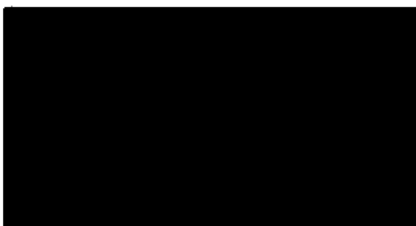


NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner
October 4, 2013

Sue Kelly
Executive Deputy Commissioner



RE: Article 28 D&TC Survey-completed September 10, 2013

Dear

This letter follows the completion of an Article 28 survey at your facility. The purpose of this survey was to determine compliance with Article 28 requirements for a D&TC facility.

Enclosed are the Article 28 Statement of Deficiencies listing areas of non-compliance. You must prepare and submit a Plan of Correction to address the deficiencies. The Plan of Correction must be explicit and include the date of correction, a description of the corrective action, and a prospective plan to ensure continuing compliance in the future.

NOTE: Please ensure that the Plan of Correction submitted include the "provider/supplier representative's signature (X6)" near the bottom of page 1, as well as the "completion date (X5)" entries in the far right column of each page.

The Article 28 Plan of Correction must be submitted to our office located at **no later than October 15, 2013**

If you have any questions concerning this letter, please call

Sincerely,

cc:

(Enclosure)

New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: [REDACTED]	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2013
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NAME OF PROVIDER OR SUPPLIER [REDACTED]	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED]
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T 000	<p>INITIAL COMMENTS</p> <p>PFI # [REDACTED] OPERATING CERTIFICATE # [REDACTED]</p> <p>NOTE: THE NEW YORK OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS (10NYCRR) DEFICIENCIES BELOW ARE CITED AS A RESULT OF A SURVEY CONDUCTED IN ACCORDANCE WITH ARTICLE 28 OF THE NEW YORK STATE PUBLIC HEALTH LAW. THE PLAN OF CORRECTION, HOWEVER, MUST RELATE TO THE CARE OF ALL PATIENTS AND PREVENT SUCH OCCURRENCES IN THE FUTURE. INTENDED COMPLETION DATES AND THE MECHANISM(S) ESTABLISHED TO ASSURE ONGOING COMPLIANCE MUST BE INCLUDED.</p>	T 000		
T2022	<p>751.2 (h) ORGANIZATION AND ADMINISTRATION. Operator.</p> <p>The responsibilities of the operator shall include but not be limited to: (h) the appointment of medical and dental staff, the assignment of their clinical privileges and reviews of such appointments at least every two years.</p> <p>This Regulation is not met as evidenced by: Based on document review and interview, the operator does not ensure the appointment of medical staff along with the assignment of clinical privileges and reviews of such appointments every two years, as evidenced for 2 of 2 staff. (Staff #1 and 2)</p> <p>Findings include:</p> <p>Review on 9/9/13 of facility bylaws revealed the</p>	T2022		

Office of Health Systems Management LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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New York State Department of Health

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T2022	<p>Continued From page 1</p> <p>operator will review appointments and reassign clinical privileges at least [REDACTED]</p> <p>Review on 9/9/13 of credential files for Physician Staff #1 and 2 revealed no evidence of the appointment/reappointment process, including requests for renewal of clinical privileges and reappointment, curricula vitae, current CME completion and peer review.</p> <p>These findings were verified with Staff #1 on 9/9/13.</p>	T2022		
T2074	<p>751.5 (c) ORGANIZATION AND ADMINISTRATION.</p> <p>Operating Policies and Procedures. The operator shall ensure:</p> <p>(c) that the center's policies and procedures are reviewed at least annually and revised as necessary.</p> <p>This Regulation is not met as evidenced by: Based on document review and interview, the operator does not ensure that all facility policies and procedures are reviewed at least annually and revised as necessary.</p> <p>Findings include:</p> <p>Review on 9/10/13 of the policy and procedure manual for the lab and infection control program revealed no evidence of review or revision at any time.</p> <p>This finding was verified with Staff #1 on 9/10/13.</p>	T2074		
T2101	751.6 (k) ORGANIZATION AND ADMINISTRATION. Personnel.	T2101		



