

Survey Findings/Facility Response

Facility : DESERT STAR FAMILY PLANNING, LLC

Survey Date - 5/31/2016 - Citation4

Survey Findings

Based on review of Incident/Adverse records, and staff interviews, the Department determined the licensee failed to notify the Department when 1 of 6 patients (patient #3) had a serious complication post surgical procedure. Failure to notify the Department may put patient health and safety at risk due to a lack of oversight by the licensing agency; as to whether this complication was a result of a failure to following their policy and procedures.

Findings include:

Staff interviews were conducted on 5/24/16. Two (2) of six (6) RNs were on duty during the onsite visit. During the interview RN #5 revealed they recently transferred a patient to a local hospital after she suffered a post operative complication following a surgical abortion, a perforated uterus.

The Surveyor requested a copy of the incident report submitted to the Arizona Department of Health Services. None was provided.

The licensee/Medical Director verified, during an interview conducted on 5/24/16, that a report of a serious injury to 1 of 6 patients (patient #3) was not submitted to the agency providing oversight to this clinic.

Rule/Statute

R9-10-1504. Incident Reporting

- A. A licensee shall ensure that the Department is notified of an incident as follows:
2. For a serious injury, written notification within 10 calendar days after the date of the serious injury.
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Facility Response

The date (08/22/2016) represents when the facility corrected the citation and was confirmed by the Department to be back in compliance. A facility is required to submit a Plan of Correction (POC) for each citation identified during a survey. This Plan of Correction describes how the facility is going to make corrections, the facility representative responsible for making the corrections, and what systems are in place to prevent recurrence. Once the facility has submitted an acceptable Plan of Correction, the Department confirms that the citation is corrected.

For a copy of the Plan of Correction, please contact the facility or the Department of Health Services.