

DOCUMENT REUD 12-21-2015

Division of Public and Behavioral Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>NVS61310PF | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>12/14/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>BIRTH CONTROL CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>872 E SAHARA AVE<br>LAS VEGAS, NV 89104 | <i>Acceptable POC<br/>Reimbursement 1/15/2016</i> |
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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              | Initial Comments<br><br>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.<br><br>Five patient records were reviewed.<br><br>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.<br><br>The following deficiencies were identified:   | O 000         |  |                    |
| O 135<br>SS=D      | NAC 449.999447 (1) Mandatory training, evaluation of employees<br><br>NAC 449.999447<br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>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). | O 135         | Our personnel training records for the facility program for the prevention and control of infections and communicable diseases were evaluated after records of initial training for employee #2 were not available for review by the surveyor at the time of recent facility survey on December 14, 2015 due to a clerical error.<br><br>All patients entering our facility for care are potentially impacted by staff training for the prevention and control of infections and communicable diseases.<br><br>The correct records were found and copies are attached for employee #2 who did receive timely training for the facility program for the prevention and control of infections and communicable diseases on July 16 & 17, 2015 as per policy requirement that employees receive training and be evaluated by supervising staff within the first 10 days of employment. This was successfully completed, and compliance achieved on December 16, 2015. | 12-16-15           |

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

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br><i>ELEANOR STANLEY MD</i> | TITLE<br><br>12-29-2015 | (X8) DATE |
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If continuation sheet 1 of 4

Division of Public and Behavioral Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>NVS6131OPF</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>12/14/2015</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BIRTH CONTROL CARE CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>872 E SAHARA AVE<br/>LAS VEGAS, NV 89104</b> |
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| O 135              | Continued From page 1<br><br>Findings include:<br><br>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.<br><br>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.<br><br>Severity: 2      Scope: 1   | O 135         | Continued from p1<br><br>Proper organization of personnel records and documentation of training was reviewed with supervisory and management staff. The office manager or designee is responsible for organizing and maintaining personnel records. Paul A Isaacson MD assumes ultimate responsibility for implementation and completion of all of these tasks, and will provide whatever resources necessary to achieve the goal of properly documenting, organizing and storing personnel records.  |                    |
| O 140<br>SS=F      | NAC 449.999448 (1) Professional standards of practice<br><br>NAC 449.999448<br>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:<br>1. Ensure the health, safety and well-being of patients of the outpatient facility;<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and document review, the facility failed to ensure the facility provided a clean and sanitary environment.<br><br>Findings include: | O 140         | Our facility was systematically evaluated for the presence of dust and debris during and after the facility survey conducted on December 14, 2015.<br><br>All patients entering our facility for care are potentially impacted by the failure to maintain a clean and sanitary environment.<br><br>A thorough inspection and cleaning of air supply vents, walls, supply shelves, countertops, drawers, supply bins, ultrasound housing, and environmental surfaces was conducted on December 15 & 16, 2015. Contaminated supplies were discarded in the appropriate fashion. Supply shelves in surgery rooms were covered with clean curtains and uncovered items within bins and drawers were covered or placed within plastic bags. This was successfully completed, and compliance achieved on December 16, 2015. | 12-16-15           |

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CONF.  ELEANOR STANVEY MD

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| NAME OF PROVIDER OR SUPPLIER<br><br>BIRTH CONTROL CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>872 E SAHARA AVE<br>LAS VEGAS, NV 89104 |
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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><b>Surgical Rooms:</b><br/>- 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><b>Consult Rooms:</b><br/>- 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><b>Medication:</b><br/>- 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         | <p>Cont from p 2</p> <p>Our clinical staff will review all facility areas for cleanliness and sanitation as needed and on a regular basis at the beginning and end of each working day. Routine cleaning will be scheduled and performed as needed and on a daily, weekly, and monthly basis. The office manager or designee is responsible to ensure this practice is completed on a daily, weekly, monthly and as needed basis.</p> <p>Paul A Isaacson MD assumes ultimate responsibility for implementation and completion of all of these tasks, and will provide whatever resources necessary to achieve the goal of providing a clean and sanitary environment in the facility.</p> <p>Our facility was systematically evaluated for the presence of pre-filled syringes containing residual/leftover medication/infusates during and after the facility survey conducted on December 14, 2015. Four filled syringes containing saline from the previous work day were found and were immediately discarded appropriately so that reuse was not possible. This was successfully completed, and compliance achieved on December 14, 2015.</p> | 12-14-15           |

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BY ELEANOR STANLEY MD  
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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 140              | <p>Continued From page 3</p> <p>Page 42 of the facility policy entitled Safe Injecting Practices (revision 9/12/15), reads "Residual/leftover medication/infusates are always discarded..."</p> <p>Severity: 2      Scope: 3</p> | O 140         | <p>Cont from p3</p> <p>All patients entering our facility for care are potentially impacted by the failure to timely discard pre-filled syringes containing residual/leftover medication/infusates at the end of the work day.</p> <p>Remediation was conducted to re-educate all staff by reviewing and enforcing current policies regarding Safe Injection practices as per page 42 of the facility policy. The nurse and attending surgeon will ensure that any pre-filled syringes containing residual/leftover medications are discarded appropriately so that reuse is not possible at the end of the work day. The nurse and clinical staff will ensure that any pre-filled syringes containing residual/leftover infusates are discarded appropriately so that reuse is not possible at the end of the work day.</p> <p>Paul A Isaacson MD assumes ultimate responsibility for implementation and completion of all of these tasks, and will provide whatever resources necessary to achieve the goal of properly discarding pre-filled syringes containing residual/leftover medication/infusates at the end of the work day.</p> |                    |

RESPECTFULLY SUBMITTED  
 ELEANOR STANLEY MD  
 12-29-15

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