New York State Department of Health

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T2101	<p>Continued From page 2</p> <p>The operator shall ensure: (k) that each employee, as applicable, receives on-the-job training necessary to perform his/her duties.</p> <p>This Regulation is not met as evidenced by: Based on document review, personnel file review and interview, the facility does not ensure [REDACTED] employee who performs [REDACTED] at the facility has proof of completion of on-the-job training to perform such duties. (Staff #3)</p> <p>Findings include:</p> <p>Review on 9/9/13 of [REDACTED] job description revealed [REDACTED] staff [REDACTED] this task will complete training provided by the physician. In addition, 50 cases are to be reviewed by the physician for accuracy and proficiency before [REDACTED] staff [REDACTED] would be considered proficient in the task of performing [REDACTED]</p> <p>Review on 9/9/13 of the personnel file for Registered Nurse Staff #3, who [REDACTED] for the facility, revealed no evidence of completion of job orientation/training to perform [REDACTED]</p> <p>These findings were verified with Staff #1 on 9/10/13.</p>	T2101		
T2113	<p>751.7 (c) ORGANIZATION AND ADMINISTRATION.</p> <p>Medical record system. The operator shall: (c) ensure that the medical record supervisor</p>	T2113		

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T2113	<p>Continued From page 3</p> <p>receives consultation from a qualified medical record practitioner when such supervisor is not a qualified medical record practitioner.</p> <p>This Regulation is not met as evidenced by: Based on interview, the [REDACTED]</p> <p>Findings include: Interview on 9/10/13 with with Staff #1 revealed [REDACTED]</p>	T2113		
T2145	<p>751.8 (d) (1) ORGANIZATION AND ADMINISTRATION.</p> <p>Quality assurance program. (d) The quality assurance process shall define methods for the identification and selection of clinical and administrative problems to be reviewed. The process shall include but not be limited to: (1) the establishment of review criteria developed in accordance with current standards of professional practice for monitoring and assessing patient care and clinical performance.</p> <p>This Regulation is not met as evidenced by: [REDACTED]</p>	T2145		

New York State Department of Health

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T2145	Continued From page 4 [REDACTED] Findings include: [REDACTED] [REDACTED]	T2145		
T2237	752-1.5 (b) CENTER SERVICES. Pharmaceutical Provisions. The operator shall ensure that: (b) when medications and biologicals are handled by personnel in the center in the absence of a pharmacy, there shall be consultation from a qualified pharmacist to assist in the development of policies and procedures for providing medications and biologicals. This Regulation is not met as evidenced by: Based upon document review and interview, the operator does not have consultation from a qualified pharmacist. Findings include: Review on 9/9/13 of facility contracts and staff meeting minutes revealed [REDACTED] Interview on 9/9/13 with Staff #1 revealed that a [REDACTED]	T2237		

New York State Department of Health

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U7036	Continued From page 5	U7036		
U7036	<p>702.3 (a) FIRE AND SAFETY.</p> <p>Buildings and equipment shall be maintained and operated so as to prevent fire and other hazards to personal safety.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility does not maintain all clinic space free of hazards.</p> <p>Findings include:</p> <p>During facility tour on 9/9/13, there were three areas in the [REDACTED] that contained construction waste:</p> <ul style="list-style-type: none"> - near the electrical breaker-box: scrap wood and chunks of concrete; - by the hot water tank: broken down cardboard boxes, numerous fluorescent light bulbs and water hoses; - near the generator: a large pile of scrap wood. <p>This finding was verified with Staff #1 on 9/9/13.</p>	U7036		
U7037	<p>702.3 (b) FIRE AND SAFETY.</p> <p>The facility shall comply with the pertinent provisions of NFPA 101, Life Safety Code. Further details concerning this referenced material are contained in section 711.2(a) of this Title.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility does not conduct 30-day fire extinguisher inspections, as evidenced for 4 of 4 fire extinguishers.</p>	U7037		



