

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/25/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REPRODUCTIVE HEALTH SERVICES / PLANNED PAF	STREET ADDRESS, CITY, STATE, ZIP CODE 4251 FOREST PARK AVENUE SAINT LOUIS, MO 63108
---	---

(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
L 000	Initial Comments An onsite, unannounced state licensure survey to determine compliance with 19 CSR 30-30.050 through 19 CSR 30-30.060 for Abortion Facilities was conducted from 05/23/17 to 05/25/17. See below for findings:	L 000		
L1106	19 CSR 30-30.060(1)(A)(3) Bylaws of the governing body shall Bylaws of the governing body shall require that an individual who complies with paragraph (1)(A)2. of this rule shall be in charge in the absence of the administrator. This regulation is not met as evidenced by: Based on record review and interview, the facility failed to include in their bylaws the person or position in charge of the facility in the absence of the administrator. The facility performs an average of 270 procedures per month. On the first day of the survey, there were 17 cases. Findings included: 1. Review of the Facility Bylaws, Article 10, Operation of Health Care Facility, dated 03/28/17 showed: - The Vice President of Patient Services and Education (VP) and her delegate shall be responsible for overseeing the day-to-day operations of the facility; and - The VP must meet one of the following qualifications: (i) a physician licensed to practice medicine within the State of Missouri; (ii) a registered nurse licensed to practice nursing within the State of Missouri; or (iii) an individual who has at least one year of administrative experience in the health care industry.	L1106	RECEIVED MAY 30 2017	

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Janice Thomas VP of Patient Services 5/30/17

A	B	C	D	E	F
ID/tag number (Q0001)	Plan of correction for deficiency noted and plan for addressing all related areas affected by deficient practice.	Correction Date (within 60 days from receipt)	Title of Person Responsible for Correction	Describe monitoring procedure to ensure continued compliance, to include: - Frequency/duration of monitoring - Method of data collection - Who monitors, if different than "D"	Evidence/ Exhibit Attachment Numbers or "N/A"
L1106	By-Law of the Governing Body Finding - Section 2 of the By-Laws of Reproductive Health Services of Planned Parenthood of the St. Louis Region (RHS) have been revised to reflect the title of the person in charge of RHS operations in the absences of the administrator and what qualifications that delegate must meet and were approved May 30, 2017.	May 30, 2017	CEO & President		F1 Revised RHS- By-Laws
L1128	Instrument Transport Finding - RHS has implemented the transport of soiled instruments in a covered, leak-proof container labeled with bio-hazard labels on all sides to indicate potentially infectious objects. The circumstances for use was reviewed with all RHS Medical Assistants and nurses by the manager on May 25, 2017 The Infection Prevention Manual, Section 2 Cleaning, Disinfection and Sterilization was revised to reflect the use of the lidded leak proof covered labeled rigid containers..	May 25, 2017	Health Center Manager III	The manager will conduct a review of all Medical Assistants engaged in the transport of instruments from the procedure rooms on a rolling basis over the next 30 days to ensure 100% use of the lidded leak proof containers and document the results.	F1 Pictures of container, Infection Prevention Manual, page 16
L1128	Germicidal Wipes Finding - The use of the McKesson Disposable Germicidal Surface Wipes was reviewed with all Medical Assistants, lab personnel, nursing staff and sonographers highlighting the 2 minute exposure time for surface contact with the germicidal solution. The manufacturers insert for this product was used for this review. During daily terminal cleaning staff will ensure that all environmental surfaces, chairs, counters, etc., are free of any breaches (holes, cracks) and free of rust. Additionally, all staff are to note any breaches or	May 25, 2017	Health Center Manager III	The manager will observe and document all Medical Assistants, lab personnel, nursing staff and sonographers cleaning surfaces with the McKesson Disposable Germicidal Surface Wipes to ensure adherence to the 2 minute surface contact time, that examine tables are appropriately cleaned in the event of a soiled or torn paper liner by July 1, 2017.	F1 Infection Prevention Manual, page 19

