

JEP 22 2015

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HC001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ <b>RECEIVED</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BELLEVUE HEALTH CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1002 WEST MISSION BELLEVUE, NE 68005</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
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G 150	<p>7-006.06 Patient Care and Treatment</p> <p>Each health clinic must establish and implement written policies and procedures that encompass all care and treatment provided to patients. The policies and procedures are consistent with prevailing professional standards, delineate the scope of services provided in the health clinic and encompass aspects to protect the health and safety of patients.</p> <p>This Standard is not met as evidenced by: Based on observation, staff interview and policy review; the facility failed to have a policy in place to consistently identify tissue specimen(s) removed during the abortion procedure (extraction of fetal tissue from the uterus) that were stored in the freezer. Five of Five specimens in the freezer were not consistently identified. This procedure had the potential to effect any tissue specimen(s) stored by the facility.</p> <p>Findings are:</p> <p>A. During the facility tour on 8/4/15 from 12:00 PM to 1: 20 PM; the freezer (which had been identified for storage of tissue specimens) was observed to have five tissue specimen(s) with the following identification:                  -Specimen 1-- A tissue specimen wrapped in a chux (a water impermeable pad) placed in a plastic bag identified with initials and a date written with a magic marker;                  -Specimen 2-- A tissue specimen wrapped in a chux placed in a plastic bag identified with a first initial, last name and a patient number written with a magic marker;                  -Specimen 3-- A tissue specimen wrapped in a chux placed in a plastic bag identified with the words 'room 1 specimen' and the date written</p>	G 150	<p><b>G 150 7-006.06 A.</b>                  Specimen 1-5 were all disposed of in red biohazard bags and in biohazard box in garage.                  The DON will be responsible for Checking the freezer monthly.</p>	08/04/15
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Licensure Unit  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Redacted Signature]

Clinic Administrator 09/18/2015

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