New York State Department of Health

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U7037	<p>Continued From page 6</p> <p>Findings include:</p> <p>During facility tour on 9/9/13, it was observed that the fire extinguishers in the following locations were not inspected at least every 30 days:</p> <ul style="list-style-type: none"> - [REDACTED] - [REDACTED] - [REDACTED] <p>During interview on 9/9/13, Executive Director Staff #13 revealed that the required 30-day inspections for fire extinguishers were not conducted.</p> <p>This finding was verified with Staff #1 on 9/10/13.</p> <p>Based on document review, observation and interview, the facility does not maintain the fire alarm system, as evidenced that there is not evidence that all smoke detectors in the facility are inspected and tested.</p> <p>Findings include:</p> <p>Review on 9/9/13 of the fire alarm inspection and testing report dated 3/ /13, completed by [REDACTED] revealed the report documented that there were 7 smoke detectors in the facility. However, during facility tour on 9/9/13, 16 smoke detectors were identified in the facility.</p> <p>This finding was verified with Staff #1 on 9/10/13.</p> <p>Based on observation and interview, the facility does not maintain 4 of 5 battery-powered</p>	U7037		

New York State Department of Health

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U7037	<p>Continued From page 7</p> <p>emergency lighting units in proper working order.</p> <p>Findings include:</p> <p>During facility tour on 9/9/13, the "test" button was activated on the battery-powered emergency lights in the following areas, but the lights did not illuminate:</p> <ul style="list-style-type: none"> - [REDACTED] - [REDACTED] - [REDACTED] <p>This finding was verified with Staff #1 on 9/10/13.</p>	U7037		



New York State Department of Health

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T 000	<p>INITIAL COMMENTS</p> <p>PFI # [REDACTED] OPERATING CERTIFICATE # [REDACTED]</p> <p>NOTE: THE NEW YORK OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS (10NYCRR) DEFICIENCIES BELOW ARE CITED AS A RESULT OF A SURVEY CONDUCTED IN ACCORDANCE WITH ARTICLE 28 OF THE NEW YORK STATE PUBLIC HEALTH LAW. THE PLAN OF CORRECTION, HOWEVER, MUST RELATE TO THE CARE OF ALL PATIENTS AND PREVENT SUCH OCCURRENCES IN THE FUTURE. INTENDED COMPLETION DATES AND THE MECHANISM(S) ESTABLISHED TO ASSURE ONGOING COMPLIANCE MUST BE INCLUDED.</p>	T 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">OCT 15 2013</p> <p style="text-align: center;">NYS HEALTH DEPARTMENT</p> <p style="text-align: center;">[REDACTED]</p>	
/T2022	<p>751.2 (h) ORGANIZATION AND ADMINISTRATION. Operator.</p> <p>The responsibilities of the operator shall include but not be limited to:</p> <p>(h) the appointment of medical and dental staff, the assignment of their clinical privileges and reviews of such appointments at least every two years.</p> <p>This Regulation is not met as evidenced by: Based on document review and interview, the operator does not ensure the appointment of medical staff along with the assignment of clinical privileges and reviews of such appointments every two years, as evidenced for 2 of 2 staff. (Staff #1 and 2)</p> <p>Findings include:</p> <p>Review on 9/9/13 of facility bylaws revealed the</p>	T2022		

Office of Health Systems Management
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

