

Kansas Department of Health and Environment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>S046001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/27/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMPREHENSIVE HEALTH OF P P GREAT PPI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4401 WEST 109TH STREET SUITE 100 OVERLAND PARK, KS 66211</b>
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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) COMPLETE DATE
S 00	Initial Comments  The following citations represent the findings of ASC complaint survey (#QSJD11)  Emailed 5/28/15	S 00		
S 140	28-34-52a(a)(7) PATIENT RIGHTS  At a minimum, each facility shall ensure that each patient has a right to the following: (7) be informed of the facility's policies regarding patient rights. This REQUIREMENT is not met as evidenced by: The Ambulatory Surgical Center (ASC) reported an average of 133 procedures per month. Based on medical record review, document review and staff interview the ASC failed to provide patients with notice of patient rights and advance directives for 12 of 12 sampled patients (Patient #'s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12). The ASC's failure to provide patients with their Bill of Rights and Advance Directives had the potential to not meet their needs or encourage them to take an active role in their health care.  Findings include:  - Policy titled "Bill of Patient Right " reviewed on 5/27/15 at 8:30am directed "...The Health Center Manager is responsible for ensuring staff and patients are familiar with these choices, rights, and responsibilities ..."  - Policy titled "Advanced Directive Policy" reviewed on 5/27/15 at 9:00am directed "... all adult patients will be provided the opportunity to learn about and/or make a valid advance directive ..."	S 140		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>07/17/15</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMPREHENSIVE HEALTH OF P P GREAT PPI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4401 WEST 109TH STREET SUITE 100 OVERLAND PARK, KS 66211</b>
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S 140	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>- Patient #1's medical record reviewed on 5/27/15 at 1:00pm revealed an admission date of 5/26/15 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #2's medical record reviewed on 5/27/15 at 1:15pm revealed an admission date of 12/20/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #3's medical record reviewed on 5/27/15 at 1:30pm revealed an admission date of 12/22/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #4's medical record reviewed on 5/27/15 at 1:45pm revealed an admission date of 1/24/15 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #5's medical record reviewed on 5/27/15 at 2:00pm revealed an admission date of 4/30/15 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #6's medical record reviewed on 5/27/15 at 2:30pm revealed an admission date of 12/30/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #7's medical record reviewed on 5/27/15 at 1:00pm revealed an admission date of 5/26/15 for a surgical abortion. The medical record lacked evidence the ASC provided</li> </ul>	S 140		
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S 140	<p>Continued From page 2</p> <p>advanced directives and patient rights.</p> <ul style="list-style-type: none"> <li>- Patient #8's medical record reviewed on 5/27/15 at 1:15pm revealed an admission date of 11/1/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #9's medical record reviewed on 5/27/15 at 1:30pm revealed an admission date of 11/8/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #10's medical record reviewed on 5/27/15 at 1:45pm revealed an admission date of 11/11/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #11's medical record reviewed on 5/27/15 at 2:00pm revealed an admission date of 11/6/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Patient #12's medical record reviewed on 5/27/15 at 2:15pm revealed an admission date of 12/16/14 for a surgical abortion. The medical record lacked evidence the ASC provided advanced directives and patient rights.</li> <li>- Staff A interviewed on 5/27/15 at 3:15pm acknowledged the ASC lacked evidence of advanced directives and receipt of patient rights in the medical records for patient #'s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12.</li> <li>- Staff B interviewed on 5/27/15 at 2:30pm</li> </ul>	S 140		

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S 140	Continued From page 3  confirmed the ASC thought patient rights were "intertwined in the many other consents patients must sign" . Staff B acknowledged the ASC did not provide a separate Bill of Rights and Advance Directives to patients.	S 140		
S 375	28-34-55a(g) HUMAN RESOURCES  The ambulatory surgical center shall maintain personnel records on each employee that shall include the job application, professional and credentialing information, health information, and annual performance evaluations.  This REQUIREMENT is not met as evidenced by: The Ambulatory Surgery Center (ASC) reported an average census of 133 procedures per month. Based on document review and staff interview, the ASC lacked annual performance evaluations for three of four personnel records requiring an annual performance evaluation (staff E, F, and G) and initial medical exams for six of six personnel records reviewed (staff A, B, D, E, F, and G).  Findings include:  - Staff A's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 4/6/15. Staff A's personnel record lacked evidence of an initial medical exam.  - Staff B's personnel record reviewed on 5/27/15 at 11:30 am revealed a hire date of 9/15/06. Staff A's personnel record lacked evidence of an initial medical exam.	S 375		

