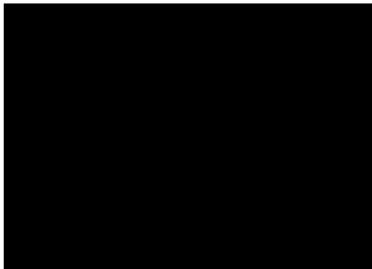


NEW YORK
state department of
HEALTH

Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

Sue Kelly
Executive Deputy Commissioner

July 29, 2014





Re: Article 28 Survey

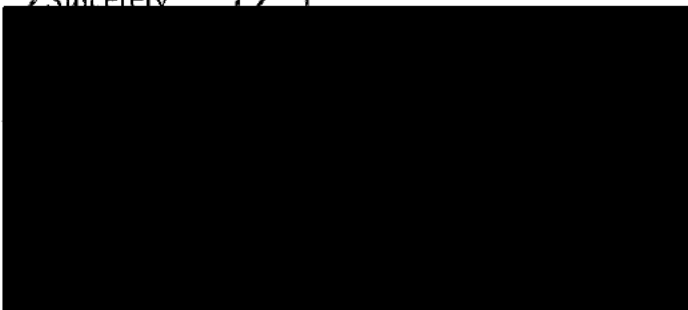
Dear 

The Plan of Correction for the Statement of Deficiencies dated April 24, 2014, which you submitted, has been reviewed by this office and is acceptable.

Please continue to implement this Plan of Correction. This office reserves the right to re-survey for compliance with these code sections at any time.

Should you have any questions you may contact this office at . Written correspondence should be sent to the New York State Department of Health, 

Sincerely,



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 04/24/2014
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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
T 000	INITIAL COMMENTS STATE FAC I [REDACTED] OPERATING CERTIFICATE [REDACTED] NOTE: THE NEW YORK OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS (10NYCRR) DEFICIENCIES BELOW ARE CITED AS A RESULT OF A SURVEY CONDUCTED AT THE FACILITY ON 04/21/14, 04/23/14 & 04/24/14 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.	T 000		
T2023	751.2 (f) (7) ORGANIZATION AND ADMINISTRATION., Operator The responsibilities of the operator shall include but not be limited to: (f) ensuring that the following documents, as applicable, are retained on file in the administrative offices of the center: (7) the applications for admission to staff privileges of all current medical and dental staff, which shall include for each applicant: a statement of training and experience, all supporting documents, satisfactory evidence of conformity with requisite professional licensing laws and records of actions and recommendations of staff committees of the respective professional staff and of the governing authority.	T2023	Response: [REDACTED] follows all federal, New York State and [REDACTED] rules and regulations regarding hiring and employing individuals as documented in its [REDACTED] policy which is located in the [REDACTED]. [REDACTED] employees of [REDACTED] are trained and experienced in providing the care for which they are privileged. Every personnel file contains all supporting documents, satisfactory evidence of conformity with requisite professional licensing laws, and records of actions and recommendations of staff committees of the respective professional staff and of the governing authority. [REDACTED] have Letters of Agreement on file that require them to be trained and experienced in providing the care for which they are contracted. Upon agreement [REDACTED] obtains the	July 21, 2014

7/25/14
[Handwritten signature]

Office of Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [REDACTED]	TITLE [REDACTED]	7(X8) DATE 7/23/14 [REDACTED]
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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 04/24/2014
NAME OF PROVIDER OR SUPPLIER [REDACTED]		STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED]		
(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



New York State Department of Health

<p>T2023</p>	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on document review the facility failed to ensure documented evidence of conformity with the contract agreement requisites that all licensed health professionals must have in accordance with the Governing Authority when performing [redacted] in three (3) of three (3) Employee Contract Records (Staff Members #2, #5 and #8).</p> <p>Findings:</p> <p>On the afternoon of 04/21/14 a review of the [redacted] titled [redacted] between [redacted] and Staff Members #2, #5 and #8 noted that "licensed health professionals performing [redacted] must be appropriately trained, experienced, and have demonstrated skills in the provision of moderate sedation and be granted privileges to provide [redacted]</p> <p>Review of the Personnel Records for Staff Members #2, #5 and #8 demonstrated that all lacked evidence of these proficiencies and competencies.</p> <p>These findings were confirmed with Staff #1 in the afternoon on 04/21/14.</p>	<p>T2023</p> <p>appropriate licensing, credentialing, immunization, and health status documents from its consultants [redacted] are (and [redacted] licensed and credentialed for the work they perform at [redacted]. On June [redacted] 2014, [redacted] amended its [redacted] policy to include [redacted]. As of April 22, 2014, [redacted] has personnel files for all [redacted] as it does for employees. The files contain all required documents including: licensing and credentialing documents, health assessment, immunization and PPD documents, [redacted] orientation and training documents [redacted]</p> <p>For future [redacted] will have its Medical Director assess the competency of the [redacted] in [redacted]. Competencies will be documented on a competency checklist that follows NYS and [redacted] protocols. The Director of Human Resources will be responsible for monitoring this competency approval and the Senior VP for Health Services will be responsible for the entire corrective action. The Senior VP will perform a personnel file audit to ensure compliance before any new [redacted] provides direct patient care. [redacted]</p> <p>will be amended by August [redacted] 2014 to include these new policies and procedures.</p>	<p>August 1, 2014</p> <p>✓</p>
<p>T2089</p>	<p>751.6 (c) ORGANIZATION AND ADMINISTRATION. Personnel.</p> <p>The operator shall ensure:</p> <p>(c) that the health status of each employee is examined prior to the beginning of employment, which is sufficient in scope to ensure that the</p>	<p>T2089</p> <p>As stated in [redacted] policy, which is located in the [redacted] [redacted] all employees of [redacted] are examined prior to the beginning of employment to ensure that the employee is free from a health impairment which is of potential risk to patients or which may interfere with the performance of his/her duties." Documentation of this examination is included in their on-site personnel files.</p>	<p>June 5, 2014</p> <p>acceptable 7/25/14</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 04/24/2014
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NAME OF PROVIDER OR SUPPLIER _____ STREET ADDRESS, CITY, STATE, ZIP CODE _____

