

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044-287	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2019
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NAME OF PROVIDER OR SUPPLIER CLIFF VALLEY CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1924 CLIFF VALLEY WAY, NE ATLANTA, GA 30329
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U 000	Initial Comments. At the time of the relicensure survey on 05/20/19, Cliff Valley Clinic Center was not in compliance Requirements of Chapter 111-8-4, Rules and Regulations for Ambulatory Surgery Centers. The following deficiency was cited.	U 000		
U 300 SS=D	111-8-4-.03(1) Organization and Administration. Each ambulatory surgical treatment center shall be organized with an identifiable governing body that establishes the objectives, sets the policies and assumes full legal responsibilities for the overall conduct of the center and for compliance with all applicable laws and regulations pertaining to the center. The membership of the governing body shall be identified in the application to the Department for licensure. This RULE is not met as evidenced by: Based on a review of the ASC's records and interview with the Clinic Administrator (CA HH) the facility failed to ensure that the facility's credential files contained applications for appointment and re-appointment for clinical privileges for advanced practitioners. A review of credential files for CRNA CC, NP DD, NP EE, NP JJ, and CRNA PP revealed no documentation of: Application for Appointment Re-Appointment Delineation of Privileges Signature accepting Governing Body Agreement Medical Staff Approval Governing Body Approval A review of the facility's medical staff by-laws	U 300		

State of GA Inspection Report
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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U 300	<p>Continued From page 1</p> <p>dated 2010, entitled "Feminist Women's Health Center's Cliff Valley Clinic Medical Staff Bylaws", Article V: Procedure for Appointment and Reappointment revealed that all applications for appointment to the Medical Staff shall be in writing and shall be signed by the applicant. The by-laws further revealed that every application shall contain the applicant's specific acknowledgment of the Medical Staff member's obligation to:</p> <ol style="list-style-type: none"> 1. Provide continuous care and supervision to his/her client. 2. Abide by the Medical Staff Bylaws, Rules and Regulations. 3. Accept consultation assignments. 4. If requested, serve in an "on call" status for other physicians. 5. Accept the pro-choice feminist philosophy that clients by the very nature of their existence deserve to be treated respectfully while being given the information necessary to make empowered health care decisions. <p>After the references and other materials deemed pertinent are receive the Clinic Director or Medical Director shall transmit the application and all supporting material to the Executive Director for evaluation. If deemed necessary the Executive Director may convene a credentialing review committee that is composed of, but not limited to the Medical Director and Clinic Director to examine.</p> <p>The above findings were discussed with the Clinic Director (HH) on 5/21/19 at approximately 2:11 p.m., in the ASC's conference room.</p>	U 300		

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U1100 U1100 SS=D	<p>Continued From page 2</p> <p>111-8-4-.11(1) Personnel.</p> <p>The governing body shall appoint an administrator who is responsible for the day-to-day management and operation of the center.</p> <p>This RULE is not met as evidenced by: Based on record review and interview, the ASC failed to conduct Fire Drills and Disaster Drills at least quarterly and document the results.</p> <p>A review of records revealed no documentation of a Fire Drill for the second or third quarter of 2018. or Disaster Drill for the second, third, and fourth quarter of 2018.</p> <p>A review of the facility's "Disaster and Fire Preparedness Plan", revealed that the management team and the operations manager for the facility shall have primary responsibility for rehearsal and implementation of Safety Training also known here as the Disaster Preparedness Plan and all of its component parts". The emergency situations covered by the plan included:</p> <ol style="list-style-type: none"> 1. Fire 2. Explosion or Bomb Threat 3. Unanticipated interruption of utilities 4. Loss of Air Conditioning or Heat 5. Severe Weather <p>During an interview with the Clinic Director (HH) on 5/21/19 at approximately 2:11 p.m., in the ASC's conference room, the Clinic Administrator stated he/she had not conducted drills as stated in the findings. The employee stated there had been no Disaster Drills conducted for 2018.</p>	U1100 U1100		

