

Approved 4/2/18

PRINTED: 01/30/2018
FORM APPROVED

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1081AS	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/18/2018
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NAME OF PROVIDER OR SUPPLIER NORTHEAST OHIO WOMEN'S CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2127 STATE ROAD CUYAHOGA FALLS, OH 44223
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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}	Initial Comments Follow Up Inspection to Licensure Compliance Inspection completed on 07/11/17 and the second follow up inspection to the Licensure Compliance Inspection completed on 11/29/16. The following violations are based on the follow up inspection completed 01/18/18. Northeast Ohio Women's Center, 1081AS, is not in compliance with the rules for Ambulatory Surgical Facility - O.A.C. 3701-83.	{C 000}		
{C 120}	O.A.C. 3701-83-08 (B) T B Control Plan Each HCF shall develop and follow a tuberculosis control plan that is based on the provider's assessment of the facility. The control and assessment shall be consistent with the centers for disease control and prevention (CDC) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings, 2005," MMWR 2005, Volume 54, No. RR-17. The HCF shall retain documentation evidencing compliance with this paragraph and shall furnish such documentation to the director upon request. This Rule is not met as evidenced by: Based on personnel file review, interview, and policy review, the facility failed to ensure two staff members (Staff E and Staff F) were tested for Tuberculosis on an annual basis and on hire. This could potentially affect all patients receiving care	{C 120}		

Ohio Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

S. C. Smith

TITLE

Site Administrator

DATE

4/2/2018

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{C 120}	Continued From page 1 in the facility. A total of 1001 surgical and medical procedures were conducted in the most recent twelve months. Findings include: The facility's TB policy was reviewed. The policy stated all employees will have a TB test on hire and employees with a positive PPD and a negative chest x-ray the following year should undergo a health assessment. This will be repeated on an annual basis for all affected employees. 1. The personnel file for Staff E was reviewed. The personnel file contained a chest x-ray completed in 09/2014. There have been no reassessments since then. 2. The personnel file for Staff F was reviewed. Staff F had a date of hire of 12/02/17. The personnel file did not contain evidence that a TB test was administered. The findings were shared with Staff A on 01/18/18 at 12:00 PM and confirmed.	{C 120}	
{C 125}	O.A.C. 3701-83-08 (G) Staff Performance Evaluation Each HCF shall evaluate the performance of each staff member at least every twelve months. This Rule is not met as evidenced by: Based on personnel file review, policy review and	{C 125}	C120: #1. Staff E. A copy of the most recent X-Ray has been obtained and placed in staff members file. See attachment #1 C120 #2. Staff F. A copy of the most recent TB skin test has been obtained and placed in staff members file. See attachment #2 A staff log has been created to monitor expiration of staff TB testing. To be monitored by the QA committee and the DON.

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{C 125}	<p>Continued From page 2</p> <p>interview, the facility failed to ensure performance evaluations were conducted annually for three staff members (Staff B, C, and D). This could potentially affect all patients receiving care in the facility. A total of 1001 surgical and medical procedures were conducted in the most recent twelve months.</p> <p>Findings include:</p> <p>The facility's Performance policy was reviewed. The policy stated that the facility will conduct annual, or as needed, reviews of individual employee performance.</p> <p>1. The personnel file for Staff B was reviewed. The personnel file contained a performance evaluation on 12/04/16. The personnel file did not contain a performance evaluation after 12/04/16.</p> <p>2. The personnel file for Staff C was reviewed. Staff C was hired on 11/22/16. The personnel file did not contain a performance evaluation.</p> <p>3. The personnel file for Staff D was reviewed. Staff D was hired on 01/02/14. The personnel file contained a performance evaluation on 12/04/16. The personnel file did not contain a performance evaluation for 2017 or 2018.</p> <p>On 01/18/18 at 10:17 AM, the findings were shared with Staff A and confirmed.</p>	{C 125}	<p>C125: Staff B,C and D have current evaluation in their staff files.</p> <p>Staff files are reviewed annually and the review documented in staff file.</p> <p>See attachments 3-5.To be monitored by the QA committee and the DON.</p>	1/22/18
{C 139}	<p>O.A.C. 3701-83-10 (B) Safety & Sanitation</p> <p>The HCF shall be maintained in a safe and sanitary manner.</p>	{C 139}		

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{C 139}

Continued From page 3

{C 139}

This Rule is not met as evidenced by:
Based on observations and staff interview, the facility failed to be maintained in a sanitary and safe manner. This could potentially affect all patients receiving care in the facility. A total of 1001 surgical and medical procedures were conducted in the most recent twelve months.

Findings include:

Observation of the facility's ultrasound room was conducted on 01/18/18 at 9:47 AM. The ultrasound room table was observed with a piece of black duct tape adhered to the vinyl covering.

The findings were shared with Staff A at the time of the observation and confirmed.

C 139: The small tear in the ultrasound table had been repaired. A monthly check is being conducted and documented to ensure that all equipment is properly maintained. See attached # 6. To be monitored by the QA committee and the DON.

1/25/18