(X4) ID PREFIX TAG	DEFICIENCY STATEMENT (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
T2089	<p>Continued From page 2</p> <p>employee is free from a health impairment which is of potential risk to patients or which may interfere with the performance of his/her duties.</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to ensure that the health status of employees was examined prior to the beginning of their employment. This was evident in two (2) of three (3) Personnel Records reviewed for the [REDACTED] (Staff Members #2 and #5).</p> <p>Findings:</p> <p>Review of the Personnel Record for Staff #2 noted a start date of 01/ [REDACTED] /11. The Personnel Record lacked evidence of a pre-employment health status assessment.</p> <p>Review of the Personnel Record for Staff #5 indicated a start date of 01/ [REDACTED] /11. The Personnel Record lacked evidence of a pre-employment health status assessment.</p> <p>During an interview with Staff #1 on 04/21/14 at 11:00AM, Staff #1 stated that they don't need Personnel Files for the [REDACTED]. The staff member stated "the [REDACTED] are a [REDACTED]"</p> <p>This finding was confirmed with Staff #1 on 04/23/14 at 2:35PM.</p>	T2089	<p>[REDACTED] referred to by the DOH as "staff members" #2, #5 and #8 are free from such health impairments and were prior to their employment as well. As of April 22, 2014, personnel files for [REDACTED] contained such evidence.</p> <p>As of June [REDACTED] 2014, [REDACTED] amended its policy to ensure that documentation of examination of [REDACTED] prior to employment and annually thereafter, is maintained on site.</p> <p>In keeping with our policy, a checklist of all pre-employment and annual requirements, which include health assessments (physical exams) for both staff and [REDACTED] is completed and signed by [REDACTED] Director of Human Resources, and included in each individual's personnel file. This checklist is counter-signed by the employee's or [REDACTED] supervisor prior to employment.</p> <p>The Director of Human Resources also ensures that all staff and [REDACTED] are up-to-date with their annual health assessments by maintaining an on-line file of the due date of annual assessments for all staff and [REDACTED] and emails it to the [REDACTED] managers for follow-up with their direct reports.</p> <p>This policy is in effect.</p>	<p>June 5, 2014</p> <p>✓</p> <p>[Handwritten signature]</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 04/24/2014	
NAME OF PROVIDER OR SUPPLIER [REDACTED]		STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED]		
(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



New York State Department of Health

<p>T2091</p>	<p>Continued From page 3</p> <p>751.6 (d) (1) ORGANIZATION AND ADMINISTRATION. Personnel.</p> <p>The operator shall ensure:</p> <p>(d) that a record of the following tests, procedures and examinations is maintained for all employees:</p> <p>(1) a certificate of immunization against rubella.</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to ensure that employees are immune to Rubella. This was evident in one (1) of three (3) Personnel Records reviewed for the [REDACTED] (Staff #2).</p> <p>Findings:</p> <p>A review of the Personnel Record for Staff #2 noted a start date of 01/ [REDACTED] 11. The Personnel Record lacked evidence of immunity to Rubella.</p> <p>This finding was confirmed with Staff #1 on 04/23/14 at 2:35PM.</p> <p>751.6 (d) (2) ORGANIZATION AND ADMINISTRATION. Personnel.</p>	<p>T2091</p> <p>Response:</p> <p>As stated in [REDACTED] policy, which is located in the [REDACTED] "all employees of [REDACTED] must have a record of immunization against rubella in their personnel files." Each [REDACTED] is (and has been since contracting with [REDACTED] immune against rubella.</p> <p>As of April 28, 2014, the personnel file for [REDACTED] referred to by the DOH as "staff member" #2, contained such evidence.</p> <p>As of June [REDACTED] 2014, [REDACTED] amended the above-mentioned policy to include [REDACTED] their personnel files are maintained on site and contain evidence of rubella immunization or titers documenting immunity through the following process:</p> <ul style="list-style-type: none"> • [REDACTED] utilizes a checklist for each new employee of [REDACTED] that lists all pre-employment requirements – including evidence of immunity to Rubella. The Director of Human Resources is responsible for reviewing personnel files prior to patient contact to make sure all requirements have been met. This checklist is counter-signed by the employee's or contract worker's supervisor prior to employment. <p>The Director will monitor this process and the Senior VP for Health Services will monitor the entire plan.</p> <p>This policy is in effect.</p>	<p>June 5, 2014</p> <p>✓</p>
<p>T2093</p>	<p>The operator shall ensure:</p> <p>(d) that a record of the following tests, procedures and examinations is maintained for all employees:</p> <p>(2) a certificate of immunization against</p>	<p>T2093</p> <p>Response:</p> <p>As stated in [REDACTED] policy, which is located in the [REDACTED] "all employees of [REDACTED] are required to submit serological proof of immunity to measles and rubella before commencement of work at [REDACTED]. Each [REDACTED] is (and has been since contracting with [REDACTED] immune against measles and rubella.</p> <p>As of April 25, 2014, the personnel file for [REDACTED] referred to by the DOH as "staff member," #2, contained such evidence.</p>	<p>June 5, 2014</p> <p>7/23/14</p> <p>accountable</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 04/24/2014
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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
T2093	<p>Continued From page 4</p> <p>measles, for all personnel born on or after January 1, 1957.</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to ensure that employees are immune to [REDACTED]. This was evident in one (1) of three (3) Personnel Records reviewed for the [REDACTED] (Staff #2).</p> <p>Findings:</p> <p>A review of the Personnel Record for Staff #2 documented a start date of 01 [REDACTED] 11. The Personnel Record lacked evidence of immunity to Measles.</p> <p>During an interview with Staff #1 on 04/21/14 at 11:00AM, Staff #1 stated that they don't need Personnel Files for the [REDACTED]. The staff member stated "the [REDACTED]"</p> <p>This finding was confirmed with Staff #1 on 04/23/14 at 2:35PM.</p>	T2093	<p>As of June [REDACTED] 2014, [REDACTED] amended the above-mentioned policy to include [REDACTED] their personnel files will be maintained on site and contain evidence of rubella immunization or titers documenting immunity through the following process:</p> <ul style="list-style-type: none"> [REDACTED] utilizes a checklist for each new employee or [REDACTED] that lists all pre-employment requirements – including evidence of immunity to Rubella. The Director of Human Resources is responsible for reviewing personnel files prior to patient contact to make sure all requirements have been met. This checklist is counter-signed by the employee's or contract worker's supervisor prior to employment. <p>The Director will monitor this process and the Senior VP for Health Services will monitor the entire plan.</p> <p>This policy is in effect.</p>	
T2096	<p>751.6 (d)(4) ORGANIZATION AND ADMINISTRATION. Personnel.</p> <p>The operator shall ensure: (d) that a record of the following tests, procedures and examinations is maintained for all</p>	T2096	<p>Response: As stated in [REDACTED] policy located in the [REDACTED] all employees of [REDACTED] have "evidence of [REDACTED] Mantoux test submitted to Human Resources before any employee begins working at [REDACTED]" Each [REDACTED] has (and has had since</p>	June 5, 2014

