Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011133	A. BUILDING: _____ B. WING _____	10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLINIC FOR WOMEN	3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	INITIAL COMMENTS This visit was for a State licensure survey. Facility Number: 011133 Survey Date: 10-11/12-12 Surveyors: Jack I. Cohen, MHA Medical Surveyor Billie Jo Fritch, RN Public Health Nurse Surveyor QA: claughlin 11/05/12	T 000		
T 208	410 IAC 26-11-1 INFECTION CONTROL PROGRAM 410 IAC 26-11-1(a)(2) (a) The clinic must do the following: (2) Maintain a written infection control policy that provides for an active and effective clinic-wide infection control program. This RULE is not met as evidenced by: Based on observation, document review, and interview, the clinic failed to maintain active and effective infection control practices in 2 of 3 areas (Sonogram room and Surgery Room #2) where intracavity vaginal probes are used and cleaned. Findings included: 1. While touring the clinic on 10-12-12 at 0955	T 208		

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T 208	Continued From page 1 hours with B#1, it was observed that the clinic had 3 sonogram machines (one in the sonogram room, one in surgery room 1, and one in surgery room 2). It was observed that intracavity vaginal probes were used in each room with the sonogram machine and each room had a log containing documentation of use, testing, and changes of the Cidex OPA 14 day solution. 2. Review of the facility Cidex OPA log on 10-12-12 indicated the following in the right upper corner: Cidex solution is changed every 14 days. 3. Review of the manufacturers instructions on 10-12-12 indicated the following on the gallon container of Cidex OPA: Do not reuse beyond 14 days or sooner as indicated by CIDEX OPA solution test strips. 4. Review of the Cidex OPA log for the sonogram room on 10-12-12 indicated the solution was documented as changed on 8-7-12 and not changed again until 8-29-12 (22 days). Documentation indicated 10 procedures were conducted between 8-22-12 and 8-29-12 which were after the expiration of the solution per manufacturer's instructions and clinic directions. 5. Review of the Cidex OPA log for the surgery room #2 on 10-12-12 indicated the solution was documented as changed on 7-20-12 and not changed again until 8-4-12 (15 days). Documentation indicated 5 procedures were conducted between 8-3-12 and 8-4-12 which were after the expiration of the solution per manufacturer's instructions and clinic directions. 6. Review of the Cidex OPA log for the surgery room #2 on 10-12-12 indicated the solution was documented as changed on 8-31-12 and not changed again until 9-19-12 (19 days). Documentation indicated 2 procedures were conducted 9-18-12 which was after the expiration of the solution per manufacturer's instructions and clinic directions.	T 208		

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T 208	Continued From page 2 7. Interview with S#2 on 10-12-12 at 1350 hours confirmed the above findings from the Cidex OPA logs in the sonogram room and the surgery room #2, confirmed the clinic and manufacturer's directions indicated to not use the Cidex OPA solution after the 14 day expiration, and confirmed 17 procedures were completed using the intracavity vaginal probe at the clinic during times the Cidex OPA solution had expired.	T 208		
T 322	410 IAC 26-16-1 PHARMECEUTICAL SERVICES 410 IAC 26-16-1(3)(A) The clinic must provide drugs and biologicals in a safe and effective manner in accordance with accepted professional practice. The clinic must have the following: (3) Written policies and procedures developed, implemented, maintained, and made available to personnel, including, but not limited to, the following: (A) Drug: (i) handling; (ii) storing; (iii) labeling; (iv) dispensing; and (v) administration according to established clinic policies and acceptable standards of practice. This RULE is not met as evidenced by: Based on observation and interview, the facility	T 322		

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T 322	Continued From page 3 failed to remove 6 vials of expired medication from the area where medication are stored for patient use. Findings included: 1. While touring the clinic on 10-12-12 at 1005 hours with B#1, six 50 ml vials of Lidocaine 1%, 10 mg/ml, were observed to have expired 8-1-12; the vials were stored in the locked recovery room medication cabinet with other medications for patient use. 2. Interview with B#1 on 10-12-12 at 1005 hours confirmed six 50 ml vials of Lidocaine 1%, 10 mg/ml were stored in the recovery room medication cabinet with other medications for patients use and the vials had expired 8-1-12.	T 322		
T 404	410 IAC 26-17-3 PHYS. PLANT,MAINT.,EQUIP.,ENVIR.,SAFETY 410 IAC 26-17-3(2) The condition of the physical plant and the overall clinic environment must be developed and maintained in such a manner that the safety and well-being of patients is assured as follows: (2) No condition may be created or maintained that may result in a hazard to: (A) patients; (B) authorized visitors; or (C) employees. This RULE is not met as evidenced by: Based on observation, the facility failed to be maintained in such a manner that would result in	T 404		

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T 404	Continued From page 4 a hazard to patients, authorized visitors and employees in 2 instances. Findings: 1. On 10-11-12 at 10:05 am in the presence of employee #A1, it was observed in the Recovery area there was an alcohol-based hand sanitizer on a counter and a table. It was also observed the room was carpeted and not sprinklered. This posed a fire hazard if the flammable alcohol was sprayed or dropped onto the carpet and served as an accelerant.	T 404		