Division of Health Care Facilities

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		TNPL53526	B. WING		05/28/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
KNOWIII		1547 WES	ST CLINCH AVE	NUE	
KNOXVILI	LE CENTER FOR REPRO	KNOXVIL	LE, TN 37916		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
A 303	1200-8-1003 (1)(c) [Disciplinary Procedures	A 303		
	(1) The board may su for:	spend or revoke a license			
	of any illegal act in the This Rule is not met a Based on observation Federal Regulations, failed to follow profess recognized standards medication administra The findings included Observation of the loc 28, 2013, at 11:15 a.r revealed one prescrip Pharmacy) with sever Continued observation (named individual) on "Hydrocodone 10mg (Tylenol)# (number) Continued observation	as evidenced by: a, review of the Code of and interview, the facility sional and legally of practice related to ation. cked narcotic box, on May and, in the sterilization room, tion bottle (named atteen white pills in the bottle. an revealed the label had a the prescription label for			
	(NP). Interview on May 28, sterilization room whe located, with the NP, prescription to (name employee at the facilit for our patients so the prescription filled and medications out of the not economical for the in bulk"	2013, at 11:15 a.m., in the cre the narcotic box was revealed "wrote the dindividual) who is an atyrarely use Hydrocodone employee got the we give the patients the bottle and log themit is a facility to purchase the pills			
	21 Part 290- Controlle	f Federal Regulations Title ed Drugs, Subpart A,			

Division of Health Care Facilities

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

TITLE (X6) DATE

Division of Health Care Facilities STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		TNPL53526	B. WING		05/28/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE ZIP CODE	
TO WILL OF T	NOVIDEN ON OUT FEET		ST CLINCH AVE		
KNOXVIL	LE CENTER FOR REPRO	DUCTIVE HEALTH	LE, TN 37916		
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A 303	Continued From page	: 1	A 303		
	of Required Warning, drug listed as a 'contr 11, 111, or 1V of the I Substances Act shall, patient, contain the fo Federal law prohibits any person other than prescribed' " Interview on May 28, sterilization room, with confirmed the prescrip 10mg/325mg was wrinamed employees na (named employee). Control of the Interview on I	when dispensed to or for a llowing warning: 'Caution: the transfer of this drug to a the patient for whom it was 2013, at 11:15 a.m., in the a the Administrator, otion for Hydrocodone tten by the NP (in the me) and filled by the			
A 304	, , , ,	Disciplinary Procedures spend or revoke a license	A 304		
	detrimental to the heat patients of the ASTC; This Rule is not met at Based on review of facredentialing files, into Standards and Guide Tennessee Board of Preview of Rules of Tenester Health Board For Lice Facilities, the facility for the patients of th	as evidenced by: cility personnel files, erview, review of society lines, review of Rules of the Medical Examiners, and nnessee Department of ensing Health Care ailed to ensure d services were performed l.			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 2 of 57

STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE S	
		TNPL53526	B. WING		05/2	28/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
KNOXVILI	LE CENTER FOR REPRO	DUCTIVE HEALTH	ST CLINCH AVE LE, TN 37916	NUE		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN O	DE CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
A 304	Continued From page	e 2	A 304			
	facility had one Direct Masters in Divinity and licenses, training, or of facility personnel find an employee in the phealth/medical licens. Further review of the counselors revealed fultrasound Skills Evant Ultrasound Skills Evant Ultrasound Skills Evant Evaluation of Trainer (signed by Counseling/Masters of Review of the Basic of the Director of Counseling/Masters of Sestimate for 5 ½ yrs (employmentEvaluation of TrainerApproved	certifications. Further review les revealed the facility had osition of Counselor with no es, training, or certifications. personnel files for both documentation of Basic duation. Review of the Basic duation for the Counselor 18-13Number of ed: approximately rainerApprovedApproved the Director of of Divinity)3-28-13" Ultrasound Skills Evaluation unseling revealed, "Date onograms Performed: 2780 years)				
	privileges delineated. facility had, on staff, a who was an employe	Further review revealed the a Nurse Practitioner (NP) e of the facility and no				
	Interview with the NP a.m., in the Ultrasour and Transvaginal (a p vaginal vault to look a	eging had been completed. on May 28, 2013, at 10:25 and room, revealed Abdominal brobe inserted into the at a woman's reproductive were performed on patients				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 3 of 57

Division of Health Care Facilities

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					
			A. BOILDING			
		TNPL53526	B. WING		05/28	8/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
		1547 WES	CLINCH AVE	NUE		
KNOXVILI	LE CENTER FOR REPRO	DUCTIVE HEALTH	E, TN 37916			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	COMPLETE DATE
A 304	Continued From page	e 3	A 304			
A 304	by the "counselors" to age of the fetus. Furt counselors are non-limembers who had be perform the ultrasour revealed the facility for Federation (NAF) Cline Review of the NAF C 2013 Compliance Ag physician March 16, 2 revealed, "Please a read NAF's 2013 Clininitial each section ar confirm that your faci practices set forth by in Abortion Care (initicertify that my facility Clinical Policy Guidel physician)I agree to Personnel Credential physician)Standard perform ultrasound exinterpret those exams documentation that the program of training or program developed be include a period of din Documentation of this maintained. Followin evaluation of ongoing place and documented clinical privileging mumembers who perford clinicians who interpret	content of the restational ther interview revealed censed/non-certified staff the trained by the NP to ads. Further interview collowed National Abortion inical Policy Guidelines. Ilinical Policy Guidelines reement signed by the 2013, provided by the facility ask your Medical Director to alical Policy Guidelines and to ad sign at the bottom to lity complies with the NAFLimited Sonography aled by the physician)I complies with NAF's 2013 ines (initialed by the comply with NAF's Medical ing Policies (initialed by the 1: Staff members who sams and clinicians who is must either show they have completed a rest and the such a complete such a compl	A 304			
	of these privilegesF	periodic review and renewal References: 2. AIUM				
	Official Statement: L	f Ultrasound in Medicine) imited Obstetrical d November 20093. AIUM				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 4 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(3) DATE SURVEY COMPLETED	
	TNPL53526	B. WING		05	5/28/2013	
NAME OF PROVIDER OR SUPPLIER		DDRESS, CITY, STATE				
KNOXVILLE CENTER FOR REPRO	DUCTIVE HEALTH	ST CLINCH AVENU .LE, TN 37916	JE			
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
Review of AIUM Officion Obstetrical Ultrasound 2009, revealed, "Lar inexperience of the so not justify performance examination when a sindicated. Sonographorate described in the Thysicians Who Evaluated Diagnostic Ultrasound Standards and Guidel Ultrasound Practice Review of the AIUM Finance of Obstet Examinations, 2007, a "Qualifications and Interpret Diagnos and/or Gynecologic Unthe AIUM Standards a Accreditation of Ultras November 5, 2011, repractice PersonnelF Ultrasound. The practice PersonnelF Ultrasound. The practice, including ensolinical services are practice continues to interpret of the services are sufficient practice continues to the services are sufficient practice.	ial Statement: Limited d, approved November ck of qualification or conographer/sonologist does e of a limited ultrasound standard examination is er/sonologist qualifications raining Guidelines for uate and Interpret d Examinations and the lines for the Accreditation of " Practice Guidelines for the etric Ultrasound and revised 2013, revealed, Responsibilities of allum Official Statement or Physicians Who evaluate the Abdominal, Obstetric, Iltrasound Examinations and and Guidelines for the sound Practices" dards and Guidelines for the sound Practices, approved evealed, "Ultrasound Physician Director of the end of the quality and trasound operations of the sound practices of the seeing the quality and trasound operations of the sound that appropriate	A 304				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 5 of 57

Division of Health Care Facilities

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		TNPL53526	B. WING		05	/28/2013	
	ROVIDER OR SUPPLIER	DDUCTIVE HEALTH	DRESS, CITY, STA T CLINCH AVE .E, TN 37916		·		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
A 304	may supervise the enor may delegate speciand sonographersS Nonphysicians Who F ExaminationsChief sonographer must me requirements for sono nonphysicians who prexaminationsAll sor in the specialty or special	cian director of ultrasound tire operation of the facility cific operations to associates conographers and Other Perform Ultrasound SonographerThe chief cet all additional ographers and other cerform ultrasound cographers must be certified cialties for which the ditation or must become reditationThe following cetationThe following cetation or must become reditationThe following cetation or must become reditationThe following cetation or must become reditation and Registry all Sonography Registry of Radiologic by 'AlUM-recognized" I sonography for abdomen, cology. American Registry of cytical College of Radiology) college of Obstetricians and Practice Guideline For the cetrical Ultrasound, Revised G-AIUM-SRU (Society of cound) Practice Guideline for celvic Ultrasound, Revised ualifications of ACR-SPR (Society for SRU Practice Guideline for creting Diagnostic cons"	A 304				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 6 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3			
		TNPL53526	B. WING		05/2	28/2013
	ROVIDER OR SUPPLIER	DDUCTIVE HEALTH	DDRESS, CITY, STA ST CLINCH AVE LLE, TN 37916			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
A 304	certification by a natic body (e.g., ARDMS or should have ongoing ultrasound" Review of the qualificathrough ARRT reveal complete an accredited Review of ARDMS result and area Minimum and ultrasound/vascular erof 3,200 cases in each area Full-time is defiat least 48 weeks per the requirements are week would take app full-time definition appultrasound/vascular erone of two ways: (1) I ultrasound/vascular erone of two ways: (1) I ultrasound/vascular setting for a minimum minimum of 1680 hou completing a formal, a program that is a min length, a minimum of including appropriate and requires a clinical internship/exterprogram It is recommit directly involved in a cases during his/her of specialty area for white	s qualification can be ification or eligibility for onally recognized certifying r ARRT). The sonographer continuing education in ations for certification ed candidates must ed educational program. quirements revealed, sh school as months full-time clinical experience and a minimum h applied specialty ined as 35 hours per week, year. If working part time, prorated. Twenty hours per roximately two years. The olies to both paid clinical experience and experience letion of a formal rogram Clinical experience may be obtained being employed as an onographer in a clinical experience may be obtained on of 12 months and a urs, or (2) successfully full-time ultrasound/vascular imum of 12 months in 1680 total program hours, clinical and didactic hours, ernship to complete the mended that an applicant be minimum of 800 diagnostic clinical experience in each	A 304			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 7 of 57

