

NEW YORK
state department of
HEALTH

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

Sue Kelly
Executive Deputy Commissioner

October 23, 2013

[REDACTED]

Re: Failure to comply with [REDACTED] approved for [REDACTED]

Dear [REDACTED]

On October 1, 2013 this office issued a Statement of Deficiencies in connection with the subject referenced above. On October 15, 2013 the facility submitted a Plan of Correction (POC). An addendum was submitted on October 22, 2013.

Review of the POC reveals it is acceptable, as noted on the enclosed form. Please continue implementation of the plan as this office will monitor compliance during future surveillance activities.

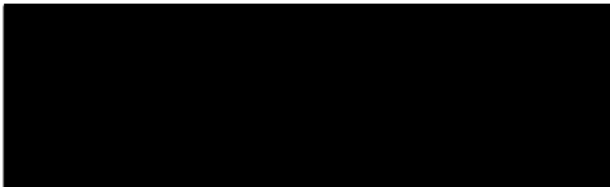
The cover letter for your October 15, 2013 POC mentions consolidation of administration services at your [REDACTED]. This matter requires the attention of the Department's Bureau of Project Management so that your [REDACTED] operating certificate may be corrected. Accordingly, please send a letter requesting the [REDACTED] of your [REDACTED] from the [REDACTED] to the [REDACTED] to the following individual and address:

Should you have any questions, please contact me at [REDACTED]

[REDACTED]

FAILURE TO COMPLY WITH [REDACTED] APPROVED FOR [REDACTED]
STATEMENT OF DEFICIENCIES ISSUED ON OCTOBER 1, 2013
RESPONSE TO THE PLAN OF CORRECTION DATED OCTOBER 15, 2013
AND ADDENDUM DATED OCTOBER 22, 2013

<u>TAG #</u>	<u>CITATION</u>	<u>FINDING</u>	<u>COMMENTS/REQUIREMENTS</u>
T2006	<u>751.2 ORGANIZATION AND ADMINISTRATION</u> <u>Operator</u>	ACCEPTABLE	



Staffing September, 2013 through December, 2013

9/11 9am-4pm	(Advance Practice Clinician)	Patient Care Advocate II)	Support Associate II)
9/25 9am-4pm	(Advance Practice Clinician)	Patient Care Advocate II)	Support Associate II)
10/9 10am-3pm	(Advance Practice Clinician)	Patient Care Advocate II)	Support Associate II)
10/23 10am-3pm	(Advance Practice Clinician)	Patient Care Advocate II)	Support Associate II)
11/6 10am-3pm	(Advance Practice Clinician)	Patient Care Advocate II)	Support Associate II)
11/20 10am-3pm	(Advance Practice Clinician)	Patient Care Advocate II)	(Support Associate II)
12/4 10am-3pm	(Advance Practice Clinician)	Patient Care Advocate II)	(Support Associate II)
12/11 10am-3pm	(Advance Practice Clinician)	Patient Care Advocate II)	Support Associate II)

We are providing the following services to new and established patients:

ST Infection Checks, Pregnancy Tests, Pre-op, Birth Control Start- with referral list for continuing services elsewhere, Depos, FPBP, PE

[REDACTED]
[REDACTED] **County STI Testing** [REDACTED]
[REDACTED] **2013 advertising, publicity and community outreach**

Advertising (paid placement)

[REDACTED]

Publicity (earned media)
Distributed news release to:

[REDACTED]

Published: [REDACTED]

Community Outreach

[REDACTED] Educato [REDACTED] distributed and will continue distributing handouts promoting the [REDACTED] County STI testing [REDACTED] [REDACTED] does education and outreach events at [REDACTED] campus), schools, and other organizations in the [REDACTED] community.

STI testing

STI testing is quick, easy, and confidential.

- STI testing can be as simple as peeing in a cup - for men and women.
- HIV oral test with results in just 20 minutes.

Did you know?

- The most common symptom of a sexually transmitted infections is no symptom.
- As many as one in two sexually active young people will get an STI - and most won't know it. If you're having sex, you might be at risk. Get tested. It's quick, easy, and confidential.
- Undiagnosed and untreated, STIs can cause serious health problems.
- All STIs can be treated and most can be cured.

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- Undiagnosed and untreated, STIs can cause serious health problems.
- All STIs can be treated and most can be cured.

[Redacted]

[Redacted]

to: [Redacted] Hospital BML
[Redacted] 2013 [Redacted]
Cc: [Redacted]

Show Details

[Redacted]

Dear [Redacted]


In response to your letter dated [Redacted] 2013 concerning [Redacted] failure to comply with [Redacted] approved for [Redacted], attached please find our Plan of Correction including some relevant background information regarding this issue. Please be assured that [Redacted] sought guidance and understood that we were acting according to that guidance in executing these [Redacted]. Even so, we know that it is our responsibility to understand and abide by the NYS Department of Health regulations regarding the [Redacted] of [Redacted] and that we did not fully meet these requirements. Our Plan of Correction will ensure that this does not happen again.

