Ohio Dept Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	1014AS		B. WING		04/20/2040	
		1014A3				04/30/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
PLANNED	PARENTHOOD BEDFOR	RD HEIGHTS REGIC		KSIDE ROAD HEIGHTS, OH	44146	
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
C 000	Initial Comments			C 000		
	Licensure Compliance	e Inspection				
	Administrator: Holly M	lyers				
	County: Cuyahoga					
	Capacity: Three opera	ating rooms.				
	The following violations are issued as a result of the licensure compliance inspection completed on 04/30/19.					
C 143	O.A.C. 3701-83-11 (A) Medical Records			C 143		
	Each HCF shall maintain a medical record for each patient that documents, in a timely manner and in accordance with acceptable standards of practice, the patient's needs and assessments, and services rendered. Each medical record shall be legible and readily accessible to staff for use in the ordinary course of treatment.					
	facility failed to ensure was documented time authentication was ac to date and time. This three patients (Patien patients reviewed for documentation and m	ew and staff interview the medication administrately and that medical recourately captured in reconstant practice affects #1, #3 and #5) of five medication administrative dical record	ation ord gard cted			

Ohio Department of Health

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

TITLE (X6) DATE

Ohio Dept Health

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD BEDFORD HEIGHTS REGIC (2010)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE COMF	SURVEY	
PLANNED PARENTHOOD BEDFORD HEIGHTS REGIC PREFIX SUMMARY STATEMENT OF DEPOICHOIDS (EACH DEPOICNOT MUST BE PRECEDED BY FULL TAG)	1014AS			B. WING		04/	04/30/2019	
PLANNED PARENTHOOD BEDFORD HEIGHTS REGIC (P4) ID SUMMARY STATEMENT OF DEFICIENCIES IEACH DEPICENCY MUST BE PRECEDED BY FULL REGULATIONY OR LSC IDENTIFYING IN-CHARACTION. C 143 Continued From page 1 Findings include: Review of the facility's policy and procedure titled "Medication Administration Documentation in the Health Center" directed that documenting the administration of medications in the health center must include who administered to a patient must be administration to medication, what time the medication, what time the medication was given, and the lot number and expiration date of the medication administered to a patient must have the administration to procedure a surgical procedure at the facility on 02/15/19. The medical record had documented the patient underwent a surgical procedure at the facility on 02/15/19 at 3.09 PM. Review of the electronic medication administration record (eMar) documented the pain medication Ketorolac (a non steroidal anti-inflammatory drug) was administered to be patient was discharged from the facility. This deficient practice was confirmed in interview with Staff B on 04/30/19 at 4:20 PM. Further review of the medical record for Patient #1 also revealed the patient underwent a surgical procedure at the facility on 02/15/19 and was discharged on 02/15/19 at 3:03 PM. The documentation review revealed the patient underwent a surgical procedure at the facility on 02/15/19 and was discharged on 02/15/19 at 3:03 PM. The documentation review revealed the electronic medical record was not signed by Medical Staff D until 02/19/19 at 8:05 RM of row days after the	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
CALID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PROVIDERS PLAND F CORRECTION COMPLETE DATE PREFIX TAG PROVIDERS PLAND F CORRECTION COMPLETE DATE PROVIDERS PLAND COMPLETE DATE PROVIDERS PLA	PLANNED	PARENTHOOD BEDFOR	RD HEIGHTS REGIC		44146			
Findings include: Review of the facility's policy and procedure titled "Medication Administration Documentation in the Health Center" directed that documenting the administration of medications in the health center must include who administered the medication, what time the medication was given, he route and location the medication was given, he route and location the medication was given, and the lot number and expiration date of the medication administered to the patient. Every medication administered to a patient must have the administration time documented. 1. Review of the medical record for Patient #1 revealed the patient underwent a surgical procedure at the facility on 02/15/19. The medical record had documentation Patient #1 was discharged from the facility on 02/15/19 at 3:03 PM. Review of the electronic medication administration record (eMar) documented the pain medication Ketorolac (a non steroidal anti-inflammatory drug) was administered by Staff B on 02/15/19 at 4:33 PM or approximately 1.5 hours after the patient was discharged from the facility. This deficient practice was confirmed in interview with Staff B on 04/30/19 at 4:20 PM. Further review of the medical record for Patient #1 also revealed the patient underwent a surgical procedure at the facility on 02/15/19 at 303 PM. The documentation review revealed the electronic medical record was not signed by Medical Staff D until 02/19/19 at 8:05 AM or four days after the	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETE	
Interview with Staff C on 04/30/19 at 4:40 PM	C 143	Findings include: Review of the facility's "Medication Administr Health Center" directe administration of med must include who administration the medica and location the medical and location the medinumber and expiration administered to a patinadministration time do 1. Review of the medical revealed the patient of the procedure at the facility medical record had downwas discharged from 3:03 PM. Review of the administration record pain medication Keton anti-inflammatory drug B on 02/15/19 at 4:33 hours after the patient facility. This deficient practice with Staff B on 04/30/4 Further review of the #1 also revealed the procedure at the facility discharged on 02/15/4 documentation review medical record was nuntil 02/19/19 at 8:05 completion of the surgestimes.	s policy and procedure titled ration Documentation in the red that documenting the dications in the health center ministered the medication, tion was given, the route cation was given, and the lot in date of the medication redient. Every medication rent must have the roumented. Ical record for Patient #1 rederwent a surgical record medication Patient #1 rederwent and surgical rediction (eMar) documented the rolac (a non steroidal g) was administered by Staff PM or approximately 1.5 red was discharged from the reduction record for Patient was discharged from the reduction record for Patient record for Patient reduction record for Patient record for	C 143				

