

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  011133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/26/2019
---	---	--	---

NAME OF PROVIDER OR SUPPLIER  CLINIC FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222
--	--

(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
T 000	INITIAL COMMENTS  The visit was for a State licensure survey.  Facility Number: 011133  Survey Date: 3/25-26/19  QA: 3/27/19	T 000		
T 086	410 IAC 26-5-2 REQUIRED POLICIES AND PROCEDURES  410 IAC 26-5-2(a)  (a) The clinic shall develop, implement, and maintain the following: (1) Written medical staff policies. (2) Written procedures for the following: (A) Emergencies. (B) Initial treatment. (C) Transfer.  This RULE is not met as evidenced by: Based on document review and interview, the clinic failed to maintain its required medical staff policy/procedures for emergency transfers at the clinic for two occurrences.  Findings include:  1. Review of a copy of the policy/procedure titled Medical Emergency Transfer of Patient (approved 1-19) observed in the policy/procedure binder indicated the following: "Contact back-up Physician MD41, via telephone..."  2. Review of a second copy of the policy/procedure titled Medical Emergency	T 086		

Indiana State Department of Health

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

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  011133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  03/26/2019
NAME OF PROVIDER OR SUPPLIER  CLINIC FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222			
(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	
T 086	Continued From page 1  Transfer of Patient (approved 1-19) observed in the policy/procedure binder indicated the following: "Contact back-up Physician MD43, via telephone..."  2. Review of the credential files for the Physicians MD11, MD12, MD13 and MD14 indicated a back-up agreement with Physician MD31.  3. On 3-26-19 at 1220 hours, the Director A1 confirmed the policy/procedures lacked documentation indicating the current back-up physician and had not been maintained.	T 086			
T 206	410 IAC 26-11-1 INFECTION CONTROL PROGRAM  410 IAC 26-11-1(a)(1)  (a) The clinic must do the following: (1) Provide a safe and healthful environment that minimizes infection exposure and risk to the following: (A) Patients. (B) Health care workers. (C) Persons who accompany patients.  This RULE is not met as evidenced by: Based on document review, observation and interview, the facility failed to ensure ready to use supplies were not expired (Supply Room) and ready to use Cidex OPA solution test strips were not expired. (Ultrasound Room)  Findings include:	T 206			

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  011133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/26/2019
NAME OF PROVIDER OR SUPPLIER  CLINIC FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222		
(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
T 206	<p>Continued From page 2</p> <p>1. Facility policy titled "Policy for the Tracking and Monitoring of Supplies" last reviewed/revised 1/15/19 indicated the following: "...will appoint an employee who will be responsible for the monthly monitoring of all inventory. This monitoring will include the following; ...*Labeling with stickers which include received and expiration dates *Discarding of expired items appropriately."</p> <p>2. During facility tour beginning at 11:22 a.m. on 3/25/19 with A1 (Director) the following was observed:</p> <p>(A) On 3/25/19 at 11:27 a.m., an unsealed, clear plastic bag of eight individually wrapped 13 mm (millimeter) curved disposable rigid curettes with an expiration date of 9/2018 was observed on a shelf with other ready to use supplies. (Supply Room)</p> <p>(B) On 3/25/19 at 11:30 a.m., a ready to use and unsealed bottle of Cidex OPA Solution test strips with 60 out of 60 test strips inside was located on a shelf of the ultrasound supply stand with a manufacturer's expiration date of 9/28/18. (Ultrasound Room)</p> <p>3. During an interview with A1 on 3/25/19 at 11:28 a.m., he/she verified the eight individually wrapped 13 mm curved disposable rigid curettes with an expiration date of 9/2018 were expired.</p> <p>4. During an interview with A1 on 3/25/19 at 11:31 a.m., he/she verified the Cidex OPA Solution test strips with a manufacturers expiration date of 9/28/18 was expired.</p>	T 206		