acceptable
[REDACTED]

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 04/24/2014
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY, STATE, ZIP CODE

[REDACTED]

(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
T2096	<p>Continued From page 5</p> <p>employees:</p> <p>(4) for all personnel prior to employment or affiliation, except for personnel with no clinical or patient contact responsibilities who are located in a building or site with no patient care services, either tuberculin skin test or Food and Drug Administration (FDA) approved blood assay for the detection of latent tuberculosis infection, prior to employment or affiliation and no less than every year thereafter for negative findings. Positive findings shall require appropriate clinical follow-up but no repeat tuberculin skin test or blood assay. The medical staff shall develop and implement policies regarding positive outcomes.</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to ensure that employees prior to employment, and annually thereafter, are tested for the Tuberculin infection. This was evident in one (1) of three (3) Personnel Records reviewed [REDACTED] (Staff #2).</p> <p>Findings:</p> <p>A review of the Personnel Record for Staff #2 noted a start date of 01/11. The Personnel Record lacked evidence of this employee's pre employment Tuberculin infection status and annually thereafter.</p> <p>During an interview with Staff #1 on 04/21/14 at 11:00AM, she stated they don't need Personnel Files for the [REDACTED]. The staff member stated</p>	T2096	<p>[REDACTED] with [REDACTED] evidence of [REDACTED]. As of April 2014, the [REDACTED] personnel file for [REDACTED] referred to by the DOH as "staff member," #2, contained such evidence.</p> <p>In keeping with our policy, a checklist of all pre-employment requirements, which includes Tuberculin infection status for both staff and [REDACTED] is completed and signed by [REDACTED] Director of Human Resources and included in each individual's personnel file.</p> <p>This checklist is counter-signed by the employee's or [REDACTED] supervisor prior to employment. The Director of Human Resources also ensures that all staff and [REDACTED] are up-to-date with their annual Tuberculin infection status by maintaining an on-line file of the due date of annual assessments which includes an annual ppd for all staff and [REDACTED] and emails it to the [REDACTED] managers for follow-up with their direct reports.</p> <p>The Director of Human Resources is responsible for reviewing personnel files prior to patient contact to make sure all requirements have been met; she also approves employees and contract workers to provide direct patient care. The Director will monitor this process at initial hire and annually thereafter and the Senior VP for Health Services will monitor the entire plan.</p> <p>This policy is in effect.</p>	<p>[REDACTED]</p> <p>7/23/14</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 04/24/2014
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T2096	Continued From page 6 [REDACTED] This finding was confirmed with Staff #1 on 04/23/14 at 2:35PM.	T2096		
T2097	751.6 (d) (5) ORGANIZATION AND ADMINISTRATION. Personnel. The operator shall ensure: (d) that a record of the following tests, procedures and examinations is maintained for all employees: (5) an annual, or more frequent if necessary, health status reassessment to assure freedom from a health impairment which is a potential risk to the patients or might interfere with the performance of duties. This Regulation is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that employees received an annual health status reassessment. This was evident in one (1) of three (3) Personnel Records of the [REDACTED] reviewed (Staff#2). Findings: A review of the Personnel Record for Staff #2 noted a start date of 01 [REDACTED] 11. The Personnel Record lacked evidence of an annual health status reassessment.	T2097	Response: As stated in [REDACTED] policy located in the [REDACTED] all employees must submit a completed [REDACTED] to the Human Resources Department annually within one month of their anniversary date that assures that the employee is in good physical and mental health and is cleared to continue working at [REDACTED]. As of April [REDACTED] 2014, the personnel file for [REDACTED] referred to by the DOH as "staff member," #2, contained such evidence. As of June 5, 2014, [REDACTED] amended the above-mentioned policy to include [REDACTED]. To ensure compliance with this policy, [REDACTED] Director of Human Resources maintains a grid that lists all staff and [REDACTED] and the date their annual health assessment is due. This grid is reviewed monthly by Managers who, in turn, advise their staff members (face-to-face and through email) one month prior to when their health assessment is due. In addition, compliance with this policy is reviewed quarterly by [REDACTED]. This policy is in effect.	June 5, 2014