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		'	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		TNPL53526	В.	WING		05/2	28/2013
	ROVIDER OR SUPPLIER	DDUCTIVE HEALTH	TREET ADDRES 547 WEST CL NOXVILLE, T	INCH AVE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION))	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
A 304	hospitals, clinics and does not accept volu barter or veterinarian experience earned to requirement cannot a clinical requirement Review of the of Ten Examiners Chapter Or Regulations Governin Operators in Physicia 0880-510(4), "all of functionsare within Radiological Technol practice for radiographic revealed rule 0880-5- pursuant to these rule certificate holder to presonance Imaging) both of which are bey capabilities of limited. Review of Tennessee Examiners Chapter Or Regulations Governing revealed rule 0880-5- authorized to perform operate any x-ray experson's personnel find appropriate certification being performed" Review of the Rules Health Board For Lic Chapter 1200-08-01- revealed rule 1200-0 shall be qualified by experience for the type of the typ	private practices. ARDMS Inteer, instructorship, unpai experienceClinical document the education also be used to support the messee Board of Medical 1880-5, General Rules and ing the Utilization of X-Ray an's Offices revealed rule radiographic procedures of the American Society of ogists' (A.S.R.T.) scope of others" Continued review10(7), "certification es does not authorize the erform MRI (Magnetic or Ultrasound procedures yond the scope and licensed operators"	of es als el	A 304			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 8 of 57

Division of Health Care Facilities STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		TNPL53526	B. WING		05/28	8/2013
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 00.2	
KNOXVILI	LE CENTER FOR REPRO	DUCTIVE HEALTH	CLINCH AVE E, TN 37916	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
A 304	Ultrasound room, con credentialed and did in privileges to include pure was responsible for the non-licensed/non-cert perform the abdomina ultrasounds on patient physician was responsinterpretation of the ultrasounds of th	ge, and at 10:25 a.m., in the firmed the NP had not been not have delineated performing ultrasounds, but the training of "counselors" or tified staff members to all and transvaginal and transvaginal litrasounds, but had not ing or direct supervision of forming the ultrasounds.	A 304			
A 417	with professionally repractice. This Rule is not met Based on observation Federal Regulations, credentialing and persociety Standards and Tennessee Board of Tennessee Department the facility failed to for standards of practice administration and fair services were perform. The findings included Observation of the local 28, 2013, at 11:15 a.r. revealed one prescrip Pharmacy) with sever Continued observation.	cedures shall be consistent cognized standards of as evidenced by: n, review of the Code of interview, review of sonnel files, review of dedical Examiners and ent of Health regulations, llow professional recognized related to medication led to ensure radiological ned by qualified personnel. : cked narcotic box, on May m., in the sterilization room, with the pills in the bottle. In revealed the label had a the prescription label for	A 417			

Division of Health Care Facilities

STATE FORM 6899 If continuation sheet 9 of 57 OBX211

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		TNPL53526	B. WING		05/28/2013
	ROVIDER OR SUPPLIER LE CENTER FOR REPRO	DDUCTIVE HEALTH	DRESS, CITY, STAT T CLINCH AVEN LE, TN 37916		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
A 417	Continued observation was written by the fact (NP). Interview on May 28, sterilization room whe located, with the NP, prescription to (name employee at the facility for our patients so the prescription filled and medications out of the not economical for the in bulk" Review of the Code of 21 Part 290- Controlled General Provisions, of Required Warning, drug listed as a 'controlled' for the Substances Act shall patient, contain the for Federal law prohibits any person other than prescribed' " Interview on May 28, sterilization room, with confirmed the prescription of the	n revealed the prescription cility's Nurse Practitioner 2013, at 11:15 a.m., in the ere the narcotic box was revealed "wrote the dindividual) who is an tyrarely use Hydrocodone employee got the we give the patients the ebottle and log themit is efacility to purchase the pills of Federal Regulations Title ed Drugs, Subpart A, Sec. 290.5 Drugs, Statement revealed "the label of any colled substance' in schedule Federal Controlled, when dispensed to or for a collowing warning: 'Caution: the transfer of this drug to the patient for whom it was 2013, at 11:15 a.m., in the h the Administrator, ption for Hydrocodone tten by the NP (in the lame) and filled by the	A 417		
		sonnel files revealed the tor of Counseling who held a id no health/medical			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 10 of 57

Division of Health Care Facilities

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUF A. BUILDING: COMPLET		1 ' '	
			7. BOILBING.			
		TNPL53526	B. WING		05/2	8/2013
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
KNOXVILI	LE CENTER FOR REPRO	DDUCTIVE HEALTH	CLINCH AVE	NUE		
			E, TN 37916			
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A 417	Continued From page	e 10	A 417			
	licenses, training, or of facility personnel fi an employee in the police health/medical license. Further review of the counselors revealed of Ultrasound Skills Evalultrasound Skills Evalued Trainer (signed by Counseling/Masters of Review of the Basic Ultrasound Skills Evaluation of Trainer (signed by Counseling/Masters of Skills Evaluation of Trai	certifications. Further review les revealed the facility had osition of Counselor with no es, training, or certifications. personnel files for both documentation of Basic duation. Review of the Basic duation for the Counselor 8-13Number of ed: approximately rainerApproved the Director of of Divinity)3-28-13" Ultrasound Skills Evaluation unseling revealed, "Date onograms Performed: 2780 years)				
	revealed the facility h Certified in Obstetrics privileges delineated. facility had, on staff, a who was an employe credentialing or privile Interview with the NP a.m., in the Ultrasoun and Transvaginal (a p vaginal vault to look a	dentialing and personnel files ad a physician Board s and Gynecology with Further review revealed the a Nurse Practitioner (NP) e of the facility and no eging had been completed. I on May 28, 2013, at 10:25 and room, revealed Abdominal probe inserted into the at a woman's reproductive were performed on patients				
	by the "counselors" to age of the fetus. Furl counselors are non-lie	o determine the gestational ther interview revealed censed/non-certified staff een trained by the NP to				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 11 of 57

Division of Health Care Facilities

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:			COMPL	
		TNPL53526	B. WING		05/2	8/2013
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TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	PRIATE	DATE
				DEFICIENCY)		
A 417	Continued From page	e 11	A 417			
	porform the ultraceum	do Further interview				
	perform the ultrasoun	ollowed National Abortion				
		nical Policy Guidelines.				
	Tederation (NAT) Cili	lical i olicy duidelines.				
	Review of the NAF C	linical Policy Guidelines				
		reement signed by the				
		2013, provided by the facility				
	revealed, "Please a	sk your Medical Director to				
	read NAF's 2013 Clin	ical Policy Guidelines and to				
		d sign at the bottom to				
	confirm that your facil					
		NAFLimited Sonography				
	,	aled by the physician)I				
		complies with NAF's 2013				
	Clinical Policy Guideli					
		comply with NAF's Medical				
		ing Policies (initialed by the				
	1	1: Staff members who cams and clinicians who				
	interpret those exams					
	documentation that th					
		must complete such a				
		y the facility. Training must				
	include a period of dir					
	Documentation of this	•				
	maintained. Followin	g initial training, a system for				
		proficiency must be in				
		dStandard 2: a system of				
	clinical privileging mu	st be in place for staff				
		n ultrasound exams and				
	clinicians who interpre					
		periodic review and renewal				
	of these privilegesR					
	,	Ultrasound in Medicine)				
	Official Statement: Li					
		d November 20093. AIUM				
	Practice Guideline for					
	Obstetric Ultrasound	Examinations. 2007"				
	Review of AIUM Office	ial Statement: Limited				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 12 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE S COMPL		
		TNPL53526	B. WING		05/2	28/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE		
KNOVAL	LE CENTER FOR REDRO	1547 WE	ST CLINCH AVEN	NUE		
KNOXVIL	LE CENTER FOR REPRO	KNOXVIL	LE, TN 37916			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
A 417	Continued From page	e 12	A 417			
	2009, revealed, "La inexperience of the so not justify performance examination when a sindicated. Sonograph are described in the Thysicians Who Eval Diagnostic Ultrasound Standards and Guide Ultrasound Practice Review of the AIUM Ferformance of Obste Examinations, 2007, "Qualifications and Personnel. See the ATraining Guidelines for and Interpret Diagnos and/or Gynecologic Lessing 1985.	conographer/sonologist does the of a limited ultrasound standard examination is er/sonologist qualifications fraining Guidelines for the and Interpret di Examinations and the lines for the Accreditation of the accredita				
	Accreditation of Ultra: November 5, 2011, re Practice PersonnelI Ultrasound. The practice physician director of understand the practice, including enclinical services are propriate as sufficient practice continues to Guidelines for the Accidental physician physician supervise the encormay delegate specific practices.	ctice must designate a ultrasound who is eeing the quality and trasound operations of the suring that appropriate				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 13 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		TNPL53526	B. WING		0.5	12012042
					05/	/28/2013
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
KNOXVILI	LE CENTER FOR REPRO	DUCTIVE HEALTH	ST CLINCH AVE LE, TN 37916	NUE		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	 DRRECTION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	COMPLETE DATE
A 417	Continued From page	e 13	A 417			
	sonographer must me requirements for sono nonphysicians who pexaminationsAll son in the specialty or spepractice seeks accredited before reaccertifications are acceptor Diagnostic Medica (ARDMS)American Technologists (ARRT certification in general obstetrics and gyneco Radiologic Technologists	SonographerThe chief eet all additional ographers and other erform ultrasound nographers must be certified ecialties for which the ditation or must become reditationThe following eptable: American Registry al Sonography Registry of Radiologic T) 'AIUM-recognized" al sonography for abdomen, ology. American Registry of gists (ARRT)"				
	-ACOG (American Co Gynecologists)-AIUM Performance of Obst 2007, and ACR-ACO Radiologists in Ultras the Performance of P 2009, revealed, "Qu PersonnelSee the A Pediatric Radiology)- Performing and Interp Ultrasound Examinat Review of the ACR-S for Performing and In Ultrasound Examinat revealed, "Diagnos When a sonographer that person should be training to do so. Thi demonstrated by cert certification by a natio	ACR-SPR (Society for SRU Practice Guideline for preting Diagnostic ions" EPR-SRU Practice Guideline terpreting Diagnostic ions Revised 2011, tic Medical Sonographer. In performs the examination, equalified by appropriate				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 14 of 57

