Division of Public and Behavioral Health

PRETIX TAG OR LOS DEITHYNNO INFORMATION) OR LOS DEITHYNNO INFORMATION) Initial Comments - Chapter 652 Medical Laboratories Inspector Comments: This Statement of Deficiencies was generated as a result of the on-site reactivation State licensure survey conducted at your facility on April 3, 2019, for State license #4866 REG. Please log into the Online Licensing System and complete the Plan of Correction. The Plan of Correction must be submitted within 14 days after receipt of this Statement of Deficiencies. The findings and conclusions of any investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. O449 NAC 652 470.1(a)(d) - Certification of personnel - 1. Before working in a laboratory at any technical level: (a) An application for certification must be made on a form provided by the Division of pixolic profits on the application of certification must be made on a form provided by the Division giving information on the applicant seducational background; (d) The fee prescribed in NAC 652 488 must accompany the application. Inspector Comments: Based on a review of the Division of Public and Behavioral Health records, and an intervew with the director, the laboratory director failed to ensure an application and fee for certification for one of one testing personnel was submitted before testing personnel was submitted before testing personnel was perform laboratory tests or phlebotomy. Findings include: One of one laboratory personnel was an Office Laboratory Assistant. Severity = 2 O4403/2019 for the representation for one of one testing personnel was perform laboratory Assistant. Severity = 2 O4403/2019 for the remeal of our Laboratory has missed the deadline for renewal, the credentials required for the staff to apply were not valid due to our pending approval of the correction: Office increase. As soon as our COD is submitted and approved, the staff application and use to prematically completed application of our laboratory staf	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER A-ALL WOMEN CARE THE MANUAL MANUAL AS VEGAS, NEVADA .89117 CACH DEFICIENCY MUST BE PRECEDED BY PULL PRETX OR LSC TESTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE. TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE. TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE. TO THE APPROPRIATE DATE OF THE ACTION SHOULD BE CROSS-REFERENCE. OOOD Initial Comments: This Statement of Deficiencies was required before testing a validate to any party under application or determined to the Deficiencies. The findings and conclusions of the Division of Public and Behavioral Health records, and an interver with the director, the laboratory the Division of Public and Behavioral Health records, and an interver with the director, the laboratory the Division of Public and Behavioral Health records, and an interver with the director, the laboratory the public and Behavioral Health records, and an interver with the director, the laboratory the public and Behavioral Health records, and an interver with the director, the laboratory public and Behavioral			4696	4696 B.\		/ING		04/03/2019	
SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG RANDER OF CORRECTION EXCHORGED BY FULL OR ISS CIDENTIFYING INFORMATION TAG									
Internation Each Description				7908 W SAHARA AVE, LAS VEGAS, NEVADA ,89117					
Inspector Comments: This Statement of Deficiencies was generated as a result of the on-site reactivation State licensure survey conducted at your facility on April 3, 2019, for State license #4696 REG. Please log into the Online Licensing System and complete the Plan of Correction. The Plan of Correction must be submitted within 14 days after receipt of this Statement of Deficiencies. 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. O049 NAC 652.470.1(a)(d) - Certification of personnel - 1. Before working in a laboratory at any technical level: (a) An application for certification must be made on a form provided by the Division giving information on the applicant's educational background; (d) The fee prescribed in NAC 652.488 must accompany the application. Inspector Comments: Based on a review of the Division of Public and Behavioral Health records, and an interve with the director, the laboratory director failed to ensure an application and fee for certification for one of one testing personnel may perform laboratory tests or phlebotomy. Findings include: One of one laboratory personnel was submitted before testing personnel may submitted before testing personnel may submitted before testing personnel may submitted before testing personnel was an of certified by the State of Nevada as an Office Laboratory Assistant. Severity =2 As soon as our COD is submitted and approved, the staff application of our laboratory staff submitted on the website. But the assistance of our inspector. Attached documents are evidence of our attempt to remedy the deficiency.	`ID [*] PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY		PREF	PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR) BE	COMPLETION	