7/23/14
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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 04/24/2014
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NAME OF PROVIDER OR SUPPLIER [REDACTED]	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED]
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T2097	Continued From page 7 During an interview with Staff #1 on 04/21/14 at 11:00AM, Staff #1 stated that they don't need Personnel Files for the [REDACTED]. The staff member stated "the [REDACTED]" This finding was confirmed with Staff #1 on 04/23/14 at 2:35PM.	T2097		
T2098	751.6 (e) ORGANIZATION AND ADMINISTRATION. Personnel. The operator shall ensure: (e) that a personnel file is maintained for each employee. This Regulation is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain Employee Files for the [REDACTED]. This was evident for three (3) of three (3) [REDACTED] (Staff Members #2, #5 and #8). Findings: During an interview with Staff #1 on 04/21/14 at 11:00AM she stated that they don't need Personnel and Credential Files for the [REDACTED] (Staff Members #2, #5 and #8). The staff member [REDACTED] No Personnel Files were provided on 04/21/14.	T2098	Response: [REDACTED] maintains personnel files for all employees. As [REDACTED] was not aware, nor had it been previously informed during an Article 28 review, of the necessity of keeping personnel files for contract workers/consultants on site, [REDACTED] relied on its [REDACTED] with its [REDACTED] that stipulated that all DOH requirements were being met. Going forward [REDACTED] will maintain personnel files that contain all required documentation for its [REDACTED] and all [REDACTED] who have contact with patients. As of April 22, 2014 personnel files for [REDACTED] referred to by the DOH as "staff members" #2, #5 and #8 were created and are being maintained on site; as of April 28, 2014 they were complete. The Director of Human Resources is responsible for implementing this policy, maintaining the [REDACTED] files and ensuring that the [REDACTED] have been in-serviced. The Senior VP for Health Services will monitor the plan. This policy is in effect	April 22, 2014

7/23/14
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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 04/24/2014
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T2098	Continued From page 8	T2098		
T2103	<p>Personnel Files were provided for Staff Members #2, #5 and #8 on 04/23/14 and 04/24/14; however, the files were incomplete.</p> <p>Please refer to the findings noted under Tags T2013, T2089, T2091, T2093, T2096 and T2097.</p> <p>751.6 (g) ORGANIZATION AND ADMINISTRATION. Personnel</p> <p>The operator shall ensure: (g) the assignment of duties and functions to each employee that are commensurate with his/her licensure, registration and/or certification, and experience and competence.</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to ensure confirmation of the employees' training, experience, references, competencies, delineation of privileges and performance evaluations. This was evident in four (4) of nine (9) Personnel Records reviewed (Staff Members #2, #5, #8 and #9).</p> <p>Findings:</p> <p>Areview of the Personnel Record for Staff #2 noted a start date of 01/11. The Personnel Record lacked evidence of confirmation of the employee's training, experience, references, competencies, delineation of privileges and performance evaluations.</p> <p>Areview of the Personnel Record for Staff #5</p>	T2103	<p>Response:</p> <p>As stated in its [REDACTED] policy, which is located in the [REDACTED]</p> <p>[REDACTED] confirms all employees' training, experience, references, competencies and delineation of privileges before hire. [REDACTED] confirmed the training, experience, references, competencies and delineation of privileges before hiring its [REDACTED]</p> <p>As of June 2014, PPNC amended its policy to include [REDACTED] going forward [REDACTED] will keep this documentation in the personnel files of [REDACTED]</p> <p>By June 2014, [REDACTED] will also create a profile to have on file that will be completed by the [REDACTED] that supplies our [REDACTED] this profile will detail the [REDACTED] training, experience, references, competencies and delineation of privileges.</p> <p>The Director of Human Resources will be responsible for maintaining this documentation, tracking information and monitoring files for compliance.</p> <p>This policy is in effect.</p>	June 30, 2014

acceptable
7/29/14
[REDACTED]

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 04/24/2014
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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
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New York State Department of Health

<p>T2103</p>	<p>Continued From page 9</p> <p>noted a start date of 01/11. The Personnel Record lacked evidence of confirmation of the employee's training, experience, references, competencies, delineation of privileges and performance evaluations.</p> <p>A review of the Personnel Record for Staff #8 noted a start date of 01/12. The Personnel Record lacked evidence of confirmation of the employee's training, experience, references, competencies, delineation of privileges and performance evaluations.</p> <p>Similar findings were found on review of the Personnel Record for Staff #9.</p> <p>During an interview with Staff #1 on 04/21/14 at 11:00AM, Staff #1 stated that they don't need Credential Files for the Staff Members #2, #5 and #8). The staff member stated "the [REDACTED]</p> <p>These findings were confirmed with Staff #1 on 04/23/14 at 2:35PM.</p>	<p>T2103</p>		
<p>T2106</p>	<p>751.6 (j) ORGANIZATION AND ADMINISTRATION. Personnel</p> <p>The operator shall ensure:</p> <p>(j) that each new employee is provided with a planned orientation to the center's operation and personnel policies.</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on record review and staff interview, the</p>	<p>T2106</p>	<p>Response:</p> <p>As documented in its [REDACTED] policy, which is located in the [REDACTED] [REDACTED] conducts a mandatory orientation for all new staff and volunteers on a monthly basis. During initial training staff and volunteers learn about the departments in which they work."</p> <p>As of June 2014, [REDACTED] amended its policy to include [REDACTED] workers. [REDACTED] contract [REDACTED] received individual orientation prior to providing [REDACTED] going forward, [REDACTED] workers will attend [REDACTED] mandatory</p>	<p>June 5, 2014</p>

acceptable
 7/23/14
 [REDACTED]



