

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>044-287</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/07/2013</b>
--	--	--	---

*Reviewed approved 9/7/13*

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

**SEP 09 2013**

(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	Initial Comments.  At the time of the survey, Cliff Valley Clinic was in substantial compliance with Chapter 111-8-4, Rules and Regulations for Ambulatory Surgical Treatment Centers, as the result of a State licensure survey. The following deficiency was written as the result of that survey.	U 000		
U1600	<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 review of the facility's policies and procedures, observations during facility tour and interview, it was determined that the facility failed to ensure that expired medications were not available for patient's use.</p> <p>Findings were:</p> <p>Review of the facility's policies and procedures entitled Equipment and Supplies, and General Policy to Prevent Transmission of Infections, last revised 09/2009, revealed all medications were checked for expiration dates on a monthly basis by a full time registered nurse.</p> <p>A tour of the facility with the Clinical Director on 8/6/2013 at 3:30 p.m., revealed the following medications were expired and available for</p>	U1600	<p><u>Corrective Action:</u> Drug expiration removal and logging. The responsibility of checking all medications that is shared between all Registered Nurses on staff shall also include checking supplies.</p> <p>All Nurses are expected to check the area that they are assigned to (Pre-op (exam room), Post-Op (aftercare) and each OR) for any and all expired medications and supplies to include test strips and supplies used for non surgical services.</p> <p>Any pre-drawn normal saline flush shall be marked with 1) Name of medication 2) Initials of RN and 3) Date drawn. Flushes will be discarded at the end of each shift.</p>	8/9/13

State of GA Inspection Report

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Suzanne Chaffin MD</i>	TITLE	(X6) DATE <b>9/7/13</b>
--	-------	----------------------------



State of GA, Healthcare Facility Registration 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  08/07/2013
--	---	--	--

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 290-5-32 Rules and Regulations for Performance of Abortion After the First Trimester of Pregnancy and Reporting Requirements for All Abortions, as a result of a State licensure survey. The following deficiency was written as a result of that survey.	V 000	Upon further internal investigation, it was found that the computer system used to file the Certificate of Abortion (ITOP forms) was experiencing technical difficulties due to system upgrades intermittently between the dates of 1/25/13 to 3/27/13.	8/10/13
V 030 SS=A	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	<u>Corrective Action:</u> To ensure compliance all employees trained to submit ITOP forms shall cross reference all chart numbers with the pathology log and all appointments listed as "kept" in the computer system for each clinic day to be sure no chart has been left out for reporting. Any patient's chart that needs medical follow up shall have the ITOP form submitted before being placed in the follow up area for Nurse or Physician. <u>Monitoring:</u> For each clinic day a form shall be completed to document which charts have had ITOP forms completed and any reason why a chart has not yet been reported.	9/14/13

State of GA Inspection Report

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE	(X6) DATE 9/17/13
---	-------	----------------------

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>044-287</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/07/2013</b>
--	--	---	---

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

Continued From page 1

This REQUIREMENT is not met as evidenced by:  
Based on review of policy and procedure, medical reviews, and staff interview it was determined that the facility failed to ensure that the Certificate of Abortion was filed with the Department for two (2) of ten (10) patients.

Findings:  
No Policy was identified during the survey.

Review of ten (10) sampled medical records ( #'s 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10) revealed that MR #'s 5 and 7 failed to reveal evidence that the required Certificate of Abortion was filed with the Department within the regulatory timeframe of ten (10) days. Medical Record # 5's date of abortion was [redacted] and the Certificate of Abortion was filed on 03/04/2013. Medical Record #7's date of abortion was [redacted] and the Certificate of Abortion was filed on 04/14/2013.

The Clinical Manager on 8/7/2013 at 6:30 p.m. in staff break room, confirmed the above findings.

V 030

A quarterly inspection of daily forms shall be conducted by Admissions Supervisor to ensure all Certificates of Abortion have been filed.

Staff Education: All admissions staff that are trained to submit ITOP forms shall receive an inservice to review the form to be filled out for each clinic day and how to cross reference the chart numbers with the pathology log.

Responsible Persons: Admissions Supervisor, and Clinical Director

9/4/13