Survey Findings/Facility Response

Facility : PLANNED PARENTHOOD - TEMPE

Survey Date - 9/11/2014 - Citation1

Survey Findings

Based on a observation on tour, review of facility policy and procedure, and staff interview the Department determined the Administrator failed to:

1. develop a policy delineating the use, cleaning, and preventive maintenance of the four (4) drug-store type heating pads currently in use by the clinics patients during their recovery phase; and

2. develop a policy delineating ordering, storing, monitoring, and disposing of inventory to prevent using supplies past the manufacturer's instructions for use and/or expiration date:

a) blood specimen tubes; and b) irrigation solution.

Findings include:

1. During tour of the recovery room area, accompanied by the Medical Director, the two (2)Surveyors observed four (4) white plastic drug-store type heating pads, uncovered, and draped across the top of each of the four (4) recovery room chairs. The units were unplugged from the wall, however; the on/off button was left on the medium heat option.

The Medical Director, verified during an interview conducted on 8/26/14, that the heating pads are covered with a pillowcase and given to the patient to use during their recovery.

The Surveyor requested the facility policy and procedure delineating the use, cleaning, and preventive maintenance for the heating pads. None was provided.

The Center Manager (Employee #10), verified during an interview conducted on 8/28/14, that on a monthly basis she performs a facility and equipment check.

Review of the facility "MONTHLY FACILITY AND EQUIPMENT" dated 8/21/14 revealed: "...Walk through Inspection check list...1) Medical Equipment is functioning properly...certified...Satisfactory...."

The Center Manager (#10), verified during an interview conducted on 8/28/14, that the facility does not have a policy and procedure delineating the use, cleaning, and preventive maintenance of the four (4) drug-store type heating pads currently in use by the clinic patients.

2. During tour of the laboratory area, accompanied by the Medical Director, the two (2) Surveyors identified the following:

a. 52 remaining (48 of 100 used) red-gray mottled top (tiger top) vacutainer blood tubes lot #3126779 expired 4/14;

98 remaining (2 of 100 used) gray top vacutainer blood tubes lot #2338362 expired 6/14; and

94 remaining (6 of 100 used) purple top vacutainer blood tubes lot #3032069 expired 6/14.

The Center Manager (#10), verified during an interview conducted on 8/28/14, that some of the vacutainer tubes identified above may be used to draw blood samples for tests ordered by the physician and clinician (Nurse Practitioner).

There were no additional packages of blood tubes, of the types identified above, in the facility.

Orders for blood tests requiring use of the blood tubes identified above may include:

Tiger top tubes:

-HIV-human immunodeficiency virus (serology antibodies);

-Beta HcG-Quantitative Human Chorionic Gonadotropin (pregnancy hormone);

-RPR-Rapid Plasma Reagin (syphilis antibodies);

Gray top tubes:

-Glucose, glucose tolerance testing and when there is a delay in getting specimen to lab (serum blood glucose level); and

Purple top tubes:

-CBC-complete blood count (blood components, typing, and cross-match).

The Center Manager, verified during an interview conducted on 8/26/14, that she is responsible for monitoring the supplies in the clinic. The Surveyor requested the facility policy and none was provided.

b. During tour of an examination room, accompanied by the Medical Director, the Surveyor identified an open container of Braun 0.9% Sodium Chloride Irrigation with label information as USP Refr5201-01, 500 ml (milliliter), Electrolyte, Sterile, nonpyrogenic, Single unit container, Lot JIN224.

Review of the "MANUFACTURER'S INSTRUCTIONS" on the front of the 0.9% Sodium Chloride Irrigation bottled revealed: "...Single unit container...Discard unused portion...."

The 0.9% Sodium Chloride Irrigation container had writing in black ink on the side of the container stating "opened on 10/1/13" and no initials to identify the writer.

The Medical Director, verified during an interview conducted on 8/26/14, that the manufacturer instructions for use identified that any unused product should be discarded.

Rule/Statute

R9-10-1503. Administration

B. A licensee shall:

1. Adopt policies and procedures for the administration and operation of an abortion clinic;

Facility Response

The date (10/23/2014) represents when the facility corrected the citation and was confirmed by the Department to be back in compliance. A facility is required to submit a Plan of Correction (POC) for each citation identified during a survey. This Plan of Correction describes how the facility is going to make corrections, the facility representative responsible for making the corrections, and what systems are in place to prevent recurrence. Once the facility has submitted an acceptable Plan of Correction, the Department confirms that the citation is corrected.

For a copy of the Plan of Correction, please contact the facility or the Department of Health Services.