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 04/24/2014
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NAME OF PROVIDER OR SUPPLIER [REDACTED]	STREET ADDRESS CITY, STATE, ZIP CODE [REDACTED]
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T2106	<p>Continued From page 10</p> <p>facility failed to provide evidence of the employees' orientation to the Center's operations and policies. This was evident in four (4) of nine (9) (Staff Members #2, #5, #8 and #9) Personnel Files.</p> <p>Findings:</p> <p>During an interview with Staff #1 on 04/21/14 at 11:00AM, Staff #1 stated that they don't need Personnel Files for the [REDACTED] (Staff Members #2, #5 and #8). The staff member stated [REDACTED]</p> <p>Review of the Personnel Record for Staff #2 noted a start date of 01/11. The Personnel Record lacked documented evidence of orientation to the facility.</p> <p>Review of the Personnel Record for Staff #5 noted a start date of 01/11. The Personnel Record lacked documented evidence of orientation to the facility.</p> <p>Review of the Personnel Record for Staff #8 noted a start date of 01/12. The Personnel Record lacked documented evidence of orientation to the facility.</p> <p>Review of the Personnel Record for Staff #9 noted a start date of 08/13. The Personnel Record lacked documented evidence of orientation to the facility.</p> <p>These findings were confirmed with Staff #1 on 04/23/14 at 2:35PM.</p>	T2106	<p>Orientation, which will be documented in the personnel file.</p> <p>In keeping with our policy, a checklist of all pre-employment requirements, including orientation to [REDACTED] operation and personnel policies, will be completed by the Director of Human Resources who is responsible for monitoring this policy. Compliance with this policy is reviewed quarterly by [REDACTED] Risk Management program.</p> <p>This policy is in effect.</p>	<p>✓</p> <p>accept [REDACTED] 7/23/14</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 04/24/2014
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NAME OF PROVIDER OR SUPPLIER [REDACTED]	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED]
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T2178	<p>Continued From page 11</p> <p>751.9 (h) ORGANIZATION AND ADMINISTRATION.</p> <p>Patients' rights.</p> <p>Policies and procedures shall be developed and implemented regarding the patients' rights. The operator shall have in effect a written statement of patients' rights which is prominently posted in patient care areas and a copy of which is given to the patient. Such statement shall include the patients' rights to:</p> <p>(h) receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision.</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on record review and staff interview, it was determined that the facility failed to ensure that the Physician / Surgeon provided the patient / patients' representatives necessary information to give informed consent prior to surgery in four (4) of four (4) Surgical Records reviewed (Patients #1, #2, #5 and #8).</p>	T2178	<p>Policy allows [REDACTED] and Guidelines which dictate our standards of professional practice. Every patient is given written and oral information about every service and procedure as well as the opportunity to ask questions by a trained staff person or Social Worker. Once the staff person has ensured understanding, then informed consent is obtained. [REDACTED] physicians have always confirmed that consent has been obtained and they have always given the patient the opportunity to ask questions.</p> <p>Beginning June 16, 2014, [REDACTED] will ensure that the Physician/Surgeon documents that she/he reviewed the informed consent and answered any questions by adding a place on the visit record for such documentation. This change in documentation will be reflected in [REDACTED] Medical Protocols under "[REDACTED]". All Physicians/Surgeons will be notified of this addition immediately.</p> <p>Beginning June 16, 2014 and for the next three months, [REDACTED] will review all [REDACTED] abortion records to assure compliance with documentation of the physician's conversation with the patient relative to informed consent. Semi-annual audits will be performed subsequently to ensure continued compliance.</p> <p>The Senior VP for Health Services is responsible for this change and has already audited records to ensure compliance.</p> <p>This policy is in effect.</p>	June 16, 2014

7/23/14
acceptable

New York State Department of Health

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T2178	<p>Continued From page 12</p> <p>Findings:</p> <p>Record review for Patient #1 revealed that on 03/14/14 the patient had a [REDACTED] procedure. The [REDACTED] contained the patient's signature dated 03/14/14 and the signature of the witness who is the [REDACTED] dated 03/14/14. The [REDACTED] attested that "the client got this information. She said she read and understood it. She was able to ask any questions she had."</p> <p>Record review for Patient #2 revealed that on 02/14/14 the patient had a [REDACTED] procedure. The [REDACTED] documented the patient's and [REDACTED] (witness) signatures dated 02/14/14.</p> <p>Record review for Patient #5 revealed that on 12/13/13 the patient had a [REDACTED] procedure. The [REDACTED] contained the patient's and [REDACTED] (witness) signatures dated 12/13/13.</p> <p>An interview with Staff #1 on the [REDACTED] of 04/14/14 revealed that the [REDACTED] gives the [REDACTED] to the patient during the [REDACTED] testing visit. The [REDACTED] signs the [REDACTED] on the [REDACTED]. The [REDACTED] receives special training to perform this function.</p> <p>Review of the facility's policy titled [REDACTED] dated 2012, documented that Clinicians performing surgical abortions must ascertain that informed consent has been obtained before providing the abortion.</p> <p>There was no documented evidence that the</p>	T2178		



New York State Department of Health

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NAME OF PROVIDER OR SUPPLIER [REDACTED]		STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED]		
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New York State Department of Health

