

45th Day
4/19/19

(2019)

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC # 2	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53526	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 4/3/19 BR B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2019
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NAME OF PROVIDER OR SUPPLIER KNOXVILLE CENTER FOR REPRODUCTIVE HE	STREET ADDRESS, CITY, STATE, ZIP CODE 1547 WEST CLINCH AVENUE KNOXVILLE, TN 37916
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(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
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A 001: 1200-8-10 Initial

This Rule is not met as evidenced by:
An annual Licensure survey was conducted on 3/4/19 - 3/5/19 at Knoxville Center for Reproductive Health. The facility was found to not be in substantial compliance with Chapter 1200-8-10, Standards for Ambulatory Surgery Treatment Centers.

A 001

A 425: 1200-8-10-.04(20)(b) Administration
(20) Infection Control.

(b) The physical environment of the ambulatory surgical treatment center shall be maintained in a safe, clean and sanitary manner.

A 425

Syringes shall be properly identified with pre-printed medication labels and will include the required information. The nursing supervisor will be responsible for monitoring this practice to ensure all syringes are properly identified and prepared in accordance with the standard to ensure compliance.

3/18/19

This Rule is not met as evidenced by:
Based on review of review of review of the Association of Professionals in Infection Control and Epidemiology (APIC) guidelines, observation, and interview, the facility failed to ensure prefilled syringes were properly labeled for 8 of 8 syringes in 1 of 1 pre-procedure work areas observed.

The findings included:

Review of APIC guidelines, "Safe Injection, Infusion, and Medication Vial Practices in Healthcare," dated 2016, revealed "...draw up medication into a syringe as close to administration time as feasible. Inject with 1 hour...after drawing up the medication...label all syringes containing medication if not immediately administered. Include patient identification information, names and amounts of all

All staff responsible for handling and preparing the syringes have been trained and educated in the practice noted above.

3/18/19

Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kim Denison</i>	TITLE <i>Administrator</i>	(X6) DATE <i>3/19/19</i>
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A 425	<p>Continued From page 1</p> <p>ingredients, and the name or/initials of the person who prepared...and beyond use date and time..."</p> <p>Observation and interview with Surgery Assistant (SA) #1 on 3/4/19 at 10:25 AM, in the pre-procedure work area, revealed a covered stainless steel container, which contained eight 10 milliliter syringes filled with a clear liquid. Continued observation revealed the syringes were not labeled with the name of the syringe contents or date and time the syringes were prepared. Interview with the SA revealed the eight syringes contained Lidocaine (numbing medicine) and the SA was unsure when the syringes were prepared. Continued interview confirmed the syringes were not labeled with the name of the medication and date or time the medication was prepared.</p> <p>Interview with the Administrator on 3/4/19 at 10:30 AM, in the pre-procedure work area confirmed the syringes were not labeled with the name of the medication and date or time the medication was prepared.</p>	A 425	<p>3/25/19</p> <p>Each procedure day during the next 30 days the nursing supervisor shall observe the newly established practice to confirm compliance.</p>	
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