Division of Health Care Facilities

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		ED
		TNPL53526	B. WING		05/28/	/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE		
KNOYVII	LE CENTER FOR REPRO	DDUCTIVE HEALTH	ST CLINCH AVE	NUE		
KITOXVIL	LE OENTERT OR REFIRE	KNOXVIL	LE, TN 37916			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
A 417	Continued From page	e 14	A 417			
	should have ongoing ultrasound"	continuing education in				
	through ARRT revea	cations for certification led candidates must ed educational program.				
	Review of ARDMS requirements revealed, "Prerequisite 7High school					
graduateMinimum 48 months full-time clinical ultrasound/vascular experience and a minimum						
	of 3,200 cases in each	•				
		fined as 35 hours per week,				
		r year. If working part time,				
	the requirements are	prorated. Twenty hours per				
	week would take app	roximately two years. The				
	-	plies to both paid clinical				
		experience and experience				
	earned through comp					
	ultrasound/vascular p	-				
		experience may be obtained				
		being employed as an				
		sonographer in a clinical				
	setting for a minimum					
		urs, or (2) successfully				
		full-time ultrasound/vascular nimum of 12 months in				
	. •	1680 total program hours,				
	_	clinical and didactic hours,				
	-	ernship to complete the				
		mended that an applicant be				
	. •	minimum of 800 diagnostic				
		clinical experience in each				
	specialty area for wh					
		gnostic settings include				
		private practices. ARDMS				
		nteer, instructorship, unpaid,				
	barter or veterinarian					
		document the education				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 15 of 57

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE S		
AND FLAN	DF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPL	ETED
		TNPL53526	B. WING		05/2	8/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
KNOVVII	LE CENTER FOR REPRO	DUCTIVE HEALTH 1547 WES	T CLINCH AVE	NUE		
KNOAVIL	LE CENTER FOR REPRO	KNOXVIL	LE, TN 37916			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
A 417	Continued From page	= 15	A 417			
		also be used to support the				
	Examiners Chapter 0 Regulations Governir Operators in Physicia 0880-510(4), "all r functionsare within Radiological Technological Tech	licensed operators"				
	Regulations Governir revealed rule 0880-9 authorized to perform operate any x-ray equ person's personnel fil	ng Radiologist Assistants 108(1), "before being n any x-ray procedure or uipmentcertificate in the leauthorized has the on requiredprocedure				
	Health Board For Lice Chapter 1200-08-01- revealed rule 1200-08 shall be qualified by 6	of Tennessee Department of ensing Health Care Facilities .06, Standards for Hospitals 8-0106, "x-ray personnel education, training and be of service performed"				
	a.m., in the staff loung Ultrasound room, con credentialed and did	P on May 28, 2013, at 9:30 ge, and at 10:25 a.m., in the firmed the NP had not been not have delineated performing ultrasounds, but				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 16 of 57

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		TNPL53526	B. WING		05/28/2013
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE. ZIP CODE	, , , , , , , , , , , , , , , , , , , ,
		1547 WE	ST CLINCH AVE	,	
KNOXVILI	LE CENTER FOR REPRO	KNOXVIL	LE, TN 37916		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
A 417	Continued From page	: 16	A 417		
	non-licensed/non-cert perform the abdomina ultrasounds on patien physician was respon interpretation of the u been involved in train	ts. Interviews confirmed the			
A 420	1200-8-1004 (16) Ad	dministration	A 420		
	appointment, reappointments of the medical	ody shall provide for the ntment or dismissal of cal, dental, and other health de for the granting of clinical			
	facility bylaws, and int governing body failed Practitioner (NP) for c and failed to maintain	redentialing files, review of terviews, the facility			
	The findings included	:			
	NP has not been appo	edentialing file revealed the binted by the Board of at the facility since 1988.			
	revealed the bylaws d	bylaws of the medical staff lid not address allied health is Nurse Practitioner (NP) or titioners others than			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 17 of 57

Division of Health Care Facilities STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	A. BUILDING:		
		TNPL53526	B. WING		05/28/2013
NAME OF D	ROVIDER OR SUPPLIER	STDEET V	DDRESS, CITY, STA	ATE ZIR CODE	
NAME OF F	ROVIDER OR SUFFLIER		ST CLINCH AVE		
KNOXVILI	LE CENTER FOR REPRO	DUCTIVE HEALTH	LE, TN 37916		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
A 420	Continued From page	: 17	A 420		
	approved by the Boar Interview with the NP a.m., in the staff loung personnel file does not delineated clinical privibirectors. Continued revealed the NP job dultrasounds, clinic vision medications. Continuarevealed "they knew reso there was no Interview with the Adri	ineated clinical privileges d of Directors. on May 28, 2013, at 9:30 ge, confirmed the NP's of contain a list of approved vileges by the Board of interview with the NP uties include performing its, and prescribing ed interview with the NP me before I started working need."			
A 437	shall assure that an in including members of staff and administrative and techniques for the control and reporting of the committee shall of: 6. A method of control sterilization of supplie		A 437		

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 18 of 57

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		TNPL53526	B. WING		05/28/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
KNOVVII I	LE CENTER FOR REPRO	DUCTIVE HEALTH	ST CLINCH AVE	NUE	
KNOAVILI	LE CENTER FOR REPRO	KNOXVIL	LE, TN 37916		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
A 437	Continued From page	· 18	A 437		
		as evidenced by: and interview, the facility afe and clean environment in			
	The findings included	:			
	the clean sterilization instruments and equip sterilized, revealed inc	28, 2013, at 12:15 p.m., in room where sterile oment are packaged and dividual ceramic dolls, a vidual (employee) pictures			
	the clean sterilization	28, 2013, at 12:30 p.m., in room, revealed numerous inal speculums in a plastic nter.			
	Nurse Practitioner (NI 12:30 p.m., in the clear confirmed the personal stored with clean ster- interview revealed the were unwrapped and	al employee items were ile supplies. Continued e clean vaginal speculums stored next to personal ator and NP confirmed clean			
A 602	1200-8-1006 (1)(b) E	Basic Services	A 602		
	(1) Surgical Services.				
	services must be well accordance with acce practice. If outpatient				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 19 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		TNPL53526		B. WING		05/28/2013	
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA			
KNOXVILI	LE CENTER FOR REPRO	DUCTIVE HEALTH		, TN 37916			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION))	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
A 602	Continued From page with inpatient care in complexity of services	accordance with the		A 602			
	Standards and Guide Tennessee Board of I review of Rules of Te Health Board For Lice Facilities, the facility f radiological/ultrasoun in quality with inpatien qualified personnel.	acility personnel files, erview, review of society lines, review of Rules of the Medical Examiners, and nnessee Department of ensing Health Care failed to ensure d services were consisten and performed by					
	facility had one Direct Masters in Divinity an licenses, training, or of facility personnel fi an employee in the probability for the probability for the counselors revealed of Ultrasound Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Review of the Basic Ultrasound Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Review of the Basic Ultrasound Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Review of the Basic Ultrasound Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Counseling/Masters of Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Skills Evarevealed, "Date 3-2 Sonograms Performe 150Evaluation of Troby Trainer (signed by Skills Evarevealed, "	sonnel files revealed the tor of Counseling who held do no health/medical certifications. Further reviewed the servealed the facility has bestion of Counselor with ness, training, or certification personnel files for both documentation of Basic luation. Review of the Basic luation for the Counselor 8-13Number of ed: approximately rainerApprovedApproved the Director of point of Divinity)3-28-13" Ultrasound Skills Evaluation unseling revealed, "Date onograms Performed: 278 years)	ew d no ns. sic ed				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 20 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		TNPL53526	B. WING		05/28/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE. ZIP CODE	·
			T CLINCH AVE	•	
KNOXVIL	LE CENTER FOR REPRO	DUCTIVE HEALTH	.E, TN 37916		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION (X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETE
A 602	Continued From page	20	A 602		
	Review of the files re- education or ongoing	Practitioner)3/29/13" vealed no other continuing training in ultrasounds. Ientialing and personnel files			
	revealed the facility h				
	privileges delineated. facility had, on staff, a	Further review revealed the Nurse Practitioner (NP)			
		e of the facility and no eging had been completed.			
	Interview with the NP on May 28, 2013, at 10:25 a.m., in the Ultrasound room, revealed Abdominal and Transvaginal (a probe inserted into the				
	organs) Ultrasounds of by the "counselors" to	at a woman's reproductive were performed on patients o determine the gestational her interview revealed			
	counselors are non-lic members who had be	censed/non-certified staff en trained by the NP to			
	-	ds. Further interview bllowed National Abortion nical Policy Guidelines.			
	2013 Compliance Agi	inical Policy Guidelines reement signed by the			
	revealed, "Please a read NAF's 2013 Clin	2013, provided by the facility sk your Medical Director to ical Policy Guidelines and to			
	confirm that your facil	d sign at the bottom to ity complies with the NAFLimited Sonography			
	in Abortion Care (initial certify that my facility	aled by the physician)I complies with NAF's 2013			
		nes (initialed by the comply with NAF's Medical ing Policies (initialed by the			
	physician)Standard	Staff members who sams and clinicians who			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 21 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE S		
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:		COMIL	LILD
		TNPL53526	B. WING		05/2	8/2013
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
KNOXVII I	LE CENTER FOR REPRO	DDUCTIVE HEALTH	CLINCH AVE	NUE		
		KNOXVILL	E, TN 37916			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
A 602	program developed be include a period of dir Documentation of this maintained. Followin evaluation of ongoing place and documente clinical privileging must members who performed these privilegesR (American Institute of Official Statement: Li Ultrasound. Approve Practice Guideline for Obstetric Ultrasound. Review of AIUM Official Statement: Li Ultrasound. Approve Practice Guideline for Obstetrical Ultrasound. Review of AIUM Official Statement: Li Ultrasound. Approve Practice Guideline for Obstetrical Ultrasound. Review of AIUM Official Statement: Li Ultrasound. Practice of the sound justify performance examination when a sindicated. Sonograph are described in the Thysicians Who Evaluation Diagnostic Ultrasound Standards and Guide Ultrasound Practice	s must either show ney have completed a r must complete such a ry the facility. Training must rect supervision. s training must be g initial training, a system for proficiency must be in edStandard 2: a system of st be in place for staff m ultrasound exams and et those exams. This periodic review and renewal References: 2. AIUM f Ultrasound in Medicine) imited Obstetrical d November 20093. AIUM r the Performance of Examinations. 2007" cial Statement: Limited d, approved November lock of qualification or lonographer/sonologist does lose of a limited ultrasound standard examination is ler/sonologist qualifications fraining Guidelines for luate and Interpret d Examinations and the lines for the Accreditation of " Practice Guidelines for the	A 602			
	Examinations, 2007, "Qualifications and Personnel. See the A Training Guidelines for	and revised 2013, revealed,				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 22 of 57

