

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1214AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2019
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NAME OF PROVIDER OR SUPPLIER CAPITAL CARE NETWORK OF TOLEDO	STREET ADDRESS, CITY, STATE, ZIP CODE 1160 WEST SYLVANIA AVENUE TOLEDO, OH 43612
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C 000	<p>Initial Comments</p> <p>Complaint Inspection</p> <p>Complaint Number OH00104804</p> <p>Administrator: Marlena Ainslie</p> <p>County: Lucas</p> <p>Number of OR's: 2</p> <p>The following violations are issued as a result of the complaint inspection completed on 6/25/19.</p>	C 000		
C 124	<p>O.A.C. 3701-83-08 (F) Staff Orientation & Training</p> <p>All staff shall have appropriate orientation and training regarding the facility's equipment, safety guidelines, practices, and policies.</p> <p>This Rule is not met as evidenced by: Based on review of personnel files, the facility organization chart, and policy and procedures and staff interview the facility failed to maintain current personnel files which included orientation to their jobs and failed to contain evidence of facility orientation. This deficient practice had the potential to negatively affect any patient who received surgical procedures at the facility. The facility provided 824 surgical procedures in the previous 12 months.</p> <p>Findings included:</p> <p>Review of the facility's policy and procedures titled "Personnel and Staff" with a revision date of</p>	C 124		

Ohio Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 124	<p>Continued From page 1</p> <p>05/04/17 directed that staff with appropriate training will be utilized and copies of licenses, registrations and certificates shall be placed in the employee personnel file. The owner, director and medical director shall have the competence to perform their required duties. Training for equipment, safety guidelines, practices and polices will be provided.</p> <p>1) Review of the facility's organization chart revealed Staff A was listed as the facility co-administrator. Review of the personnel file revealed a hire date of 07/11/18. The file failed to contain any orientation to the role of co-administrator.</p> <p>2) Review of the Personnel file for Staff C revealed a hire date of 06/30/18. The file contained job descriptions for the following facility roles for sonogram technician, clerical, patient advocate, and clinical assistant. The personnel failed to contain orientation to these duties.</p> <p>3) Review of the Personnel file for Staff D revealed a hire date of 09/2010. The file contained job descriptions for the following facility roles for staff nurse, preoperative nurse, recovery room nurse and ultrasound tech. The personnel failed to contain orientation to these duties.</p> <p>4) Review of the personnel file for Staff F revealed a hire date of 12/07/14 and documented the staff was hired as a prn (as needed) supplemental staff/volunteer nurse. The file contained no evidence of an orientation to the facility.</p> <p>5) Review of the personnel file for Staff G revealed a hire date of 02/9/19 and documented</p>	C 124		

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C 124	Continued From page 2 the staff was hired as a prn (as needed) supplemental staff/volunteer nurse. The file contained no evidence of an orientation to the facility. These findings were confirmed in interview with Staff B on 06/24/19 at 12:14 PM.	C 124		
C 125	O.A.C. 3701-83-08 (G) Staff Performance Evaluation Each HCF shall evaluate the performance of each staff member at least every twelve months. This Rule is not met as evidenced by: Based on review of personnel files, the facility organization chart, and policy and procedures and staff interview the facility failed to maintain current personnel files which included performance evaluations. This deficient practice had the potential to negatively affect any patient who received surgical procedures at the facility. The facility provided 824 surgical procedures in the previous 12 months. Findings included: Review of the facility's policy and procedure titled "Personnel and Staff" with a revision date of 05/04/17 directed that each staff member will be evaluated at least annually. 1) Review of the personnel file for Staff D revealed a hire date of 09/2010. The file contained job descriptions for the following facility	C 125		

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C 125	<p>Continued From page 3</p> <p>roles for staff nurse, preoperative nurse, recovery room nurse and ultrasound tech. The personnel file failed to contain any annual performance evaluation.</p> <p>2) Review of the personnel file for Staff F revealed a hire date of 12/07/14 documented the staff was hired as a prn (as needed) supplemental staff/volunteer nurse. The file contained no evidence of an annual performance evaluation.</p> <p>These findings were confirmed in interview with Staff B on 06/24/19 at 12:14 PM.</p>	C 125		
C 132	<p>O.A.C. 3701-83-09 (D) Infection Control Policies & Procedures</p> <p>Each HCF shall establish and follow written infection control policies and procedures for the surveillance, control and prevention and reporting of communicable disease organisms by both the contact and airborne routes which shall be consistent with current infection control guidelines, issued by the United States centers for disease control. The policies and procedures shall address:</p> <p>(1) The utilization of protective clothing and equipment;</p> <p>(2) The storage, maintenance and distribution of sterile supplies and equipment;</p> <p>(3) The disposal of biological waste, including blood, body tissue, and fluid in accordance with Ohio law;</p> <p>(4) Standard precautions/body substance</p>	C 132		

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C 132	<p>Continued From page 4</p> <p>isolation or equivalent; and</p> <p>(5) Tuberculosis and other airborne diseases.</p> <p>This Rule is not met as evidenced by: Based on observation and staff interview the facility failed to ensure a fluid used to cleanse the skin and chemical test strips were not used after expiration. This has the potential to affect all patients receiving services in the facility. The facility performed 824 surgical abortions in the recent 12 months.</p> <p>Findings include:</p> <p>The facility was toured on 6/24/19 at 4:20 PM. During tour in operating room one, a four ounce bottle of Hibiclens (a skin cleansing agent) was found with an open date of 10/29/18 and was available for patient use. Staff in attendance on the tour remarked, "that should probably be thrown out, it's pretty old." No facility policy was found with regard to expiration dates on open bottle's of solution. No manufacturer's instruction for the length of use date for Hibiclens was found by the facility and provided to the surveyor.</p> <p>In the sterile processing room a bottle of chemical indicators (Rapicide OPA Test Strips) was marked opened 10/29/18. The manufacturer's label indicated once opened they expired in six months. The use log maintained by</p>	C 132		

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C 132	Continued From page 5 the facility revealed the expired test strips had been used 15 times since 4/29/19. These findings were confirmed during interview on 6/24/19 at 4:35 PM with Staff C and D.	C 132		
C 143	O.A.C. 3701-83-11 (A) Medical Records Each HCF shall maintain a medical record for each patient that documents, in a timely manner and in accordance with acceptable standards of practice, the patient's needs and assessments, and services rendered. Each medical record shall be legible and readily accessible to staff for use in the ordinary course of treatment. This Rule is not met as evidenced by: Based on review of medical records and policy and procedures and staff interview the facility failed to maintain accuracy of medical records as it relates to witnessing the patient's signature. This affected two of five (Patient #'s 1 and 4) patient medical records reviewed. The facility performed 824 surgical procedures in the recent 12 months. Findings include: Review of the facility policy titled, "Informed Consent", last revised on 5/12/17 revealed "Prior to the performance or induction of the abortion, the patient advocate will provide the patient with an informed consent form. If the patient chooses to have an abortion procedure, she must read,	C 143		

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C 143	<p>Continued From page 6</p> <p>sign, and date the consent form and the form must be witnessed and dated by a staff member...."</p> <p>1) Patient #1 came to the facility for a surgical abortion on 6/18/19. Patient #1 was first seen on 6/13/19. The medical record for Patient #1 included a form, "State of Ohio Consent and Certification" that was signed by the patient but no date or time of the signature. The signature was witnessed by facility staff on 6/13/19 at 12:40 PM. The medical record contained a form titled, "Risks and Complications" that was witnessed by facility staff (Staff C) on 6/13/19 at 12:35 PM, but is not signed by the patient.</p> <p>2) Patient #4 came to the facility for a surgical abortion on 5/31/19. Patient #4 was first seen on 5/10/19. The medical record for Patient #4 included a form titled, "State of Ohio Consent and Certification" that was signed and dated by the patient on 5/31/19. The patient's signature was witnessed by facility staff (Staff C) on 5/10/19 at 10:30 AM.</p> <p>These findings were confirmed with Staff C and D on 6/25/19 at 12:00 PM.</p>	C 143		
C 225	<p>O.A.C. 3701-83-18 (F) Nurse Duty Requirements</p> <p>At all times when patients are receiving treatment or recovering from treatment until they are discharged, the ASF shall:</p> <p>(1) Have at least two nurses present and on duty in the ASF, at least one of whom shall be an RN and at least one of whom is currently certified in advanced cardiac life support who shall be present and on duty in the recovery room when</p>	C 225		

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C 225	<p>Continued From page 7</p> <p>patients are present;</p> <p>(2) In addition to the requirement of paragraph (F) (1) of this rule, have at least one RN who shall be readily available on an on-call basis; and</p> <p>(3) Have sufficient and qualified additional staff present to attend to the needs of the patients.</p> <p>This Rule is not met as evidenced by: Based on personnel file review, facility organization chart, staff interview and review of policy and procedure the facility failed to ensure recovery room nurse maintained Advanced Cardiac Life Support certification. The facility provided 824 surgical procedures in the previous 12 months.</p> <p>Findings included:</p> <p>Review of the facility organization chart identified Staff D as the Director of Nursing (DON). The file contained a job description for the recovery room nurse which indicated the registered nurse must maintain current Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). The file contained a certification for BLS with an issue date of 01/2017 and a recommended renewal date of 01/2019 and the ACLS with an issue date of 05/20/2016 and a recommended renewal date of 05/20/18.</p> <p>Interview with Staff D on 06/24/19 at 4:35 PM confirmed the lapsed ACLS and BLS</p>	C 225		

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C 225	Continued From page 8 certifications. Staff D verbalized she needed to work on these.	C 225		