be used prior to each use. There was no documented evidence in the GUS Vapor Control Systems Model G10VP Cleaning Protocol a MetriCide OPA Plus Solution Test Strip was required prior to each use of the solution. The High-Level Disinfection - MetriCide OPA Plus Solution sheet documented: "...The concentration of your MetriCide OPA Plus Solution must be verified by a MetriCide OPA Plus Solution Test Strip prior to each use to guard against dilution that may lower the	O 090	See Plan of Correction Page 5	

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O 090	Continued From page 9 ortho-Phithaladehyde level of the solution below its MRC..." Severity: 2 Scope: 3	O 090		
O 120 SS=F	Policies For Patients & Employee TB testing Section 34. Policies for patients of the facility, professional standards of practice: In addition to the guidelines established pursuant to section 27 of this regulation, the holder of a permit to operate an outpatient facility shall establish guidelines and maintain policies for the outpatient facility which: Ensure the health, safety and well-being of patients of the outpatient facility; (2) Provide the professional standards of practice for services provided by the outpatient facility and ensure that all persons employed by the outpatient facility or under contract with the outpatient facility comply with such professional standards; and (3) Employee TB testing: Require each person employed by the outpatient facility or under contract with the outpatient facility to have a skin test for tuberculosis in accordance with NAC 441A.375. This STANDARD is not met as evidenced by: Based on interview, record review and document review, the facility failed to ensure 3 of 4	O 120	Plan of correction page 5 and exhibits 10/15/2012	

Bureau of Health Care Quality and Compliance

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O 120	Continued From page 10 employees met the requirements of NAC 441A.375 concerning tuberculosis (TB). (Employees #1, #2 and #3) Findings include: Employee #2 was hired 7/16/12. The employee received the first step TB skin test on 6/19/12. There was no documented evidence the employee received a second-step TB skin test. Employee #3 was hired 8/27/12. The employee received the first step TB skin test on 8/24/12. There was no documented evidence the employee received a second-step TB skin test. Employee #1 had a two step TB skin test on 3/3/11 and 3/10/11. There was no documented evidence an annual TB test was administered. On 9/18/12 at 3:50 PM, the Infection Control Nurse acknowledged the TB skin tests were not administered per policy. Screening employees for communicable disease policy (no identified number) documented: "...If the employee has only completed the first step of a 2-step Mantoux within the preceding twelve months, then the second step of the 2-step Mantoux or other single-step tuberculosis screening test will be administered..." There was no documented evidence found in the Screening employees for communicable disease policy addressing the annual TB skin test requirement. Severity: 2 Scope: 3	O 120	See page 5 of POC and exhibits	10/15/2012

10/15/2012

Acceptable POC
J Stanley 12/6/12

PRINTED: 11/09/2012
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
	NVS6131OPF	A. BUILDING _____ B. WING _____	11/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRTH CONTROL CARE CENTER	872 E SAHARA AVE LAS VEGAS, NV 89104

(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
O 000	Initial Comments This statement of deficiencies was generated as the result of an initial state permitting survey that was conducted at your facility on 11/06/12 in accordance with Nevada Administrative Code (NAC), Chapter 449, Outpatient Facilities: Permit for Services of General Anesthesia, Conscious Sedation and Deep Sedation An infection risk assessment was completed. 10 patient medical charts were reviewed. The findings and conclusions of any investigation by the Health Division shall not be constructed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	O 000	PROVIDERS PLAN OF CORRECTION FOR DEFICIENCY O 201 NAC 449.999445 (6): SEE ATTACHED.	
O 120 SS=C	NAC 449.999445 (6) Sterilization, disinfection of instruments NAC 449.999445 6. Sterilization records and logs of the results of the biologic indicator test must be maintained by the outpatient facility for at least 1 year after the test is performed to ensure that the recommended testing and maintenance of the equipment is performed and the manufacturer ' s instructions regarding proper sterilization techniques are followed. Each outpatient facility shall establish a method to track and recall instruments, items or equipment previously sterilized or disinfected if there is a failure of the biologic indicator test.	O 120		

RECEIVED
DEC 11 2012
BUREAU OF HEALTHCARE QUALITY & COMPLIANCE LAS VEGAS, NV

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

Eleanor Powell Stanley MD — TITLE — 12-3-2012 (X6) DATE

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

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
	NVS6131OPF	A. BUILDING: _____ B. WING _____	11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRTH CONTROL CARE CENTER	872 E SAHARA AVE LAS VEGAS, NV 89104

(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
O 000	Initial Comments This Statement of Deficiencies was generated as a result of a state re-permitting inspection conducted in your facility on 11/14/13, in accordance with Nevada Administrative Code, Chapter 449, Outpatient Facility. An Infection risk assesment was completed. Five patient medical charts were reviewed. 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 regulatory deficienceis were identified.	O 000	RECEIVED DEC 02 2013 BUREAU OF HEALTHCARE QUALITY & COMPLIANCE LAS VEGAS, NV	
O 140 SS=F	NAC 449.999448 (1) Professional standards of practice NAC 449.999448 In addition to the guidelines established pursuant to NAC 449.999441, the holder of a permit to operate an outpatient facility shall establish guidelines and maintain policies for the outpatient facility which: 1. Ensure the health, safety and well-being of patients of the outpatient facility; This REQUIREMENT is not met as evidenced by: NAC 449.999448 In addition to the guidelines established pursuant to NAC 449.999441, the holder of a permit to operate an outpatient facility shall establish	O 140	PROVIDERS PLAN OF CORRECTION FOR FOR DEFIENCY O 140 NAC 449.999448 (1) SEE ATTACHED.	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Medical Director — (X6) DATE: 11/27/13

Bureau of Health Care Quality and Compliance

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O 120	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to establish a method to track and recall sterilized instruments to the patient in the event of a failure. During an interview on 11/06/12 with Physician #1, it was revealed that a method for tracking sterilized instruments to a patient in the event of a failure was not in place. During a document review on 11/06/12 of sterilization logs for the biological indicator test, it was revealed that a method for tracking instruments to patients was not in place. Severity: 1 Scope: 3	O 120	DV STANLEY 12-8-2012	12/8/12