

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060-141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2013
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Approved
8/13/13
MSA

NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL ASSOCIATES	STREET ADDRESS, CITY, STATE, ZIP CODE 1874 PIEDMONT RD, NE, SUITE 500-E ATLANTA, GA 30324
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U 000	Initial Comments. At the time of the survey, Summit Medical Associates was not in compliance with Chapter 111-8-4, Rules and Regulations for Ambulatory Surgical Treatment Centers, as the result of a State licensure survey. The following deficiencies were written as the result of that survey.	U 000	U 000 INITIAL COMMENTS Summit Medical Associates strives to provide quality, compassionate care to our patients. The care and safety of our patients is of utmost priority and as such, Summit Medical Associates endeavors to meet all standards set forth by the Georgia Department of Community Health. Summit Medical Associates welcomes the opportunity to address these deficiencies by implementing the following corrective actions:	
U1007 SS C	111-8-4-.10(g) Physical Plant and Operational Standards. All procedure rooms shall be constructed, equipped, and maintained to assure the safety of patients and personnel. This RULE is not met as evidenced by: Based on the facility policy and procedures, observation and staff interview, it was determined that the facility failed to maintain construction and equipment to assure the safety of patients and personnel. Findings were: Review of the facility policy entitled Title: Sanitation Policy For The Procedure Room Suite, Policy Number: Nurs 10082-D, reviewed 1/4/2013 revealed that acceptable sanitation techniques would be used by all personnel to reduce the possibility of infection to patients and staff. Further review of the policy revealed that horizontal surfaces of tables, equipment, overhead lights and other ceiling and wall mounted equipment would be damp dusted with germicide. During a tour of the facility's surgical suite between 10:40 a.m. and 12:30 p.m. on 7/18/2013 with the facility Assistant Administrator (employee file #8), the surveyor observed the following:	U1007	U1007 PHYSICAL PLANT AND OPERATIONAL STANDARDS CORRECTIVE ACTION Maintaining a clean and safe environment has always been a priority at Summit Medical Associates. - Over the past several weeks, the facility has had ceiling leaks in multiple locations due to problems caused when a new surgical center was built out upstairs. Plumbers have had to make numerous visits, removing ceiling tile to access the plumbing pipes overhead. In some instances, the ceiling tiles were chipped in the process. The building management was notified and was working closely with the facility to replace the tiles. - A meeting was held with the janitorial service representative to stress that a higher level of overall cleaning must be delivered per contract. The janitorial closet was better organized to reduce clutter. - A new ultrasound machine will be ordered. - The small section of chair rail on the wall outside of exam room #2 has been caulked and repainted. - The staff has been in-serviced to properly cover all opened supplies, and to discard any stained linen. - The cardboard covering the vent in the biohazard was immediately removed. - The intubation set up tray has been placed in a covered container. - Going forward, the Administrator and DON or OR Supervisor will conduct a weekly facility inspection and complete a newly developed Facility Inspection checklist that will cover all areas. The Administrator and Medical Director will conduct monthly Facility Inspections.	8/27/13

State of GA Inspection Report

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE
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U1007	Continued From page 1 Broken ceiling tiles and cracks in the patient's bathroom Dust in the pre-op room, the Janitorial closet was cluttered with soiled mops and pails The sonogram machine in the sono room was cracked with large openings and chipped along the keyboard The wall outside of exam room #2 was a broken chair molding with exposed sharp wood An uncovered cart with exposed sanitary napkins The vent in the Biohazard room was taped off with cardboard The operating room supply cart was covered with soiled/stained linen The intubation tray set up on the counter in a patient's bay was covered with a chuck (large pad used to place under patients to absorb fluids/secretions) 1 rusted, dirty silver looking food tray wrapped with aluminum foil Damaged ceiling tiles in the Recovery room Torn stretchers in the recovery room The Assistant Administrator confirmed all findings.	U1007	MONITORING The weekly and monthly check lists will be included as part of the monthly Administrative Report sent to the Governing Body monthly. Summit Medical Associates has appointed an Executive Director who will conduct announced and unannounced site visits on at least a semi-annual basis to ensure total compliance to the facilities' protocols as well as the standards set forth by the Georgia Department of Community Health.	
U1501 SS C	111-8-4-.15(2) Housekeeping, Laundry, Maint, Sterile Supply. Laundry service shall be provided. Separate space and facilities shall be provided for receiving, sorting, and storing soiled laundry, and for the sorting, storing and issuing of clean laundry, if reusable items are utilized. This RULE is not met as evidenced by: Based on the facility policy and procedures, observation, and staff interview, it was determined that the facility failed to maintain	U1501	U1501 HOUSEKEEPING, LAUNDRY, MAINTENANCE, STERILE SUPPLY CORRECTIVE ACTION The facility will contract with an outside company to provide linen service for its patients. Further, covered laundry carts have been ordered to house the laundry once inside the facility. An educational in-service was conducted to re-train staff on infection control with emphasis on the importance of inspecting all linen for Betadine or any other type of stain. Any linen that has such stains will not be used in this facility. A copy of the in-service has been placed in the employee training manual.	8/27/13

