STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0911AS	A. BUILDING _____ B. WING _____	08/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND AVENUE PROFESSIONAL CENTER	5888 CLEVELAND AVENUE COLUMBUS, OH 43231

(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	Initial Comments LR, CWa Licensure Compliance Inspection Administrator: Jessica Wilkins-Bibbs County: Franklin Number of ORs: 1 OR and 4 procedure rooms Services Provided: Abortions, D & C diagnostic, Colposcopy, Nonmaterial Biopsy, IUD insertion/removal, Thermachoice Ablation, Sterilization License current: Yes License Expiration Date: August 2013 An entrance conference was conducted with the Practice Administrator at 9:15 AM on 08/15/12, and an exit conference was completed with the Practice Administrator, the Assistant Administrator, a Registered Nurse, and a Certified Medical Assistant at 5:25 PM on 08/15/12. The following violations are issued as a result of the licensure compliance inspection completed on 08/15/12.	C 000		
C 124	O.A.C. 3701-83-08 (F) Staff Orientation & Training All staff shall have appropriate orientation and training regarding the facility's equipment, safety guidelines, practices, and policies.	C 124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0911AS	A. BUILDING _____ B. WING _____	08/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND AVENUE PROFESSIONAL CENTER	5888 CLEVELAND AVENUE COLUMBUS, OH 43231

(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 124	Continued From page 1 This Rule is not met as evidenced by: Based on observations, policy review, and staff interview, the facility failed to ensure all staff were trained regarding facility equipment. This involved 1 employee related to suction equipment. This affected potentially all patients in the facility. Findings include: On 08/15/12, between 10:00 AM and 11:23 AM, a tour of the facility was conducted with Staff C (Registered Nurse). The crash cart equipment was observed with Staff C. At that time, Staff C was questioned as to the location of the oral suction machine. A white drawstring bag with a white colored device was located in the crash cart. At that time, Staff C was unsure what the function was for this device. At 11:23 AM, Staff C brought the white drawstring bag to the surveyor, removed the piece of equipment, and stated this was the oral suctioning device. Staff C verified he/she had not received inservicing/training on this equipment. A review of the facility policy for sedation and analgesia revealed three types of drugs were used during surgical procedures. According to Staff C, at 3:00 PM, this was the "cocktail" of drugs used to sedate patients during the surgical procedures. The facility policy for use of these medications stated equipment for sedation, which included suction, must be functional and located so that it could be immediately accessed. Staff C was unfamiliar with the hand pump suction device and how to use the device. At 4:00 PM, Staff A was made aware of the aforementioned concern.	C 124		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0911AS	A. BUILDING _____ B. WING _____	08/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND AVENUE PROFESSIONAL CENTER	5888 CLEVELAND AVENUE COLUMBUS, OH 43231

(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 132	O.A.C. 3701-83-09 (D) Infection Control Policies & Procedures The HCF shall establish and follow written infection control policies and procedures for the surveillance, control and prevention and reporting of communicable disease organisms by both the contact and airborne routes which shall be consistent with current infection control guidelines, issued by the United States centers for disease control. The policies and procedures shall address: (1) The utilization of protective clothing and equipment; (2) The storage, maintenance and distribution of sterile supplies and equipment; (3) The disposal of biological waste, including blood, body tissue, and fluid in accordance with Ohio law; (4) Standard precautions/body substance isolation or equivalent; and (5) Tuberculosis and other airborne diseases. This Rule is not met as evidenced by: Based on observations, staff interviews, and review of manufacturer's specifications and infection control policies and procedures, the facility failed to follow written infection control policies and procedures for controlling and prevention of potential communicable disease organisms by both airborne and contact routes. This involved equipment, disinfection of surgical instruments and equipment, and TB (tuberculin	C 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0911AS	A. BUILDING _____ B. WING _____	08/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND AVENUE PROFESSIONAL CENTER	5888 CLEVELAND AVENUE COLUMBUS, OH 43231

(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 132	Continued From page 3 testing of staff). This affected potentially all patients in the facility. The facility provided services for a total of 1182 patients in the most recent 12 month period. Findings include: On 08/15/12, between 10:00 AM and 11:23 AM, tour of the facility, with Staff C (Registered Nurse) and D (Certified Medical Assistant), revealed the following: a) Three post operative chair tables, which were attached to vinyl covered chairs, were observed with black colored tape residue on the tables. Staff C verified the chairs and tables had been cleaned and were ready for use. b) Vinyl covered procedure exam tables, used in the operating/procedure rooms, were observed with tape residue and tape sticking to the vinyl. These exam tables were observed in Rooms 2, 3, 4, and 5. Exam room 3's procedure table was observed with three layers of tape on the surface where the patients' left waist line would be located during a surgical procedure. When Staff C removed the three layers of tape, approximately a one inch slit was observed in the vinyl covering. Staff C stated the vinyl tape was used to cover the opening. c) Two IV (intravenous) poles were observed in Procedure rooms 3 and 4. Both upper surfaces of the bases were observed with a brown rust color. The IV pole in room 3 also was observed with a white substance on the top of the base. Staff C was observed wiping the surface with a disposable cloth. After wiping, the white cloth was observed with a brownish colored residue. The IV pole in Room 4 was observed with a	C 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0911AS	A. BUILDING _____ B. WING _____	08/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND AVENUE PROFESSIONAL CENTER	5888 CLEVELAND AVENUE COLUMBUS, OH 43231

