

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)	#3 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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T 000	INITIAL COMMENTS STATE FAC ID # [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.	12023		

RECEIVED
JUN 17 2014

Office of Health Systems Management
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE [REDACTED]

(X6) DATE 06/17/2014

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

<p>T2023 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] Document 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>T2023</p> <p>T2023</p>	<p>Response:</p> <p>[redacted] follows all federal, New York State and [redacted] rules and regulations regarding hiring and employing individuals as documented in its [redacted] which is located in the [redacted] All 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] consultants 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 appropriate licensing, credentialing, immunization, and health status documents from its [redacted] consultants are (and have been since contracting with [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, and orientation and training documents. As of April 28, 2014, personnel files for [redacted] referred to by the DOH as "staff members," #2, #5 and #8 contained all supporting documents.</p>
<p>751.6 (c) ORGANIZATION AND ADMINISTRATION. Personnel.</p> <p>T2089</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>[redacted]</p> <p>unacceptable</p> <p>6-30-14</p>

New York State Department of Health

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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 01/11. 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 01/11. 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 [REDACTED]</p> <p>This finding was confirmed with Staff #1 on 04/23/14 at 2:35PM.</p>	T2089	<p>Response:</p> <p>As stated in [REDACTED] policy, which is located in the [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. [REDACTED] referred to by the DOH as "staff members" #2, #5 and #8 are (and were) free from such health impairments. As of June 2014, [REDACTED] amended its policy to ensure that documentation of examination of [REDACTED] prior to employment and annually thereafter, is maintained on site. As of [REDACTED] 2014, personnel files for [REDACTED] contained such evidence.</p>	<p>6-23-14</p> <p><i>Unaltered</i></p>

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T2091	Continued From page 3	T2091	
T2091	751.6 (d) (1) ORGANIZATION AND ADMINISTRATION. Personnel. The operator shall ensure: (d) that a record of the following tests, procedures and examinations is maintained for all employees: (1) a certificate of immunization against rubella. This Regulation is not met as evidenced by: 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). Findings: 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. This finding was confirmed with Staff #1 on 04/23/14 at 2:35PM.	T2091	Response: As stated in [REDACTED] policy which is located in the [REDACTED] all employees of [REDACTED] must have a record of immunization against [REDACTED] in their personnel files." Each [REDACTED] s [REDACTED] (and has been since contracting with [REDACTED] immune against rubella. As of June [REDACTED] 2014, [REDACTED] amended its policy to include contract workers. Files will be maintained on site and contain evidence of [REDACTED] immunization or titers documenting immunity. As of April 28, 2014, the personnel file for [REDACTED] referred to by the DOH as "staff member" #2, contained such evidence.
T2093	751.6 (d) (2) ORGANIZATION AND ADMINISTRATION. Personnel. The operator shall ensure: (d) that a record of the following tests, procedures and examinations is maintained for all employees: (2) a certificate of immunization against	T2093	

*What is the date
6-30-14*

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X5) COMPLETE DATE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
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 [REDACTED]</p> <p>During an interview with Staff #1 on 04/21/14 at 11:00AM, Staff #1 stated that they don't need [REDACTED]</p> <p>This finding was confirmed with Staff #1 on 04/23/14 at 2:35PM.</p> <p>751.6 (d) (4) ORGANIZATION AND ADMINISTRATION. Personnel.</p>	T2093	<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 [REDACTED] before commencement of work at [REDACTED]. Each [REDACTED] (and has been since contracting with [REDACTED] immune against [REDACTED]. As of June [REDACTED] 2014, [REDACTED] amended its policy to include contract workers; consultant personnel files will include evidence of [REDACTED] immunization - or titers - documenting immunity. As of April 25, 2014, the personnel file for [REDACTED] referred to by the DOH as "staff member," #2, contained such evidence.</p>
T2096	<p>The operator shall ensure:</p> <p>(d) that a record of the following tests, procedures and examinations is maintained for all employees:</p>	T2096	<p>[REDACTED]</p> <p><i>6-2-14</i> <i>Unacceptable</i></p>

