

May 22, 2013

Lori Williams, Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Survey Conducted 05/09/2013

Dear Ms. Williams:

The following deficiencies were identified by the survey team of the Division of Health during their visit on 05/09/2013.

**GENERAL ADMINISTRATION
SECTION 6.N**

Based on review of policies and procedures and interview, it was determined the facility failed to have a policy that required infectious and communicable diseases be reported to the Arkansas Department of Health in accordance with the Rules and Regulations Pertaining to Communicable Disease in Arkansas and Rules and Regulations Pertaining to the Control of Communicable Disease–Tuberculosis. Failure to have a policy in place created the potential for failure to report infectious and communicable diseases as required. The failed practice had the potential to affect all patients treated at the facility. The findings were:

A. The facility Policy and Procedure Manual was reviewed on 05/09/13. There was not a policy or procedure that required the reporting of infectious and communicable diseases to the Arkansas Department of Health as required by the Rules and Regulations Pertaining to Communicable Disease in Arkansas, effective, August 2005 and Rules and Regulations Pertaining to the Control of Communicable Disease–Tuberculosis, effective 2009.

B. The findings were confirmed in an interview on 05/09/13 at 1630 with the Administrator.

INFECTION CONTROL
SECTION 10.A.3.b

Based on Policy and Procedure Manual review and interview, it was determined the facility failed to develop and implement a method for obtaining reports of infections in patients and health care workers. Failure to ensure a mechanism for the identification of infectious patients and health care workers had the potential to allow the spread of infection of other health care workers, patients and visitors. The failed practice had the potential to affect all patients, visitors and health care workers on 05/09/13. Findings follow:

A. Review of the Policy and Procedure Manual did not reveal a policy and procedure for obtaining reports of infections in patients and health care workers.

B. During an interview with the Administrator at 1635 on 05/09/13, she verified the facility did not have a mechanism or policy and procedure in place for the reporting of infections of patients and health care workers.

SECTION 10.A.3.g.7

Based on observations and interviews, it was determined the facility failed to provided linen care in that three of three blankets were not washed between patients. The failed practice had the potential to allow cross contamination between patients. The failed practice affected all patients on 05/09/13. Findings follow:

A. A blanket was observed to be hanging on a towel rod in Procedure Room #2. Registered Nurse #1 stated the blanket was used on patients if they needed a blanket and was laundered at the end of every day. The above findings were confirmed by Registered Nurse #1 at 1250 on 05/09/13.

B. Two blankets were observed hanging on the back of two chairs in the Recovery Room. The Administrator stated the blankets were used on patients if they needed a blanket and were laundered at the end of every day. The above findings were confirmed by the Administrator at 1300 on 05/09/13.

SECTION 10.C

Based on review of policies and procedures and interview, it was determined the facility failed to have a process and policy in place that required infectious and communicable diseases be reported to the Arkansas Department of Health in accordance with the Rules and Regulations Pertaining to Communicable Disease in Arkansas and Rules and Regulations Pertaining to the Control of Communicable Disease–Tuberculosis Failure to have a process and policy in place created the potential for failure to report infectious and communicable diseases as required. The

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failed practice had the potential to affect all patients treated at the facility. The findings were:

- A. The facility Policy and Procedure Manual was reviewed on 05/09/13. There was not a policy or procedure for reporting infectious and communicable diseases to the Arkansas Department of Health as required by the Rules and Regulations Pertaining to Communicable Disease in Arkansas and Rules and Regulations Pertaining to the Control of Communicable Disease–Tuberculosis.
- B. The findings were confirmed in an interview on 05/09/13 at 1630 with the Administrator.

PHARMACEUTICAL SERVICES
SECTION 11.B.1-6

Based on observation, review of pharmacy policies and procedures and interview, there was no evidence the Medical Director or designated licensed nurse had performed a monthly compliance assessment for drug storage, disposal of drugs, proof of receipt and administration of controlled substances and their storage, drug labeling, monitoring of floor stock and maintenance of emergency carts or kits. The facility could not assure procurement, storage, and distribution and control of all medications was in compliance with all state and federal regulations. The failed practice had the potential to affect all patients who received treatment at the facility. The findings were:

- A. Observation on 05/09/13 revealed the following expired medications available for patient use:
 - 1) Nursing Station across from Procedure Room #1: Ammonia ampoules 10 ampoules/box, 14 of 14 boxes expired 09/2012. Findings were verified by the Administrator at 1255 on 05/09/13.
 - 2) Recovery Room Nursing Station: Safyral 3 mg/0.03 mg (milligram) 28 tablets(tabs)/box, 13 of 13 boxes expired 06/12; Beyaz 3 mg/0.02 mg 28 tabs/box, seven of seven boxes expired 11/12; PreQue10 one of one bottle expired 03/13. The above findings were verified by the Administrator at 1310 on 05/09/13.
- B. Review of the policy and procedures for Pharmaceutical Services was conducted on 05/09/13. Review of the policy titled “Pharmaceutical Services” revealed ...Outdated drugs shall not be available for patient use. The policy and procedure was received from the Administrator at 0930 on 05/09/13.
- C. Documentation was requested from the Administrator that the Medical Director or licensed nurse inspected pharmaceutical services monthly. The Administrator confirmed by interview on 05/09/13 at 1630 that the facility did not have documentation of a monthly inspection that included: proper storage of drugs; disposal of medications no longer needed, discontinued, or outdated; proof of receipt and administration of controlled substances and proper storage of such medications; verification that medications in stock conform to the specified qualities on posted lists; proper labeling; and maintenance of emergency carts.

SECTION 11.C.4

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Based on review of Pharmacy policies and procedures and interview, it was determined the facility failed to have a policy that included a current list of stock medications with minimum and maximum quantities to be maintained in the facility. Without current documentation of minimum and maximum quantity amounts, the facility could not assure the quantity of medications maintained would meet the needs of the patients served. The failed practice had the potential to affect all patients treated at the facility. The findings were:

Review of the policies and procedures for Pharmaceutical Services was conducted on 05/09/13. The Administrator provided the document "Drug Inventory Log" for 2013 on 05/09/13. The columns for "minimum amt. (amount) stocked" and "maximum amt. stocked" was blank. The administrator confirmed the findings by interview on 05/09/13 at 1630.

SECTION 11.C.13

Based on review of pharmacy policies and procedures and interview, it was determined the facility failed to have a policy for reporting suspected drug loss, misuse, or diversion according to state law. Failure to have a policy and procedure did not assure drug loss, misuse or diversion would be reported as required. The failed practice had the potential to affect all patients who received treatment at the facility. The findings were:

Review of the policy and procedures for Pharmaceutical Services was conducted on 05/09/13. The administrator was interviewed on 05/09/13 at 1630 and confirmed they did not have a policy for reporting suspected loss, misuse, or diversion of drugs as required by state law, and stated "we've never had that issue."

The above deficiencies shall be corrected at the earliest possible date in order to provide maximum care and/or safety to the patients in your facility. Your response on the above should be forwarded to this office within ten calendar days of receipt of this correspondence. Such comments should include any corrective action, taken or proposed, the person responsible for correction and the date of correction.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Doug Gordon, Program Manager
Health Facility Services
Arkansas Department of Health

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