

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8-3903	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 10/08/2020
NAME OF PROVIDER OR SUPPLIER: ALLENTOWN WOMENS' CENTER, INC. STATE LICENSE NUMBER: 00038701		STREET ADDRESS, CITY, STATE, ZIP CODE: 31 SOUTH COMMERCE WAY, SUITE 100 BETHLEHEM, PA 18017			
(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	(X5) COMPLETE DATE	
M 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an Annual Registration survey conducted on October 8, 2020, at Allentown Women's Center, Inc. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.</p>	M 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

State Form SBKQ11 IF CONTINUATION SHEET Page 1 of 5

Pennsylvania Department of Health

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S 6140	Continued from page 1 561.23 Controlled substances and other drugs There shall be policies and procedures developed and approved by the medical staff which establish controls governing the use of controlled substances and other drugs, including sedatives, anticoagulants, antibiotics, oxytoxics and corticosteroids. Policies shall be established regarding written orders for appropriate dosage of all drugs. This REGULATION is not met as evidenced by:	S 6140	The Compliance Manager, Director of Nursing and Medical Director reviewed this citation with all involved medical staff including RN's, CRNA's, and physicians (professional staff). The importance of the "2 person" sign off was emphasized and is currently being tracked and signed off daily by the Director of Nursing and/or Medical Director. This plan was implemented on 10/28/20 and will continue for 30 days. After 30 days the Medical Director will continue to review and sign off monthly. As there was already a Medication Guideline in place that noted that this was a requirement, but that it was a protocol that was being disregarded, it was also discussed with the QAI Committee following the Annual Registration Inspection. The involved healthcare workers were notified of their errors by The Director of Nursing and that disciplinary actions would be taken if there was a failure to comply. An addendum was also added to the Medication Guidelines indicating	Completion Date: 10/28/2020 Status: APPROVED Date: 11/04/2020	

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S 6140	Continued from page 2	S 6140	narcotic counts are to be done both BEFORE the start of procedures and AFTER the completion of procedures. Any errors in count are to be addressed by the Medical Director immediately and discussed with the involved clinical staff (professional staff).		

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S 6140	Continued from page 3 Based on review of facility policies and procedures, facility documents, and interview with staff (EMP), it was determined the facility failed to ensure there were two signatures on the narcotic sheets for a total of, at least, 122 times from February 29, 2020, to October 7, 2020. Findings include: Review on October 8, 2020, of the facility policy, "Medication Guidelines", dated May 15, 2020, revealed "G. Logs: ... 2. Narcotics will be counted by two professional staff on each day they are administered, ..." Review on October 8, 2020, of the Narcotic sheets for Ativan, Lorazepam,	S 6140			

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S 6140	<p>Continued from page 4</p> <p>Midazolam, and Fentanyl, for the dates between February 29, 2020, to October 7, 2020, revealed there were, at least, 122 times where there was not two signatures on the Beginning Count initials' spaces and the end of shift signature spaces.</p> <p>Interview with EMP1, on October 8, 2020, at 12:06 PM, confirmed there were multiple missing required signatures on the Ativan, Lorazepam, Midazolam, and Fentanyl narcotic count forms from February 29, 2020, to October 7, 2020. EMP1 further confirmed the facility's expectation is that there would be two signatures for the beginning of shift narcotic count and two signatures for the end of shift narcotic counts.</p>	S 6140			



Certified End Page

ALLENTOWN WOMENS' CENTER, INC.

STATE LICENSE NUMBER: 00038701

SURVEY EXIT DATE: 10/08/2020

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Susan Coble".

Susan Coble
Deputy Secretary for Quality Assurance

A handwritten signature in cursive script that reads "Alison V. Beam".

Alison V. Beam
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY