Michigan Department of Community Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	636949	A. BUILDING _____ B. WING _____	C 10/20/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOMANCARE OF SOUTHFIELD	28505 SOUTHFIELD ROAD LATHRUP VILLAGE, MI 48076

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S 000	Facility #: 63-6949 This survey was conducted for investigation of complaint MI00033326. The Department surveyors have evaluated this facility and found the stated deficiencies to be those not in compliance with state licensure rules on the date(s) indicated.	S 000		
S4008	State Licensure 325.3856(2) Exterior This Statute is not met as evidenced by: 1. From observation the facility does not accommodate the mobility challenged (handicap access): a. Patient entry requires travel up a total of 9 steps to enter the clinical areas; b. None of the toilet rooms are big enough to comply with accessibility standards.	S4008		
S4011	State Licensure 325.3857(1) Interior Construction This Statute is not met as evidenced by: 1. The facility was not free from hazards as evidenced by: a. There is only one egress path from the clinical space. Occupants could be trapped during a disaster; b. There are no fire alarm pull stations, alarms	S4011		

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S4011	Continued From page 1 that report to a fire department, extinguishers, or suppression system. Thus, outside assistance cannot be automatically summoned and no way is provided to safely fight a fire without outside assistance; c. No apparent rated separations or automatic door closers are provided to hazardous storage areas to contain fire where the potential is greatest; d. A separate handwashing facility is not provided in the reprocessing room or prep/recovery ward as needed to allow for proper hand hygiene; e. Furnace filters were stored in the same space as bio-hazardous waste and as such could become contaminated; f. One of the panes of glass in the reprocessing room window was broken thereby weakening the remaining glass and reducing its design thermal efficiency; g. The operating table pad had several rips in the cover, rendering the pad uncleanable such that body fluids could be transferred between patients; h. Uncovered disposable pads and linens were found in the prep/recovery ward (as such the cleanliness of these patient care materials cannot be assured).	S4011		
S4012	State Licensure 325.3857(2) Interior Construction This Statute is not met as evidenced by: 1. The required levels of artificial illumination were not provided throughout as evidenced by the following measurements:	S4012		

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S4012	Continued From page 2 a. Only 19 footcandles (fc) at the sink in exam room 3 versus the required 30 fc to ensure proper hand hygiene; b. Only 25 fc at the table in exam room 3 versus the required 75 fc to allow for necessary task lighting; c. Only 42 - 85 fc throughout the operating room versus the required 150 fc to minimize differential illumination levels beyond the range of the surgical exam light; d. Only 32 - 35 fc at the south (stretcher) end of the prep/recovery ward versus the required 75 fc to allow for necessary task lighting; e. Only 34 fc at the table in exam room 1 versus the required 75 fc to allow for necessary task lighting.	S4012		
S4013	State Licensure 325.3857(3) Interior Construction This Statute is not met as evidenced by: 1. Proper ventilation was not provided as per observations: a. Upon opening up the 3 furnaces that serve the building it was observed that only low density fiberglass filters are provided versus the required MERV 8 efficiency pre-filters and MERV 13 final filters necessary to minimize spread of airborne contaminants; b. Upon opening up furnace that, according to staff, serves the north end of the upper level it was found that the filter was laying on the concrete floor and not fitting tightly as needed to provide effective filtration; c. Upon opening up furnace that serves the lower level it was found that the filter was	S4013		

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S4013	Continued From page 3 hanging loosely and not fitting tightly as needed to provide effective filtration; d. An in room recirculating air unit was found in the operating room that provides no effective filtration of moving air within the room; e. The bio-hazardous storage space (underneath the entry/intermediate stair landing) lacked exhaust ventilation needed to contain odors. f. Staff repeatedly opened the window to the instrument reprocessing room. When asked why they opened the window, staff reported that it was warm and that the building air conditioning was not turned on (this practice allows for unfiltered air to enter the facility).	S4013		
S4016	State Licensure 325.3857(6) Interior Construction This Statute is not met as evidenced by: 1. No source for emergency power is provided to the facility as needed to safely terminate or continue care in case of loss of normal electrical service.	S4016		
S4017	State Licensure 325.3857(7) Interior Construction This Statute is not met as evidenced by: Doors to exam room 1, procedure room 2, exam room 3, and operating room 4 were measured to be only 32 inches wide.	S4017		

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S4024	Continued From page 4	S4024		
S4024	State Licensure 325.3860 Telephone And Nurse Call Systems This Statute is not met as evidenced by: No emergency/code call stations are provided to the operating room, or prep/recovery ward and no emergency pull call station is provided in the toilet room serving the prep/recovery ward	S4024		
S4027	State Licensure 325.3866(3) Clinical Facilities This Statute is not met as evidenced by: No facilities are provided for patients to allow for visual privacy during changing.	S4027		
S4030	State Licensure 325.3866(6) Clinical Facilities This Statute is not met as evidenced by: No oxygen was provided in exam room 1, procedure room, exam room 3, or the prep/recovery ward.	S4030		
S4032	State Licensure 325.3866(8) Clinical Facilities	S4032		

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S4032	Continued From page 5 This Statute is not met as evidenced by: No emergency/code call stations are provided to the operating room, or prep/recovery ward and no emergency pull call station is provided in the toilet room serving the prep/recovery ward.	S4032		
S4033	State Licensure 325.3866(9) Clinical Facilities This Statute is not met as evidenced by: No scrub sink was provided.	S4033		
S4036	State Licensure 325.3866(12) Clinical Facilities This Statute is not met as evidenced by: Proper concentration of chemicals used in the cleaning of surgical instruments was not being verified, no written procedure for reprocessing of surgical instruments had been developed, and no documented proficiency for reprocessing staff could be produced .	S4036		
S4039	State Licensure 325.3867(3) Medication And Storage Areas This Statute is not met as evidenced by: Rule 4039 67(3) Medication and Storage Areas:	S4039		

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S4039	Continued From page 6 Based on observation and interview, the facility failed to maintain medications in a safe manner. Findings include: On 9/24/09, while touring facility with the Clinic Manager, unlocked hallway cupboard was noted to contain multiple medications. Second unlocked hallway cupboard located by laboratory specimen drawing area also contained multilple medications. Unlocked refrigerator located at laboratory specimen drawing area also contained medications. Unlocked refrigerator in Room #5 contained B-12 and was not dated. The medications RhoGAM and Pitocin on counter/shelf in Rm. #5. Room #3 contained the medication Lidocaine and Midazolan sitting on counter were not dated. The Operating Room Anesthesia cart contained Glycopyrolate open were not dated. Open bottle of Ketamine. No count for narcotic log was available. On 9/25/09, interview of clinic manager reveals there is no policy/protocol for medication storage and delivery.	S4039		
S4043	State Licensure 325.3868(1) Patient Observation And Recovery Areas This Statute is not met as evidenced by: The prep/recovery ward, which was found to contain 7 recliners and 3 stretchers, does not adequately support the projected patient	S4043		

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S4043	Continued From page 7 caseloads from the operating room and procedure room based on the required 3 hour recovery time as reportedly the typical surgical case can be completed in 5 minutes.	S4043		
S4046	State Licensure 325.3868(4) Patient Observation And Recovery Areas This Statute is not met as evidenced by: The 408 square foot prep/recovery ward, which was found to contain 7 recliners and 3 stretchers which does not provide the required useable floor.	S4046		
S4048	State Licensure 325.3868(6) Patient Observation And Recovery Areas This Statute is not met as evidenced by: The 408 square foot prep/recovery ward, which was found to contain 7 recliners and 3 stretchers which does not provide the required useable floor.	S4048		
S4049	State Licensure 325.3868(7) Patient Observation And Recovery Areas This Statute is not met as evidenced by: The prep/recovery ward, which was found to contain 7 recliners and 3 stretchers, only had direct access to a single toilet room.	S4049		

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S4050	State Licensure 325.3868(8) Patient Observation And Recovery Areas This Statute is not met as evidenced by: The corridor to be used for patient access to surgical facilities was measured to be only 4 feet wide.	S4050		
S4069	State Licensure 325.3877(1) Miscellaneous Storage This Statute is not met as evidenced by: On 9/24/09, Unlocked cupboard in dirty utility room contained the following: Sodium Chloride dated 12/31/08; Podophyllum dated 7/22/04; Lugol Solution dated 6/08; potassium hydrochloride - not dated; Monsel Solution not dated; and Trichloracetic Acid not dated.	S4069		
S4077	State Licensure 325.3826(2) Surgical Procedures Medications This Statute is not met as evidenced by: Orders for medications shall be given only upon written order of responsible physician. In four of six medical records (patient #2, patient #3, patient #4 and patient #6), medication orders can not be verified due to lack of physician signature and/or lack of specific medication to be	S4077		

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S4077	Continued From page 9 provided. In one of six medical records (patient #1), medications are identified as being given to the patient to take at home and there is not a corresponding physician's order.	S4077		
S4078	State Licensure 325.3826(3) Surgical Procedures Medications This Statute is not met as evidenced by: Orders customarily given/performed by nurses/qualified personnel for medications/diagnostic procedures/treatments shall be given only upon written order of responsible physician. Interview of clinic manager on 9/25/09 reveals there is not a policy/procedure which identifies what constitutes qualified staff for the delivery of mediations and/or treatments. Additionally, there is not a specified training program or requirement which constitutes a qualified staff.	S4078		
S4096	State Licensure 325.3839 Scrub Procedures/Policy This Statute is not met as evidenced by: Rule 4096 (39) Scrub Procedures/Policy: Written policy adopted by medical staff for hand washing/pre-operative scrub. Based on observation and interview, the facility	S4096		

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S4096	Continued From page 10 failed to provide a written policy regarding scrub procedures for the medical staff for hand washing and /or preoperative scrub. Findings include: During the initial tour conducted on 9-24-09 it was noted that there was no evidence of a hand washing/pre-operative scrub policy. Interview of the Clinic Manager and Physician/owner on 9-24-09 revealed that the facility does not have a policy to address handwashing and/or pre-operative scrub. During the initial tour conducted on 9-24-09 it was observed that the Physician/owner washed his hands in the dirty utility room, over the dirty instruments sitting in the sink. He proceeded to turn off the faucet; opened up the bottom a cupboard, he reached down under the counter and then grabbed the top towel from the stack of unfolded hand towels. He dried his hands in the dirty utility room placed the used towel on the counter and then proceeded to open the door to the operative/treatment room.	S4096		