

*Acceptable POC
Dumanday 11/12*

PRINTED: 11/09/2012
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS6131OPF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2012
NAME OF PROVIDER OR SUPPLIER BIRTH CONTROL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 872 E SAHARA AVE LAS VEGAS, NV 89104		
(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	Initial Comments This statement of deficiencies was generated as the result of an initial state permitting survey that was conducted at your facility on 11/06/12 in accordance with Nevada Administrative Code (NAC), Chapter 449, Outpatient Facilities: Permit for Services of General Anesthesia, Conscious Sedation and Deep Sedation An infection risk assessment was completed. 10 patient medical charts were reviewed. 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. The following regulatory deficiencies were identified.	O 000	PROVIDERS PLAN OF CORRECTION FOR DEFICIENCY O 201 NAC 449.999445 (6): SEE ATTACHED.	
O 120 SS=C	NAC 449.999445 (6) Sterilization, disinfection of instruments NAC 449.999445 6. Sterilization records and logs of the results of the biologic indicator test must be maintained by the outpatient facility for at least 1 year after the test is performed to ensure that the recommended testing and maintenance of the equipment is performed and the manufacturer ' s instructions regarding proper sterilization techniques are followed. Each outpatient facility shall establish a method to track and recall instruments, items or equipment previously sterilized or disinfected if there is a failure of the biologic indicator test.	O 120		

RECEIVED
DEC 11 2012
BUREAU OF HEALTHCARE
QUALITY & COMPLIANCE
LAS VEGAS, NV

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 *Eleanor Powell Stanley MD* TITLE *12.8.2012* (X6) DATE

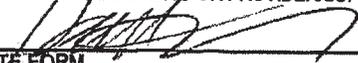
Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS61310PF	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2013
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NAME OF PROVIDER OR SUPPLIER **BIRTH CONTROL CARE CENTER**
STREET ADDRESS, CITY, STATE, ZIP CODE **872 E SAHARA AVE LAS VEGAS, NV 89104**

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O 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a state re-permitting inspection conducted in your facility on 11/14/13, in accordance with Nevada Administrative Code, Chapter 449, Outpatient Facility.</p> <p>An Infection risk assesment was completed.</p> <p>Five patient medical charts were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The Following regulatory deficiencels were identified.</p>	O 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">DEC 02 2013</p> <p style="text-align: center;">BUREAU OF HEALTHCARE QUALITY & COMPLIANCE LAS VEGAS, NV</p>	
O 140 SS=F	<p>NAC 449.999448 (1) Professional standards of practice</p> <p>NAC 449.999448 In addition to the guidelines established pursuant to NAC 449.999441, the holder of a permit to operate an outpatient facility shall establish guidelines and maintain policies for the outpatient facility which:</p> <p>1. Ensure the health, safety and well-being of patients of the outpatient facility;</p> <p>This REQUIREMENT is not met as evidenced by: NAC 449.999448 In addition to the guidelines established pursuant to NAC 449.999441, the holder of a permit to operate an outpatient facility shall establish</p>	O 140		<p>PROVIDERS PLAN OF CORRECTION FOR FOR DEFIENCY O 140 NAC 449.999448 (1) SEE ATTACHED.</p>

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

STATE FORM  TITLE **Medical Director** (X8) DATE **11/27/13**
6899 6R7M11 If continuation sheet 1 of 2

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS6131OPF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2012
NAME OF PROVIDER OR SUPPLIER BIRTH CONTROL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 872 E SAHARA AVE LAS VEGAS, NV 89104		
(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 120	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to establish a method to track and recall sterilized instruments to the patient in the event of a failure.</p> <p>During an interview on 11/06/12 with Physician #1, it was revealed that a method for tracking sterilized instruments to a patient in the event of a failure was not in place.</p> <p>During a document review on 11/06/12 of sterilization logs for the biological indicator test, it was revealed that a method for tracking instruments to patients was not in place.</p> <p>Severity: 1 Scope: 3</p>	O 120		12/8/12
		 STANLEY 12-8-2012		

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Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS6131OPF	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/13/2014
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NAME OF PROVIDER OR SUPPLIER BIRTH CONTROL CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 872 E SAHARA AVE LAS VEGAS, NV 89104
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O 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as the result of a state permitting survey that was conducted at your facility on 11/13/14, 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 medical charts were reviewed.</p> <p>The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed 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.</p> <p>There were no any regulatory deficiencies identified. Please retain a copy of this statement for your records.</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