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U1100	Continued From page 3 Clinic Director HH further stated, she knew the fire and disaster drills needed to be completed quarterly.	U1100		
U1101 SS=D	<p>111-8-4-.11(2) Personnel.</p> <p>The administrator shall designate an individual to act for him in his absence in order to provide the center with administrative direction at all times.</p> <p>This RULE is not met as evidenced by: Based on a Medical Records reviews and interviews, it was determined that the ASC failed to ensure that clinical documentation was in compliance with State and Federal laws and regulations.</p> <p>Specifically: These failures could potentially compromise the validation of diagnoses to establish a basis for care of patients presenting to the ASC.</p> <p>Medical Records (MR) Reviews A review of 10 medical records revealed the following: --MR #2, #5, #6: No documentation of procedure "OR-In Time," "OR-Out Time," "Begin Time" and "End Time" --MR #3: No documentation of time pre-procedure history and physical was completed --MR #4, #8: No documentation of pre-procedure "Time Out"</p> <p>These findings were reviewed and confirmed by the Executive Director and Nursing Supervisor on 05/21/19 at 01:30 PM.</p>	U1101		

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U1101	<p>Continued From page 4</p> <p>A review of Operating Room (OR) / Exam Room Time Out Procedure, revised 11/2013 established that prior to providing abortion services, including Laminaria (medication used to open the birth canal and induce labor) insertion and Digoxin (medication used to induce labor or treat heart conditions) injections, the staff will take a Time Out to verify patient information. The staff will also complete this Time Out Prior to Long-acting Reversible Contraceptives (LARC) insertions and biopsies.</p> <p>The foregoing finding were confirmed by both the Clinic Director and Nursing Supervisor on 05/21/19 at 01:30 PM an interview in the ASC Conference Room.</p>	U1101		
U1600 SS=D	<p>111-8-4-.16 Drug Storage and Dispensing.</p> <p>Each center shall provide adequate space and equipment and staff to assure that drugs are stored and administered in compliance with State and Federal laws and regulations.</p> <p>Authority O.C.G.A. Secs. 31-2-4 et seq. and 31-7-1 et seq.. Administrative History. Original Rule entitled "Drug Storage and Dispensing" was filed on January 22, 1980; effective March 1, 1980, as specified by the Agency.</p> <p>This RULE is not met as evidenced by: Based on a tour, observations, review of policies and procedures, and interviews, it was determined that the ASC failed to ensure that clinic practices were in compliance with State and Federal laws and regulations.</p> <p>Specifically:</p>	U1600		

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U1600	<p>Continued From page 5</p> <p>1. Failure to ensure that expired medical supplies were discarded and not available for use on patients.</p> <p>2. Failure to ensure Infection Control Practitioner was qualified and appropriately trained to function in the designated role.</p> <p>These failures could cause potential harm to the patients presenting for surgery to the ASC, by exposing them to expired supplies and unsafe practices which failed to meet infection control, prevention and other safety standards.</p> <p>Findings: During a tour conducted on 05/20/19 starting at 03:15 p.m. with the Nursing Supervisor and OR Supervisor, the following expired supplies were observed:</p> <p>Operating Room #1 --Three (3) Disposable Pipettes, size 23.5 French. Expiration 03/2018 --Two (2) Disposable Pipettes, size 23.5 French. Expiration 08/2018 --Five (5) Rigid Disposable Curettes, size 12 millimeter (mm). Expiration 05/2018 --Nine (9) Rigid Disposal Curettes, size 12 mm. Expiration 01/19/2019</p> <p>Physicians' Desk Area --One (1) opened container of CaviWipes-Cavicide Germicidal Cleaner Wipes, size 160 count. Expired 08/2017</p> <p>Central Supply Room --Sixteen Rigid Disposal Curettes, size 6 mm. Expiration 10/2018 --Four (4) Rigid Disposal Curettes, size 6 mm. Expiration 04/2019</p>	U1600		

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U1600	<p>Continued From page 6</p> <p>Currently the ASC has no policy to guide expiration supplies management practices. The preceding findings were confirmed and acknowledged by both the Nursing Supervisor and OR Supervisor during the ASC tour.</p> <p>Personnel Files A review of nine (9) personnel files revealed the Infection Control Practitioner (ICP)/Nursing Supervisor did not received the required infection control training to ensure the ASC's infection control practices were consistent with requirements of the Rules and Regulations.</p> <p>This foregoing finding were confirmed by both the Clinic Director and Nursing Supervisor on 05/21/19 at 05:15 PM during the survey Exit Conference.</p>	U1600		