

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 05/02/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CLIFF VALLEY CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1924 CLIFF VALLEY WAY, NE ATLANTA, GA 30329
--	---

(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
V 000	Opening Comments At the time of the survey, Cliff Valley Clinic was not in compliance with Chapter 290-5-32, Rules and Regulations for Performance of Abortions After the First Trimester of Pregnancy and Reporting Requirements For All Abortions, as the result of a State licensure survey. The following deficiency was cited.	V 000		
V 030 SS=E	290-5-32-.03(1) Procedure for Filing Certificate of Abortion In addition to the medical records requirements of Chapters 290-5-6 and 290-5-33 of the Rules and Regulations of the Georgia Department of Human Resources, the physician who performs the abortion shall file with the Commissioner of Human Resources or his designee, within ten (10) days after an abortion procedure is performed, a Certificate of Abortion. It is expressly intended that the privacy of the patient shall be preserved and, to that end, the Certificate of Abortion shall not reflect the name of the patient but shall carry the same facility number, or other identifying number reflected on the patient's medical records. A duplicate of the Certificate of Abortion will be made a part of the patient's Medical record and neither the aforesaid duplicate certificate nor the Certificate of Abortion which is filed with the Commissioner or his designee shall be revealed to the public unless the patient executes a proper authorization which permits such a release or unless the records must be made available to the District Attorney of the Judicial Circuit in which the hospital or health facility is located as provided by Code Section 16-12-141 (d) of the Official Code of Georgia Annotated. Repealed: F. Dec. 18, 2012; eff. Jan. 7, 2013.	V 030		

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

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 05/02/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CLIFF VALLEY CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1924 CLIFF VALLEY WAY, NE ATLANTA, GA 30329
--	---

(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
V 030	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy, medical record review, and staff interview, it was determined that the facility failed to ensure that Certificates of Abortion were filed with the commissioner of Human Resources within ten (10) days following a termination of pregnancy for seven (7) of twelve (12) sampled patient records (#3, 5, 6, 7, 8, 9, and #11.)</p> <p>Finding</p> <p>Review of the facility policy, B23, "VEIS/ITOPS", last revised 03/2011, revealed that all Induced Termination of Pregnancies (ITOPs) performed by the facility would be filed with the State within ten (10) days of the procedure, as required by law.</p> <p>Review of seven (7) of twelve (12) medical records reviewed (#3, 5, 6, 7, 8, 9, and 11) revealed that the Certificates of Abortion were filed after the ten (10) day requirement as follows:</p> <p>a. A review of medical record #3 revealed that the abortion procedure was performed on [REDACTED] however, the Certificate of Abortion was not filed until [REDACTED], twenty-six (26) days after the procedure,</p> <p>b. A review of medical record #5 revealed that the abortion procedure was performed on [REDACTED] however, the Certificate of Abortion was not filed until [REDACTED] thirty-eight (38) days after the procedure;</p> <p>c. A review of medical record #6 revealed that</p>	V 030		

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 05/02/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CLIFF VALLEY CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1924 CLIFF VALLEY WAY, NE ATLANTA, GA 30329
--	---

(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
V 030	<p>Continued From page 2</p> <p>the abortion procedure was performed on [REDACTED]; however, the Certificate of Abortion was not filed until [REDACTED] thirty-three (33) days after the procedure;</p> <p>d. A review of medical record #7 revealed that the abortion procedure was performed on [REDACTED] however, the Certificate of Abortion was not filed until 04/30/18, sixty-four (64) days after the procedure;</p> <p>e. A review of medical record #8 revealed that the abortion procedure was performed on [REDACTED] however, the Certificate of Abortion was not filed until [REDACTED], thirty-one (31) days after the procedure;</p> <p>f. A review of medical record #9 revealed that the abortion procedure was performed on [REDACTED] however, the Certificate of Abortion was not filed until [REDACTED] twenty-four (24) days after the procedure;</p> <p>g. A review of medical record #9 revealed that the abortion procedure was performed on [REDACTED]; however, the Certificate of Abortion was not filed until [REDACTED] twenty-four (24) days after the procedure,</p> <p>During an interview with the Administrator (Employee #2) on 04/30/18 at 9:47 a.m. in the Administrator's office, the Administrator revealed that he/she is new to the position and stated that the facility was not in compliance in numerous areas. The Administrator revealed that many of the ITOPs had not been filed with the State within the required ten (10) days.</p>	V 030		