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S 375	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- Staff D's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 12/8/14. Staff D's personnel record lacked evidence of an initial medical exam.</li> <li>- Staff E's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 4/27/11. Staff E's personnel record lacked evidence of an annual performance evaluations and initial medical exam.</li> <li>- Staff F's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 8/22/05. Staff F's personnel record lacked evidence of an annual performance evaluation and initial medical exam.</li> <li>- Staff G's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 2/2/05. Staff G's personnel record lacked evidence of an annual performance evaluation and initial medical exam.</li> <li>- Human Resources (HR) staff C interviewed on 5/26/16 at 4:45pm acknowledged personnel records for staff A, B, D, E, F and G are missing required annual performance evaluations and initial medical exams.</li> <li>- The ASC failed to develop a policy directing staff to include performance evaluations and health information in the personnel files for employees of the ASC.</li> </ul>	S 375		
S 575	<p>28-34-58a(b) INFECTION CONTROL</p> <p>Upon employment, each individual shall have a medical examination consisting of examinations</p>	S 575		

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S 575	<p>Continued From page 5</p> <p>appropriate to the duties of the employee, including a tuberculin skin test. Subsequent medical examinations or health assessments shall be given periodically in accordance with the facility's policies. . . .</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The Ambulatory Surgery Center (ASC) reported an average census of 133 procedures per month. Based on document review and staff interview, the ASC lacked evidence of a medical exam and TB skin test for six of six personnel records reviewed (staff A, B, D, E, F, and G).</p> <p>Findings include:</p> <ul style="list-style-type: none"> <li>- Staff A's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 4/6/15. Staff A's personnel record lacked evidence of a medical exam and TB skin test.</li> <li>- Staff B's personnel record reviewed on 5/27/15 at 11:30 am revealed a hire date of 9/15/06. Staff A's personnel record lacked evidence of a medical exam and TB skin test.</li> <li>- Staff D's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 12/8/14. Staff D's personnel record lacked evidence of a medical exam and TB skin test.</li> <li>- Staff E's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 4/27/11. Staff E's personnel record lacked evidence of a medical exam and TB skin test.</li> <li>- Staff F's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 8/22/05. Staff</li> </ul>	S 575		

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S 575	<p>Continued From page 6</p> <p>F's personnel record lacked evidence of a medical exam and TB skin test.</p> <p>- Staff G's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 2/2/05. Staff G's personnel record lacked evidence of a medical exam and TB skin test.</p> <p>- Human Resources (HR) staff C interviewed on 5/26/16 at 4:45pm acknowledged personnel records for staff A, B, D, E, F and G are missing the required medical exam upon hire and evidence of TB skin test.</p> <p>- The ASC failed to develop a policy directing staff to require a medical exam upon hire appropriate to the duties of the employee and evidence of a TB skin test in the personnel files for employees of the ASC.</p>	S 575		
S 580	<p>28-34-58a(b) INFECTION CONTROL</p> <p>Each ambulatory surgical center shall develop policies and procedures for the control of communicable diseases, including maintenance of immunization histories and the provision of educational materials for patient care staff. Cases of employees with tuberculin skin test conversion shall be reported to the Kansas department of health and environment.</p> <p>This REQUIREMENT is not met as evidenced by: The Ambulatory Surgery Center (ASC) reported an average census of 133 procedures per month. Based on document review and staff interview, the ASC lacked evidence of immunization</p>	S 580		

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S 580	<p>Continued From page 7</p> <p>histories for six of six personnel records reviewed (staff A, B, D, E, F, and G).</p> <p>Findings include:</p> <ul style="list-style-type: none"> <li>- Staff A's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 4/6/15. Staff A's personnel record lacked evidence of immunization histories.</li> <li>- Staff B's personnel record reviewed on 5/27/15 at 11:30 am revealed a hire date of 9/15/06. Staff B's personnel record lacked evidence of immunization histories.</li> <li>- Staff D's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 12/8/14. Staff D's personnel record lacked evidence of immunization histories.</li> <li>- Staff E's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 4/27/11. Staff E's personnel record lacked evidence of immunization histories.</li> <li>- Staff F's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 8/22/05. Staff F's personnel record lacked evidence of immunization histories.</li> <li>- Staff G's personnel record reviewed on 5/26/15 at 4:45 pm revealed a hire date of 2/2/05. Staff G's personnel record lacked evidence of immunization histories.</li> <li>- Human Resources (HR) staff C interviewed on 5/26/16 at 4:45pm acknowledged personnel</li> </ul>	S 580		
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S 580	Continued From page 8 records for staff A, B, D, E, F and G lacked evidence of immunization histories.  - The ASC failed to develop a policy directing staff to maintain evidence of immunization histories in the personnel files for employees of the ASC.	S 580		

**State Form: Revisit Report**

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> S046001	<b>(Y2) Multiple Construction</b> A. Building B. Wing	<b>(Y3) Date of Revisit</b> 6/17/2015
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<b>Name of Facility</b> COMPREHENSIVE HEALTH OF PPKMO INC	<b>Street Address, City, State, Zip Code</b> 4401 WEST 109TH STREET SUITE 100 OVERLAND PARK, KS 66211
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

<b>(Y4) Item</b>	<b>(Y5) Date</b>	<b>(Y4) Item</b>	<b>(Y5) Date</b>	<b>(Y4) Item</b>	<b>(Y5) Date</b>
ID Prefix <b>S000</b> Reg. # _____ LSC _____	Correction Completed <b>06/17/2015</b>	ID Prefix <b>S0140</b> Reg. # <b>28-34-52a(a)(7)</b> LSC _____	Correction Completed <b>06/17/2015</b>	ID Prefix <b>S0375</b> Reg. # <b>28-34-55a(a)</b> LSC _____	Correction Completed <b>06/17/2015</b>
ID Prefix <b>S0575</b> Reg. # <b>28-34-58a(b)</b> LSC _____	Correction Completed <b>06/17/2015</b>	ID Prefix <b>S0580</b> Reg. # <b>28-34-58a(b)</b> LSC _____	Correction Completed <b>06/17/2015</b>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By State Agency	Reviewed By <i>[Signature]</i>	Date: <i>7/17/15</i>	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: <b>5/27/2015</b>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <b>YES NO</b>
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rec'd 6/15/15  
 reviewed 6/17/15  
 AJG

### PLAN OF CORRECTION

Supplier Name: Comprehensive Health of Planned Parenthood of Kansas and Mid-Missouri	Survey Date
Address: 4401 W 109th St Suite 100 Overland Park, KS 66211	5/27/2015
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S046001	S046001

(X4) ID  
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 X TAG

**PROVIDER'S PLAN OF CORRECTION** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

(X4) ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S 140	<p><b>28-34-52a(a)(7)</b>  <b>PATIENT RIGHTS</b>  <i>At a minimum, each facility shall ensure that each patient has a right to be informed of the facility's policies regarding patient rights.</i> <b>RESPONSE:</b> Each patient that receives care in the ASC will be educated on Patient Rights while meeting with the patient educators. The patient will be given a copy of the bill of rights to review and sign. The educators will then scan a signed copy of the patient bill of rights to the medical record. Staff will be educated on this process on 6/4/15 and the process will be implemented on 6/8/15. The Director to Ambulatory Services will audit 20 charts monthly for a year beginning in June, then quarterly thereafter for compliance. Results will be monitored by the Director of Compliance and Quality and Risk Management.</p> <p><b>ADVANCED DIRECTIVE</b>  <i>At a minimum, each facility shall ensure that each adult patient will be provided the opportunity to learn about and/or make a valid advance directive.</i> <b>RESPONSE:</b> Comprehensive Health patients will be asked a series of questions pertaining to Advanced Directives while meeting with the educators. Patients will be asked if they have a current Advanced Directive. If they do, a copy will be requested for the chart. If the patient does not have an Advanced Directive and wants additional information, the educator will provide that information and document the patient's chart. If the patient would like to complete an Advance Directive at that time, one will be provided, then a copy will be maintained in the patient's chart. The Patient also has the right to refuse an Advance Directive. This refusal is also documented in the patients chart. Acknowledgement of Advanced Directives will be signed, dated, and scanned into the patient chart. The Patient Educators will be trained on this new process June 4, 2015. The process will be implemented on June 8, 2015. The Director to Ambulatory Services will audit 20 charts monthly for a year beginning in June, then quarterly thereafter for compliance. Results will be monitored by the Director of Compliance and Quality and Risk Management.</p>	6/8/2015

