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Health Survey Comments

The following deficiencies were cited during the State Complaint Investigation conducted on 5/24/16 through 5/31/16 for Event #4WHG11 and Intake #AZ00135317.

ADHS Representative Date

Findings Report Summary

Table with 3 columns: Findings for, Rule/Statute, and Survey Text. It contains two rows of deficiency findings related to counseling policies and procedures in an abortion clinic.



including recovery and follow-up care; and the minimum length of time a patient remains in the recovery room or area based on: d. The physiologic signs including vital signs and blood loss;

discharge. Failure to define what is a stable discharge may put patients at risk for being discharged before they have not fully recovered from the sedation and abortion procedure. Findings include: The Surveyor requested the policy delineating the criteria for a stable discharge, relative to vital signs, degree of bleeding, pain level, and level of consciousness. None was provided. Review of facility procedure form "FIRST TRIMESTER SURGICAL ABORTION" reviewed/updated August 2014 revealed: "...Postoperative/Recovery Orders: Baseline vitals and q (every) 10 minutes until stable for discharge...check pad to evaluate bleeding prior to discharge...PO (per os-by mouth) challenge...." Review of facility procedure form "SURGICAL AB < (less than) 12 WEEKS" revealed: "...Baseline vitals and q 10 minutes until stable for discharge...Check pad to evaluate bleeding prior to discharge...PO challenge...24 hour call back accepted/declined...Follow-up appointment scheduled/declined...." Review of facility procedure form "D & E (DAY 2 16-24 WKS)" revealed: "...Postoperative/Recovery Orders...Baseline vitals and q 10 minutes until stable for discharge...Check pad to evaluate bleeding prior to discharge...PO challenge...." The medical director verified, during an interview on 5/25/16, there is no policy and procedure defining the criteria for a stable discharge.

**Findings for:**  
Citation 3  
**Corrected Date:**  
08/22/2016

**Rule/Statute:**  
Administration  
**Rule Text:**  
R9-10-1503. Administration C. A medical director shall ensure written policies and procedures are established, documented, and implemented for: 7. Infection control including methods of sterilizing equipment and supplies;

**Survey Text:**  
**R9-10-1503.C.7~**  
Based on a review of facility policy and procedure, autoclave log book, and staff interviews, the Department determined the licensee failed: 1. to ensure the facility Midmark M11 autoclave was maintained according to facility policy and manufacturer's instructions for use (IFU) with related documentation; and 2. to ensure the integrity of the loaner autoclave (over 7 calendar days) was verified before the loaner autoclave was used to sterilize equipment used in patient procedures. Failure to maintain equipment per policy and manufacturer's IFU poses a risk to the health and safety of a patient as the integrity of the autoclave unit and sterilization process cannot be verified. Findings include: #1 Review of facility policy and procedure "...STERILIZATION PRACTICES FOR AUTOCLAVE..." updated April 2016



revealed: "...The delivery of sterile products for use for our patient care depends not only on the effectiveness of the sterilization process but also on the...decontamination, disassembling and packaging of the device...monitoring, sterilant quality and quantity, and the appropriateness of the cycle for the load contents, and other aspects of device reprocessing...Ensuring consistency of sterilization practices requires a comprehensive program...Quality control...Equipment may be serviced when purchased, annually and as needed...Steam Indicator Test...Spore Test Weekly...Spore check monthly...Autoclave quality control log...The use of an autoclave log book is recommended for each autoclave...Prior to autoclaving any items...users fill in all required information...Weekly log...Date the spore test is done...Write whether it passed or failed...Initials of who is performing the test...Monthly...Date cleaned and spore check conducted...initials of person conducting the test...Record date results came in ...Record results...Initials of person recording result..."

Review of facility policy and procedure "...AUTOCLAVE CLEANING..." revealed: "...WEEKLY...MONTHLY...QUARTERLY..." preventive maintenance procedures. Review of the manufacturer's IFU revealed: "...WEEKLY...MONTHLY..." preventive maintenance procedures. There are no quarterly procedures identified in the manufacturer's IFU. The facility policy and procedure for the autoclave care and maintenance do not reflect the manufacturer's IFU. Review of facility autoclave log book "...AUTOCLAVE WEEKLY CLEANING..." revealed no documentation of monthly or quarterly cleaning of the M11 autoclave unit. #2 Review of the facility "...AUTOCLAVE WEEKLY CLEANING/SELF-CONTAINED STEAM BI TEST VIAL QC LOG..." revealed on 4/25/16 the "...autoclave was not working..." The Surveyor requested the facility policy and procedure delineating the preventive maintenance procedure and spore verification process for accepting a loaner autoclave. None was provided. The Surveyor requested documentation identifying the name of the loaner autoclave, the most recent cleaning, and spore testing performed on the loaner autoclave before it was used over the seven (7) calendar days to sterilize