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T2096	<p>Continued From page 5</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 for the [REDACTED]</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 [REDACTED]</p>	T2096	<p>Response:</p> <p>As stated in [REDACTED] policy located in the [REDACTED] all employees of [REDACTED] have "evidence of ppd Mantoux test submitted to Human Resources before any employee begins working at [REDACTED]. Each [REDACTED] has (and has had since contracting with [REDACTED]) evidence of ppd Mantoux test. As of June 2014 [REDACTED] policy includes contract workers as well as employees, and states that consultant personnel files will contain evidence of initial and annual testing for the Tuberculin infection. As of April 24, 2014 the personnel file for [REDACTED] referred to by the DOH as "staff member," #2, contained such evidence.</p> <p><i>Handwritten: Under 6-30-14</i></p>	
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T2096	Continued From page 6	T2096
T2097	751.6 (d) (5) ORGANIZATION AND ADMINISTRATION, Personnel.	T2097
		T2097
		Response: As stated in [redacted] policy located in the [redacted] employees must submit a completed [redacted] form 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 June [redacted] 2014, [redacted] amended its policy to include contract workers and will include in consultant personnel files, evidence of an annual health assessment to assure freedom from a health impairment which is a potential risk to the patients or might interfere with the performance of duties. As of April 22, 2014, the personnel file for [redacted] referred to by the DOH as "staff member," #2, contained such evidence.

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T2097	Continued From page 7 [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 CRNAs (Certified Registered Nurse Anesthetists). This was evident for three (3) of three (3) CRNAs (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 [REDACTED] No Personnel Files were provided on 04/21/14. Personnel Files were provided for Staff Members #2, #5 and #8 on 04/23/14 and 04/24/14; however, the files were incomplete.	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 [REDACTED] on site, [REDACTED] relied on it [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]. As of April 22, 2014 personnel files for [REDACTED] referred to by the DOH as "staff members" #2, #5 and #8 are being maintained on site and as of April 28, 2014 they were complete.

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<p>T2098 Continued From page 8</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>T2103</p> <p>The operator shall ensure:</p> <p>(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>A review 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>A review of the Personnel Record for Staff #5 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</p>	<p>T2098</p> <p>T2103</p> <p>T2103</p>	<p>Response:</p> <p>As stated in its [REDACTED] & Staff Development" policy, which is located in the Administrative Policy & Procedure Manual, [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]. As of June [REDACTED] 2014, [REDACTED] amended its policy to include contract workers and going forward [REDACTED] will keep this documentation in the personnel files of new contract [REDACTED]. By June 30, 2014, [REDACTED] will also create a profile to have on file that will be completed by the staffing agency that supplies our contract RNs; this profile will detail the nurse's training, experience, references, competencies and delineation of privileges.</p>	<p>6-30-14</p>
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(X4) ID PREFIX TAG T2103	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X5) COMPLETE DATE T2103	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
Continued From page 9 performance evaluations. A review of the Personnel Record for Staff #8 noted a start date of 01/ [REDACTED] 12. The Personnel Record lacked evidence of confirmation of the employee's training, experience, references, competencies, delineation of privileges and performance evaluations. Similar findings were found on review of the Personnel Record for Staff #9. 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 [REDACTED] Staff Members [REDACTED] These findings were confirmed with Staff #1 on 04/23/14 at 2:35PM.	T2103		
T2106 751.6 (j) ORGANIZATION AND ADMINISTRATION. Personnel The operator shall ensure: (j) that each new employee is provided with a planned orientation to the center's operation and personnel policies. This Regulation is not met as evidenced by: Based on record review and staff interview, the 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	T2106		

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T2106	<p>Continued From page 10</p> <p>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 [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>Response:</p> <p>As documented in its [REDACTED] 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." As of June 2014, [REDACTED] amended its policy to include contract workers. [REDACTED] contract [REDACTED] received individual orientation prior to providing sedation services -- going forward, contract workers will attend [REDACTED] mandatory orientation and this orientation will be documented in the personnel file.</p> <p><i>05-14 K. MacC...</i></p>
T2178	751.9 (h) ORGANIZATION AND ADMINISTRATION.	T2178	Patients' rights.

[REDACTED]

FORM APPROVED

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[REDACTED]

T2178 Continued From page 11

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:

(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.

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 / Surgeon provided the patient / patients' representatives necessary information to give informed consent prior to [redacted] in four (4) of four (4) Surgical Records reviewed (Patients #1, #2, #5 and #8).

Findings:

Record review for Patient #1 revealed that on

T2178

T2178

Response:

[redacted] follows [redacted]

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. 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. Beginning June 16, 2014 and for the next three months, PPNC 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.