(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 132	Continued From page 4 heavy coating of rust on the upper surface of the base. The entire top half of the pole was observed with multiple wrappings of tape, which was curled and discolored on the edges. d) The room labeled "Laboratory", located in the operating room hallway, was observed with a 3 compartment sink. The middle compartment was observed with a red colored plastic square container. An interview with Staff D, the certified medical assistant in charge of the disinfecting and sanitization of the surgical equipment, revealed this sink and container were used to disinfect the reusable surgical instruments prior to the autoclave procedure. Staff D stated a disinfect product (Miltex) was pumped into the red container, and mixed with water. When questioned as to the size of the red container, and to the amount of water used with the Miltex, Staff D replied the red container was not filled to the top as it would overflow when surgical instruments were placed inside it, and verified there was no measurement of the water used in the container with the Miltex. Staff D verified manufacturer's recommendations were not followed to measure the amount of water placed in the container when adding the disinfectant. The red container was observed to be able to contain greater than 1 gallon of liquid, however, the container lacked measurements for the amount of liquid the container would hold. Upon review of the manufacturer's label on the Miltex, instructions stated one pumpful (1/4 ounce) of Miltex should be mixed with 1 gallon of water in order to disinfect the instruments. e) A review of personnel files, on 08/15/12, revealed Staff C was a registered nurse who worked in the operating room. This employee was hired on 09/08/11. The personnel file, and	C 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0911AS	A. BUILDING _____ B. WING _____	08/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND AVENUE PROFESSIONAL CENTER	5888 CLEVELAND AVENUE COLUMBUS, OH 43231

(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 132	Continued From page 5 facility documentation, were silent to a TB skin test for this employee. This was verified with Staff C at 4:00 PM. An interview with Staff A, at that same time, revealed the facility policy was for all new hires to have a TB skin test. On 08/15/12, at 4:00 PM, Staff A was made aware of all these aforementioned concerns.	C 132		
C 210	O.A.C. 3701-83-17 (E) Discharge Within 24 Hours The attending or other designated physician, podiatrist, or anesthesia qualified dentist shall discharge a patient meeting discharge criteria from the ASF within twenty-four hours of the start of the operation or procedure, or induction of anesthesia, whichever is first, or transfer the patient to a setting appropriate for the patient's needs. This Rule is not met as evidenced by: Based on medical record review and staff interview, the physician failed to discharge a patient meeting discharge criteria. This involved 1 of 5 sampled patients. The facility provided services for a total of 1182 patients in the most recent 12 month period. Findings include: On 08/15/12, at 3:00 PM, a review of electronic medical records was conducted with Staff C (Registered Nurse). During this review, Patient #5's medical record revealed the patient had surgery on 07/05/12 for permanent sterilization in which a device was inserted into the patient's fallopian tube. After surgery, and post operative care, the patient was discharged at 9:36 AM on	C 210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0911AS	A. BUILDING _____ B. WING _____	08/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND AVENUE PROFESSIONAL CENTER	5888 CLEVELAND AVENUE COLUMBUS, OH 43231

(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 210	Continued From page 6 07/05/12. The medical record was silent to the physician discharging the patients. The discharge sheet was signed by a medical assistant. Staff C verified there was no discharge approval documented by the physician, stating the physician should have documented the patient was stable for discharge.	C 210		
C 231	O.A.C. 3701-83-19 (B) Drug Control & Accountability The ASF shall: (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. This Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to ensure there were no expired drugs. This involved a topical skin treatment ointment. This affected potentially all patients in the facility. The facility provided services for a total of 1182 patients in the most recent 12 month period. Findings include: On 08/15/12, at 11:42 AM, an observation was conducted with Staff E (physician) of the physician's office medication cabinet. According to Staff E, the only staff who could access this	C 231		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0911AS	A. BUILDING _____ B. WING _____	08/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND AVENUE PROFESSIONAL CENTER	5888 CLEVELAND AVENUE COLUMBUS, OH 43231

(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 231	Continued From page 7 office and cabinet were the physicians. When reviewing expiration dates of the medications with Staff E, a box of topical ointment (Protopic 0.1%) was observed containing seven small tubes of this unopened ointment. These tubes, and the box, were observed with expiration dates of 04/2012. Staff E verified these expired medications, stating he/she was not aware of why the medication was in the facility, as it was not being used on patients.	C 231		