Ohio Department of Health

STATE FORM 6899 V9F411 If continuation sheet 2 of 5

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ALE LES OF CONNECTION IDENTIFICATION NOWIDEN.		A. BUILDING: _				
	1014AS		B. WING		04/30/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PLANNED	PARENTHOOD BEDFO	RD HEIGHTS REGIC	KSIDE ROAD HEIGHTS, OH	44146		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
C 143	electronic signature or reviewed the medical checks for completen Staff C explained that entered the medical return then over-wrote any pelectronic signatures documentation prior to verbalized the facility documentation the most accurately completime or at the time of the same date. The documentation the medical Staff D until (the fourth day after the performed at the facility on 03/08/19 are same date. The documentation the facility on 03/08/19 are same date. The documentation the facility on 03/08/19 are same date. The documentation the electronic medical Staff D until (the third day after the performed at the facility on the documentation that the facility on the documentation that the documentation that the facility on the facility on the facility on the facility of the third day after the performed at the facility on the facility of the findings were considered that the facility of the findings were considered the facility of the facility of the facility of the facility of the	s software only captured the of the last person who record during routine quality ess of the medical record. It the last person who ecord and digitally signed previous date and time of of staff who had completed to that quality check. Staff C was unable to provide edical record documentation leted with respect to date, delivery of services. If for Patient #3 revealed the medical procedure at the and was discharged that umentation review revealed I record was not signed by 04/10/19 at 5:29 AM or on the medical procedure was ity. If for Patient #5 revealed the surgical procedure at the and was discharged that umentation review revealed I record was not signed by 03/11/19 at 12:46 PM or on surgical procedure was	C 143			
C 231	O.A.C. 3701-83-19 (E	3) Drug Control &	C 231			
	Each ASF shall:					

Ohio Department of Health STATE FORM

STATE FORM 6899 V9F411 If continuation sheet 3 of 5

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:						3) DATE SURVEY COMPLETED		
1014AS			B. WING		04/	30/2019		
PLANNED PARENTHOOD BEDFORD HEIGHTS REGIC 25350 RO			5350 ROC	DDRESS, CITY, STATE, ZIP CODE DCKSIDE ROAD DD HEIGHTS, OH 44146				
(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 ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 231	Continued From page	÷ 3		C 231				
	 (1) Provide adequate space, equipment, and staff for storage and the administration of drugs in compliance with state and federal laws and regulations. (2) Establish and implement a program for the control and accountability of drug products throughout the facility and maintain a list of medications that are always available. 		taff					
	This Rule is not met as evidenced by: Based on facility observations and staff interview the facility failed to remove expired medications from medication carts and failed to label medications in accordance with facility policy and procedures. This deficient practice had the potential to affect any patient who required use of medications. The facility performed 2546 procedures in the preceding 12 months.		nd					
	Findings include:							
	between 9:01 AM and medication cart locate room (OR) #2 contai respiratory stimulant a prevent fainting in par printed expiration dat expired on 11/2018.	our conducted on 04/30/19 of 10:05 AM revealed the ed in the facility's operation ned a box of 10 ammonium ampules (used to revive outlents). The manufacturer is read the ampules had Inspection of the medication revealed this medication outles of the ammonia	n m r 's					

Ohio Department of Health

STATE FORM 6899 V9F411 If continuation sheet 4 of 5

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE S COMPLE			
1014AS			B. WING	B. WING 04/30/2019		
	ROVIDER OR SUPPLIER PARENTHOOD BEDFO	25350 R	TE, ZIP CODE 44146			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
C 231	respiratory stimulant expiration date of 11/2 2. Observation of the preparation area of the presence of a plastic syringes. Closer inspirations area of the presence of a plastic syringes. Closer inspirations colored in the syringes of the date, time and initially failed to contain the medications containe. Interview with Staff Econfirmed these finding medication carts were for outdated medication disappointment they ammonia stimulants of Staff B verbalized the nursing staff was that for procedures should of the contents, date, preparer and further was the staff of the	nurses' medication le facility revealed the basket of 10 milliliter lection revealed there were with an unidentified clear contained a label containing tials of the preparer but lame of the medication or lame in the syringes. Son 04/30/19 at 10:05 AM logs. Staff B verbalized that lechecked monthly by staff lon and verbalized landn't removed the expired landn't removed the expired landness and land	C 231			

Ohio Department of Health

STATE FORM 6899 V9F411 If continuation sheet 5 of 5