7/24/18 45th Day 8/3/18

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
POC # 2	TNPL53526	A. BUILDING: _____ B. WING _____	06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNOXVILLE CENTER FOR REPRODUCTIVE HE	1547 WEST CLINCH AVENUE KNOXVILLE, TN 37916

(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
A 001	1200-8-10 Initial This Rule is not met as evidenced by: An annual Licensure survey was conducted on 6/18/18 - 6/19/18 at Knoxville Center for Reproductive Health. The facility was found to not be in substantial compliance with Chapter 1200-8-10, Standards for Ambulatory Surgery Treatment Centers.	A 001		
A 425	1200-8-10-.04(20)(b) Administration (20) Infection Control. (b) The physical environment of the ambulatory surgical treatment center shall be maintained in a safe, clean and sanitary manner. This Rule is not met as evidenced by: Based on review of the Centers for Disease Control (CDC) Injection Safety guidelines, observation, and interview, the facility failed to maintain a sanitary environment in 2 of 2 procedure rooms and in 1 of 1 sterilization rooms observed. The findings included: Review of the CDC guidelines for "Injection Safety" updated on 8/16/16 revealed "...Multi-dose vials should be dedicated to a single patient whenever possible. If multi-dose vials must be used for more than one patient, they should only be kept and accessed in a dedicated medication preparation area (e.g., nurses station), away from immediate patient treatment areas. This is to prevent inadvertent	A 425	Per the CDC guidelines for 'Injection Safety', 1% Lidocaine/Local anesthetic vials shall be dedicated for single patient use only. On June 20th, 2018 the Surgical staff was educated regarding the CDC guidelines resulting in the change in practice, as noted above. The Medical Director shall be responsible for routinely observing, monitoring and participating in this practice to ensure compliance.	8/1/18

Kim Denison Administration 7/18/18 Resubmitted

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A 425	Continued From page 1 contamination of the vial through direct or indirect contact with potentially contaminated surfaces or equipment that could then lead to infections in subsequent patients. If a multi-dose vial enters an immediate patient treatment area, it should be dedicated for single-patient use only. If a multi-dose has been opened or accessed (e.g., needle-punctured) the vial should be dated..." Observation on 6/18/18 at 11:17 AM, in Procedure Room #1 revealed: 1. One opened 50 milliliter (ml) multi-dose vial of 1% Lidocaine (numbing medicine) 2. Two unopened 50 ml multi-dose vials of 1% Lidocaine 3. An uncovered stainless steel bowl of betadine solution (surgical scrub) Interview with Surgery Assistant #1, on 6/18/18 at 11:25 AM, in Procedure Room #1, confirmed the betadine solution and the Lidocaine were used on multiple patients. Observation on 6/18/18 at 12:15 PM, in Procedure Room #1, revealed: 1. One opened 50 ml multi-dose vial of 1% Lidocaine 2. One unopened 50 ml multi-dose vial of 1% Lidocaine 3. An uncovered stainless steel bowl of betadine solution Interview with Surgery Assistant #2, with the Director of Nursing (DON) present, on 6/18/18 at 12:20 PM, in Procedure Room #1, confirmed the betadine solution and the Lidocaine were used on multiple patients. Observation and interview with Family Nurse Practitioner (FNP) #1 on 6/18/18 at 2:00 PM, in the sterilization room, revealed 1 opened undated 50 ml multi-dose vial of 1% Lidocaine. Interview	A 425	Betadine Solution shall be poured into a sterile container dedicated for single patient use only. On June 20th, 2018 the Surgical staff was informed of this change. All staff acknowledged understanding. The Medical Director shall be responsible for routinely observing, monitoring and participating in this practice to ensure compliance.	~~6/25/18~~ 8/1/18

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A 425	Continued From page 2 with FNP #1 confirmed the Lidocaine was opened and undated and opened vials of medication were to be dated when opened. Further interview confirmed the multi-dose vials of Lidocaine were placed in the procedure rooms each day, remained in the procedure room throughout all surgical procedures, and were used on multiple patients. Continued interview confirmed the betadine solution was poured into the bowl prior to the first procedure of the day and was used on multiple patients throughout the day. Observation and interview with the Administrator on 6/18/18 at 2:30 PM, of Procedure Room #2, revealed eight 11 millimeter (mm) Disposable Rigid Curettes (instrument used to remove material from the uterus) with an expiration date of 5/2018. Interview with the Administrator confirmed the curettes were expired and were available for patient use.	A 425	During the monthly inspection, curettes found with an expiration for the following month shall be banded separately from the others. If not used within the month, they will be discarded. The Nursing Supervisor shall be responsible for monitoring the monthly inspection log to ensure compliance.	~~6/25/18~~ 8/1/18