Division of Health Care Facilities

STATEMEN [*]	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		TNPL53526	B. WING		05/2	8/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		1547 WES	ST CLINCH AVE	NUE		
KNOXVILI	LE CENTER FOR REPRO	KNOXVIL	LE, TN 37916			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
A 602	Continued From page	22	A 602			
		Iltrasound Examinations and and Guidelines for the				
	Accreditation of Ultras November 5, 2011, re Practice PersonnelI Ultrasound. The practice physician director of uresponsible for oversappropriateness of ultractice, including enclinical services are pservices are sufficient practice continues to Guidelines for the Acceptactices. The physical may supervise the encormay delegate speciand sonographersS Nonphysicians Who F	etice must designate a ultrasound who is deeing the quality and trasound operations of the suring that appropriate rovided, that support t, and for certifying that the meet the Standards and creditation of Ultrasound cian director of ultrasound tire operation of the facility diffic operations to associates onographers and Other				
	sonographer must me requirements for sono nonphysicians who pot examinationsAll sor in the specialty or spe practice seeks accredite the specialty of the specialty or specialty or specialty or special sp	eet all additional ographers and other erform ultrasound nographers must be certified ecialties for which the litation or must become reditationThe following eptable: American Registry al Sonography Registry of Radiologic) 'AlUM-recognized" I sonography for abdomen, ology. American Registry of				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 23 of 57

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		TNPL53526	B. WING		05/28/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
KNOXVILI	LE CENTER FOR REPRO	DUCTIVE HEALTH	ST CLINCH AVE	NUE	
	OLIMANA DV. OT		LE, TN 37916	DDOWNERIO PLAN OF CORRECT	DV.
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
A 602	Continued From page	23	A 602		
	Performance of Obste 2007, and ACR-ACO Radiologists in Ultras the Performance of P 2009, revealed, "Qu PersonnelSee the A Pediatric Radiology)-Performing and Interpultrasound Examinati Review of the ACR-S for Performing and In Ultrasound Examinati revealed, "Diagnost When a sonographer that person should be training to do so. Thi demonstrated by cert certification by a natio body (e.g., ARDMS o	ACR-SPR (Society for SRU Practice Guideline for preting Diagnostic ions" PR-SRU Practice Guideline terpreting Diagnostic ions Revised 2011, tic Medical Sonographer. performs the examination, e qualified by appropriate			
	through ARRT reveal	ations for certification ed candidates must ed educational program.			
	ultrasound/vascular e of 3,200 cases in eac areaFull-time is def at least 48 weeks per the requirements are week would take app full-time definition app	gh school 18 months full-time clinical experience and a minimum th applied specialty ined as 35 hours per week, year. If working part time, prorated. Twenty hours per roximately two years. The olies to both paid clinical experience			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 24 of 57

Division of Health Care Facilities

DIVISION	of Health Care Facilitie	es .			
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING		COMPLETED
		TNPL53526	B. WING		05/28/2013
NAME OF B		OTDEET AS	DDEGG OITY OT	ATE 710 000E	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
KNOXVII I	LE CENTER FOR REPRO	DDUCTIVE HEALTH	ST CLINCH AVE	NUE	
		KNOXVIL	LE, TN 37916		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
				DEFICIENCY)	
A 602	Continued Frame need	- 24	A 602		
A 002	Continued From page	e 24	A 002		
	ultrasound/vascular p	program Clinical			
		experience may be obtained			
		being employed as an			
	, , ,	sonographer in a clinical			
		• .			
	setting for a minimum				
		urs, or (2) successfully			
		full-time ultrasound/vascular			
	, · ·	imum of 12 months in			
	_	1680 total program hours,			
	including appropriate	clinical and didactic hours,			
	and requires a				
	clinical internship/ext	ernship to complete the			
	programIt is recomi	mended that an applicant be			
	ı · •	minimum of 800 diagnostic			
	_	clinical experience in each			
	specialty area for whi				
		gnostic settings include			
		private practices. ARDMS			
		nteer, instructorship, unpaid,			
	barter or veterinarian				
		document the education			
	•	also be used to support the			
	clinical requirement				
	Review of the of Teni	nessee Board of Medical			
	Examiners Chapter 0	880-5, General Rules and			
	Regulations Governir	ng the Utilization of X-Ray			
	Operators in Physicia	an's Offices revealed rule			
		adiographic procedures or			
		the American Society of			
		ogists' (A.S.R.T.) scope of			
		ohers" Continued review			
		10(7), "certification			
	·	es does not authorize the			
	I	erform MRI (Magnetic			
	,	or Ultrasound procedures,			
	both of which are bey				
	capabilities of limited	licensed operators"			
	Review of Tennessee	e Board of Medical			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 25 of 57

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED		
		TNPL53526		B. WING		0:	5/28/2013
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A 602	Regulations Governir revealed rule 0880-9 authorized to perform operate any x-ray equiperson's personnel fil appropriate certification being performed" Review of the Rules of Health Board For Lico Chapter 1200-08-01-revealed rule 1200-08 shall be qualified by experience for the type Interviews with the NI a.m., in the staff lound Ultrasound room, concredentialed and did privileges to include pwas responsible for the non-licensed/non-cerperform the abdomina ultrasounds on patier physician was responsition of the ubeen involved in train	880-9, General Rules and Radiologist Assistants08(1), "before being any x-ray procedure or uipmentcertificate in theauthorized has the on requiredprocedure of Tennessee Departments of Standards for Hosp 3-0106, "x-ray personation of Standards for Hosp and Standards for Hosp of Service performed. On May 28, 2013, at 9 on May 28, 20	ent of ilities itals nnel ::30 in the been but its" or did the	A 602			
A 604	(1) Surgical Services. (d) The organization		must	A 604			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 26 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLE		
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A 604	Standards and Guide Tennessee Board of I review of Rules of Te Health Board For Lice Facilities, the facility for radiological/ultrasound by qualified personned. The findings included Review of facility personnel facility had one Direct Masters in Divinity and licenses, training, or of facility personnel find an employee in the phealth/medical license Further review of the counselors revealed to Ultrasound Skills Evan Ultrasound Skills Evan revealed, "Date 3-2 Sonograms Performent 150Evaluation of Treby Trainer (signed by Counseling/Masters of Review of the Basic Unfor the Director of Conductor of Sestimate for 5 ½ yrs (employmentEvaluation or ongoing the discount of the files revealed	as evidenced by: acility personnel files, erview, review of society lines, review of Rules of the Medical Examiners, and annessee Department of ensing Health Care failed to ensure d services were performed d. : sonnel files revealed the for of Counseling who held a d no health/medical certifications. Further review les revealed the facility had acition of Counselor with no es, training, or certifications. personnel files for both documentation of Basic luation. Review of the Basic luation. Review of the Basic luation for the Counselor 8-13Number of d: approximately ainerApprovedApproved the Director of of Divinity)3-28-13" Ultrasound Skills Evaluation unseling revealed, "Date onograms Performed: 2780 years)	A 604			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 27 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION (X3) DATE A. BUILDING:			
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A 604	Continued From page 27		A 604			
	Certified in Obstetrics privileges delineated. facility had, on staff, a who was an employe credentialing or privile Interview with the NP a.m., in the Ultrasour and Transvaginal (a p vaginal vault to look a organs) Ultrasounds by the "counselors" to age of the fetus. Fur counselors are non-limembers who had be perform the ultrasour revealed the facility for	and a physician Board is and Gynecology with a Further review revealed the Nurse Practitioner (NP) is of the facility and no beging had been completed. It on May 28, 2013, at 10:25 and room, revealed Abdominatorobe inserted into the last a woman's reproductive were performed on patients to determine the gestational of the interview revealed censed/non-certified staff the trained by the NP to londs. Further interview collowed National Abortion inical Policy Guidelines.	al			
	2013 Compliance Ag physician March 16, 2 revealed, "Please a read NAF's 2013 Clir initial each section ar confirm that your faci practices set forth by in Abortion Care (initi certify that my facility Clinical Policy Guidel physician)I agree to Personnel Credential physician)Standard perform ultrasound exinterpret those exams documentation that the program of training or	NAFLimited Sonography aled by the physician)I complies with NAF's 2013 ines (initialed by the comply with NAF's Medica ing Policies (initialed by the 1: Staff members who xams and clinicians who is must either show ney have completed a r must complete such a by the facility. Training must	o I			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 28 of 57

Division of Health Care Facilities

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Accreditation of Ultrasound Practices" Review of AIUM Standards and Guidelines for the	A 604	Documentation of thi maintained. Followir evaluation of ongoing place and documents clinical privileging mumembers who perfor clinicians who interpressive must include of these privileges (American Institute of these privileges (American Institute of Official Statement: Lultrasound. Approve Practice Guideline for Obstetric Ultrasound. Review of AIUM Official Obstetrical Ultrasound. Review of AIUM Official Obstetrical Ultrasound Practice of the senot justify performance amination when a indicated. Sonograph are described in the Physicians Who Evan Diagnostic Ultrasound Standards and Guidel Ultrasound Practice Review of the AIUM Performance of Obstetrical See the Irraining Guidelines from Interpret Diagno and/or Gynecologic Uthe AIUM Standards Accreditation of Ultrasound Putrasound Interpret Diagno and/or Gynecologic Uthe AIUM Standards Accreditation of Ultrasound Putrasound Putr	s training must be ag initial training, a system for a proficiency must be in edStandard 2: a system of ust be in place for staff multrasound exams and ret those exams. This periodic review and renewal References: 2. AIUM fultrasound in Medicine) imited Obstetrical ed November 20093. AIUM or the Performance of Examinations. 2007" Cial Statement: Limited ad, approved November ack of qualification or onographer/sonologist does be of a limited ultrasound standard examination is ner/sonologist qualifications. Training Guidelines for luate and Interpret de Examinations and the elines for the Accreditation of Practice Guidelines for the etric Ultrasound and revised 2013, revealed, Responsibilities of AIUM Official Statement or Physicians Who evaluate stic Abdominal, Obstetric, Ultrasound Examinations and and Guidelines for the sound Practices"	A 604			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 29 of 57