<p>T2178</p>	<p>Continued From page 13</p> <p>Physician / Surgeon discussed the surgical risks, benefits and alternatives with the patient prior to [redacted] as required.</p> <p>Similar findings were noted in the Medical Record for Patient #8.</p>	<p>T2178</p>		
<p>T2677</p>	<p>755.4 (b) FREE-STANDING AMBULATORY SURGERY SERVICES.</p> <p>Anesthesia services.</p> <p>The operator shall ensure that:</p> <p>(b) administration of anesthesia is in accordance with current standards of professional practice.</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on record review and staff interview, it was determined that the facility failed to ensure the dosage and route of administration of the anesthetics and/or the time the intraoperative vital signs were documented for four (4) of four (4) records reviewed (Patients #1, #2, #3 and #8).</p> <p>Findings:</p> <p>Record review for Patient #1 revealed that on 03/14 that the patient had a [redacted] procedure. At [redacted] the surgery was started.</p> <p>At [redacted] the CRNA's (Certified Registered Nurse Anesthetist) Note documented a [redacted] given. The dosage and route of the medications were not documented.</p>	<p>T2677</p>	<p>Response:</p> <p>[redacted] currently documents the dosage and route of administration of all [redacted] administered to patients. Using one of the examples given, [redacted] given" [redacted] will document the dosage and route of administration with an expanded description as of June 16, 2014. The above example will now read, [redacted] given, additionally, [redacted] given</p> <p>In addition, [redacted] will have the CRNA time stamp the intra-operative vitals beginning June 16, 2014. To ensure compliance, [redacted] will review all [redacted] abortion records for the next three months. Semi-annual audits will be performed subsequently to assure continued compliance.</p> <p>All CRNA's were notified of this change through email on June 16, 2014 and face-to-face conversation with the Senior VP for Health Services. The CRNA's were educated by the Senior VP for Health Services on the importance of signing their notes at the beginning, intra-operatively and at the end of all procedures. The Senior VP began auditing this process to ensure compliance and will continue to do so for the next six months and then semi-annually.</p> <p>The findings of the audits will be reported to the CRNAs and PPNC's Risk Management Patient Services Work group.</p> <p>This policy is in effect.</p>	<p>June 16, 2014</p> <p>✓</p> <p>action [redacted] 7/23/14</p>



New York State Department of Health

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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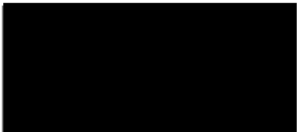
[REDACTED]

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T2677	<p>Continued From page 14</p> <p>The [REDACTED] documented blood pressure [REDACTED] pulse [REDACTED] respirations: [REDACTED] oxygen saturation rate [REDACTED] and level of [REDACTED] the above notations were not timed.</p> <p>Record review for Patient #2 revealed that on 02/14/14 the patient had a [REDACTED] procedure. At [REDACTED] the [REDACTED] was started.</p> <p>At [REDACTED] the CRNA's Note documented a [REDACTED] [REDACTED] given. The dosage and route of the medications were not documented.</p> <p>Record review for Patient #3 revealed that on 07/13/13 the patient had a [REDACTED] procedure. At [REDACTED] the surgery was started.</p> <p>The CRNA's Note documented a [REDACTED] [REDACTED] given." The dosage and route of the medications were not documented.</p> <p>The Intraoperative Vital Signs Note documented blood pressure: [REDACTED] pulse: [REDACTED] respirations: [REDACTED] oxygen saturation rate [REDACTED] and [REDACTED] The above notations were not timed.</p> <p>Review of the Medical Record for Patient #8 documented similar findings.</p> <p>[REDACTED]</p>	T2677		

[REDACTED]

New York State Department of Health

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New York State Department of Health

T2677	Continued From page 15 [Redacted]	T2677		
T2699	<p>755.6 (d) FREE-STANDING AMBULATORY SURGERY SERVICES.</p> <p>Patient admission and discharge. The operator shall ensure that: (d) each patient is evaluated by a physician for proper anesthesia recovery, and discharged upon the written order of a physician.</p> <p>This Regulation is not met as evidenced by: Based on record review and staff interview, it was determined that the facility failed to ensure that the Physician ordered the discharge after assessing the patient's recovery from the [Redacted] procedure in in two (2) of two (2) [Redacted] Records reviewed (Patients #1 and #8).</p> <p>Findings: Record review for Patient #1 revealed that on 03/14 at [Redacted] the [Redacted] procedure was completed. At [Redacted] the Physician's Order documented to "discharge the client from the Recovery Room when [Redacted] pain controlled and [Redacted] follow up in [Redacted] and [Redacted] At [Redacted] the Nurse's Note documented "admitted to [Redacted] At [Redacted] the patient was discharged.</p> <p>Record review for Patient #8 revealed that on 04/14 at [Redacted] the [Redacted] procedure was completed. At [Redacted] the Physician's Order</p>	T2699	<p>Response: [Redacted] June 5, 2014</p> <p>[Redacted] follows [Redacted]</p> <p>which, in addition to applicable state and federal law, dictate our standards of professional practice. The [Redacted] protocol located in the Medical Protocol book states, "Licensed health professionals supervising the recovery area for [Redacted] MUST be:</p> <ul style="list-style-type: none"> ▪ trained in the management of the recovery area ▪ currently certified in CPR/BLS ▪ immediately available and remain on the premises until all clients have been discharged ▪ able to implement an emergency protocol and direct and assist with CPR until outside assistance is obtained; and <p>MUST not:</p> <ul style="list-style-type: none"> ▪ have duties other than client recovery or have any tasks that would interrupt or compromise the continuous observation and monitoring of recovering clients ▪ leave the client unattended until the client(s) is discharged." <p>As of June 5, 2014, the protocol has been amended to include, "each patient must be evaluated by the physician for proper [Redacted] recovery, and discharged upon the written order of the physician." Each physician providing [Redacted] abortion services at [Redacted] will receive notice of this change from the Medical Director on June 16, 2014 and will be required to discharge the patient from recovery when she has had proper [Redacted] recovery.</p> <p>To ensure compliance, the Senior VP for Health Services will review all [Redacted] abortion records for</p> 	<p>June 5, 2014</p> <p>[Redacted]</p> <p>7/23/14 acceptable</p> <p>[Redacted]</p>

