

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060-011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/22/2011
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NAME OF PROVIDER OR SUPPLIER ATLANTA WOMEN'S MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA, GA 30342
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U 000	INITIAL COMMENTS At the time of the survey, Atlanta Women's Medical Center, Inc. was not in compliance with Chapter 290-5-33, Rules and Regulations for Ambulatory Surgical Treatment Centers, as the result of complaint investigation #GA00103576 and #GA00104379. The following deficiencies were written as a result of the survey.	U 000		
U 106 SS=D	290-5-33-.12(2)(c) RECORDS Contents of individual medical records shall normally contain the following at least Treatment data: 1. Practitioner's orders. 2. Progress notes. 3. Nurse notes. 4. Medication. 5. Temperature-pulse-respiration (Graphic chart; surgical purposes only). 6. Special examinations(s) and reports (include x-ray and lab reports). 7. Signed informed consent form. 8. Operation record. 9. Anesthesia record (if applicable). 10. Consultation record (if applicable). 11. Tissue findings when performed. 12. Where dental services are rendered, a complete dental chart with dental diagnosis, treatment, prescription and progress notes shall be part of the clinical record. This Rule is not met as evidenced by: Based on review medical records and staff interview, it was determined that the facility failed to ensure adequate nursing documentation related to post anesthesia unit (PACU) monitoring	U 106		12-21-11

HEALTHCARE FACILITY REG
JAN 09 2012
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State of GA Inspection Report

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



TITLE Administrator (X8) DATE Jan. 6, 2012

STATE FORM

C3EF11

If continuation sheet 1 of 8

State of GA, Healthcare Facility Regulation Division

PRINTED: 12/12/2011
FORM APPROVED

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U 106	<p>Continued From page 1</p> <p>and care provided for 1 of 1 (#1) patient requiring emergency transfer to an acute care facility.</p> <p>Review of medical record #1 revealed that the patient was admitted to the facility for an abortion procedure (surgical removal of the contents of the uterus to end pregnancy). The surgeon's documentation reflected a complication (possible perforation of the uterus) was identified during the surgical procedure. The procedure was immediately stopped. The patient remained stable without active bleeding. The surgeon made arrangements for the transfer of the patient to a local acute care hospital for further evaluation and treatment. The anesthesia record indicated that the patient was transferred from surgery to the post anesthesia care unit (PACU). The PACU record lacked documented evidence of ongoing monitoring of the patient prior to the arrival of the emergency medical services (EMS). The record also lacked documentation related to the time of arrival of EMS, transfer of patient's care to EMS and the condition of the patient at the time of transfer from the facility to the hospital.</p> <p>An interview was conducted at 12:00 p.m., in the Administrator's private office, with the registered nurse (employee #1) responsible for the patient's (medical record #1) care, in the PACU. The interviewee reviewed the patient's record during the interview and was unable to explain the missing documentation. He/she remembered providing care for the patient, but was unable to recall completion of the documentation. He/she stated that the patient was continuously monitored and remained stable until the transfer of care to the EMS staff. The interviewee confirmed that there was no documentation in the</p>	U 106		

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U 106	Continued From page 2 record to reflect care and monitoring of the patient in PACU or documentation related the arrival and transfer of the patient's care to EMS.	U 106		
U 123 SS=D	290-5-33-.15(5) HOUSEKEEPING, LAUNDRY, MAINTENANCE (5) A recognized method of checking sterilizer performance shall be adopted. This Rule is not met as evidenced by: Based on review of facility policy, sterilization temperature logs, facility tour and employee interview it was determined, that the facility lacked documented evidence that required autoclave (equipment used for sterilization of surgical instruments) temperatures had been reach for effective sterilization of surgical instruments. Findings were: Facility policy entitled Autoclave Procedure 15.4 stated that two autoclaves were located in the sterilizing room. The policy required the autoclaves to reach a temperature of 270 degrees fahrenheit (F) for effective sterilization of surgical instruments. A tour of the facility was conducted at 1:50 p.m. with the facility's Administrator and the operating room technician (employee #4). Two autoclaves were observed in the sterilization room. Employee #4 confirmed that both autoclaves were used for the sterilization of surgical instruments. Sterilization temperature log from 07-01-11 to 11-21-11 for both autoclaves (autoclave #1 and autoclave #2) were reviewed. Documentation on the logs reflected that the autoclaves had only reached a temperature of 229 degrees F. everytime they were checked	U 123		12-21-11

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U 123	Continued From page 3 during this time period. The Administrator and employee #4 confirmed that facility policy required the autoclaves to reach a temperature of 270 degrees F for effective sterilization. They were unable to explain the discrepancy between the required temperature and the temperature documentation on the logs.	U 123		
U 135 SS=D	290-5-33-.22 WAIVER OF RULE The Department may waive any rule for a stated period of time when it is shown that the specific rule is not applicable or when a waiver is needed to permit experimentation and demonstration of new and innovative approaches to the delivery of services which will not jeopardize the health and safety of the patients, staff or others utilizing the center. Results of such experimentation and demonstration projects shall be submitted to the Department as prescribed by the plan under which the waiver is approved. The Department shall maintain a record of and make available to interested persons information on all waivers granted under this rule. This Rule is not met as evidenced by: /Based on review of conditions required by the Department for Waiver of Rule 290-5-33-.10(f), staff interviews and patient observation, it was determined that the facility failed to comply with one of the conditions or alternative standards required for granting and continuation of the wavier. Findings were: Condition #1 of Waiver of Rule 290-5-33-.10(f) (requirement for an elevator for ambulatory surgical services provided in multistory buildings)	U 135	See Attached Plan of Correction	1-12-12

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U 135	<p>Continued From page 4</p> <p>granted by the Department 08/30/2005 until 08/31/12 required that the facility will assess the patient's condition at the time of discharge and determine the type of assistance and the number of escorts needed to help the patient safely down the stairs. The facility will be required to maintain evidence of this assessment of patients, which will be provided to the Department upon request. At least one escort will accompany each patient down the stairs upon discharge.</p> <p>At 10.00 a.m. a patient was observed leaving the facility post procedure. The PACU supervisor (employee #1) talked with the patient in the waiting room prior to the patient's exit from the building. The patient walked down a flight of eighteen (18) stairs with a companion/designated driver, unaccompanied by facility staff escort. The patient and the companion/designated driver exited the building without staff escort and walked in the parking lot to their private vehicle.</p> <p>An interview was conducted with the PACU supervisor (employee #1) at 12:00 p.m. in the Administrator's private office. The interviewee stated that he/she did not routinely escort patients down the stairs at discharge. He/she stated that it was his/her understanding that it was alright to discharge the patient at the door and allow the patient to walk down the stairs with his/her driver. The interviewee confirmed that he/she was not aware of the waiver requirement for facility staff escort to accompany each patient down the stairs upon discharge from the facility.</p> <p>An interview was conducted with the Administrator at 3:30 p.m. in his/her private office. The interviewee stated that he/she had instructed the staff not to escort the patients out of the building at discharge. The decision was made for</p>	U 135			

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U 135	Continued From page 5 staff safety after a staff member became involved in a patient/family altercation at discharge.	U 135			