Deficiencies was generated as a result of the on-site reactivation State licensure survey conducted at your facility on April 3, 2019, for State license wides REG. Please log into the Online Licensing System and complete the Plan of Correction. The Plan of Correction must be submitted within 14 days after receipt of this Statement of Deficiencies. 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. Overall Party and the provided by the Division of presonnel -1. Before working in a laboratory at any technical level: (a) An application for certification must be made on a form provided by the Division giving information on the applicants educational background; (d) The fee prescribed in NAC 652.488 must accompany the application. Inspector Comments: Based on a review of the Division of Public and Behavioral Health records, and an intervew with the director, the laboratory director falled to ensure an application and fee for certification for one of one testing personnel was submitted before testing personnel was submitted before testing personnel may perform laboratory tests or phebotomy. Findings include: One of one laboratory personnel was not certified by the State of Nevada as an Office Laboratory Assistant. Severity =2 Mac652.470 Certification of Personnel During the laboratory inspection on 4/3/2019 for the renewal of our Laboratory tests or phebotomy. Plan of correction: During the inspector visit, we were assisted in applying via the website. But because our laboratory has missed the deadline for renewal, the credentials required for the staff to apply were not valid due to our pending approval of the correction of deficiencies. As soon as our COD is submitted and approved, the staff application may go forward and become completed. We submit as evidence of this th	0000	Initial Comments - Chapter 652 Medical			000	,			
personnel - 1. Before working in a laboratory at any technical level: (a) An application for certification must be made on a form provided by the Division giving information on the applicant's educational background; (d) The fee prescribed in NAC 652.488 must accompany the application. Inspector Comments: Based on a review of the Division of Public and Behavioral Health records, and an intervew with the director, the laboratory director failed to ensure an application and fee for certification for one of one testing personnel was submitted before testing personnel may perform laboratory tests or phlebotomy. Findings include: One of one laboratory personnel was not certified by the State of Nevada as an Office Laboratory Assistant. Severity =2 NAC652.470 Certification of Personnel During the laboratory inspection on 4/3/2019 for the renewal of our Laboratory License, it became apparent that a staff license was required "before testing personnel may perform laboratory tests or phlebotomy." Plan of correction: During the inspector visit, we were assisted in applying via the website. But because our laboratory has missed the deadline for renewal, the credentials required for the staff to apply were not valid due to our pending approval of the correction of deficiencies. As soon as our COD is submitted and approved, the staff application may go forward and become completed. We submit as evidence of this the partially completed application of our laboratory staff submitted on the website on 4/3/2019 with the assistance of our inspector. Attached documents are evidence of our attempt to remedy the deficiency.		Deficiencies was g the on-site reactive survey conducted a 2019, for State lice log into the Online complete the Plan of Correction must days after receipt of Deficiencies. The f of any investigation and Behavioral He construed as prohi investigations, active relief that may be a under applicable for	enerated as a result of ation State licensure at your facility on April 3, anse #4696 REG. Please Licensing System and of Correction. The Plan be submitted within 14 of this Statement of indings and conclusions in by the Division of Public alth shall not be biting any criminal or civil ons or other claims for available to any party						
For the future:	0049	personnel - 1. Befor laboratory at any to application for cert on a form provided information on the background; (d) Th 652.488 must accommodate laboratory commodate laboratory directly application and fee of one testing persubstructure of the strength o	ore working in a echnical level: (a) An ification must be made by the Division giving applicant's educational ne fee prescribed in NAC ompany the application. Ints: Based on a review of lic and Behavioral Health ervew with the director, ctor failed to ensure an efor certification for one onnel was submitted onnel may perform phlebotomy. Findings e laboratory personnel of the the total the tree of Nevada as	0	049	During the laboratory inspection on 4/3/2019 for the renewal of our Laboratory, it became apparent that a slicense, it became apparent that a slicense was required "before testing personnel may perform laboratory to phlebotomy" Plan of correction: During the inspective we were assisted in applying via the website. But because our laboratory missed the deadline for renewal, the credentials required for the staff to a were not valid due to our pending applying of the correction of deficiencies. As soon as our COD is submitted an approved, the staff application may groward and become completed. We submit as evidence of this the pacent of the correction of our laborate submitted on the website on 4/3/201 the assistance of our inspector.	ests or ector visit, y has epply oproval and go artially ory staff 9 with	04/03/201	
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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 Name: ANNA T. Title: Owner & Medical Director Date: 04/17/2019 REPRESENTATIVE'S SIGNATURE CONTOMITROS