S 375	<p><b>28-34-55a(g) HUMAN RESOURCES</b>  <i>The ambulatory surgical center shall maintain personnel records on each employee that shall include the job application, professional and credentialing information, health information, and annual performance evaluations.</i> <b>RESPONSE:</b> Comprehensive Health will adhere to its policy regarding hiring practices (<i>Refer to attached Policy 62</i>), personnel file maintenance (<i>Refer to attached Policy 05</i>), and introductory and annual performance evaluations (<i>Refer to attached Policy 65</i>). The Director of Human Resources will train all HR staff, Managers/Supervisors regarding procedures for completing annual evaluations. The Director of Human Resources will track when introductory evaluations for new staff and annual evaluations for other staff are due. Beginning July 6, 2015, The Director of Human Resources will collaborate with the Director of Compliance and Quality Risk Management to schedule periodic personnel file reviews. HR staff will conduct quarterly personnel file audits to ensure inclusion of job applications, signed job descriptions, performance evaluations, professional licensure, credentialing documents, and training documentation. Audit results will be shared with the Director of Compliance and Quality Risk Management for compliance.</p>	7/6/15 and quarterly thereafter
S 375	<p><b>28-34-55a(g) HUMAN RESOURCES</b>  <i>The ambulatory surgical center shall obtain pre-employment medical exams for all new staff.</i> <b>RESPONSE:</b> Comprehensive Health will adhere to its Background Investigation policy (<i>Refer to attached policy 64</i>) regarding pre-employment medical testing. Test results shall be returned to the Director of Human Resources for review before a new employee has direct contact with the general public or patients. Testing results will be kept in secured, medical files located within the Human Resources department. Maintenance of staff medical-related information shall comply with ADA provisions (<i>Refer to attached Policy 05</i>). The Director of Human Resources will train all HR staff in procedures for referring employees to Occupational Health providers for testing. Effective June 8, 2015, the Director of Human Resources will audit all new employee medical files to ensure pre-employment testing results are acceptable/normal and report findings to the Director of Compliance and Quality Risk Management for compliance. Ongoing audits will occur monthly as new employees are hired.</p>	6/8/2015 and monthly thereafter

S 575	<p><b>28-34-58a(B) INFECTION CONTROL</b>  <i>Upon employment, each individual shall have a medical examination consisting of examinations appropriate to the duties of the employee and including a tuberculin skin test. Subsequent medical examinations or health assessments shall be given periodically in accordance with the facility's policy.</i> <b>RESPONSE:</b> Comprehensive Health will adhere to its Background Investigation policy (<i>Refer to attached policy 64</i>) regarding pre-employment medical evaluations and TB testing. Test results shall be returned to the Director of Human Resources for review before a new employee has direct contact with the general public or patients. Testing results will be kept in secured, medical files located within the Human Resources department. Maintenance of staff medical-related information shall comply with ADA provisions (<i>Refer to attached Policy 05</i>) . The Director of Human Resources will train all HR staff in procedures for referring employees to Occupational Health providers for testing. Effective June 8, 2015, the Director of Human Resources will audit all new employee medical files to ensure pre-employment testing results are acceptable/normal and report findings to the Director of Compliance and Quality Risk Management for compliance. Ongoing audits will occur monthly as new employees are hired. Subsequent TB testing will occur in cases of suspected exposure. In such incidences, the Director of Human Resources will refer the employee to the Occupational Health provider for testing and note the suspected exposure on the appropriate Worker's Compensation and OSHA reporting logs. All incidents of potential exposure will be reported to the Director of Compliance and Quality Risk Management. All cases of employees with tuberculin skin test conversion shall be reported to the Kansas Department of Health and Environment.</p>	6/8/2015 and monthly thereafter
S 580	<p><b>28-34-58a(B) INFECTION CONTROL</b>  <i>Each ambulatory surgical center shall develop policies and procedures for the control of communicable diseases, including maintenance of immunization histories and the provision of educational materials for patient care staff.</i> <b>RESPONSE:</b> Comprehensive Health will adhere to Centers for Disease Control and Prevention (CDC) recommendations regarding the types of immunizations required for staff. Comprehensive Health will adhere to its Background Investigation policy (<i>Refer to attached policy 64</i>) regarding immunization testing and pre-employment documentation requirements. Immunization records shall be returned to the Director of Human Resources for review before a new employee has direct contact with the general public or patients. Immunization records will be kept in secured, medical files located within the Human Resources department. Maintenance of staff medical-related information shall comply with ADA provisions (<i>Refer to attached Policy 05</i>). The Director of Human Resources will train all HR staff in procedures for referring employees to Occupational Health providers for immunizations. Effective June 8, 2015, the Director of Human Resources will audit all new employee medical files to ensure pre-employment immunization records are acceptable/normal and report findings to the Director of Compliance and Quality Risk Management for compliance. Ongoing audits will occur monthly as new employees are hired.</p>	6/8/2015 and monthly thereafter
<p>The individual signing and FAXing the first page of the CMS-2567 is indicating their approval of the plan of correction being submitted on this form.</p>		