

1st POC 45th pay 6/3/16

PRINTED: 04/29/2016
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53526	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2016
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NAME OF PROVIDER OR SUPPLIER
KNOXVILLE CENTER FOR REPRODUCTIVE HE

STREET ADDRESS, CITY, STATE, ZIP CODE
**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)	(X6) COMPLETE DATE
A1020	<p>1200-B-10-.10 (6)(b) Infectious and Hazardous Waste</p> <p>(b) Pathological waste must be promptly treated, disposed of, or placed into refrigerated storage. This Rule is not met as evidenced by: Based on observation, review of a facility document, and interview, the facility failed to ensure biological waste temperatures were monitored in one of one freezers.</p> <p>The findings included:</p> <p>Observation during the facility tour with the facility administrator on 4/18/16 at 11:30 AM, revealed a freezer located in a storage area on the first floor of the facility. Continued observation revealed the freezer contained regulated biological waste.</p> <p>Review of a facility document "...Storage Room...Freezer temperatures..." dated April 2016, revealed no documented freezer temperatures for the month of April.</p> <p>Interview with the facility administrator on 4/18/16 at 2:05 PM, in the break room, confirmed "...a temperature is to be recorded every procedure day and they failed to do so..." Continued interview confirmed procedure days in April were the 1st, 4th, 8th, 9th, and 11th.</p>	A1020	<p><i>The staff members that are responsible for recording freezer temperatures have been re-instructed to document temperatures each procedure day. A folder clearly marked and identified as the temperature log adheres to the top of the freezer for ease of use. The Medical Director will review and sign the log each month to ensure compliance.</i></p>	5/5/16

Division of Health Care Facilities

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

TITLE

(X6) DATE

STATE FORM

6126

6X1J11

If continuation sheet 1 of 1

Kim D... Administrator

Administrator 5/5/16