		<p>patient equipment. None was provided. The licensee and employee #4 verified, in an interview conducted on 5/25/16 at 10:19, that</p> <ol style="list-style-type: none"> <li>1. the facility policy and procedure for the autoclave preventive maintenance does not align with the manufacturer's IFU;</li> <li>2. there is no documentation of the monthly cleaning procedure; and</li> <li>3. there is no documentation any preventive maintenance was performed on the loaner autoclave unit by the lending facility or employee #4 after it was accepted into the facility.</li> </ol>
<p><b>Findings for:</b> Citation 4 <b>Corrected Date:</b> 08/22/2016</p>	<p><b>Rule/Statute:</b> Incident Reporting <b>Rule Text:</b> R9-10-1504. Incident Reporting A. A licensee shall ensure that the Department is notified of an incident as follows: 2. For a serious injury, written notification within 10 calendar days after the date of the serious injury.</p>	<p><b>Survey Text:</b> <b>R9-10-1504.A.2~</b> Based on review of Incident/Adverse records, and staff interviews, the Department determined the licensee failed to notify the Department when 1 of 6 patients (patient #3) had a serious complication post surgical procedure. Failure to notify the Department may put patient health and safety at risk due to a lack of oversight by the licensing agency; as to whether this complication was a result of a failure to following their policy and procedures. Findings include: Staff interviews were conducted on 5/24/16. Two (2) of six (6) RNs were on duty during the onsite visit. During the interview RN #5 revealed they recently transferred a patient to a local hospital after she suffered a post operative complication following a surgical abortion, a perforated uterus. The Surveyor requested a copy of the incident report submitted to the Arizona Department of Health Services. None was provided. The licensee/Medical Director verified, during an interview conducted on 5/24/16, that a report of a serious injury to 1 of 6 patients (patient #3) was not submitted to the agency providing oversight to this clinic.</p>
<p><b>Findings for:</b> Citation 5 <b>Corrected Date:</b> 08/22/2016</p>	<p><b>Rule/Statute:</b> Personnel Qualifications and Records <b>Rule Text:</b> R9-10-1505. Personnel Qualifications and Records A licensee shall ensure that: 5. A personnel file for each member of the patient care staff and each volunteer is maintained either electronically or in writing and includes: b. Verification of qualifications, training, or licensure, as applicable;</p>	<p><b>Survey Text:</b> <b>R9-10-1505.5.b~</b> Based on review of facility job descriptions, personnel files, and staff interviews, the Department determined the licensee failed to ensure current ACLS (Advanced Cardiac Life Support) training for 3 of 6 registered nurses (RN) (#6, #8, and #9) as required per facility job description. A patients quality of life may be altered if they have a pre or post emergency procedure and the nurses are not currently trained in ACLS procedures. Findings include: Review of the facility job description for a "REGISTERED NURSE" dated 8/13/15 revealed: "Registered Nurse Job Duties...Inform physician of patient's</p>



		<p>condition...Education and Experience...Current...ACLS...." Review of the personnel files for 6 of 6 RNs revealed 3 of 6 nurses (#6, #8, and #9) did not have documentation of current ACLS training. The licensee verified on 5/24/16, that 3 of 6 RNs (#6, #8, and #9) are not currently certified in ACLS as required in their job description.</p>
<p><b>Findings for:</b> Citation 6 <b>Corrected Date:</b> 08/22/2016</p>	<p><b>Rule/Statute:</b> Personnel Qualifications and Records <b>Rule Text:</b> R9-10-1505. Personnel Qualifications and Records A licensee shall ensure that: 5. A personnel file for each member of the patient care staff and each volunteer is maintained either electronically or in writing and includes: c. Documentation of cardiopulmonary resuscitation certification, as applicable;</p>	<p><b>Survey Text:</b> <b>R9-10-1505.5.c~</b> Based on review of facility job descriptions, personnel files, and staff interviews, the Department determined the licensee failed: 1. to ensure 1 of 6 RNs (#8) is currently trained in Cardiopulmonary resuscitation (CPR); and 2. 2 of 7 Medical Assistants (MA) (#3 and #7) are currently trained in CPR as required per facility job description. When the nurse and medical assistants do not have current training in CPR it poses a risk to a patient's quality of life when the staff may not able to provide immediate emergency assistance if needed. Findings include: 1. Review of facility job description for a "REGISTERED NURSE" dated 8/13/15 revealed: "...Registered Nurse Job Duties...Inform physician of patient's condition...Education and Experience...Current BLS/CPR...." Review of the personnel files for 6 of 6 RNs revealed 1 of 6 RNs (#8) did not have documentation of a current BLS/CPR certification. Review of the facility job description for a "MEDICAL ASSISTANT-BACK OFFICE/LABORATORY" dated 2/27/16 revealed: "...Education and Experience...BLS (Basic Life Support)/CPR certification...." Review of the facility job description for a "BILINGUAL MEDICAL ASSISTANT-FLOAT" dated 3/8/16 revealed: "...Education and Experience...BLS/CPR certification...." Review of the personnel files for 7 of 7 MAs revealed 2 of 7 assistants (#3 and #7) did not have documentation of current BLS/CPR certification. The licensee verified on 5/24/16, that 1 of 6 RNs (#8) and 2 of 7 MAs (#3 and #7) are not currently certified in BLS/CPR as required in their job description.</p>