A	B	C	D	E	F
ID/tag number (Q0001)	<p>Plan of correction for deficiency noted and plan for addressing all related areas affected by deficient practice.</p> <p>presence of rust observed during the course of their daily activities and report them to facilities manager for repair/remediation. Special care will be taken in cleaning of those surfaces until a repair/remediation. The Infection Prevention Manual was also revised to reflect the proper usage of the disinfecting wipes in Section 2 Cleaning, Disinfection and Sterilization.</p>	Correction Date (within 60 days from receipt)	Title of Person Responsible for Correction	Describe monitoring procedure to ensure continued compliance, to include: <ul style="list-style-type: none"> - Frequency/duration of monitoring - Method of data collection - Who monitors, if different than "D" 	Evidence/ Exhibit Attachment Numbers or "N/A"
L1128	<p>Hand Hygiene Finding - A retraining of all physicians, fellows and residents on proper hand hygiene with emphasis on proper technique on hygiene between glove changes. This has begun for all providers who have completed a shift as May 30, 2017. This will be completed for remaining providers on their next shift prior to service provision to patients. The Affiliate Risk Management Infection Prevention Manual, Hand Hygiene (Page 60) was used for this retraining. This information will also be reviewed during the June 2017 all provider meeting. The training is conducted by the Medical Director and Health Center Manager.</p>	June 30, 2017	Medical Director	The Health Center Manager/designee will observe and document the results of the observations of each physician, fellow, and resident during their shift over the next 30 days. The standard will be the ARMS Infections Prevention Manual, Hand Hygiene (Page 60) with a standard of 100% compliance.	F1 ARMS Infection Prevention Manual, Page 60
L1128	<p>Oxygen Tank Findings – In the interim clear plastic sleeves will be placed over each oxygen tank until a vendor is found that can provide clear covers for the current oxygen tank.</p>	May 30, 2017	Health Center Manager III	The Health Center Manager and Flow Facilitator will ensure the oxygen tanks remain covered in the clear sleeve or cover during daily monitoring	
L1136	<p>Complication Report Finding - RHS will submit complication reports on a going-forward basis. RHS understands that DHSS will consider the filing of reports on a going-forward basis to be sufficient to correct this deficiency.</p>	May 31, 2017	VP of Patient Services & Education	The VP of Patient Services with the Director of Quality will initially conduct a review of all forms and spot check forms to ensure completed appropriately.	

A	B	C	D	E	F
ID/tag number (Q0001)	Plan of correction for deficiency noted and plan for addressing all related areas affected by deficient practice.	Correction Date (within 60 days from receipt)	Title of Person Responsible for Correction	Describe monitoring procedure to ensure continued compliance, to include: - Frequency/duration of monitoring - Method of data collection - Who monitors, if different than "D"	Evidence/ Exhibit Attachment Numbers or "N/A"
	<p>As indicated during the inspection, RHS was not clear on exactly what needs to be reported on a complication report. RHS now understands that DHSS will consider reporting of the complications listed in regulation 19 CSR 30-30.050(1)(D) (hemorrhage, infection, uterine perforation, cervical lacerations and retained products) and on a complication report form prepared by the Department to be sufficient to meet the complication reporting requirement and to correct this deficiency. RHS further understands that DHSS will be issuing a modified complication reporting form that will remove two categories (cramps and skin reaction) from the form.</p> <p>RHS will utilize the current form until a new form is issued. RHS will begin using the new form as soon as it is available.</p>				

Section 1: Ambulatory Surgical Center. The Corporation may operate a licensed abortion facility or ambulatory surgical center within the State of Missouri at which abortion and/or other pregnancy termination services and procedures, related counseling services and other related services are provided ("Facility").

The Board shall have full legal responsibility for determining, implementing and monitoring policies and procedures governing the Facility's total operation and for ensuring that those policies are administered in a manner so that the Facility provides appropriate care in a safe environment.

Section 2: Facility Manager and Administrator. The President/CEO shall select and the Corporation shall employ a Surgical Services Manager for the Facility ("Manager") who is the day to day operations manager. She is also the delegate and acting supervisor for the VP when the VP is absent. A secondary delegate is the Clinical Manager, an advanced practice NP. The administrator is the Vice President of Patient Services and Education. The VP shall report to the President/CEO. Subject to direction, guidance and authority granted by the President/CEO, the VP and her delegate shall be responsible for overseeing the day-to-day operations of the Facility. The VP and her delegate must meet one of the following qualifications: (i) a physician licensed to practice medicine within the State of Missouri; (ii) a registered nurse licensed to practice nursing within the State of Missouri; or (iii) an individual who has a least one year of administrative experience in the health care industry.

In the Administrator's (i.e Director) absence, only an individual who meets one of the qualifications described in the immediately preceding paragraph may be left in charge of the Facility.

The Officers of the Corporation shall promptly provide written notification to the Missouri Department of Public Health and Senior Services of any change in the person employed by the Corporation as the Facility's Director.

The President/CEO shall select and the Corporation shall employ a Medical Director for the Corporation. The Medical Director shall report to the President/CEO. Subject to direction, guidance and authority granted by the President/CEO, the Medical Director be responsible for overseeing the provision of all medical services provided by the Corporation. This includes, but is not limited to, review and approval of all medical policies and procedures; review of all quality assurance activities and results, and participation in the plan of action for follow-up; review of physician complications; and responsibilities for the screening, approval and reappointment of all physician staff providing abortion or surgical services. The Medical Director shall be a board certified physician, preferably an OBGyn, licensed to practice medicine in the State of Missouri.