Handwritten note: [redacted] 6-30-14

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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T2178	<p>Continued From page 12</p> <p>03/14 the patient had a [REDACTED] procedure. The [REDACTED] contained the patient's signature dated 03/14 and the signature of the witness who is the [REDACTED] dated 03/14. The [REDACTED] attested that "the client got this information," said [REDACTED] read and understood it. [REDACTED] was able to ask any questions [REDACTED] had."</p> <p>Record review for Patient #2 revealed that on 02/14 the patient had a [REDACTED] procedure. The [REDACTED] documented the patient's and [REDACTED] (witness) signatures dated 02/14.</p> <p>Record review for Patient #5 revealed that on 12/13 the patient had a [REDACTED] procedure. The [REDACTED] contained the patient's and [REDACTED] (witness) signatures dated 12/13.</p> <p>An interview with Staff #1 on the morning of 04/24/14 revealed that the Social Worker gives the Surgical and Anesthesia Consents to the patient during the pre-surgical testing visit. The Social Worker signs the Witness Section on the Consents. The Social Worker receives special training to perform this function.</p> <p>Review of the facility's policy titled [REDACTED] dated 2012, documented that Clinicians performing [REDACTED] abortions must ascertain that informed consent has been obtained before providing the abortion.</p> <p>There was no documented evidence that the Physician / Surgeon discussed the surgical risks, benefits and alternatives with the patient prior to surgery as required.</p>	T2178		
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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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(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
T2178	Continued From page 13 Similar findings were noted in the Medical Record for Patient #8.	T2178		
T2677	<p>755.4 (b) FREE-STANDING AMBULATORY SURGERY SERVICES.</p> <p>Anesthesia services. The operator shall ensure that: (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 [REDACTED] of [REDACTED] of the [REDACTED] 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] [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 level of [REDACTED]</p>	T2677	<p>Response:</p> <p>[REDACTED] currently documents the [REDACTED] of all [REDACTED] to patients. Using one of the examples given, [REDACTED] will document the [REDACTED] with an expanded description as of June 16, 2014. The above example will now read [REDACTED]</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>6-20-14</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	LJ 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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T2677	<p>Continued From page 14</p> <p>[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] The [REDACTED] of the medications were not documented.</p> <p>Record review for Patient #3 revealed that on 07/13/13 the patient had a [REDACTED]. At [REDACTED] he [REDACTED] was started.</p> <p>The CRNA's Note documented a [REDACTED]. [REDACTED] The [REDACTED] 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]. [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		
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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)	(5) PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE



<p>T2699 Continued From page 15</p>	<p>T2699</p>	
<p>T2699 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>T2699</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 ordered the discharge after assessing the patient's recovery from the anesthesia procedure in in two (2) of two (2) Records reviewed (Patients #1 and #8).</p> <p>Findings:</p> <p>Record review for Patient #1 revealed that on 03/14 at the procedure was completed. At the Physician's Order documented to "discharge the client from the Recovery Room when controlled and able to follow up in weeks and mg." At the Nurse's Note documented "admitted to Recovery Room." At the patient was discharged.</p> <p>Record review for Patient #8 revealed that on 04/14 at the procedure was completed. At the Physician's Order documented to "discharge the client from the Recovery Room when controlled and able to follow up in weeks and mg."</p>	<p>T2699</p>	<p>Response: follows which, in addition to applicable state and federal law, dictate our standards of professional practice. The protocol located in the book states, "Licensed health professionals supervising the recovery area for sedation 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 2014, the protocol has been amended to include, "each patient must be evaluated by the physician for proper anesthesia recovery, and discharged upon the written order of the physician." Each physician providing surgical abortion services at 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 anesthesia recovery. To ensure compliance, will review all surgical abortion records for the next three months. Semi-annual audits will be performed subsequently to ensure continued compliance.</p> <p>6-30-14 unacceptable</p>

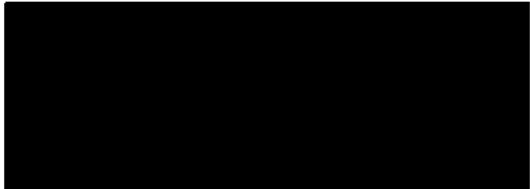
New York State Department of Health

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) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X5) PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE



T2699 Continued From page 16

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.



It was noted that the Physician documented the [redacted] in the Procedure Room. The Physician did not order the discharge after assessing the patient's recovery from the [redacted] procedure in the Recovery Room, prior to discharge as required.