Division	<u>of Health Care Facilitie</u>	es es				
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A 604	Continued From page	29	A 604			
	A PC-C - 61.00	18				
		sound Practices, approved				
		evealed, "Ultrasound				
	Practice Personnel					
	Ultrasound. The prac	ctice must designate a				
	physician director of ι	ultrasound who is				
	responsible for overse	eeing the quality and				
		trasound operations of the				
		suring that appropriate				
	clinical services are p	0 11 1				
	•	t, and for certifying that the				
		meet the Standards and				
	•					
		creditation of Ultrasound				
		cian director of ultrasound				
		tire operation of the facility				
		ific operations to associates				
	and sonographersS	onographers and Other				
	Nonphysicians Who F	Perform Ultrasound				
	ExaminationsChief	SonographerThe chief				
	sonographer must me	eet all additional				
	requirements for sono					
	nonphysicians who pe	•				
		nographers must be certified				
	in the specialty or spe	- ·				
		ditation or must become				
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		S S				
		eptable: American Registry				
	for Diagnostic Medica					
		Registry of Radiologic				
	Technologists (ARRT	,				
	certification in genera	I sonography for abdomen,				
	obstetrics and gyneco	ology. American Registry of				
	Radiologic Technolog	jists (ARRT)"				
	_					
	Review of ACR (Ame	rican College of Radiology)				
		ollege of Obstetricians and				
		Practice Guideline For the				
		etrical Ultrasound, Revised				
		G-AIUM-SRU (Society of				
	Radiologists in Ultras	ound) Practice Guideline for	1			

Division of Health Care Facilities

the Performance of Pelvic Ultrasound, Revised

STATE FORM 6899 OBX211 If continuation sheet 30 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED		
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A 604	Pediatric Radiology) Performing and Inter Ultrasound Examina Review of the ACR-s for Performing and In Ultrasound Examina revealed, "Diagnos When a sonographe that person should be training to do so. The demonstrated by cer certification by a nate body (e.g., ARDMS should have ongoing ultrasound" Review of the qualifithrough ARRT revea complete an accredithrough ARRT revea complete an accredit reveal accredithrough ARRT revea complete an accredit reveal a	Qualifications of ACR-SPR (Society for SRU Practice Guideline repreting Diagnostic Itions" SPR-SRU Practice Guideline repreting Diagnostic Itions Revised 2011, stic Medical Sonographer performs the examinate equalified by appropriatis qualification can be retification or eligibility for ionally recognized certificor ARRT). The sonographer continuing education in cations for certification and candidates must ted educational program equirements revealed, igh school 48 months full-time clinic experience and a minime.	deline er. tion, te ying apher n n. ical num eek, ime, rs per The al	A 604	DEFICIENC	;Y)	
	earned through com ultrasound/vascular ultrasound/vascular one of two ways: (1) ultrasound/vascular	pletion of a formal	ained				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 31 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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A 604	604 Continued From page 31		A 604			
	minimum of 1680 hou completing a formal, if program that is a min length, a minimum of including appropriate and requires a clinical internship/exterogramIt is recommedirectly involved in a reases during his/her of specialty area for whi applying. Clinical diagnospitals, clinics and does not accept volumbarter or veterinarian experience earned to	irs, or (2) successfully full-time ultrasound/vascular imum of 12 months in 1680 total program hours, clinical and didactic hours, ernship to complete the mended that an applicant be minimum of 800 diagnostic clinical experience in each ch he/she is gnostic settings include private practices. ARDMS nteer, instructorship, unpaid, experienceClinical document the education lso be used to support the				
	Examiners Chapter 0 Regulations Governir Operators in Physicia 0880-510(4), "all r functionsare within Radiological Technological Tech	es does not authorize the erform MRI (Magnetic or Ultrasound procedures, rond the scope and licensed operators"				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 32 of 57

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED			
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A 604	appropriate certification being performed" Review of the Rules of Health Board For Lice Chapter 1200-08-01-revealed rule 1200-08 shall be qualified by experience for the type Interviews with the NI a.m., in the staff loung Ultrasound room, concredentialed and did aprivileges to include powas responsible for the non-licensed/non-certiperform the abdomina ultrasounds on patient physician was responsible for the ubeen involved in train	eauthorized has the on requiredprocedure of Tennessee Department of ensing Health Care Facilities 06, Standards for Hospitals 3-0106, "x-ray personnel education, training and be of service performed" On May 28, 2013, at 9:30 ge, and at 10:25 a.m., in the firmed the NP had not been not have delineated performing ultrasounds, but the training of "counselors" or tified staff members to all and transvaginal its. Interviews confirmed the	A 604			
A 609	needs and resources care must be designed	nust be consistent with Policies covering surgical to assure the ntenance of high standards nd patient care.	A 609			
	Based on review of fa					

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 33 of 57

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1547 WEST CLINCH AVENUE	
1547 WEST CLINCH AVENUE	8/2013
KNOXVILLE CENTER FOR REPRODUCTIVE HEALTH KNOXVILLE, TN 37916	
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Standards and Guidelines, review of Rules of the Tennessee Board of Medical Examiners, and review of Rules of Tennessee Department of Health Board For Licensing Health Care Facilities, the facility failed to provide radiological/ultrasound services to achieve and maintain high standards of medical practice and patient care by ensuring ultrasounds were performed by qualified personnel. The findings included: Review of facility personnel files revealed the facility had one Director of Counseling who held a Masters in Divinity and no health/medical licenses, training, or certifications. Further review of facility personnel files revealed the facility had an employee in the position of Counselor with no health/medical licenses, training, or certifications. Further review of the personnel files for both counselors revealed documentation of Basic Ultrasound Skills Evaluation. Review of the Basic Ultrasound Skills Evaluation for the Counselor revealed, "Date 3-28-13Number of Sonograms Performed: approximately 150Evaluation of TrainerApprovedApproved by Trainer (signed by the Director of Counseling/Masters of Divinity)3-28-13" Review of the Basic Ultrasound Skills Evaluation for the Director of Counseling revealed of Counseling revealed of TrainerApprovedApproved by Trainer (signed by the Director of Counseling/Masters of Divinity)3-28-13" Review of the Basic Ultrasound Skills Evaluation for the Director of Counseling/Masters of Divinity)3-28-13" Review of the Basic Ultrasound Skills Evaluation for the Director of Counseling revealed of TrainerApprovedApproved by Trainer (signed by the facility Nurse Practitioner)3/2913" Review of the files revealed no other continuing education or ongoing training in ultrasounds. Review of facility credentialing and personnel files revealed the facility had a physician Board	

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 34 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE		
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A 609	A 609 Continued From page 34		A 609			
		s and Gynecology with				
		. Further review revealed the				
		a Nurse Practitioner (NP)				
		ee of the facility and no				
	credentialing or privil	leging had been completed.				
	Intonvious with the NE	on May 28, 2013, at 10:25				
a.m., in the Ultrasound room, revealed Abdominal and Transvaginal (a probe inserted into the vaginal vault to look at a woman's reproductive						
organs) Ultrasounds were performed on patients						
	by the "counselors" to determine the gestational					
	_	ther interview revealed				
		icensed/non-certified staff				
		een trained by the NP to				
	1 -	nds. Further interview				
		followed National Abortion				
	Federation (NAF) Cli	inical Policy Guidelines.				
	Review of the NAF C	Clinical Policy Guidelines				
		greement signed by the				
		2013, provided by the facility				
		ask your Medical Director to				
	*	nical Policy Guidelines and to				
		nd sign at the bottom to				
		ility complies with the				
	_	NAFLimited Sonography				
		ialed by the physician)I				
		complies with NAF's 2013				
	Clinical Policy Guide					
	_	o comply with NAF's Medical				
		ling Policies (initialed by the				
		d 1: Staff members who				
	1	exams and clinicians who				
	interpret those exam					
		hey have completed a				
		or must complete such a				
		by the facility. Training must				
	include a period of di					
	Documentation of thi	•				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 35 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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A 609	evaluation of ongoing place and documents clinical privileging mumembers who perfor clinicians who interpresystem must include of these privileges	ng initial training, a system for g proficiency must be in edStandard 2: a system of last be in place for staff multrasound exams and ret those exams. This periodic review and renewal References: 2. AIUM f Ultrasound in Medicine) limited Obstetrical ed November 20093. AIUM or the Performance of Examinations. 2007" Cial Statement: Limited and, approved November ack of qualification or conographer/sonologist does be of a limited ultrasound standard examination is ner/sonologist qualifications. Training Guidelines for luate and Interpret d Examinations and the elines for the Accreditation of Practice Guidelines for the etric Ultrasound and revised 2013, revealed, Responsibilities of AIUM Official Statement for Physicians Who evaluate stic Abdominal, Obstetric, Ultrasound Examinations and and Guidelines for the sound Practices"	A 609			
		ndards and Guidelines for the sound Practices, approved				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 36 of 57

Division of Health Care Facilities

Division	of Health Care Facilitie	es .				
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
		TNDI 50500	B. WING		0.5/0	0/0040
		TNPL53526			05/2	8/2013
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
		1547 WE	ST CLINCH AVE	NUE		
KNOXVILI	LE CENTER FOR REPRO	DDUCTIVE HEALTH KNOXVI	LLE, TN 37916			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	, ID	PROVIDER'S PLAN OF CORRECTION	N	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
A 609	Continued From page	e 36	A 609			
	November 5, 2011, revealed, "Ultrasound					
	Practice PersonnelPhysician Director of					
		ctice must designate a				
	physician director of u					
	responsible for overseeing the quality and					
	appropriateness of ultrasound operations of the					
	practice, including ensuring that appropriate					
	clinical services are provided, that support					
	services are sufficient, and for certifying that the					
practice continues to meet the Standards and						
Guidelines for the Accreditation of Ultrasound						
		cian director of ultrasound				
	may supervise the en	tire operation of the facility				
	or may delegate spec	cific operations to associates				
	and sonographersS	Sonographers and Other				
	Nonphysicians Who F	Perform Ultrasound				
	ExaminationsChief	SonographerThe chief				
	sonographer must me	eet all additional				
	requirements for sono	ographers and other				
	nonphysicians who pe	- -				
		nographers must be certified				
	in the specialty or spe					
	•	ditation or must become				
		reditationThe following				
		eptable: American Registry				
	for Diagnostic Medica	1 0 7				
		Registry of Radiologic				
	Technologists (ARRT					
	•	al sonography for abdomen,				
		ology. American Registry of				
	Radiologic Technolog	JISIS (ARRT)				
	Peview of ACD (Amo	erican College of Radiology)				
		ollege of Obstetricians and				
		Practice Guideline For the				
		etrical Ultrasound, Revised				
		G-AIUM-SRU (Society of				
	_	ound) Practice Guideline for				
	the Performance of P	elvic Ultrasound, Revised			ļ	1