Section 3: Surveyor Access to Facility. Persons duly appointed by the Missouri Department of Health as licensed abortion facilities or ambulatory surgical center surveyors shall be allowed to inspect the Facility at any time the Facility is in operation, consistent with due regard for the medical condition and privacy of the on-site patients.

Section 4: Personnel and Medical Staff Matters. All persons employed or engaged by the Facility, including the Facility's medical staff, nursing, professional and support staff and all counseling staff and volunteers, shall be directly responsible to the VP and his/her supervisory staff, and indirectly responsible to the President/CEO and to the Board.

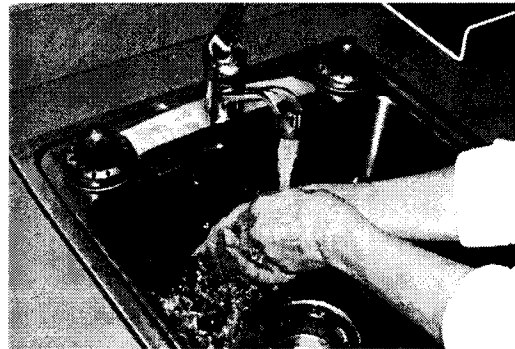
Hand Hygiene

Good hand hygiene, including use of alcohol-based hand rubs and hand washing with soap and water is critical to reduce the risk of spreading infections in health care settings. Use of alcohol-based hand rub as the primary mode of hand hygiene in healthcare settings is recommended by the CDC and the World Health Organization because of its activity against a broad spectrum of pathogens.

Hand washing is the #1 protection against transmission of communicable diseases.

Hand hygiene is the most important single procedure for preventing health care-associated infections. Antiseptics control or kill microorganisms contaminating skin and other superficial tissues and are sometimes composed of the same chemicals that are used for

disinfection of inanimate objects. Although antiseptics and other hand hygiene agents do not sterilize the skin, they can reduce microbial contamination depending on the type and the amount of contamination, the agent used the presence of residual activity, and the hand hygiene technique followed.



1. Key situations where hand hygiene should be performed include:
 - a. Before touching a patient, even if gloves are worn
 - b. Before exiting the patient's care/procedure area after touching the patient or the patient's immediate environment
 - c. After contact with blood, body fluids or excretions, or dressings
 - d. Prior to performing an aseptic task (i.e. placing an IV, preparing an injection)
 - e. If hands will be moving from a contaminated-body site to a clean-body site during patient care
 - f. After glove removed
2. Use soap and water when hands are visibly soiled (i.e. blood, body fluids). The preferred method of hand decontamination is with an alcohol-based hand rub.



Site: _____ RHS of PPSLR _____

Staff Training: McKesson Disposable Germicidal Surface Wipes

Staff Attendance	Staff Attendance
Surgical Staff A	Surgical Staff I
Surgical Staff B	Surgical Staff J
Surgical Staff C	Surgical Staff K
Surgical Staff D	Surgical Staff L
Surgical Staff E	Surgical Staff M
Surgical Staff F	Surgical Staff N
Surgical Staff G	Surgical Staff O
Surgical Staff H	

Date: 5/24/17

Subject: Disposable Germicidal Disinfectant Surface Wipes

Trainer: Surgical Staff A, HCM III

Objective: Staff were educated on the contact wait time of two (2) minutes to effectively disinfect surfaces such as chairs, tables, exam tables, lamps, any other counter surfaces, blood pressure machines, etc. in accordance with McKesson Disposable Germicidal Surface Wipes manufacturer instructions.

Attached: McKesson Disposable Germicidal Surface Wipes Directions for Use

L:\2017 State Visit\McKesson Disposable Germicidal Surface Wipes Instructions.pdf



Site: RHS of PPSLR

Staff Training: McKesson Disposable Germicidal Surface Wipes

Staff Attendance	Staff Attendance
Surgical Staff A	Surgical Staff I
Surgical Staff B	Surgical Staff J
Surgical Staff C	Surgical Staff K
Surgical Staff D	Surgical Staff L
Surgical Staff E	Surgical Staff M
Surgical Staff F	Surgical Staff N
Surgical Staff G	Surgical Staff O
Surgical Staff H	

Date: 5/24/17

Subject: Disposable Germicidal Disinfectant Surface Wipes

Trainer: Surgical Staff A, HCM III

Objective: Staff were educated on the contact wait time of two (2) minutes to effectively disinfect surfaces such as chairs, tables, exam tables, lamps, any other counter surfaces, blood pressure machines, etc. in accordance with McKesson Disposable Germicidal Surface Wipes manufacturer instructions.

Attached: McKesson Disposable Germicidal Surface Wipes Directions for Use

L:\2017 State Visit\McKesson Disposable Germicidal Surface Wipes Instructions.pdf