

Division of Public and Behavioral Health

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| 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 12/14/2015 |
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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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| (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 a result of a State Permit Renewal Survey conducted in your facility on 12/14/15, in accordance with Nevada Administrative Code, Chapter 449, Outpatient Facilities.</p> <p>Five patient records 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 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 deficiencies were identified:</p> | O 000 | | |
| O 135 SS=D | <p>NAC 449.999447 (1) Mandatory training, evaluation of employees</p> <p>NAC 449.999447</p> <p>1. Each employee of an outpatient facility and each person under contract with an outpatient facility who works at the facility and has exposure to patients at the facility shall receive training and must be evaluated by supervising staff on the employee ' s or contractor ' s knowledge and skills concerning the program for the prevention and control of infections and communicable diseases within the first 10 days of employment and at least every 12 months thereafter.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 5 employees received infection control training within 10 days of hire (Employee #2).</p> | O 135 | | |

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

12/29/15

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| O 135 | Continued From page 1 Findings include: A review of the employee files on 12/14/15 revealed Employee #2 was hired on 7/16/15. The file contained infection control training dated 8/19/15. The file and training records lacked evidence of infection control training completed within 10 days of hire. On 12/14/15 at 1:15 PM, a consultant for the agency was unable to locate evidence of infection control training prior to the 8/19/15 date. Severity: 2 Scope: 1 | O 135 | | |
| O 140 SS=F | NAC 449.999448 (1) Professional standards of practice 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: 1. Ensure the health, safety and well-being of patients of the outpatient facility; This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure the facility provided a clean and sanitary environment. Findings include: | O 140 | | |

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| O 140 | <p>Continued From page 2</p> <p>During a tour of the facility on 12/14/15, the following was observed:</p> <p>Surgical Rooms: - Supply shelves in the two surgical rooms were found uncovered, exposing clean and sanitary items to dust and debris. The supply shelf contained several bins containing supplies and sterilized packaged instruments. One of the yellow bins contained disposable undergarments for patients, post procedure. Dust and particles were found on the garments and on the bin. Other bins contained dust balls, hair and/or debris. On the counter behind the cardiac monitor were dusty cords and wall plug adapter.</p> <p>Consult Rooms: - Air supply vents in the facility consult rooms were observed dusty. Drawers, containing uncovered scopettes, chucks and other supplies were found contaminated by dust and particles. A base tray for the ultrasound equipment was dirty.</p> <p>At 11:10 AM on 12/14/15, Employee #6 acknowledged the lack of environmental cleaning and cover/protection for the supply shelves in the surgical and consult rooms.</p> <p>Medication: - Four filled syringes containing saline were found in the dark brown pamphlet cabinet near the medication preparation/vitals station.</p> <p>At 10:55 AM on 12/14/15, Employee #6 acknowledged the pre-filled syringes and explained the items were from Saturday and should have been discarded at the end of the work day.</p> | O 140 | | |

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| O 140 | Continued From page 3 Page 42 of the facility policy entitled Safe Injecting Practices (revision 9/12/15), reads "Residual/leftover medication/infusates are always discarded..." Severity: 2 Scope: 3 | O 140 | | |

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