

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS6143OPF</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2014</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>A ALL WOMEN CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7908 W. SAHARA AVENUE LAS VEGAS, NV 89117</b>
---	---

(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
O 000	<p>Initial Comments</p> <p>This statement of deficiencies was generated as the result of a complaint investigation survey that was conducted at your facility on 6/13/14, in accordance with Nevada Administrative Code (NAC), Chapter 449, Outpatient Facilities: Permit for Services of General Anesthesia, Conscious Sedation and Deep Sedation</p> <p>Five patient medical charts were reviewed.</p> <p>Complaint #NV00039454 - The allegation regarding patient medications not being given during a procedure, was not substantiated through clinical record review, interviews with facility staff, and document review. The allegation regarding patient consent not signed prior to a procedure was not substantiated through clinical record review, and interview with facility staff and patient. Allegation the patient should have been discharged by ambulance was not substantiated through clinical record review, interview with facility staff and document review. Allegation the patient was unable to receive a copy of the medical records was unsubstantiated through clinical record review and interview with facility staff.</p> <p>Complaint #NV00039454: The complaint investigative process was initiated by the Division of Public and Behavioral Health on 6/13/14.</p> <p>The investigation for the allegation of patient medications not being given during a procedure included:</p> <p>-Review of five medical records including the patient of concern included physician documentation, recovery room documentation, intra-operative documentation and narcotic</p>	O 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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

TITLE

(X6) DATE

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS6143OPF</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>A ALL WOMEN CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7908 W. SAHARA AVENUE LAS VEGAS, NV 89117</b>		
(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
O 000	Continued From page 1 record.  -Interviews were conducted with the Administrator/Physician and Medical Assistant.  -Review of Policies and Procedures which included: Voluntary Interruption of Pregnancy Procedures Policy (no identified policy number), updated 08/2013.  The investigation for the allegation of patient consent not signed prior to the procedure included:  -Review of five medical records including the patient of concern included physician documentation and consents.  -Interview was conducted with the Administrator/Physician.  The investigation for the allegation the patient should have been discharged by ambulance included:  -Review of five medical records including the patient of concern included physician documentation and consents.  - Interviews were conducted with the Administrator/Physician and Medical Assistant.  -Review of Policies and Procedures: 2014 Clinical Policy Guidelines, National Abortion Federation, page 39, number 13. Complications: Bleeding and Return of Patient to the Procedure Room Policy (no identified policy number), updated 08/2013.  The investigation for the allegation the patient	O 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS6143OPF</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>A ALL WOMEN CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7908 W. SAHARA AVENUE LAS VEGAS, NV 89117</b>		
(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
O 000	Continued From page 2  was unable to receive a copy of the medical records included:  -Review of five medical records including the patient of concern included physician documentation. Medical records were provided to the patient on 6/2/14.  -Interview was conducted with the Administrator/Physician.  The findings and conclusions of any investigation by the Health Division shall not be constructed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  No further action is necessary. Please retain a copy for your records.	O 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.