PRINTED: 11/30/2015 FORM APPROVED

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:**

(X2) MULTIPLE CONSTRUCTION

OFFICE OF INSPECTOR GENERAL A. BUILDING: _ DIVISION OF HEALTH CARE PROTOTIES AND SERVICES (X3) DATE SURVEY COMPLETED

300200

B. WING

11/19/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EMW WOMEN'S SURGICAL CENTER, PSC

136 WEST MARKET STREET LOUISVILLE, KY 40202

(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMAT	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE
		DEFICIENCY)	DATE
A Relicensure Survey was initiated and con 11/19/15 and found the facility not me minimum requirements for relicensure wideficiencies cited. E 245 902 KAR 20:360 Section 5. Administration Operation a. A person with negative tuberculin skin who has direct contact with patients shall annual tuberculin skin test. [5.(3)(a)2.a] This requirement is not met as evidence Based on interview and record review, it is determined the clinic failed to ensure all pwith a negative tuberculin skin tests who direct contact with patients had an annual tuberculin skin test performed and the test included with the employee's file for four (6) files reviewed. The findings include: Review of the Clinic's Policy and Procedumanual revealed there was no written pol place related to the yearly TB testing that required for all staff and a procedure in pl monitor and insure that all testing was pe and documented in employee personnel for the employee files revealed for files did not have mandatory yearly TB test results listed in files. 1. Interview, on 11/19/15 at 10:21 AM, with Employee #4 revealed she did not know we last TB was. Review of that employee's file.	eting the ith on and E 245 tests I have an d by: was person's had al st results (4) of six are licy in was lace to rformed files. ar (4) sting the when her	Written policy related to yearly TB testing: A written policy regarding yearly TB test have been created and has been placed in the Policy and Procedure Manual. This policy reflects that the Director orders the test each year, within 12 months of the most recent test, and assigns a staff nurse to give and read the results. New employees must provide proof of a recent valid test or get a skin test at the EMW clinic prior to starting her/his job.	12-10-15

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

X 6xec. Director
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(X6) DATE

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(X6) DATE

If continuation sheet 1 of 1

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	CIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R 12/14/2015		
4.67	PROVIDER OR SUPPLIER	136 WE	ADDRESS, CITY, ST ST MARKET ST VILLE, KY 4020	TREET		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{€ 000}	Based upon imple	mentation of the acceptable vas deemed to be in	{E 000}			
				e e		
	e#	*				
			35. (4)			

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

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Office of Inspector General

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Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: _____

(X3) DATE SURVEY COMPLETED

300200

B. WING _____

11/19/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EMW WOMEN'S SURGICAL CENTER, PSC

136 WEST MARKET STREET LOUISVILLE, KY 40202

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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
E 245	Continued From page 1 2. Interview, on 11/19/15 at 10:30 AM, with Employee #5 revealed she believed her last TB	E 245	e e	
	test was probably three (3)years ago. 3. Interview and record review, on 11/19/15 at			
	1:07 PM, with Employee #2 on duty revealed she did not know why her TB test results were not in		TB test results in employee file:	
	her file. The last documented TB in her file was 2012. Employee #2 stated her last TB testing was done at a local school of medicine. Evidence of the test and results was provided for 2015 at the time of the survey. No evidence of TB testing for		On 1125-2015 all employees were given a	11-25-15
			tuberculin skin test and the results were placed in the	
- 1	years 2013, or 2014 was provided at time of the survey.		employee personnel files	
	 Review of Employee #6's file revealed TB testing for the years 2013 and 2014 were not located. 	·	The documentation and storage of the yearly tests will be assured by the Clinic Director.	
	Interview, on 11/19/15 at 1:07 PM, with the Clinic Director revealed she had no idea why the TB tests were not in the employee files. The Clinic Director was unsure if this was a problem.			
E 330	902 KAR 20:360 Section 5. Administration and Operation	E 330	v.	
	6. In-service training programs shall be planned and provided for all employees and volunteers to ensure and maintain their understanding of their duties and responsibilities. Records shall be		#. #	
	maintained to reflect program content and individual attendance. The following training shall be provided at least annually:		•	
	a. Infection control, to include as a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as hand washing, use of masks and gloves,			a 6