STATE FORM _____ if continuation sheet 1 of 8

10/10/13

New York State Department of Health

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T2022	Continued From page 1 operator will review appointments and reassign clinical privileges [REDACTED] Review on 9/9/13 of credential files for Physician Staff #1 and 2 revealed no evidence of the appointment/reappointment process, including requests for renewal of clinical privileges and reappointment, curricula vitae, current CME completion and peer review. These findings were verified with Staff #1 on 9/9/13.	T2022	
T2074	751.5 (c) ORGANIZATION AND ADMINISTRATION. Operating Policies and Procedures. The operator shall ensure: (c) that the center's policies and procedures are reviewed at least annually and revised as necessary. This Regulation is not met as evidenced by: Based on document review and interview, the operator does not ensure that all facility policies and procedures are reviewed at least annually and revised as necessary. Findings include: Review on 9/10/13 of the policy and procedure manual for the [REDACTED] program revealed no evidence of review or revision at any time. This finding was verified with Staff #1 on 9/10/13.	T2074	
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T2101	<p>Continued From page 2</p> <p>The operator shall ensure: (k) that each employee, as applicable, receives on-the-job training necessary to perform his/her duties.</p> <p>This Regulation is not met as evidenced by: Based on document review, personnel file review and interview, the facility does not ensure that [REDACTED] employee who performs [REDACTED] at the facility has proof of completion of on-the-job training to perform such duties. (Staff #3)</p> <p>Findings include:</p> <p>Review on 9/9/13 of [REDACTED] job description revealed [REDACTED] staff member who performs [REDACTED] task will complete training provided by the physician. In addition, 50 cases are to be reviewed by the physician for accuracy and proficiency before the staff person would be considered proficient in the task of performing [REDACTED]</p> <p>Review on 9/9/13 of [REDACTED] personnel file for Registered Nurse Staff #3, who performs [REDACTED] for the facility, revealed no evidence of completion of job orientation/training to perform [REDACTED]</p> <p>These findings were verified with Staff #1 on 9/10/13.</p>	T2101		
T2113	<p>751.7 (c) ORGANIZATION AND ADMINISTRATION.</p> <p>Medical record system. The operator shall: (c) ensure that the medical record supervisor</p>	T2113		

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✓ T2113	<p>Continued From page 3</p> <p>receives consultation from a qualified medical record practitioner when such supervisor is not a qualified medical record practitioner.</p> <p>This Regulation is not met as evidenced by: Based on interview, the operator does not ensure [REDACTED]</p> <p>Findings include: Interview on 9/10/13 with with Staff #1 revealed [REDACTED]</p>	T2113		
T2145	<p>751.8 (d) (1) ORGANIZATION AND ADMINISTRATION.</p> <p>Quality assurance program. (d) The quality assurance process shall define methods for the identification and selection of clinical and administrative problems to be reviewed. The process shall include but not be limited to: (1) the establishment of review criteria developed in accordance with current standards of professional practice for monitoring and assessing patient care and clinical performance.</p> <p>This Regulation is not met as evidenced by: [REDACTED]</p>	T2145		

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✓ T2145	Continued From page 4 [REDACTED] Findings include: [REDACTED]	T2145		
✓ T2237	752-1.5 (b) CENTER SERVICES. Pharmaceutical Provisions. The operator shall ensure that: (b) when medications and biologicals are handled by personnel in the center in the absence of a pharmacy, there shall be consultation from a qualified pharmacist to assist in the development of policies and procedures for providing medications and biologicals. This Regulation is not met as evidenced by: [REDACTED] Findings include: Review on 9/9/13 of facility contracts and staff meeting minutes revealed no evidence of employment of a consulting qualified pharmacist. Interview on 9/9/13 with Staff #1 revealed that a [REDACTED]	T2237		

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<p>U7036</p> <p>✓ U7036</p>	<p>Continued From page 5</p> <p>702.3 (a) FIRE AND SAFETY.</p> <p>Buildings and equipment shall be maintained and operated so as to prevent fire and other hazards to personal safety.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility does not maintain all clinic space free of hazards.</p> <p>Findings include:</p> <p>During facility tour on 9/9/13, there were three areas in the [REDACTED] that contained construction waste:</p> <ul style="list-style-type: none"> - near the electrical breaker-box: scrap wood and chunks of concrete; - by the hot water tank: broken down cardboard boxes, numerous fluorescent light bulbs and water hoses; - near the generator: a large pile of scrap wood. <p>This finding was verified with Staff #1 on 9/9/13.</p>	<p>U7036</p> <p>U7036</p>		
<p>U7037</p>	<p>702.3 (b) FIRE AND SAFETY.</p> <p>The facility shall comply with the pertinent provisions of NFPA 101, Life Safety Code. Further details concerning this referenced material are contained in section 711.2(a) of this Title.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility does not conduct 30-day fire extinguisher inspections, as evidenced for 4 of 4 fire extinguishers.</p>	<p>U7037</p>		

