STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1014AS	A. BUILDING: _____ B. WING _____	04/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD BEDFORD HEIGHTS	25350 ROCKSIDE ROAD BEDFORD HEIGHTS, OH 44146

(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
C 000	Initial Comments Licensure Compliance Inspection Administrator: Holly Myers County: Cuyahoga Capacity: Three operating rooms. The following violations are issued as a result of the licensure compliance inspection completed on 04/30/19.	C 000		
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 record review and staff interview the facility failed to ensure medication administration was documented timely and that medical record authentication was accurately captured in regard to date and time. This deficient practice affected three patients (Patients #1, #3 and #5) of five patients reviewed for medication administration documentation and medical record authentication. The facility performed 2546 procedures in the preceding 12 months.	C 143		

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

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C 143	Continued From page 1 Findings include: Review of the facility's policy and procedure titled "Medication Administration Documentation in the Health Center" directed that documenting the administration of medications in the health center must include who administered the medication, what time the medication was given, the route and location the medication was given, and the lot number and expiration date of the medication administered to the patient. Every medication administered to a patient must have the administration time documented. 1. Review of the medical record for Patient #1 revealed the patient underwent a surgical procedure at the facility on 02/15/19. The medical record had documentation Patient #1 was discharged from the facility on 02/15/19 at 3:03 PM. Review of the electronic medication administration record (eMar) documented the pain medication Ketorolac (a non steroidal anti-inflammatory drug) was administered by Staff B on 02/15/19 at 4:33 PM or approximately 1.5 hours after the patient was discharged from the facility. This deficient practice was confirmed in interview with Staff B on 04/30/19 at 4:20 PM. Further review of the medical record for Patient #1 also revealed the patient underwent a surgical procedure at the facility on 02/15/19 and was discharged on 02/15/19 at 3:03 PM. The documentation review revealed the electronic medical record was not signed by Medical Staff D until 02/19/19 at 8:05 AM or four days after the completion of the surgical procedure. Interview with Staff C on 04/30/19 at 4:40 PM	C 143		

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C 143	Continued From page 2 confirmed the facility's software only captured the electronic signature of the last person who reviewed the medical record during routine quality checks for completeness of the medical record. Staff C explained that the last person who entered the medical record and digitally signed then over-wrote any previous date and time of electronic signatures of staff who had completed documentation prior to that quality check. Staff C verbalized the facility was unable to provide documentation the medical record documentation was accurately completed with respect to date, time or at the time of delivery of services. 2. The medical record for Patient #3 revealed the patient underwent a medical procedure at the facility on 04/06/19 and was discharged that same date. The documentation review revealed the electronic medical record was not signed by Medical Staff D until 04/10/19 at 5:29 AM or on the fourth day after the medical procedure was performed at the facility. 3. The medical record for Patient #5 revealed the patient underwent a surgical procedure at the facility on 03/08/19 and was discharged that same date. The documentation review revealed the electronic medical record was not signed by Medical Staff D until 03/11/19 at 12:46 PM or on the third day after the surgical procedure was performed at the facility. These findings were confirmed by Staff B and Staff C during interview on 04/30/19 at 4:40 PM.	C 143		
C 231	O.A.C. 3701-83-19 (B) Drug Control & Accountability Each ASF shall:	C 231		

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C 231	Continued From page 3 (1) Provide adequate space, equipment, and staff for storage and the administration of drugs in compliance with state and federal laws and regulations. (2) Establish and implement a program for the control and accountability of drug products throughout the facility and maintain a list of medications that are always available. This Rule is not met as evidenced by: Based on facility observations and staff interview the facility failed to remove expired medications from medication carts and failed to label medications in accordance with facility policy and procedures. This deficient practice had the potential to affect any patient who required use of medications. The facility performed 2546 procedures in the preceding 12 months. Findings include: 1. An observational tour conducted on 04/30/19 between 9:01 AM and 10:05 AM revealed the medication cart located in the facility's operation room (OR) #2 contained a box of 10 ammonium respiratory stimulant ampules (used to revive or prevent fainting in patients). The manufacturer's printed expiration date read the ampules had expired on 11/2018. Inspection of the medication cart located in OR# 1 revealed this medication contained seven ampules of the ammonia	C 231		

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C 231	Continued From page 4 respiratory stimulant medication with the same expiration date of 11/2018. 2. Observation of the nurses' medication preparation area of the facility revealed the presence of a plastic basket of 10 milliliter syringes. Closer inspection revealed there were three syringes filled with an unidentified clear liquid. The syringes contained a label containing the date, time and initials of the preparer but failed to contain the name of the medication or medications contained in the syringes. Interview with Staff B on 04/30/19 at 10:05 AM confirmed these findings. Staff B verbalized that medication carts were checked monthly by staff for outdated medication and verbalized disappointment they hadn't removed the expired ammonia stimulants since after November, 2018. Staff B verbalized the expectation of facility nursing staff was that all pre-filled syringes used for procedures should be labeled with the name of the contents, date, time and initials of the preparer and further verbalized we need to discard them we don't know what's in them..	C 231		