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OFFICE OF INSPECTOR GENERAL DWSION OF HEALTH CARE FACULTIES AND SERVICES

Office of Inspector General STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING 300200 11/19/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **136 WEST MARKET STREET EMW WOMEN'S SURGICAL CENTER, PSC** LOUISVILLE, KY 40202 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) E 330 E 330 Continued From page 2 and instruction to staff if there is a likelihood of **Employee In-service** transmitting a disease to patients or other staff members; [5.(3)(a)6.a] A binder has been created to This requirement is not met as evidenced by: 11-25-15 document the nature and Based on interview and record review, it was determined the clinic failed to have an effective attendees of in-services. These system in place to ensure inservice/training was in-services will be conducted in provided, documented, and monitored for five (5) each specific area of clinic of five (5) staff and volunteers reflective of their job duties and responsibilities. operation as well as ones held for all employees. These can The findings include: occur more frequently, as Review of five (5) employee records revealed no needed, however no less than evidence of documentation for in-service/training every six months. The Director programs were in place. will document and assure the Interview, on 11/19/15 at 11:36 AM, with RN #3 in-services take place. revealed she had not received any training other than Ultrasound training that was provided to all Infection Control in-service. nursing staff. A scheduled Infection Control Interview, on 11/19/15 at 10:33 AM, with Employee #5 revealed she had not received in-service will be scheduled at in-service training other than what was provided least annually, with the next 1-14-16 at the time of hire. upcoming one scheduled in Interview, on 11/19/15 at 10:21 AM, with January 2016. The in-services Employee #4 revealed she had not received will be documented by topic in-service training other than what was provided and attendees and kept in a at the time of hire. binder. The Director will E 565 902 KAR 20:360 Section 7. Pharmaceutical E 565 schedule and document the in-Services service events. (3) Medicine storage. Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored

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and safeguarded in enclosures of sufficient size

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OFFICE OF INSPECTOR GENERAL
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If continuation sheet 3 of 8

Office of Inspector General

STATEMENT	OF	DEFICIENCIES
AND PLAN O	FC	ORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE	CONSTRUCTION
A. BUILDING: _	

(X3) DATE SURVEY COMPLETED

300200

B. WING ___

11/19/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EMW WOMEN'S SURGICAL CENTER, PSC 136 WEST MARKET STREET LOUISVILLE, KY 40202

E 565 Continue that are Refrigers shall ma determine the label accurate be maint authorize storage ethyl alc double le state and This req Based o determine medicine daily adr properly	SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION	2.12.1
that are Refrigers shall ma determin the label accurate be main authorize storage ethyl alc double le state and This req Based of determin medicine daily adr properly	ULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	not accessible to unauthorized persons. rators used for storage of medications aintain an appropriate temperature as ned by the requirements established on el of medications. A thermometer e to + three (3) degrees Fahrenheit shall ntained in these refrigerators. Only red personnel shall have access to enclosures. Controlled substances and cohol, if stocked, shall be stored under locks and in accordance with applicable and federal laws. [7.(3)] quirement is not met as evidenced by: on observation and interview it was ned the clinic failed to ensure that all less and drugs maintained in the facility for ministration were not expired and were y stored.	E 565	Expired medication EMW Clinic has a form, with all medications listed, for the purpose of inventory control and expiration date of medicines. Vickey, RN is responsible for assessing these monthly, discarding expired medication, and asking clinic director to order medications as needed. The RN and Director will assure medications are up to date.	11-25-15
secured Clinic Di used du properly persons were me in the bo Director cabinet o inside th mg/20 m medicati Anesthe sterilizat locked w immedia	ation, on 11/19/15 at 1:33 PM, of the dimedications conducted along with the director revealed the medications that were using the course of the day were not a stored to prevent access to unauthorized as. Continued observation revealed there edications stored in the sterilization room ottom of a locked cabinet. The Clinical retrieved a key from an unlocked upper directly above the locked cabinet. Located the locked cabinet were (20) twenty, 200 ml bottles of Propofol. The locked tion was used daily by the Nurse etist. The only door leading into the tion room did not have the capability to be when staff was not in the room and or ate area.		EMW stores medicines that are used on a daily basis in locked refrigerator and cabinets in preop and post-op rooms. Nurses have kept keys to these cabinets in a drawer in the room due to the fact that once our patients and staff have left the building it is locked and an alarm system secures the building. Since our recent inspection, we are keeping the	11-24-15

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OFFICE OF INSPECTOR GENERAL THE SERVICES AND SERVICES

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Office of Inspector General STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 11/19/2015 300200 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **136 WEST MARKET STREET EMW WOMEN'S SURGICAL CENTER, PSC** LOUISVILLE, KY 40202 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) keys in a locked room, the E 565 Continued From page 4 E 565 Director's office, where the Registered Nurse (RN) #3 revealed the Clinic nurses can retrieve the keys in Director always had the key to the lockbox for the Valium that the RN administers to patients if the morning and give to the needed. On 10/19/15 there was no access to the Director to store them over-Valium at the time of request to inspect the night. In the Director's absence contents of the lockbox due to the Clinic Director was not in the clinic. The Medical Doctor did not she will delegate the possession have access to the controlled drug at this time. of the key to a nurse. Interview, on 11/19/15 at 1:33 PM, with the Clinic Storage of Propofol Director revealed she had always kept the key to the Valium storage cabinet hidden in her office in Propofol is used by the Nurse a desk drawer. The Director instructed staff in the 11-24-15 Anesthetist only and a running front office where the key was in case the key to the double locked cabinet/box was needed in her log of its use and distribution is absence. kept by the CRNA and Clinic Director. The key to the locked Interview with Employee #4, on 11/19/15 at 8:15 AM, revealed the Clinical Director was not in the cabinet has since inspection clinic on this date and would not be coming into been removed from the upper the office. The staff did not have access to any policy and procedures at the time of this survey. A cabinet and is being kept in the call was made to the Clinical Director by Director's locked office. In her Employee #4 to inform her of the survey. The absence the keys are given to Director stated she would not be coming in to the Clinic this date due to her going to the airport to the CRNA. pick up her son. The Director stated there was a binder with policies and procedures in the clinic, Keys to Valium Cabinet. but it was locked up in her office and nobody had access except her. Two 5 mg Valium tablets are 11-24-15 Interview, on 11/19/15 at 1:33 PM, with the given to our patients for local Clinical Director revealed the key to the locked anesthesia. This happens once cabinet that contained the medication Propofol every 2 months as most was always kept in the unlocked cabinet located directly above the locked cabinet. Having the key patients prefer general in this location allowed anyone to gain access to anesthesia. The keys to the any of the locked medications. double locked Valium cabinet Cont

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OFFICE OF INSPECTOR GENERAL DIVISION OF HEALTH CARRETACHINES AND SERVICES

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sharps material and that the blood on top of the

container could possibly cause exposure to any blood borne pathogens. RN #3 stated she was

removed or replaced with an empty one and she

had no knowledge of the condition of the top of the sharps container. RN #3 stated HIV,

Hepatitis, and any vaginal infectious diseases may be present in the blood on top of the sharps

not aware the sharps container had not been

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day.

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has been asked to clean the top

of the container when leaving

the lab so it is free of dried

blood splatter. The Director

will assure this happens every

OFFICE OF INSPECTOR GENERAL DIVISION OF HEALTH CARE FACILITIES AND SERVICES

PRINTED: 11/30/2015 FORM APPROVED Office of Inspector General STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ 11/19/2015 300200 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **136 WEST MARKET STREET EMW WOMEN'S SURGICAL CENTER, PSC LOUISVILLE, KY 40202** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) E 650 Continued From page 6 E 650 container. Interview, on 11/19/15 at 12:13 PM, with the Medical Doctor (MD) revealed the dark brown substance on the top of the sharps container was dried blood. The MD stated this was not the proper way to discard sharps material and that the blood on top of the container could possibly cause exposure to any blood borne pathogens. The MD stated HIV, Hepatitis may be present in the blood on top of the sharps container. Observation with the MD, Clinic Director, and RN #3, on 11/19/15 at 12:34 PM, revealed located in

the common area in the hallway across from the sterilization room was an uncovered trash can. Inside the trash can, in plain view, were four (4) needleless syringes. Two (2) of the four (4) needleless syringes had a white milky substance.