Division of Health Care Facilities

2009, revealed, "...Qualifications of

STATE FORM 6899 OBX211 If continuation sheet 37 of 57

Division of Health Care Facilities

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		TNPL53526	B. WING		05/28/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		1547 WE	ST CLINCH AVE		
KNOXVIL	LE CENTER FOR REPRO	DUCTIVE HEALTH	LE, TN 37916		
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A 609	Continued From page	e 37	A 609		
	PersonnelSee the ACR-SPR (Society for Pediatric Radiology)-SRU Practice Guideline for Performing and Interpreting Diagnostic Ultrasound Examinations"				
	for Performing and In Ultrasound Examinati revealed, "Diagnost When a sonographer that person should be training to do so. Thi demonstrated by cert certification by a natio body (e.g., ARDMS o	ions Revised 2011, tic Medical Sonographer. performs the examination, e qualified by appropriate			
	through ARRT reveal	ations for certification ed candidates must ed educational program.			
	ultrasound/vascular e of 3,200 cases in each areaFull-time is def at least 48 weeks per the requirements are week would take app full-time definition appultrasound/vascular e earned through compultrasound/vascular pultrasound/vascular e one of two ways: (1) I ultrasound/vascular s setting for a minimum	gh school 38 months full-time clinical experience and a minimum th applied specialty ined as 35 hours per week, experience. If working part time, prorated. Twenty hours per roximately two years. The collection of a formal experience and experience experience may be obtained opening employed as an onographer in a clinical			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 38 of 57

Division of Health Care Facilities

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
		TNPL53526	B. WING	B. WING		/28/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
KNOWILL		1547 WES	T CLINCH AVE	NUE		
KNOXVILI	LE CENTER FOR REPR	WOXVIL	LE, TN 37916			
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A 609	A 609 Continued From page 38		A 609			
	program that is a min length, a minimum of including appropriate and requires a clinical internship/exprogramIt is recombined in a cases during his/her specialty area for whapplying. Clinical diathospitals, clinics and does not accept volubarter or veterinariar experience earned to	gnostic settings include I private practices. ARDMS Inteer, instructorship, unpaid, In experienceClinical Indoordood of the document the education I also be used to support the				
	Examiners Chapter (Regulations Governion Operators in Physicion 0880-510(4), "all functionsare within Radiological Techno practice for radiographic revealed rule 0880-5 pursuant to these rule certificate holder to present the resonance Imaging both of which are becapabilities of limited Review of Tennesse Examiners Chapter (Regulations Governion revealed rule 0880-6 authorized to perform	l licensed operators"				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 39 of 57

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SI COMPLE			
		TNPL53526	B. WING		05	/28/2013
	ROVIDER OR SUPPLIER LE CENTER FOR REPRO	DDUCTIVE HEALTH	ET ADDRESS, CITY, STA WEST CLINCH AVE XVILLE, TN 37916			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
A 609	Review of the Rules of Health Board For Lice Chapter 1200-08-01-revealed rule 1200-08 shall be qualified by experience for the type Interviews with the NI a.m., in the staff loung Ultrasound room, concredentialed and did privileges to include pwas responsible for the non-licensed/non-cerperform the abdomina ultrasounds on patien physician was responsible to the ubeen involved in train	on requiredprocedure of Tennessee Department of tensing Health Care Facilities 06, Standards for Hospitals 3-0106, "x-ray personnel education, training and be of service performed" On May 28, 2013, at 9:30 ge, and at 10:25 a.m., in the firmed the NP had not been not have delineated performing ultrasounds, but the training of "counselors" or tified staff members to all and transvaginal its. Interviews confirmed the	A 609			
A 635	,	s. t be available and include at ing medication and supplies:	A 635			
		n and interview, the facility equired medications were				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 40 of 57

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		
		TNPL53526	B. WING		05/28/2013
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
KNOXVILI	LE CENTER FOR REPRO	DUCTIVE HEALTH	LE, TN 37916		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE
A 635	Continued From page	40	A 635		
	at 10:50 a.m., in the prevealed the emerger contain the required re(medication given for Interview with the faction May 28, 2013, at 1	ash cart, on May 28, 2013, nostoperative care area, noy crash cart did not nedications Lidocaine cardiac dysrhythmia's). lity Nurse Practitioner (NP), 0:50 a.m., confirmed the e the Lidocaine (a required			
A 680	(5) Pharmaceutical S provide drugs and bid effective manner in ad standards of practice. biologicals must be st	Services. The ASTC must logicals in a safe and ecordance with accepted	A 680		
	Federal Regulations a failed to follow profess of practice related to and failed to safely sta The findings included Observation of the loc 28, 2013, at 10:35 a.r	a, review of the Code of and interview, the facility sional recognized standards medication administration ore medications.			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 41 of 57

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					3) DATE SURVEY COMPLETED	
		TNPL53526	B. WING		05/2	8/2013
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
KNOXVILI	LE CENTER FOR REPRO	DUCTIVE HEALTH	T CLINCH AVE E, TN 37916	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
A 680	sterilization room, wit medications were "Vi anxiety) 25mg and Pl for nausea) 25mg. Co the medications were pre-packaged contain the last surgery day (Continued interview of were not labeled and have been discarded Observation of the log 28, 2013, at 11:15 a.m. revealed one prescrip Pharmacy) with seve Continued observation (named individual) or "Hydrocodone 10mg (Tylenol)# (number Continued observation)	2013, at 10:35 a.m., in the h the NP, revealed the staril (medication used for henergan (medication used portinued interview revealed taken from the hers and placed in the cup Saturday May 25, 2013). Confirmed the medications the medications should . Cocked narcotic box, on May m., in the sterilization room, potion bottle (named in the prescription label for	A 680			
	sterilization room who located, with the NP, prescription to (name employee at the facility for our patients so the prescription filled and medications out of the	2013, at 11:15 a.m., in the ere the narcotic box was revealed "wrote the dindividual) who is an ityrarely use Hydrocodone employee got the we give the patients the bottle and log themit is e facility to purchase the pills				
	21 Part 290- Controlle General Provisions, S of required warning, r	of Federal Regulations Title ed Drugs, Subpart A,) Sec. 290.5 Drugs, Statement revealed "the label of any) rolled substance' in schedule				

Division of Health Care Facilities

STATE FORM OBX211 (If continuation sheet 42 of 57)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATI COM			SURVEY LETED		
		TNPL53526		B. WING		05/	28/2013
	ROVIDER OR SUPPLIER LE CENTER FOR REPRO	DDUCTIVE HEALTH	1547 WEST	RESS, CITY, STA CLINCH AVE E, TN 37916	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
A 680	patient, contain the for Federal law prohibits any person other than prescribed' " Interview on May 28, sterilization room, wit confirmed the prescri 10mg/325mg was writemployee) and filled in Continued interview of were dispensed to part of the recovery room crass. One vial of Valium milliliter (ml) opened 2. One 10 ml bottle of for anxiety and allerg dated 3. One 10 ml syringe and not dated	Federal Controlled, when dispensed to or following warning: 'Cautio the transfer of this drug in the patient for whom it 2013, at 11:15 a.m., in the Administrator, ption for Hydrocodone itten by the NP (for name by the (named employee confirmed the medication itients. 28, 2013, at 10:48 a.m., ash cart revealed: 5 milligram (mg) to 1 and not dated if Hydroxyzine (medication ic reaction) opened and it of Normal Saline opened is entered; at that the ations were opened,	n: to was he ed e). ns in on not	A 680			
A 682	provide within the factorial arrangement, diagnostic a	vices. The ASTC shall ility, or through stic radiological services he needs of the ambulat		A 682			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 43 of 57

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		TNPL53526	B. WING		05/28/2013
	ROVIDER OR SUPPLIER	DUCTIVE HEALTH	ADDRESS, CITY, STANCEST CLINCH AVE		
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A 682	Standards and Guide Tennessee Board of I review of Rules of Te Health Board For Lice Facilities, the facility fradiological/ultrasoun by qualified personned. The findings included Review of facility personnel flading and the facility personnel flading and the personnel flading and the facility personnel flading and employee in the personnel flading facility personnel flading facility personnel flading employee in the personnel flading facility personnel flading facility personnel flading employee in the personnel flading facility personnel flading facility personnel flading employee in the personnel flading facility personnel flading facility personnel flading employee in the personnel flading facility flating facility flating facility flating facility flating facility is facility's Nurse Review of the files review of the files review education or ongoing	as evidenced by: cicility personnel files, erview, review of society lines, review of Rules of the Medical Examiners, and nnessee Department of ensing Health Care ailed to ensure d services were performed l. : sonnel files revealed the for of Counseling who held a d no health/medical certifications. Further review les revealed the facility had desition of Counselor with no les, training, or certifications. personnel files for both documentation of Basic luation. Review of the Basic luation for the Counselor 8-13Number of d: approximately ainerApprovedApproved the Director of of Divinity)3-28-13" Ultrasound Skills Evaluation unseling revealed, "Date conograms Performed: 2780 years) tion of Approved by Trainer (signed Practitioner)3/29/13" yealed no other continuing training in ultrasounds.	A 682		
	Review of facility cred	lentialing and personnel files			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 44 of 57

