

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1014AS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/14/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD BEDFORD HEIGHTS REGIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>25350 ROCKSIDE ROAD BEDFORD HEIGHTS, OH 44146</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
C 000	<p>Initial Comments</p> <p>JS/KH</p> <p>Type of Inspection: Initial Licensure Compliance Inspection</p> <p>Administrator: Regan Clawson</p> <p>County: Cuyahoga</p> <p>Number of Operating Rooms: Three</p> <p>Number of Procedure Rooms: Three</p> <p>Services Provided: Women's Services</p> <p>The following violations are issued as a result of the initial licensure compliance inspection completed on 12/14/11. Licensure is recommended with an acceptable plan of correction and verification upon a revisit inspection.</p>	C 000		
C 140	<p>O.A.C. 3701-83-10 (C) Disaster Planning</p> <p>The HCF shall develop a disaster preparedness plan including evacuation in the event of a fire. The HCF shall review evacuation procedures at least annually, and conduct practice drills with staff at least once every six months.</p> <p>This Rule is not met as evidenced by: Based on facility observation, review of facility documentation, personnel files and staff interview and verification, the facility failed to ensure that a disaster preparedness plan including evacuation in the event of a fire was completed and that</p>	C 140		

Ohio Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

01/03/12

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C 140	<p>Continued From page 1</p> <p>review of evacuation procedures and practice drills with staff were completed. The facility was not providing any services for patients.</p> <p>Findings include:</p> <p>On 12/14/11 at 1:05 P.M. tour of the facility was initiated with Staff A. Observation of the surgical facility revealed it to be located in a three story building. The building was noted to be provided with an automatic sprinkler system. The surgical facility was located on the first and second floor of the building. The operating, procedure and recovery areas for patients were located on the second floor.</p> <p>Review of personnel files revealed there were at least 10 staff hired and prepared to work in the new facility. There was no documented evidence that staff had been informed of or practiced any disaster or fire plan for the facility. Staff A was interviewed regarding practice fire or disaster drills for staff. Staff A verified that none had been completed with the staff .</p>	C 140		
C 146	<p>O.A.C. 3701-83-11 (D) Medical Records Confidentiality</p> <p>The HCF shall maintain an adequate medical record keeping system and take appropriate measures to protect medical records against theft, loss, destruction, and unauthorized use. The HCF shall have policies and procedures to ensure the confidentiality of patient medical records.</p>	C 146		

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C 146	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on facility tour and staff interview and verification the facility failed to ensure there was an adequate medical record keeping system with regards to appropriate measures to protect medical records against theft, loss and destruction. The facility was not providing any services for patients.</p> <p>Findings include:</p> <p>On 12/14/11 at 1:05 P.M. tour of the facility was initiated with Staff A. Observation of the facility revealed it to be located in a three story building. The building was noted to be provided with an automatic sprinkler system. The surgical facility was located on the first and second floor of the building.</p> <p>Observation of the patient flow revealed that patients would come into a reception area located on the first floor. In the center of the reception area was an office area with a large open window. Staff A noted the area was the location for patient medical record storage. There were no cabinets or other mechanism to store patient medical records to protect from them theft, loss or any damage. Staff A stated that cabinets were to be put in the area but were not in the facility yet.</p>	C 146		
C 241	<p>O.A.C. 3701-83-20 (B) OR &amp; Recovery Room Equipment</p> <p>Each ASF shall have the following equipment accessible to the operating suite and recovery area:</p> <p>(1) Adequate resuscitation equipment: (a) ASFs</p>	C 241		

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C 241	<p>Continued From page 3</p> <p>providing surgical procedures under topical and local infiltration blocks with or without oral or intramuscular preoperative sedation shall have: airways, bag mask respirator, oxygen source, suction equipment, and age-appropriate resuscitative drugs; (b) ASFs providing surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs or providing surgical procedures that require general or regional block anesthesia and support of vital bodily functions shall have: airways, endotracheal tubes, laryngoscope, oxygen delivery capability under positive pressure, suction equipment, and suitable resuscitative drugs.</p> <p>(2) Appropriate monitoring equipment: (a) Each ASF shall have size-specific blood pressure apparatus and stethoscopes, electrocardiogram, oscilloscopes and when pediatric patients are treated, size-specific emergency equipment and medications; (b) ASFs performing surgical procedures in conjunction with oral, parenteral, or intravenous sedation or under an analgesic[sic] or dissociative drugs, or performing surgical procedures that require general or regional block anesthesia and support of vital bodily functions shall have a defibrillator, pulse oximeter with alarm, and temperature monitor. (c) ASFs using inhalation anesthesia shall have an anesthesia machine.</p> <p>(3) Each ASF shall have suitable surgical instruments customarily available for the planned surgical procedure in the operating suite.</p> <p>(4) Each ASF shall have in the recovery room, an emergency call system that is connected</p>	C 241		

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C 241	<p>Continued From page 4</p> <p>electronically, electrically by radio transmission or in a like manner and that effectively alerts staff.</p> <p>This Rule is not met as evidenced by: Based on facility tour and staff interview and verification the facility failed to have in the recovery room, an emergency call system that was connected electronically, electrically by radio transmission or in a like manner and that effectively could alert staff. The facility was not providing any services for patients.</p> <p>Findings include:</p> <p>On 12/14/11 at 1:05 P.M. tour of the facility was initiated with Staff A. Tour of the recovery area revealed five cubical areas designed for patients to recover post surgically. The cubicles were complete with privacy curtains that could be closed. Observation of the five recovery area cubicles revealed there was no emergency call system in place for patients to use if needed. If cubicle curtains were closed the patients would have to call out for assistance.</p> <p>Staff A was present on tour and verified there was no call system available in the recovery cubicles but that staff would always be present in the recovery room area.</p>	C 241		