

MA DPH/Division of Health Care Facility Licensure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44H1	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2019
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NAME OF PROVIDER OR SUPPLIER FOUR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 150 EMORY STREET GROUND FLOOR ATTLEBORO, MA 02703
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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>An onsite licensure renewal survey was conducted of the Clinic on 7/31/19 for the provision of medical and surgical services.</p> <p>Deficiencies were cited.</p>	C 000		
C 380	<p>140.301(B)(5) Administrative Records - Policies & Procedure</p> <p>(B) Administrative records shall include:</p> <p>(5) Written policies and procedures designed to safeguard the health and safety of patients and staff. These policies and procedures shall be reviewed and updated annually.</p> <p>This ELEMENT is not met as evidenced by: Based on documentation review and interview, the Clinic failed to review their policies and procedures on an annual basis.</p> <p>Findings include:</p> <p>Surveyor's review of the Clinic's policy and procedure binders found that the policies and procedures were last reviewed on 2/21/17.</p> <p>During an interview on 7/31/19 at 11:52 A.M., the Clinic Manager said that the policies and procedures had not been reviewed on an annual basis.</p>	C 380		
C1320	140.347(E) Clinics Without Pharmacies - Outdated Drugs	C1320		

MA Division of Health Care Facility Licensure and Certification
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **08/28/19**

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C1320	<p>Continued From page 1</p> <p>Outdated drugs shall be eliminated from the clinic's stock in accordance with clinic policies.</p> <p>All drugs shall be destroyed in accordance with applicable state and federal laws.</p> <p>This ELEMENT is not met as evidenced by: Based on observation and interview, the Clinic failed to date a multiple dose bottle of medication when it was opened, to ensure product stability.</p> <p>Findings include:</p> <p>During the inspection of the medication closet on 7/31/19 at 12:06 P.M., accompanied by the Clinic Administrator, the Surveyor observed an open bottle of lidocaine (an anesthetic) which was not dated when opened. The Clinic Administrator said that the bottle was likely opened last week, and that it should have been dated when it was opened.</p> <p>*The Centers for Disease Control and Prevention (CDC) recommends that multi-dose vials be discarded 28 days after being opened to prevent contamination.</p>	C1320		
C3430	<p>140.1201(D) End of Life - Policies</p> <p>Each clinic shall have a policy to guide its attending health care practitioners for identifying appropriate patients and ensuring that they receive an informational pamphlet.</p> <p>Such policies shall be made available to the</p>	C3430		

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C3430	<p>Continued From page 2</p> <p>Department upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the Clinic failed to develop a policy to guide its attending health care practitioners in identifying appropriate patients for palliative and end of life care and ensuring that they receive an informational pamphlet.</p> <p>Findings include:</p> <p>Surveyor's review of the Clinic's policies and procedure binders did not find a policy or procedure regarding palliative or end of life care.</p> <p>During an interview on 7/31/19 at 11:50 A.M., the Clinic Manager said that she could not locate such a policy or informational pamphlet.</p>	C3430		