Division of Health Care Facilities

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMF	PLETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
KNOYVII	LE CENTER FOR REPR	ODUCTIVE HEALTH	T CLINCH AVE	NUE		
KINOXVIL	LL OLIVILIK I OK KLFK	KNOXVIL	LE, TN 37916			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
A 682	Continued From pag	e 44	A 682			
	revealed the facility is Certified in Obstetric privileges delineated facility had, on staff, who was an employed credentialing or privilenterview with the NF a.m., in the Ultrasou and Transvaginal (a vaginal vault to look organs) Ultrasounds by the "counselors" tage of the fetus. Fur counselors are non-lemembers who had be perform the ultrasour revealed the facility is	nad a physician Board s and Gynecology with land. Further review revealed the a Nurse Practitioner (NP) see of the facility and no leging had been completed. Pon May 28, 2013, at 10:25 and room, revealed Abdominal probe inserted into the at a woman's reproductive were performed on patients to determine the gestational rither interview revealed icensed/non-certified staff een trained by the NP to ands. Further interview followed National Abortion inical Policy Guidelines.				
	Review of the NAF (2013 Compliance Agphysician March 16, revealed, "Please read NAF's 2013 Clinitial each section a confirm that your factorial practices set forth by in Abortion Care (initicertify that my facility Clinical Policy Guide physician)I agree the Personnel Credential physician)Standard perform ultrasound einterpret those examindocumentation that the program of training of	Clinical Policy Guidelines greement signed by the 2013, provided by the facility ask your Medical Director to nical Policy Guidelines and to nd sign at the bottom to ility complies with the NAFLimited Sonography cialed by the physician)I complies with NAF's 2013 clines (initialed by the o comply with NAF's Medical ling Policies (initialed by the data Staff members who exams and clinicians who as must either show they have completed a property that is a staff member or must complete such a by the facility. Training must				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 45 of 57

Division of Health Care Facilities

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPL	
			71. 501251110.			
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NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
KNOXVILI	E CENTER FOR REPRO	DDUCTIVE HEALTH	CLINCH AVE E, TN 37916	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
A 682	evaluation of ongoing place and documents clinical privileging mumembers who performance of these privilegesF (American Institute of Official Statement: L Ultrasound. Approve Practice Guideline for Obstetric Ultrasound. Review of AIUM Offic Obstetrical Ultrasound. 2009, revealed, "La inexperience of the sonot justify performance examination when a sindicated. Sonographare described in the Physicians Who Eval Diagnostic Ultrasound Standards and Guide Ultrasound Practice Review of the AIUM I Performance of Obst Examinations, 2007, "Qualifications and Personnel. See the ATTaining Guidelines for and Interpret Diagnosand/or Gynecologic Universes."	is training must be go initial training, a system for groficiency must be in edStandard 2: a system of list be in place for staff in ultrasound exams and et those exams. This periodic review and renewal References: 2. AIUM of Ultrasound in Medicine) imited Obstetrical ed November 20093. AIUM or the Performance of Examinations. 2007" Cial Statement: Limited do, approved November ack of qualification or conographer/sonologist does be of a limited ultrasound estandard examination is iter/sonologist qualifications. Training Guidelines for uate and Interpret do Examinations and the elines for the Accreditation of Practice Guidelines for the etric Ultrasound and revised 2013, revealed, Responsibilities of AIUM Official Statement or Physicians Who evaluate estic Abdominal, Obstetric, Ultrasound Examinations and and Guidelines for the	A 682			
	Review of AIUM Star	ndards and Guidelines for the				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 46 of 57

Division	of Health Care Facilitie	s				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
KNOXVIL	LE CENTER FOR REPRO	DUCTIVE HEALTH	EST CLINCH AVEI LLE, TN 37916	NUE		
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PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		1E
.,		,		DEFICIENCY)		
A 682	Continued From page	± 46	A 682			
	Accreditation of Ultrasound Practices, approved					
		evealed, "Ultrasound				
	Practice PersonnelI	•				
		etice must designate a				
	physician director of ultrasound who is responsible for overseeing the quality and appropriateness of ultrasound operations of the practice, including ensuring that appropriate clinical services are provided, that support					
	services are sufficient	t, and for certifying that the				
	practice continues to meet the Standards and					
		creditation of Ultrasound				
		cian director of ultrasound				
		tire operation of the facility				
		eific operations to associates conographers and Other				
	Nonphysicians Who F					
		SonographerThe chief				
	sonographer must me					
	requirements for sono	ographers and other				
	nonphysicians who pe					
		nographers must be certified				
	in the specialty or spe					
	l -	litation or must become				
		reditationThe following				
	for Diagnostic Medica	eptable: American Registry				
	_	Registry of Radiologic				
	Technologists (ARRT					
		I sonography for abdomen,				
	obstetrics and gyneco	ology. American Registry of				
	Radiologic Technolog	jists (ARRT)"				
	Deview of ACD (A:	rican Callogo of Dadialass				
		rican College of Radiology) ollege of Obstetricians and				
	· ·	Practice Guideline For the				
	, ,	etrical Ultrasound, Revised				
		G-AIUM-SRU (Society of				
		ound) Practice Guideline for				

Division of Health Care Facilities

the Performance of Pelvic Ultrasound, Revised

STATE FORM 6899 OBX211 If continuation sheet 47 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	DDUCTIVE HEALTH	DDRESS, CITY, STATEST CLINCH AVEN	,		
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A 682	Pediatric Radiology)- Performing and Interp Ultrasound Examinat Review of the ACR-S for Performing and In Ultrasound Examinat revealed, "Diagnosi When a sonographer that person should be training to do so. Thi demonstrated by cert certification by a natio body (e.g., ARDMS of should have ongoing ultrasound" Review of the qualificathrough ARRT reveal complete an accredited Review of ARDMS re "Prerequisite 7Hig graduateMinimum of ultrasound/vascular ef at least 48 weeks per the requirements are week would take app full-time definition app ultrasound/vascular ef earned through comp ultrasound/vascular ef one of two ways: (1) if	ualifications of ACR-SPR (Society for SRU Practice Guideline for oreting Diagnostic ions" PR-SRU Practice Guideline terpreting Diagnostic ions Revised 2011, tic Medical Sonographer. performs the examination, equalified by appropriate is qualification can be iffication or eligibility for onally recognized certifying or ARRT). The sonographer continuing education in rations for certification ed candidates must ed educational program. Inquirements revealed, gh school in the school in the school is a specialty ined as 35 hours per week, if year. If working part time, prorated. Twenty hours per roximately two years. The olies to both paid clinical experience and experience ince and experience ince of a formal program Clinical experience may be obtained being employed as an ionographer in a clinical congrapher in a clinical congrap	A 682			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 48 of 57

Division of Health Care Facilities

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		RED.				DATE SURVEY COMPLETED	
		TNPL53526		B. WING		05	5/28/2013	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	TE, ZIP CODE			
KNOXVII	LE CENTER FOR REPR	ODLICTIVE HEALTH	1547 WEST (CLINCH AVE	NUE			
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A 682	Continued From page	je 48		A 682				
	completing a formal, program that is a milength, a minimum or including appropriate and requires a clinical internship/ex programlt is recomb directly involved in a cases during his/her specialty area for whapplying. Clinical dial hospitals, clinics and does not accept volubarter or veterinariar experience earned to	ignostic settings include I private practices. ARDI unteer, instructorship, un n experienceClinical o document the educatic also be used to support	urs, purs, ent be pstic ach MS apaid,					
	Examiners Chapter (Regulations Governion Operators in Physici 0880-510(4), "all functionsare within Radiological Technoractice for radiograr revealed rule 0880-5 pursuant to these rucertificate holder to present to the process of the pursuant to	d licensed operators"	and tay le s or of e of iew ne res,					

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 49 of 57

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		TNPL53526	B. WING		05/2	28/2013
	ROVIDER OR SUPPLIER	DDUCTIVE HEALTH	DDRESS, CITY, STA ST CLINCH AVE LLE, TN 37916			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
A 682	appropriate certification being performed" Review of the Rules of Health Board For Lico Chapter 1200-08-01-revealed rule 1200-08 shall be qualified by experience for the type Interviews with the Na.m., in the staff loun Ultrasound room, concredentialed and did privileges to include pwas responsible for the non-licensed/non-cerperform the abdominal ultrasounds on patier physician was responsible for the phys	deauthorized has the on requiredprocedure of Tennessee Department of tensing Health Care Facilities and tension of tens	A 682			
A 686	radiologist either full- consulting basis, both and to discharge prof services.	vices. ASTC shall have a time or part-time on a to supervise the service essional radiological	A 686			
	This Rule is not met	as evidenced by:				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 50 of 57

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			X3) DATE SURVEY COMPLETED	
		TNPL53526	B. WING			8/2013
	ROVIDER OR SUPPLIER LE CENTER FOR REPRO	DDUCTIVE HEALTH	DRESS, CITY, STA T CLINCH AVE LE, 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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
A 686	Standards and Guide Tennessee Board of I review of Rules of Te Health Board For Lice Facilities, the facility for radiological/ultrasound by qualified personner full-time or part-time or The findings included Review of facility personnel find an employee in the propose of facility personnel find an employee in the propose of facility personnel find employee in the propose of facility for the Counseling/Masters of Sonograms Performent 150Evaluation of Tropy Trainer (signed by Counseling/Masters of Review of the Basic Upon for the Director of Counseling/Masters of Sestimate for 5 ½ yrs (employmentEvaluation or ongoing for the Director or ongoing for the files revealed or ongoing for the files revealed or ongoing for ongoing for the files of the files revealed or ongoing for the files of the files revealed or ongoing for the files of the files revealed or ongoing for ongoing for the files of the files revealed or ongoing for the files of the files revealed or ongoing for the files of the files revealed or ongoing for the files of the	acility personnel files, erview, review of society lines, review of Rules of the Medical Examiners, and nnessee Department of ensing Health Care ailed to ensure d services were performed and supervised by a radiologist. : sonnel files revealed the for of Counseling who held a don health/medical certifications. Further review les revealed the facility had osition of Counselor with no es, training, or certifications. personnel files for both documentation of Basic luation. Review of the Basic luation. Review of the Basic luation for the Counselor 8-13Number of d: approximately ainerApprovedApproved the Director of of Divinity)3-28-13" Ultrasound Skills Evaluation unseling revealed, "Date onograms Performed: 2780 years)	A 686			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 51 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		TNPL53526	B. WING		05	/28/2013
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A 686	Continued From page	e 51	A 686			
	privileges delineated. facility had, on staff, a who was an employed credentialing or privile. Interview with the NP a.m., in the Ultrasoun and Transvaginal (a program) Ultrasounds by the "counselors" to age of the fetus. Furth counselors are non-life members who had be perform the ultrasoun revealed the facility for	and Gynecology with Further review revealed the Nurse Practitioner (NP) e of the facility and no eging had been completed. on May 28, 2013, at 10:25 d room, revealed Abdominal probe inserted into the at a woman's reproductive were performed on patients of determine the gestational ther interview revealed censed/non-certified staff een trained by the NP to				
	Review of the NAF Ci 2013 Compliance Agriphysician March 16, 2 revealed, "Please a read NAF's 2013 Clin initial each section an confirm that your facil practices set forth by in Abortion Care (initic certify that my facility Clinical Policy Guideli physician)I agree to Personnel Credentiali physician)Standard perform ultrasound exinterpret those exams documentation that the program of training or	linical Policy Guidelines reement signed by the 2013, provided by the facility sk your Medical Director to ical Policy Guidelines and to d sign at the bottom to ity complies with the NAFLimited Sonography aled by the physician)I complies with NAF's 2013 ines (initialed by the o comply with NAF's Medical ing Policies (initialed by the 1: Staff members who kams and clinicians who is must either show hey have completed a must complete such a y the facility. Training must				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 52 of 57