New York State Department of Health

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T2699	<p>Continued From page 16</p> <p>documented to "discharge the client from the [REDACTED] when [REDACTED] pain controlled and [REDACTED] follow up in [REDACTED] and [REDACTED]</p> <p>At [REDACTED] the Physician was noted in a Procedure Room with another patient performing a [REDACTED] procedure. At [REDACTED] the patient was observed in the Recovery Room.</p> <p>[REDACTED]</p>	T2699	<p>the next three months. Semi-annual audits will be performed subsequently to ensure continued compliance. The findings of the audits will be reported to the physicians and [REDACTED] Risk Management Patient Services Work group.</p> <p>This policy is in effect.</p>	<p><i>Accepted</i> [REDACTED] 7/23/14</p> <p>[REDACTED]</p>
T2803	<p>756.5 (c) ABORTION SERVICES. Nursing Services.</p> <p>The operator shall ensure that: (c) as a minimum, a licensed nurse is present in each treatment room when an abortion procedure is being performed.</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on record review and staff interview, it was determined that the facility failed to ensure that a licensed Nurse was in the Procedure Room</p>	T2803		

New York State Department of Health

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T2803	<p>Continued From page 17</p> <p>during the procedures for four (4) of four (4) records reviewed (Patients #1, #4, #6 and #7).</p> <p>Findings:</p> <p>[REDACTED]</p> <p>There is no licensed Nurse in the PR during the procedure. The [REDACTED] form documents the [REDACTED] that is assigned to work in the PR.</p> <p>Review of the [REDACTED] form between 09/13-04/14 documented the [REDACTED] assigned to the PR.</p> <p>Record review for Patient #1 revealed that on 03/14 the patient had a [REDACTED] procedure. Staff #2 administered the [REDACTED] and Staff #3 performed the procedure.</p> <p>Review of the [REDACTED] form dated 03/14 revealed Staff #4 was assigned to the PR.</p> <p>Record review for Patient #6 revealed that on 02/14 the patient had a [REDACTED] procedure. Staff #5 administered the [REDACTED] and Staff #6 performed the procedure.</p>	T2803	<p>[REDACTED] has always had Certified Registered Nurse Anesthetists, as well as staff who have been specifically trained to assist the physician in our procedure room; moreover, [REDACTED] has registered nurses in its recovery room.</p> <p>[REDACTED] has already begun recruiting an RN to work in the procedure room; the Director of Human Resources will seek to fill this position by September [REDACTED] 2014.</p> <p>Until an RN is hired, [REDACTED] will staff the procedure room with temporary staff beginning August 2, 2014.</p>	September 1, 2014

acceptable
7/23/14

[REDACTED]

New York State Department of Health

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NAME OF PROVIDER OR SUPPLIER [REDACTED]		STREET ADDRESS, CITY, STATE, ZIP CODE	
(X4) ID PREFIX TAG	CURRENT STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X7) PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
(X5) COMPLETE DATE			



<p>T2803</p>	<p>Continued From page 18</p> <p>Review of the "Center Assistant Weekly Schedule" form dated 02/14 revealed Staff #7 was assigned to the PR.</p> <p>Record review for Patient #7 revealed that on 03/14 the patient had a procedure. Staff #5 administered the procedure and Staff #6 performed the procedure.</p> <p>Review of the "Center Assistant Weekly Schedule" form dated 03/14 revealed Staff #7 was assigned to the PR.</p> <p>Review of the Medical Record documented similar findings for Patient #4.</p>	<p>T2803</p>		
<p>T2810</p>	<p>756.6 ABORTION SERVICES. Quality Assurance.</p> <p>In addition to the requirements set forth in section 751.8 of this Title, the operator shall ensure that there is a review of any abortion procedure complication with the use of these findings in the development and revision of policies and in consideration of renewing or granting staff privileges.</p> <p>This Regulation is not met as evidenced by:</p> <div style="background-color: black; width: 300px; height: 100px; margin-top: 10px;"></div>	<p>T2810</p>	<p>Response:</p> <div style="background-color: black; width: 250px; height: 150px; margin-top: 10px;"></div> <div style="background-color: black; width: 250px; height: 100px; margin-top: 10px;"></div>	<p>June 5, 2014</p> <div style="background-color: black; width: 50px; height: 30px; margin-top: 10px;"></div> <p style="text-align: right; margin-top: 10px;"><i>acceptable</i></p> <p style="text-align: right; margin-top: 10px;"><i>7/23/14</i></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 04/24/2014
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T2810	Continued From page 19 Findings: [REDACTED]	T2810	[REDACTED] To ensure compliance with [REDACTED] policy, the Senior VP for Patient Services will review every incident that requires the Medical Director's review; the findings of these audit will be reported to the Risk Management Patient Services Work group for any corrective action needed. This policy is in effect.	[REDACTED] <i>advised to [REDACTED]</i> <i>7/23/14</i> [REDACTED]




FORM APPROVED

New York State Department of Health

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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
T2810	Continued From page 20 	T2810		



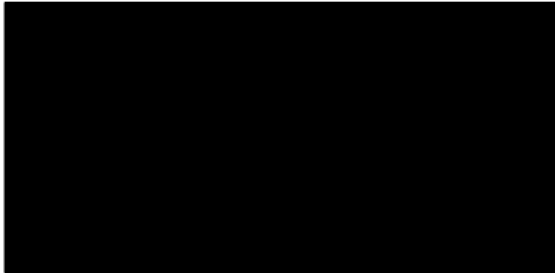


NEW YORK
state department of
HEALTH

Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

Sue Kelly
Executive Deputy Commissioner

July 10, 2014



Re: Article 28 Survey

Dear 

Your Plan of Correction submitted on June 17, 2014 in response to our Article 28 Survey has been reviewed by the Department.

