

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0530AS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/15/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD EAST HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3255 EAST MAIN STREET COLUMBUS, OH 43213</b>		
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C 000	Initial Comments  LR, LB  Licensure Compliance Inspection  Administrator: Sarah Courtney, Health Center Manager County: Franklin  Number of ORs: 2  Services provided: Surgical and Medical Abortions  License Current: Yes  License Expiration Date: December 2012  The following violations are issued as a result of the licensure compliance inspection completed on 03/15/12.	C 000		
C 120	O.A.C. 3701-83-08 (B) T B Control Plan  The HCF shall develop and follow a tuberculosis control plan that is based on the provider's assessment of the facility. The control and assessment shall be consistent with the centers for disease control and prevention (CDC) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings, 2005," MMWR 2005, Volume 54, No. RR-17. The HCF shall retain documentation evidencing compliance with this paragraph and shall furnish such documentation to the director upon request.	C 120		4/2/12

Ohio Department of Health

TITLE

(X6) DATE

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

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C 120	Continued From page 1  This Rule is not met as evidenced by: Based on personnel record reviews, facility policy review, and staff interview, the facility failed to ensure 1 of 9 staff (Staff #10) was given a tuberculin skin test (TB test) as required by facility policy. The facility performed a total of 1,450 procedures in the past twelve months.  Findings include:  On 03/15/12, nine personnel files were reviewed. Staff #10 (a registered nurse) was hired on 08/01/11 to work with patients in the recovery room, and to provide intravenous sedation to patients. Staff #10's personnel file was silent to a TB test or chest x-ray. On 03/15/12, at 4:00 PM, Staff #1 and #2 verified this employee's file was silent to TB testing. When questioned as to facility policy, both employees stated TB testing is done on new employees at the time of hire, and on an annual basis.	C 120		
C 139	O.A.C. 3701-83-10 (B) Safety & Sanitation  The HCF shall be maintained in a safe and sanitary manner.  This Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain a sanitary environment related to a suction machine. The facility performed a total of 1,450 procedures in the past twelve months.  Findings include:	C 139		4/2/12

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C 139	Continued From page 2  A tour of the facility was conducted on 03/14/12, between 1:55 PM and 3:40 PM, with Staff #1 and #3. The oral suction machine was observed located next to the crash cart. The suction machine was observed uncovered at that time. The surfaces of the machine, and table on which the machine rested, were observed coated with a heavy layer of dust and dirt. This was verified with both facility staff during tour.	C 139		
C 158	O.A.C. 3701-83-13 (B) Complaints Hot Line  The HCF shall post the toll free complaint hotline of the department's complaint unit in a conspicuous place in the HCF.  This Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to post the toll free complaint hotline number. The facility performed a total of 1,450 procedures in the past twelve months.  Findings include:  A tour of the facility was conducted on 03/14/12, between 1:55 PM and 3:40 PM, with Staff #1 and #3. There was no evidence of the Ohio Department of Health's complaint hotline number posted in the facility. This was verified with Staff #1 during tour.	C 158		4/2/12
C 231	O.A.C. 3701-83-19 (B) Drug Control & Accountability	C 231		4/2/12

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C 231	<p>Continued From page 3</p> <p>The ASF shall:</p> <p>(1) Provide adequate space, equipment, and staff for storage and the administration of drugs in compliance with state and federal laws and regulations.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, staff interview, and review of medication policies, the facility failed to provide a double locked storage area for controlled substances, failed to label multidose vials when opened, and failed to label medication syringes in accordance with facility policy. The facility performed a total of 1,450 procedures in the past 12 months.</p> <p>Findings include:</p> <p>A tour of the facility was conducted on 03/14/12, between 1:55 PM and 3:40 PM, with Staff #1 and #3. During this tour, the following areas related to medications were observed:</p> <p>a) The narcotic storage box was observed inside a locked cabinet. Staff #3 (a licensed nurse) was observed unlocking the outer cabinet door. Inside the cabinet, next to the narcotic box, 3,350 doses of a controlled substance (Versed) were stored. According to interview with Staff #3, this medication should be inside the narcotic box, and should be double locked. This employee stated</p>	C 231			

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C 231	Continued From page 4  the narcotic box was full; therefore, the Versed was stored next to the narcotic box.  b) Observed inside the narcotic box were three syringes of liquid medication. One syringe was observed labeled Entry, and contained 1 cc of liquid. A second syringe labeled Fentyl was observed with 0.9 ccs of liquid and 0.1 cc of air. A third syringe was labeled Versed, and contained 1.5 ccs of liquid. These labels lacked dosages, the dates/times when drawn, and initials/name of the person who filled the syringes. Staff #3 verified these syringes were not labeled in accordance with facility policy and standards of practice, and stated he/she would be afraid to administer the medications.  c) A multi-dose vial of medication (Midazolam) lacked a cap, and was verified by Staff #3 to be opened. The vial lacked the date and time when opened, and the initials of the person who opened the vial. A vial of Lidocaine 1% was dated 03/12/12; however, lacked initials of the person who opened the vial. This was verified with Staff #3 during tour.  d) On 03/14/12, at 3:40 PM, unlicensed Staff #1 was observed unlocking a file cabinet at the front receptionist desk. The cabinet contained 3 drawers filled with prescription contraceptives, which was verified with Staff #1.  A review of facility policy titled Pharmaceutical Services 1-A-2 stated controlled substances should be stored in accordance with regulations. The policy also stated if a multidose vial has been opened or accessed (e.g. needle punctured) the vial must be dated and discarded in accordance with manufacturer's instructions and state/local	C 231		

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C 231	Continued From page 5  regulations. If no specific guidelines are provided, CDC recommends discarding the vial within 28 days. Staff #1 and #2 verified on 03/15/12, at 4:00 PM, the facility policy was not followed in regards to medication storage and labeling.	C 231		