New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: [REDACTED]	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2013
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NAME OF PROVIDER OR SUPPLIER [REDACTED]	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED]
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(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
U7037	<p>Continued From page 6</p> <p>Findings include:</p> <p>During facility tour on 9/9/13, it was observed that the fire extinguishers in the following locations were not inspected at least every 30 days:</p> <p>[REDACTED]</p> <p>During interview on 9/9/13, Executive Director Staff #13 revealed that the required 30-day inspections for fire extinguishers were not conducted.</p> <p>This finding was verified with Staff #1 on 9/10/13.</p> <p>Based on document review, observation and interview, the facility does not maintain the fire alarm system, as evidenced that that there is not evidence that all smoke detectors in the facility are inspected and tested.</p> <p>Findings include:</p> <p>Review on 9/9/13 of the fire alarm inspection and testing report dated 3/13, completed by [REDACTED]</p> <p>[REDACTED] revealed the report documented that there were 7 smoke detectors in the facility. However, during facility tour on 9/9/13, 16 smoke detectors were identified in the facility.</p> <p>This finding was verified with Staff #1 on 9/10/13.</p> <p>Based on observation and interview, the facility does not maintain 4 of 5 battery-powered</p>	U7037		

New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: [REDACTED]	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2013
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NAME OF PROVIDER OR SUPPLIER [REDACTED]	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED]
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(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
U7037	<p>Continued From page 7</p> <p>emergency lighting units in proper working order.</p> <p>Findings include:</p> <p>During facility tour on 9/9/13, the "test" button was activated on the battery-powered emergency lights in the following areas, but the lights did not illuminate:</p> <p>[REDACTED]</p> <p>This finding was verified with Staff #1 on 9/10/13.</p>	U7037		

T2011—751.2(h) ORGANIZATION AND ADMINISTRATION. Operator

Based on document review and interview, the operator does not ensure the appointment of medical staff along with the assignment of clinical privileges and review of such appointments every [REDACTED]

This deficiency was due to a lack of understanding of the credentialing and reappointment process. I believed that meant the physicians were appropriately licensed in New York State, had up to date DEA, Infection Control and Malpractice Insurance and did not realize that all physicians working at our facility required a formal review and reappointment every [REDACTED]

PROVIDER'S PLAN OF CORRECTION

[REDACTED] will now implement a formal credentialing/recredentialing process for new and existing physicians. This will consist of a request for renewal of clinical privileges, a delineation of those privileges (i.e., first trimester abortion, second trimester abortion, follow-up exam, etc.), CV, CME and peer review.

This shall be monitored as following: the [REDACTED] Committee already reports to the [REDACTED] Committee quarterly and will now state when each physician is due for reappointment and whether there are any concerns about privileges, etc.

(X5) COMPLETE DATE

This shall be implemented October [REDACTED] 2013 (next [REDACTED] Committee Meeting)

T2074—751.5 (c) ORGANIZATION AND ADMINISTRATION

Based on document review and interview, the operator does not ensure that all facility policies and procedures are reviewed at least annually and revised as necessary. There was no evidence of review or revision of the policy and procedure manual for the laboratory or [REDACTED] program.