Based on this review, the Department concurs that Regulation 756.5 (c), Tag T2803, is the requirement which is applicable to the procedures performed in your facility. Therefore Regulation 756.5 (g), Tag T2807, has been rescinded, Tag T2803 has been added, and a new Statement of Deficiencies (CMS-2567) with this revision is attached.

The items which have been found to be unacceptable are stated in the attached report.

Please submit a revised Plan of Correction. The Plan of Correction should be **generic for each deficiency, as well as case specific**, and be preventive in nature to aim at eliminating such deficiencies in the future. The Plan is to include specific corrective actions, title of the party responsible for each corrective action, and a completion date for each action plan. Clearly identify, by tag number, the citation being addressed.

If implementation of the Plan of Correction is delayed for any reason, the facility must provide an interim plan until the full corrective action plan is put into effect. Failure to provide any of the foregoing required information constitutes an unacceptable response. Please make certain that the first page of the Plan of Correction is signed and dated by a duly authorized representative of your facility.

Your Plan of Correction must be submitted to this office by July 24, 2014.

Should you have any questions you may contact this office at [REDACTED]
Written correspondence should be sent to the [REDACTED]
[REDACTED]

Sincerely,

[REDACTED]

UNACCEPTABLE PLAN OF CORRECTION (POC) REVIEW FORM

Facility Name: [REDACTED]

Type of Survey: Re-Licensure

Complaint #: N/A

Event ID #: [REDACTED]

Date(s) of Survey: 04/21/14, 04/23/14 & 04/24/14

The facility's Plan of Correction (POC) has been reviewed and found acceptable with the following exceptions:

Deficiency #	The POC Lacks The Required Facility Action
<p>T2023 Organization and Administration-Operator</p>	<p>The corrective action plan fails to ensure how the facility will ensure that future staff [REDACTED] will have competency in [REDACTED] how this will be documented, a staff member responsible to review and approve the staff competency, a staff member responsible for monitoring, and the method and staff member responsible for the entire corrective action.</p>
<p>T2089 Organization and Administration-Personnel</p>	<p>The plan lacks a system correction, how the facility will ensure implementation of the policy, who will do the reviews, how the facility will monitor to ensure that all staff have pre-employment PE (physical exam), a responsible staff member and the completion date.</p>
<p>T2091 Organization and Administration-Personnel</p>	<p>The plan lacks a system to implement the amended policy, who is responsible to review the files prior to patient contact and approves staff, monitoring, a responsible staff member for the entire plan and the completion date.</p>
<p>T2093 Organization and Administration-Personnel</p>	<p>Same as T2091.</p>
<p>T2096 Organization and Administration-Personnel</p>	<p>The same issues as identified for T2091 and T2093 but since PPDs are required annually, the facility needs a system to alert and obtain evidence that staff meet the requirement and monitoring of staff compliance by the facility.</p>

UNACCEPTABLE PLAN OF CORRECTION (POC) REVIEW FORM

Facility Name: [REDACTED]

Type of Survey: Re-Licensure

Complaint #: N/A

Event ID #: [REDACTED]

Date(s) of Survey: 04/21/14, 04/23/14 & 04/24/14

The facility's Plan of Correction (POC) has been reviewed and found acceptable with the following exceptions:

Deficiency #	The POC Lacks The Required Facility Action
T2097 Organization and Administration-Personnel	The corrective action plan lacks how the facility will ensure that staff receive and complete the annual health assessment form, how staff will be notified one (1) month prior, by whom, who will monitor compliance, a responsible staff member and the completion date.
T2098 Organization and Administration-Personnel	The facility failed to develop a correction plan showing who is responsible for establishing and maintaining personnel files, ensuring staff have been in-serviced, who will monitor the plan and the completion date.
T2103 Organization and Administration-Personnel	The plan lacks a responsible staff member for maintaining this documentation, tracking of information, monitoring files for compliance and the completion date.
T2106 Organization and Administration-Personnel	The plan lacks a corrective action for future staff, a monitoring plan, a responsible staff member and the completion date.
T2178 Organization and Administration-Patients' Rights	The plan lacks a responsible staff member and the completion date.

UNACCEPTABLE PLAN OF CORRECTION (POC) REVIEW FORM

Facility Name: [REDACTED]

Type of Survey: Re-Licensure

Complaint #: N/A

Event ID #: [REDACTED]

Date(s) of Survey: 04/21/14, 04/23/14 & 04/24/14

The facility's Plan of Correction (POC) has been reviewed and found acceptable with the following exceptions:

Deficiency #	The POC Lacks The Required Facility Action
<p>T2677 Free-Standing Ambulatory Surgery Services-Anesthesia Services</p> <p style="text-align: center;">756.1 (a) General Requirements</p>	<p>The plan lacks staff education, a specific monitoring plan, a responsible staff member and the completion date.</p>
<p>T2699 Free-Standing Ambulatory Surgery Services-Patient Admission and Discharge</p> <p style="text-align: center;">756.1 (a) General Requirements</p>	<p>The plan lacks a detailed auditing plan, a responsible staff member, the completion date and reporting to QAPI (Quality Assurance Performance Improvement).</p>
<p>T2807 Abortion Services- Nursing Services</p>	<p>Citation rescinded. The correct citation 756.5(c) will be issued (T2803). The use of a CRNA as the licensed nurse present during procedures does not meet the minimum requirement. The CRNA is acting as the anesthetist and therefore cannot perform the role of the nurse present in the room as well, especially in an emergency. The presence of "other trained staff" does not meet the requirement.</p>
<p>T2810 Abortion Services- Quality Assurance</p>	