Interview, on 11/19/15 at 12:34 PM, with RN #3 revealed she identified the medication as Propofol. The RN stated this medication was used earlier in the day for a procedure that was performed. RN #3 stated this was not the proper way to dispose of the medical waste and it should have been put in a sharps container.

Interview, on 11/19/15 at 12:34 PM, with the MD revealed she identified the medication as Propofol. The MD stated this medication was used earlier in the day for a procedure that was performed. The MD stated this was not the proper way to dispose of the medical waste and it should have been put in a sharps container.

Interview, on 11/19/15 at 12:34 PM, with the Clinic Director revealed she identified the white milky substance in the needleless syringes as Propofol. The Clinic Director stated this was not the proper

Propofol Syringes

The CRNA has been instructed not to discard syringes in the trash. They are now being disposed of in a sharps container. The Director is assuring the syringes are placed in sharps containers.

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Office of Inspector General (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: _ 11/19/2015 B. WING 300200 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 136 WEST MARKET STREET EMW WOMEN'S SURGICAL CENTER, PSC LOUISVILLE, KY 40202 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 650 Continued From page 7 E 650 way to dispose of the medical waste and it should have been put in a sharps container. E 730 902 KAR 20:360 Section 11. Equipment and E 730 Supplies There shall be appropriate equipment and supplies maintained for the patients to include: (9) Containers for soiled linen and waste materials with covers; [11.(9)] This requirement is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure there were appropriate containers with covers for soiled linen and waste materials. The findings include: Observation, on 11/19/15 at 12:15 PM, revealed a Soiled Linen soiled bed sheet and wash cloth hanging off the side of an uncovered soiled linen cart. The Orderly has been asked to 11-20-15 make sure all soiled linens are Interview, on 11/19/15 at 12:15 PM, with RN #3 immediately placed in yellow revealed the soiled linen should have been placed in a yellow plastic bag and then tied and plastic bags, tied and placed in placed in the soiled linen cart. RN #3 stated the soiled linen cart. The exposeure to soiled lined was a problem because Director is making sure this of infection control. method is adhered to. Interview, on 11/19/15 at 12:20 PM, with the MD revealed the soiled linen should have been placed in a yellow plasitic bag and then tied and placed in the soiled linen cart. The MD stated exposeure to soiled lined was a problem because of infection control. ·

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OFFICE OF INSPECTOR GENERAL DIVISION OF HEALTH CAREFACILITIES AND SERVICES



CABINET FOR HEALTH AND FAMILY SERVICES OFFICE OF INSPECTOR GENERAL

Matthew G. Bevin Governor Millie K. Zumstein, Regional Program Manager 908 West Broadway, 10 West Louisville, Kentucky 40203 (502) 595-4958 Fax: (502) 595-4540 http://chfs.ky.gov/os/oig

Vickie Yates Brown Glisson Secretary

Stephanie Hold
Acting Inspector General

January 4, 2016

Ms. Anne Ahola, Administrator EMW Women's Surgical Center, PSC 136 West Market Street Louisville, KY 40202

Dear Ms. Ahola:

The Division of Health Care received your plan of correction pertaining to the deficiencies identified during the state survey completed on November 19, 2015. This office has accepted your plan of correction. Upon review of your plan of correction, it was determined that implementation of this plan should result in compliance with minimum licensure requirements.

If you have any questions, please contact our office.

Sincerely,

Millie K. Zumstein, R.D., L.D. Regional Program Manager Division of Health Care

MKZ/ror

Enclosure