PRINTED: 8/1/2019 FORM APPROVED

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		4696 B. '		B. WI	. WING		04/03/2019	
NAME OF PRO	OVIDER OR SUPPLIER		•	STRE	EET ADDRESS, CITY, STATE, ZIP CODE			
A-ALL WOMEN CARE 7908 W SAHARA AVE, LAS VEGAS, NEVADA ,89117								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROI DEFICIENCY)) BE	(X5) COMPLETION DATE	
					We will create a check list of require upon hiring for back office MA that winclude: • Application for laboratory pelicense upon hiring (please sattached Medical Assistant Justice) • The office manager will ensure the application will be completed the staff member on their ori • People responsible for the implementation are: Office Mand Medical/Laboratory Dire • Date of Implementation 4/3/2 • Attached documents in suppost this are: 1) Application via wis staff member currently emple (staff application) and 2) Job Description of office MAs the perform laboratory testing	vill rsonnel see lob ure that eted by entation danager ctor 2019 ort of ebsite of		

STATE FORM Event ID: 32Q011 Facility ID: Page 2 of 3

PRINTED: 8/1/2019 FORM APPROVED

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES						E SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: A. BU		. BUILDING	COMPLE	COMPLETED	
		4696		. WING	04/03/2019		
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	NRS 652.080 - License Required; term; renewal; inactive - 1. Except as otherwise		0140	NRS 652.080 License Required		04/03/201 9	
	provided in NRS 65 person may operat report from or main without first obtaining issued by the Divis provisions of this clissued pursuant to subsection 1 is valing renewable biennial of its expiration. 3. issued to a laborator director placed in an inactive approval of the Divicurrent fees. 5. The laboratory that is lost at the best of the control of the Divicurrent fees. 5. The laboratory that is lost at the best of the control of the Divicurrent fees. 5. The laboratory may exacollected within this determines that the toprotect the public welfare of the residual laboratory director from the laboratory director and an interpatient testing did registered laborator Findings include: Texpired on 2/15/20 director stated duriconducted on 4/3/1 AM that patient testing the patient testing the conducted on 4/3/1 AM that patient testing the person of the patient testing did registered on 2/15/20 director stated duriconducted on 4/3/1 AM that patient testing the person of the person of the person of the public arecords and an interpatient testing did registered laborator findings include: Texpired on 2/15/20 director stated duriconducted on 4/3/1 AM that patient testing the person of the person of the public arecords and an interpatient testing did registered laboratory director stated duriconducted on 4/3/1 AM that patient testing the person of th	security and 652.235, no e, conduct, issue a stain a medical laboratory ng a license to do so ion pursuant to the hapter. 2. A license the provisions of d for 24 months and is ly on or before the date. No license may be or which does not have or 4. A license may be estatus upon the ision and the payment of e Division may require a cated outside of this d in accordance with the hapter before the mine any specimens is state if the Division elicensure is necessary to health, safety and lents of this state. Its: Based on a review of and Behavioral Health erview with the director, ctor failed to ensure that not occur after the ry license expired. The laboratory license 19. The laboratory		Our license had expired due to rece the state's license renewal notificat spam email folder. When we received the notification f inspector on 3/22/2019 that we wer do any testing until receiving our ce we immediately stopped. We have been inspected as of 4/3/3 as to reinstate our lapsed license. For the future: Systematic Measures installed to p such future lapse are: List of critical events/licensis attached Updated list of our QA to ine upcoming license renewals attached Monthly, our office manage medical director will check of and ensure that we do not r such deadlines The new licenses will be pa QA reporting The corrective action has al been implemented as of 4/3 Please see documentation is	rom our re not to prtificate, 2019 so revent ng - see clude our - see r and the critical list niss any rt of our ready 3/2019		

STATE FORM Event ID: 32Q011 Facility ID: Page 3 of 3