These deficiencies were due to a lack of understanding of correct record keeping. Although we hold an [REDACTED] mandated [REDACTED] Class at which we show a NYS DOH approved video, give, grade and collect a written test on the material—we did not keep a separate log documenting these meetings. Attendance at the meeting and passing grade for the test was placed in each employee's file. [REDACTED] was inspected by the NYS DOH [REDACTED] in April 2013. Of the twelve Fundamental Practices evaluated, [REDACTED] were deemed "Fundamental Standard of Practice has been met", [REDACTED] were "partially met" and the CLEP Plan of Correction was submitted and accepted on May [REDACTED], 2013. We did not know that Laboratory Policies and Procedures were also to be part of the [REDACTED] manual.

PROVIDER'S PLAN OF CORRECTION

[REDACTED] will now do the following: An [REDACTED] Class log has been created. In this log are the dates and attendance at the annual mandatory session, the test questions at each particular session and the passing grades of each employee. Further, the Nursing Supervisor will attest in writing, annually, that each employee who is required to attend this session has done so and passed the test—this will be part of the log. All new clinical hires who are mandated to watch the [REDACTED] video have had the attestation placed in their files—in the future a copy will be placed in the [REDACTED] Class log.

This shall be monitored as following: the [REDACTED] Committee already reports to the [REDACTED] Committee quarterly and will now state whether or not this log is up to date and reflects that each clinical employee has attended the class and passed the test.

Laboratory Policies and Procedures will be placed in the [REDACTED] Policies and Procedure Manual and be reviewed annually.

This shall be monitored by monitoring the Operator's signature at the bottom of each document.

(X5) COMPLETE DATE

This shall be implemented October [REDACTED] 2013 (next [REDACTED] Committee Meeting)

T2101—751.6 (k) ORGANIZATION AND ADMINISTRATION. Personnel

Based on document review, personnel file review and interview, the facility does not ensure that [REDACTED] [REDACTED] at the facility has proof of completion of on-the-job training to perform such duties.

This deficiency was an administrative oversight. [REDACTED] Registered Nurse Staff #3, was originally trained at a [REDACTED] approved site in [REDACTED], NY. [REDACTED] skills have been verified by the Medical Director many, many times over the past [REDACTED]. Additionally, [REDACTED] skills were considered so superior that the [REDACTED] of [REDACTED] contracted with us for the past [REDACTED] years to have [REDACTED] and its' Medical Director had abundant confirmation of Staff #3 skill set and omitted the necessary proficiency verification.

PROVIDER'S PLAN OF CORRECTION

The Medical Director of [REDACTED] will provide training to Staff #3. 50 cases will also be observed and reviewed by the Medical Director for accuracy and proficiency and written documentation of both will be placed in her personnel file.

Any staff member who is trained in ultrasound by Staff #3 will have this training verified for accuracy and proficiency by the Medical Director.

This shall be monitored by an annual review of staff job orientation, training and proficiency.

(X5) COMPLETE DATE

This shall be implemented by October 30, 2013

T2113—757.7(C) ORGANIZATION AND ADMINISTRATION

Based on interview, the operator [REDACTED]
[REDACTED]

The Medical Director of [REDACTED] was aware of the need for such consultation and had contracted with [REDACTED] in 2010 for this. This was a very extensive Medical Record Review completed on June 2011 which was to help [REDACTED] comply with WHO medical record documentation rules, CMS documentation guidelines and NYS Medicaid rules for Article 28 clinics. Although this review was very detailed, we did not realize it did not meet the above regulation as it became more concerned about proper coding and revision of the chart itself. Additionally, it was not repeated annually due to cost issues.

PROVIDER'S PLAN OF CORRECTION

We have contracted with [REDACTED] to provide yearly chart review and education services to [REDACTED]. Further we have ascertained that as part of the staff providing the review the [REDACTED] has the degree of [REDACTED]. [REDACTED] confirms that this will be a medical record review. This contract was signed September [REDACTED] 2013. There will be a review of 2012 and 2013 this year and then yearly.

This shall be monitored by an annual report verifying this chart review.

(X5) COMPLETE DATE

This was already implemented on September [REDACTED] 2013

T2237—752-1.5 (b) CENTER SERVICES. Pharmaceutical Provisions.

