

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0288AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2019
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NAME OF PROVIDER OR SUPPLIER PRETERM	STREET ADDRESS, CITY, STATE, ZIP CODE 12000 SHAKER BOULEVARD CLEVELAND, OH 44120
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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
C 000	<p>Initial Comments</p> <p>Licensure Compliance Inspection</p> <p>Complaint Inspection</p> <p>Complaint Number OH00104425</p> <p>Administrator: Chrissie France</p> <p>County: Cuyahoga</p> <p>Number of OR's: 5</p> <p>The following violations are issued as a result of the licensure compliance inspection completed on 5/30/19. No violations are related to the complaint number OH00104425.</p>	C 000		
C 143	<p>O.A.C. 3701-83-11 (A) Medical Records</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on medical record review and staff interview the facility failed to ensure documentation of emergency medications given (Patient #'s 1 and 2), document physician orders for emergency medications and order to transfer (Patient #'s 1 and 2) and physician signature of</p>	C 143		

Ohio Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 143	<p>Continued From page 1</p> <p>operative notes (Patient #s 4 and 5). The sample size was six medical records reviewed. The facility has performed 1,709 surgical procedures thus far in 2019.</p> <p>Findings include:</p> <p>Patient #1 came to the facility on 4/17/19 for a scheduled surgical procedure. The procedure started at 4:31 PM and ended at 5:08 PM. At 5:11 PM the operating physician noted the patient was having increased bleeding after the procedure. The physician also noted the attending certified registered nurse anesthetist (CRNA) reported the patient's vital signs remained stable. A form titled, "Patient Transfer Report Form" under the section "Medications Administered" listed two medications, the dose of each medication, and the route the medications were given, but did not document the time the medications were given, nor who had administered them.</p> <p>The patient was transferred non-emergently via emergency medical services (EMS) on 4/17/19 at 6:35 PM to the hospital due to excessive bleeding. No physician order was found in the medical record for the transfer, nor for the emergency medications given as a result of the patient's bleeding.</p> <p>These findings were confirmed during interview with Staff B on 5/30/19 at 2:00 PM.</p> <p>Patient #2 came to the facility on 4/05/19 for a scheduled surgical procedure. The procedure started at 10:10 AM and ended at 10:22 AM. Documentation authored by the operating physician at 12:11 PM noted the patient was bleeding during and after the procedure. A form</p>	C 143		

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C 143	<p>Continued From page 2</p> <p>titled, "Patient Transfer Report Form" under the section "Medications Administered" listed six medications, the dose of each medication, the route by which the medications were given and the times given, but did not document who had administered the six medications.</p> <p>The patient was transferred emergently via EMS on 4/05/19 at 10:54 AM to the hospital due to excessive bleeding. No physician order was found in the medical record for the transfer, nor for the emergency medications given as a result of the patient's bleeding.</p> <p>These findings were confirmed during interview with Staff B on 5/30/19 at 2:00 PM. Patient #4 was admitted to the facility on 4/05/19 for a scheduled surgical procedure. Review of Patient #4's surgical procedure notes revealed no documented evidence the physician signed the surgical procedure notes.</p> <p>Interview with Staff B on 5/30/19 at 10:50 AM confirmed the above finding.</p> <p>Patient #5 was admitted to the facility on 05/21/19 for a scheduled surgical abortion. Review of Patient #4's surgical procedure notes revealed no documented evidence the physician signed the surgical procedure notes.</p> <p>Interview with Staff B on 05/30/19 at 10:50 AM confirmed the above finding.</p>	C 143		
C 266	<p>O.R.C. 3702.30 (B) Infection Control Program</p> <p>An ambulatory surgical facility shall maintain an infection control program by creating and administering a plan designed to prevent, identify,</p>	C 266		

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C 266	<p>Continued From page 3</p> <p>and manage infections and communicable diseases; ensure that the program is directed by a qualified professional trained in infection control; ensure the program is an integral part of the ambulatory surgical facility's quality assessment and performance improvement program; and implement in an expeditious manner corrective and preventive measure that result in improvement.</p> <p>This Rule is not met as evidenced by: Based on staff interview and personnel file review the facility failed to ensure a qualified professional trained in infection control directed the infection control program. This has the potential to affect all patients receiving care from the facility. The facility performed 1,709 surgical procedures thus far in 2019.</p> <p>Findings include:</p> <p>Interview with Staff A was conducted on 5/29/19 at 3:20 PM. Staff A informed the surveyor that she directed the infection control program for the facility. The personnel file for Staff A was reviewed on 5/30/19 at 12:30 PM. The job description in Staff A's personnel file was titled "Director of Clinic Operations" and did not list as part of the responsibilities to direct the infection control program. The personnel file did not contain documented evidence that Staff A had and/or participated in infection control training.</p> <p>These findings were confirmed with Staff A and Staff C on 5/30/19 at 2:00 PM.</p>	C 266		

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C 267	<p>O.R.C. 3702.30 (G) Signage</p> <p>An ambulatory surgical facility that performs or induces abortions shall comply with section 3701.791 of the Revised Code.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to have the required signage posted in three of three waiting rooms observed. This had the potential to affect all patients receiving services from the facility. The facility had performed 1709 surgical procedures thus far in 2019.</p> <p>On 5/30/19 at 1:25 PM observation of the waiting areas on the second, third, and forth floor, with Staff C, failed to reveal evidence of the required signage which stated "No one can force you to have an abortion, No one--not a parent, not a husband, not a boyfriend.-- No one, if someone is trying to force you to have an abortion against your will: Do not sign the consent form, If you are at an abortion facility, tell an employee of the facility that someone is trying to force you to have an abortion".</p> <p>Interview with Staff C on 5/30/19 at 1:30 PM confirmed the signs were not posted in facility waiting rooms at the time of the observation.</p>	C 267		