Division of Health Care Facilities

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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KNOXVILLE CENTER FOR REPRODUCTIVE HEALTH KNOXVILLE, TN 37916 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	NAME OF P	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE			
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUNDS) CROSS-REFERENCED TO THE APPR	JLD BE	(X5) COMPLETE DATE	
Documentation of this training must be maintained. Following initial training, a system for evaluation of ongoing proficiency must be in place and documentedStandard 2: a system of clinical privileging must be in place for staff members who perform ultrasound exams and clinicians who interpret those exams. This system must include periodic review and renewal of these privilegesReferences: 2: AlUM (American Institute of Ultrasound in Medicine) Official Statement: Limited Obstetrical Ultrasound. Approved November 20093. AlUM Practice Guideline for the Performance of Obstetric Ultrasound Examinations. 2007" Review of AlUM Official Statement: Limited Obstetrical Ultrasound, approved November 2009, reveated, "Lack of qualification or inexperience of the sonographer/sonologist does not justify performance of a limited ultrasound examination when a standard examination is indicated. Sonographer/sonologist qualifications are described in the Training Guidelines for Physicians Who Evaluate and Interpret Diagnostic Ultrasound Examinations and the Standards and Guidelines for the Accreditation of Ultrasound Practice" Review of the AlUM Practice Guidelines for the Performance of Obstetric Ultrasound Examinations and Responsibilities of Personnel. See the AlUM Official Statement Training Guidelines for Physicians Who evaluate and Interpret Diagnostic Ultrasound Examinations. 2007, and revised 2013, revealed, "Qualifications and Responsibilities of Personnel. See the AlUM Official Statement Training Guidelines for Physicians Who evaluate and Interpret Diagnostic Dutrasound Examinations and the AlUM Standards and Guidelines for the Accreditation of Ultrasound Examinations and He AlUM Standards and Guidelines for the Accreditation of Ultrasound Examinations and He AlUM Standards and Guidelines for the Accreditation of Ultrasound Practices" Review of AlUM Standards and Guidelines for the Accreditation of Ultrasound Practices"	A 686	Documentation of thi maintained. Followir evaluation of ongoing place and document clinical privileging members who perfor clinicians who interpresent must include of these privilegesI (American Institute of these privilegesI (American Institute of Official Statement: Lultrasound. Approver Practice Guideline for Obstetric Ultrasound Review of AIUM Official Obstetrical Ultrasound Practical Ultrasound Statement: Lultrasound Review of AIUM Official Statement: Lultrasound Review of AIUM Official Statement: Lultrasound Practical Ultrasound Presonal are described in the Physicians Who Evan Diagnostic Ultrasound Standards and Guidel Ultrasound Practice. Review of the AIUM Performance of Obstet Examinations, 2007, "Qualifications and Personnel. See the Training Guidelines of and Interpret Diagnos and/or Gynecologic Uthe AIUM Standards Accreditation of Ultrasound Putrasound Put	is training must be ng initial training, a system for g proficiency must be in edStandard 2: a system of ust be in place for staff rm ultrasound exams and ret those exams. This periodic review and renewal References: 2. AIUM of Ultrasound in Medicine) Limited Obstetrical ed November 20093. AIUM or the Performance of Examinations. 2007" cial Statement: Limited and, approved November ack of qualification or sonographer/sonologist does ce of a limited ultrasound standard examination is her/sonologist qualifications. Training Guidelines for uluate and Interpret and Examinations and the elines for the Accreditation of" Practice Guidelines for the tetric Ultrasound and revised 2013, revealed, I Responsibilities of AIUM Official Statement for Physicians Who evaluate estic Abdominal, Obstetric, Ultrasound Examinations and and Guidelines for the asound Practices"	A 686				

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 53 of 57

Division of Health Care Facilities								
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A 686	Continued From page	e 53	A 686					
	Approditation of Liltra	acund Practices, approved						
		sound Practices, approved						
		evealed, "Ultrasound						
	Practice PersonnelI							
		ctice must designate a						
	physician director of ι	ultrasound who is						
	responsible for overse	eeing the quality and						
	appropriateness of ult	trasound operations of the						
	practice, including en	suring that appropriate						
	clinical services are p	rovided, that support						
	•	t, and for certifying that the						
		meet the Standards and						
	•	creditation of Ultrasound						
		cian director of ultrasound						
		tire operation of the facility						
		effic operations to associates						
		conographers and Other						
	Nonphysicians Who F							
		SonographerThe chief						
	sonographer must me							
	requirements for sono	•						
	nonphysicians who pe							
		nographers must be certified						
	in the specialty or spe							
	practice seeks accred	litation or must become						
	certified before reacci	reditationThe following						
	certifications are acce	eptable: American Registry						
	for Diagnostic Medica	al Sonography						
	~	Registry of Radiologic						
	Technologists (ARRT							
	• •	I sonography for abdomen,						
		ology. American Registry of						
	Radiologic Technolog							
	radiologic reciliolog	jists (AIXIXI)						
	Pavious of ACD /Ama	rican Collogo of Padialogy						
		rican College of Radiology)						
		ollege of Obstetricians and						
		Practice Guideline For the						
		etrical Ultrasound, Revised						
		G-AIUM-SRU (Society of						
	Radiologists in Ultras	ound) Practice Guideline for						

Division of Health Care Facilities

the Performance of Pelvic Ultrasound, Revised

STATE FORM 6899 OBX211 If continuation sheet 54 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		TNPL53526	B. WING		05	/28/2013	
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(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
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A 686	Continued From page	e 54	A 686				
		ACR-SPR (Society for SRU Practice Guideline for preting Diagnostic					
	for Performing and In Ultrasound Examinat revealed, "Diagnos When a sonographer that person should be training to do so. Thi demonstrated by cert certification by a natio body (e.g., ARDMS of	ions Revised 2011, tic Medical Sonographer. performs the examination, e qualified by appropriate					
	Review of the qualifications for certification through ARRT revealed candidates must complete an accredited educational program.						
	"Prerequisite 7HiggraduateMinimum aultrasound/vascular eof 3,200 cases in each areaFull-time is def at least 48 weeks per the requirements are week would take appfull-time definition ap	48 months full-time clinical experience and a minimum ch applied specialty fined as 35 hours per week, r year. If working part time, prorated. Twenty hours per roximately two years. The plies to both paid clinical experience and experience pletion of a formal					
	ultrasound/vascular e one of two ways: (1)	experience may be obtained being employed as an sonographer in a clinical					

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 55 of 57

Division of Health Care Facilities

A. BUILDING:	
TNPL53526 B. WING 05/28/2	/2013
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
KNOXVILLE CENTER FOR REPRODUCTIVE HEALTH 1547 WEST CLINCH AVENUE KNOXVILLE, TN 37916	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 688 Continued From page 55 minimum of 1680 hours, or (2) successfully completing a formal, full-time ultrasound/vascular program that is a minimum of 12 months in length, a minimum of 1680 total program hours, including appropriate clinical and didactic hours, and requires a clinical internship/externship to complete the programIt is recommended that an applicant be directly involved in a minimum of 800 diagnostic cases during his/her clinical experience in each specialty area for which he/she is applying. Clinical diagnostic settings include hospitals, clinics and private practices. ARDMS does not accept volunteer, instructorship, unpaid, barter or veterinarian experienceClinical experience aenaed to document the education requirement cannot also be used to support the clinical requirement" Review of the of Tennessee Board of Medical Examiners Chapter 0880-5, General Rules and Regulations Governing the Utilization of X-Ray Operators in Physician's Offices revealed rule 0880-5-104(h.,"all radiographis procedures or functionsare within the American Society of Radiological Technologists' (A. S.R.T.) scope of practice for radiographers" Continued review revealed rule 0880-5-10(7), "certification pursuant to these rules does not authorize the certificate holder to perform MRI (Magnetic Resonance Imaging) or Ultrasound procedures, both of which are beyond the scope and capabilities of limited licensed operators" Review of Tennessee Board of Medical Examiners Chapter 0880-9, General Rules and Regulations Governing Radiologist Assistants revealed rule 0880-9-0.8(1), "before being authorized to perform any x-ray procedure or	

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 56 of 57

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
TNPL53526		TNPL53526	B. WING		05/28/2013	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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A 686	appropriate certification being performed" Review of the Rules of Health Board For Lice Chapter 1200-08-01-revealed rule 1200-08 shall be qualified by experience for the type Interviews with the NI a.m., in the staff lound Ultrasound room, concredentialed and did privileges to include pwas responsible for the non-licensed/non-cerperform the abdomina ultrasounds on patient physician was responsible interpretation of the ubeen involved in train non-licensed staff per	eauthorized has the on requiredprocedure of Tennessee Department of tensing Health Care Facilities 1.06, Standards for Hospitals 1.06, Standards for Hospitals 1.06, "x-ray personnel education, training and 1.00 of service performed" Pon May 28, 2013, at 9:30 ge, and at 10:25 a.m., in the offirmed the NP had not been not have delineated 1.00 performing ultrasounds, but the training of "counselors" or tified staff members to all and transvaginal 1.00 performed the 1.00 pe	A 686			

Division of Health Care Facilities

STATE FORM 6899 OBX211 If continuation sheet 57 of 57