

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7982	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2018	
NAME OF PROVIDER OR SUPPLIER SAFE AND SOUND FOR WOMEN, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3131 LA CANADA #110, LAS VEGAS, NEVADA ,89169		
(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) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Re-permitting Survey conducted in your facility on 11/20/18 and completed on 11/20/18, in accordance with Nevada Administrative Code (NAC), Chapter 449, Outpatient Facilities. Five patient files were reviewed and six employee files were reviewed. 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. The following regulatory deficiencies were identified:	0000		
0140 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; Inspector Comments: Based on observation and interview, the facility failed to ensure medications and needles were kept locked in a room where patients were receiving care. Findings include: On 11/20/18, 10:30 AM, a patient was sitting in the lab room getting a blood draw from a staff member. The staff member drawing the blood walked out of the room leaving the patient in the room. The following medications and needles were unsecured in the lab room. - one bottle of Misoprostol 200 milligrams (mg) -one bottle of Doxycycline 10 mg -one bottle of Metronidazole 500 mg -one bottle of Ondansetron 8 mg -one box of 18 gauge x1 needles -one box of hypodermic needles -one box of 20 gauge needles -one box of 22 gauge needles. On 11/20/18 at 10:45 AM, the Manager verified the unsecured medications and needles and was not aware the medications and needles should be in a locked cabinet. Severity: 2 Scope 3	0140	Are plan of correction for unlock medication and needles is to lock cabinet. The cabinet will be lock every time a staff member steps out of the room. The way it will be monitored is by unlocking the cabinet to get medication and needles out and locking it ones we have what we need never to leave unlock. The office manager will manage the plan of correction. The correction was done 11/26/18. We will make sure all areas where medication and needles are at will be locked or not in a patient room.	12/07/2018

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: CRAIG HARTMAN Title: Medical Director Date: 12/07/2018