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U1501	<p>Continued From page 2</p> <p>separation between clean and soiled laundry.</p> <p>Findings were:</p> <p>Review of the facility policy entitled Title: Sanitation Policy For The Procedure Room Suite, Policy Number: Nurs 10082-D, reviewed 1/4/2013 revealed that acceptable sanitation techniques would be used by all personnel to reduce the possibility of infection to patients and staff. Further review of the policy reveled that reusable linens, soiled or not would be placed in laundry bags and closed.</p> <p>During a tour of the facility's surgical suite between 10:40 a.m. and 12:30 p.m. on 7/18/2013 with the facility Assistant Administrator (employee file #8), the surveyor observed laundry-supplies in the laundry room. Those supplies included Arm and Hammer detergent and Clorox liquid. The Assistant Administrator was asked if those products were used to wash the facility's contaminated linen and he/she stated that was the products used. Further observation in the laundry room revealed uncovered clean linen positioned next to a garbage can and soiled linen was positioned next to dirty linen.</p> <p>During an interview at 2:45 p.m. on 7/18/2013 in the facility office, the Administrator (employee file #7- interview only) was asked if the facility laundered their own linen, and he/she stated that the linen was laundered on site. The Administrator was asked if he/she used commercial grade laundry cleaning products (for hospital use) for the the facility's linens. The Administrator stated that he/she did not, and asked if it was necessary to do so. The Administrator was asked if he/she knew what the temperature of the water that was being used to</p>	U1501	<p>MONITORING</p> <p>The Administrator and DON will conduct weekly random spot checks of the linen used in the facility. Any laundry that fails inspection will not be used. The Administrator will document results on the weekly Inspection Report and include any adverse findings in the Monthly Administrator's Report sent to the Governing Body each month.</p>	

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U1501	Continued From page 3 laundry the facility's linen, and he/she stated that he/she did not know what the temperature of the wash water that was being used to launder contaminated laundry. The Administrator confirmed all findings.	U1501			
U1503 SS C	111-8-4-.15(4) Housekeeping, Laundry, Maint, Sterile Supply. Special precaution shall be taken to ensure that sterile instruments and supplies are kept separate from non-sterile instruments and supplies. Sterilization records shall be kept and sterile items shall be dated and utilized, based on established procedures. This RULE is not met as evidenced by: Based on the facility policy and procedures, observation, and staff interview, it was determined that the facility failed to ensure sterile supplies would be kept separate from non-sterile supplies. Findings were: Review of the facility policy entitled Title: Sanitation Policy For The Procedure Room Suite, Policy Number: Nurs 10082-D, reviewed 1/4/2013 revealed that acceptable sanitation techniques would be used by all personnel to reduce the possibility of infection to patients and staff. During a tour of the facility's surgical suite between 10:40 a.m. and 12:30 p.m. on 7/18/2013 with the facility Assistant Administrator (employee file #8) the surveyor observed a dirty traffic cone; sterile and non-sterile supplies stored in the same area.	U1503	U1503 HOUSEKEEPING, LAUNDRY, MAINTENANCE, STERILE SUPPLY CORRECTIVE ACTION A traffic cone (used by one the building workers) was inadvertently placed on the floor just inside the door of the supply area. All staff has been in-serviced to be alert for any items out of place, and to keep such items out of the supply room. MONITORING Continued educational in-services on infection control for all staff will be conducted and results documented in the staff training logbook. Weekly and monthly Inspections will be conducted by the Administrator and Medical Director, and the Physical Plant Inspection Checklist completed to ensure compliance. Results will be documented in the Administrator's monthly report and sent to the Governing Body each month.	8/13/13	

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U1503	Continued From page 4 The Assistant Administrator confirmed the findings.	U1503		
U1600 SS C	111-8-4-.16 Drug Storage and Dispensing. Each center shall provide adequate space and equipment and staff to assure that drugs are stored and administered in compliance with State and Federal laws and regulations. Authority O.C.G.A. Secs. 31-2-4 et seq. and 31-7-1 et seq.. Administrative History. Original Rule entitled "Drug Storage and Dispensing" was filed on January 22, 1980; effective March 1, 1980, as specified by the Agency. This RULE is not met as evidenced by: Based on the facility policy and procedures, observation and staff interview, it was determined that the facility failed to assure that medications were stored in compliance with State and Federal laws and regulations. Findings were: Review of the facility policy entitled Title: Labeling Pre Drawn Medications, Policy number ANES010197, reviewed 1/4/13 revealed that filing and labeling all containers of drugs that were to be administered, and to be accountable for all pharmaceutical materials. During a tour on 7/18/2013 between 10:40 a.m. to 12:35 p.m. with the Assistant Administrator (employee file #8- interview only), a one (1) liter bag of intravenous (IV) fluids labeled with Pitocin (medication that induces contractions in the uterus) was observed hanging in the surgical suite.	U1600	U1600 DRUG STORAGE AND DISPENSING CORRECTIVE ACTION Patient safety is of utmost importance to Summit Medical Associates. All nurses have been in-serviced on the importance of properly storing and securing all drugs and medications at the end of each clinic per Summit's protocols, as well as remaining in compliance with State and Federal laws and regulations. MONITORING The Recovery Room Daily Checklist will be revised to include a section for the nurse to indicate that all drugs and medications have been securely locked. Any adverse findings can result in disciplinary action by the facility management. The Administrator and DON will conduct random spot checks, in addition to the weekly and monthly Facility Plant Inspection Checklist. Results will be documented and included in the Administrator's Monthly Checklist and sent to the Governing Body for review. As an additional measure, the Executive Director will conduct announced and unannounced site visits to inspect the clinic to ensure compliance.	9/8/13

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U1600	Continued From page 5 During an interview at 2:30 p.m. on 7/18/2013 in the facility office, the facility Administrator (personnel file #7-interview only) stated that the nurses should have disposed of the bag of IV fluids at the end of the work day. The Administrator and the Assistant Administrator confirmed the findings.	U1600		