T2807 756.5 (g) ABORTION SERVICES. Nursing Services.

The operator shall ensure that:
(g) only registered professional nurses function as circulating nurses in the operating room.

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 a Circulating Nurse was in the Operating Room during the [redacted] procedures for four (4) of four (4) records reviewed (Patients #1, #4, #6 and #7).

Findings:

T2899

T2807

Response:

[redacted] staffing of abortion procedures is designed to ensure patient safety. [redacted] a circulating nurse because [redacted]

[redacted] 756.5(c) should be read in conjunction with 756.6(e) which says "if abortions are performed in operating rooms, a registered professional nurse is in charge of the nursing services in the operating rooms". This does not require abortions to be performed in operating rooms, which is consistent with best practices for this type of procedure, which is typically conducted in a procedure room.

[redacted] staffing requirement of 756.5(c), which states "as a minimum, a licensed nurse is present in each treatment room when an abortion procedure is being performed". All abortion procedures are staffed with a licensed physician who performs the procedure, a Certified Registered Nurse Anesthetist (CRNA) who administers conscious sedation and a Center Assistant who is trained to work in the procedure room. The presence of the CRNA exceeds the minimum requirement of 756.6(c) that a licensed nurse be present in each treatment room.

Physicians, CRNAs and other trained staff working in [redacted] procedure rooms are all trained to respond to emergencies if a complication should arise.

Handwritten note: 11/25/14 - unacceptable 50-14



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)
T2807	<p>Continued From page 17</p> <p>[REDACTED]</p> <p>[REDACTED] Circulating Nurse in the PR during the surgical procedure. The [REDACTED] form documents the Center Assistant that is assigned to work in the PR.</p> <p>Review of the [REDACTED] form between 09/13 - 04/14 documented the Center Assistant 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 [REDACTED] 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 [REDACTED] procedure.</p> <p>Review of the [REDACTED] form dated 02/14 revealed Staff #7 was assigned to the PR.</p>	T2807	



FORM APPROVED

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)	(X) PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
(X5) COMPLETE DATE			



T2807 Continued From page 18

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.

Review of the form dated 03/14 revealed Staff #7 was assigned to the PR.

Review of the Medical Record documented similar findings for Patient #4.

T2810 756.6 ABORTION SERVICES. Quality Assurance.

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.

This Regulation is not met as evidenced by:

Based on record review and staff interview, it was determined that the Quality Assurance Program did not assess actual and potential problems concerning patient care and clinical performance. This was evident in three (3) of three (3) records identified in the facility's Incident Reports (Patients #2, #3 and #5).

Findings:

[Redacted Findings]

T2807

T2810

Response:

[Redacted Response]

As a plan of correction for the next three months, the Senior VP for Health Services will ensure that each incident needing review by the Medical Director is reviewed and that his findings are used in the development and revision of policies and in consideration of renewing or granting staff privileges. Semi-annual audits will be performed subsequently to ensure continued compliance.

Handwritten signature
6/14

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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T2810	Continued From page 19 [REDACTED]	T2810		
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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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T2810	Continued From page 20 [REDACTED]	T2810		

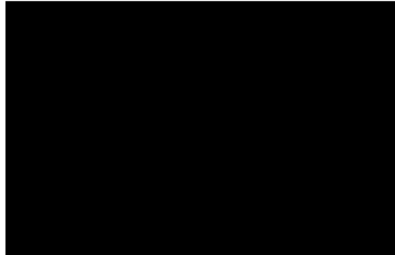


NEW YORK
state department of
HEALTH

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

Sue Kelly
Executive Deputy Commissioner

June 4, 2014


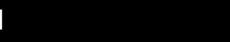
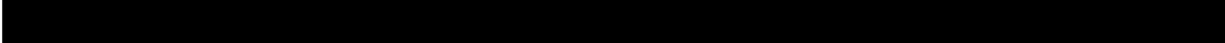


Re: Article 28 Survey

Dear 

Enclosed is a Statement of Deficiencies relative to Chapter V, Title 10NYCRR. You must prepare a specific Plan of Correction including a timetable for implementation for each deficiency.

Your Plan of Correction must be submitted to this office by June 18, 2014. When submitting your Plan of Correction, please be certain to use the SOD/POC form and to sign and date the bottom of the first page.

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,

