

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>4696</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/03/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>A-ALL WOMEN CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7908 W SAHARA AVE, LAS VEGAS, NEVADA ,89117</b>
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0000	<p>Initial Comments - Chapter 652 Medical Laboratories</p> <p>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.</p>	0000		
0049	<p>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.</p> <p>Inspector Comments: Based on a review of the Division of Public and Behavioral Health records, and an interview 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</p>	0049	<p><b>NAC652.470 Certification of Personnel</b></p> <p>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"</p> <p>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.</p> <p>As soon as our COD is submitted and approved, the staff application may go forward and become completed.</p> <p>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.</p> <p>Attached documents are evidence of our attempt to remedy the deficiency.</p> <p><b>For the future:</b></p>	04/03/2019

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	Name: ANNA T. CONTOMITROS	Title: Owner & Medical Director	Date: 04/17/2019
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			<p>We will create a check list of requirements upon hiring for back office MA that will include:</p> <ul style="list-style-type: none"> <li>• Application for laboratory personnel license upon hiring (please see attached Medical Assistant Job description)</li> <li>• The office manager will ensure that the application will be completed by the staff member on their orientation</li> <li>• People responsible for the implementation are: Office Manager and Medical/Laboratory Director</li> <li>• Date of Implementation 4/3/2019</li> <li>• Attached documents in support of this are: 1) Application via website of staff member currently employed (staff application) and 2) Job Description of office MAs that perform laboratory testing</li> </ul>	

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0140	<p>NRS 652.080 - License Required; term; renewal; inactive - 1. Except as otherwise provided in NRS 652.217 and 652.235, no person may operate, conduct, issue a report from or maintain a medical laboratory without first obtaining a license to do so issued by the Division pursuant to the provisions of this chapter. 2. A license issued pursuant to the provisions of subsection 1 is valid for 24 months and is renewable biennially on or before the date of its expiration. 3. No license may be issued to a laboratory which does not have a laboratory director. 4. A license may be placed in an inactive status upon the approval of the Division and the payment of current fees. 5. The Division may require a laboratory that is located outside of this state to be licensed in accordance with the provisions of this chapter before the laboratory may examine any specimens collected within this state if the Division determines that the licensure is necessary to protect the public health, safety and welfare of the residents of this state.</p> <p>Inspector Comments: Based on a review of Division of Public and Behavioral Health records and an interview with the director, the laboratory director failed to ensure that patient testing did not occur after the registered laboratory license expired. Findings include: The laboratory license expired on 2/15/2019. The laboratory director stated during an interview conducted on 4/3/19 at approximately 9:30 AM that patient testing had been performed until 3/22/19 after the license had expired. Severity = 2</p>	0140	<p><b>NRS 652.080 License Required</b></p> <p>Our license had expired due to receiving the state's license renewal notification in our spam email folder.</p> <p>When we received the notification from our inspector on 3/22/2019 that we were not to do any testing until receiving our certificate, we immediately stopped.</p> <p>We have been inspected as of 4/3/2019 so as to reinstate our lapsed license.</p> <p><b>For the future:</b></p> <p>Systematic Measures installed to prevent such future lapse are:</p> <ul style="list-style-type: none"> <li>• List of critical events/licensing - see attached</li> <li>• Updated list of our QA to include our upcoming license renewals - see attached</li> <li>• Monthly, our office manager and the medical director will check critical list and ensure that we do not miss any such deadlines</li> <li>• The new licenses will be part of our QA reporting</li> <li>• The corrective action has already been implemented as of 4/3/2019</li> <li>• Please see documentation attached</li> </ul>	04/03/2019