Based upon document review and interview the operator [REDACTED]

The Medical Director [REDACTED]

[REDACTED] It was then difficult to find an appropriate replacement. No new medications were employed during the period [REDACTED]

PROVIDER'S PLAN OF CORRECTION

[REDACTED]

This will be monitored by having the contracted pharmacist present medication issues at the quarterly [REDACTED] Meetings.

(X5) COMPLETE DATE

This will be implemented on October [REDACTED] 2013 [REDACTED]

U7036—702.3 (a) FIRE AND SAFETY

Based on observation and interview, the facility does not maintain all [REDACTED] space free of hazards. There were three areas in the [REDACTED] that contained [REDACTED] waste.

This waste was generated during [REDACTED] concluded in [REDACTED] 2013 and during [REDACTED] of [REDACTED] on [REDACTED]. We did not intend to leave this waste in the [REDACTED].

PROVIDER'S PLAN OF CORRECTION

[REDACTED] has contracted with [REDACTED] the licensed contracting company performing the [REDACTED] renovations, to remove all cited waste from [REDACTED].

This will be monitored by inspection after the scheduled removal.

(X5) COMPLETE DATE

This will be implemented by November 1, 2013

U7037—702.3 (b) FIRE AND SAFETY

Based on observation and interview, the facility does not conduct 30-day fire extinguisher inspections, as evidenced for 4 of 4 fire extinguishers.

Based on document review, observation and interview, the facility does not maintain the fire alarm system, as evidenced that there is not evidence that all smoke detectors in the facility are inspected and tested.

Based on observation and interview, the facility does not maintain 4 of 5 battery-powered emergency lighting units in proper working order.

Re: the fire extinguishers— [REDACTED] had these supplied and inspected annually by a licensed dealer but had not conducted our own monthly inspection.

Re: the smoke detectors— [REDACTED] has 7 smoke detectors connected to [REDACTED] and an inspection had occurred on March [REDACTED] 2013. However, we had placed 9 additional battery powered detectors which were not tested or inspected by [REDACTED]

Re: the emergency lighting units. [REDACTED] has been aware of the emergency lighting unit issue but obtaining the correct batteries was very difficult due to supplier issues.

PROVIDER'S PLAN OF CORRECTION

The fire extinguishers are now inspected on a monthly basis. This will be monitored by a monthly walk-through review.

The smoke detectors not connected to [REDACTED] will be taken down. This will be monitored by a final inspection after removal.

Despite renewed efforts to obtain the batteries necessary for the emergency lighting units, none have been found. It appears that, as [REDACTED] has an emergency generator, we may not be required to have these emergency lighting units. A [REDACTED] inspector will be on premises one day between October [REDACTED] 2013 to inspect the electric work of the [REDACTED] and [REDACTED] will solicit his opinion on the emergency lighting units. If they are still deemed necessary, we will replace them with units whose batteries can be obtained. This will be monitored by a final report on the matter made by November [REDACTED] 2013.

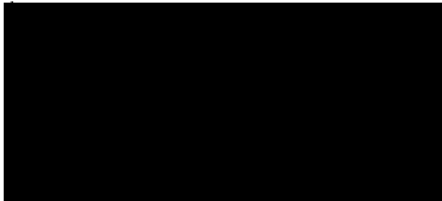
(X5) COMPLETE DATE

This will be implemented by November [REDACTED] 2013.


Nirav R. Shah, M.D., M.P.H.
Commissioner

October 17, 2013

Sue Kelly
Executive Deputy Commissioner



**RE: Article 28 D&TC Survey-completed September 10, 2013
Status of Plan of Correction**

Dear 

The Plan of Correction dated October 10, 2013 which you submitted in response to the Statement of Deficiencies dated October 4, 2013 has been reviewed by this office and is acceptable.

This office reserves the right to re-survey for compliance in the future. Acceptance of this Plan of Correction does not preclude any additional administrative action by this Department.

If you have any questions, please call  Thank you.



Program Director
Hospitals and Diagnostic & Treatment Centers Program

cc: 