

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 07/18/2012
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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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(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
U 000	<p>INITIAL COMMENTS</p> <p>At the time of the survey, Cliff Valley Clinic was in substantial compliance with Chapter 290-5-33, Rules and Regulations for Ambulatory Surgical Treatment Centers as the result of a State Licensure survey and complaint investigation [REDACTED] Allegations were not substantiated. A deficiency was cited due to the survey process.</p>	U 000		
U 124 SS=D	<p>290-5-33-.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>This Rule is not met as evidenced by: Based on review of the facility's policies and procedures, facility tour and employee interview, it was determined that the facility failed to ensure that expired medications were not available for patient use.</p> <p>Findings were:</p> <p>The facility's policy entitled, Monthly Duties, not dated, stipulated that a nurse check and record the expiration dates of all drugs in the facility's emergency carts, aftercare area (recovery room), pre-operative area and the anesthesia carts on a monthly basis. The policy did not require that expired medications be removed from service.</p> <p>Review of the facility's logs entitled, Emergency Cart Checklist (dated January through June 2012), and Medication Formulary Expiration and Inventory Log (dated 6/26/12, revealed documentation that the facility's medication</p>	U 124		

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

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U 124	<p>Continued From page 1</p> <p>expiration dates were recorded, and included documentation of medications which had expired. However, the form lacked documentation that each of the expired medications had been removed and/or replaced.</p> <p>During a tour of the facility on 7/18/2012 at 3:00 p.m., accompanied by the facility's administrator (employee #1), the following medications were observed to be expired, yet available for patient use:</p> <ol style="list-style-type: none"> 1. Located in the anesthesia cart in operating room #1: Neosynephrine 10 mg/ml vial (stops bleeding), one vial, expired 02/12; and Methergine 0.2 mg/1 ml vial (stops bleeding), one vial expired 03/2012. 2. Located in the anesthesia cart in operating room #2: Epinephrine 50 mg/ml vial, (used to make the heart beat) four vials expired 04/2012. 3. Located in the procedure area were 3 vials of Narcan 1 mg /ml (reverses the effects of narcotics) that expired 06/01/2012; and Saline IV bags 1000 ml, (fluid given in the vein to prevent dehydration and/or administer medications) 4 bags expired 03/01/2012 <p>During an interview in the facility's meeting room at 4:10 p.m. on 7/18/2012, the facility's administrator confirmed that the nurse was responsible for checking and recording the expiration dates monthly on all of the medications in the facility, and explained that the nurse that had performed the last count had left the expired medications on the carts because their new supply was not in yet.</p>	U 124		