Should you have any questions about the background of [Redacted] Plan of Correction, please contact me directly at [Redacted]

Sincerely,

[Redacted]



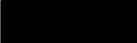

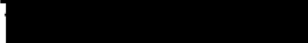
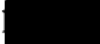



[Redacted]



October 15, 2013



Dear 

In response to your letter dated October  2013 concerning   failure to comply with  approved for  attached please find our Plan of Correction including some relevant background information regarding this issue. Please be assured that  sought guidance and understood that we were acting according to that guidance in executing these  Even so, we know that it is our responsibility to understand and abide by the NYS Department of Health regulations regarding the  of  and that we did not fully meet these requirements. Our Plan of Correction will ensure that this does not happen again.

Should you have any questions about the background or  Plan of Correction, please contact me directly at 

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 09/13/2013
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
Y 000	INITIAL COMMENTS PFI [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 FOCUSED SURVEY CONDUCTED IN ACCORDANCE WITH ARTICLE 28 OF THE NEW YORK STATE PUBLIC HEALTH LAW. THE PLAN OF CORRECTION MUST PREVENT SUCH OCCURRENCES IN THE FUTURE. INTENDED COMPLETION DATES AND THE MECHANISM(S) ESTABLISHED TO ASSURE ONGOING COMPLIANCE MUST BE INCLUDED	Y 000	SEE ATTACHED BACKGROUND
T2006	751.2 ORGANIZATION AND ADMINISTRATION. Operator. The operator shall be responsible for the establishment of policies and the management and operation of the center in compliance with all applicable laws, rules and regulations, including the provisions of this Chapter. The operator shall not enter into any agreement limiting such responsibility. The operator shall be responsible for ensuring that all of the requirements of this Chapter applicable to the center are met. This Regulation is not met as evidenced by: Based on findings from document reviews and interview, [REDACTED] has not complied with the following regulation in Title 10 New York Codes, Rules and Regulations 401.3 CHANGES IN EXISTING MEDICAL FACILITIES	T2006	SEE ATTACHED CORRECTIVE ACTION PLAN

Office of Health Systems Management
LABORATORY DIVISION

(X6) DATE

10/15/13

STATE FORM

New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: [REDACTED]	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/13/2013
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NAME OF PROVIDER OR SUPPLIER _____ STREET ADDRESS, CITY, STATE, ZIP CODE _____



(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
T2006	<p>Continued From page 1</p> <p>(g) No medical facility shall discontinue operation or surrender its operating certificate unless 90 days' notice of its intention to do so is given to the commissioner and his written approval obtained.</p> <p>Specifically, in July and August 2013 [REDACTED] of its [REDACTED] in time frames not described in [REDACTED] submitted to and approved by the New York State Department of Health (DOH). Also, in the [REDACTED] submitted to the DOH, it failed to describe all services it provided at [REDACTED]. Further, it did not facilitate [REDACTED] to other providers in the area before it initiated the [REDACTED] for [REDACTED] involved.</p> <p>Findings include:</p> <ul style="list-style-type: none"> - On 5/13/13 [REDACTED] submitted [REDACTED] to the DOH for its [REDACTED] located at [REDACTED]. The [REDACTED] described procedures for the services at those [REDACTED] and also provided [REDACTED] of [REDACTED] /13, [REDACTED] /13, and [REDACTED] /13. The [REDACTED] by the DOH in letters dated [REDACTED] 13. - In letters to the DOH received on [REDACTED] 13 and [REDACTED] 13 [REDACTED] the [REDACTED] for the [REDACTED]. The letters contained statements indicating the last [REDACTED] at the [REDACTED] was [REDACTED] 13 and at the [REDACTED] was [REDACTED] 13 [REDACTED] had done this without first notifying and obtaining 	T2006		



New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: [REDACTED]	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/13/2013
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NAME OF PROVIDER OR SUPPLIER [REDACTED]	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED]
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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T2006	<p>Continued From page 2</p> <p>approval from the DOH to change the previously established [REDACTED]</p> <p>-- On or about [REDACTED] 2, staff in the Local Health Department in [REDACTED] became aware [REDACTED] was planning to [REDACTED] the [REDACTED] [REDACTED] 8, 2013. The [REDACTED] had a contract with [REDACTED] for it to provide services to [REDACTED] residents at its [REDACTED]. [REDACTED] plans to facilitate continued provision of the [REDACTED] services to [REDACTED] County residents had not been described in the [REDACTED] submitted to the DOH on 5/ [REDACTED] 13.</p> <p>-- During telephone followup by the DOH with the [REDACTED] on 8/ [REDACTED] 13, the [REDACTED] confirmed [REDACTED] had recently issued [REDACTED] notices to patients followed at the [REDACTED] and to the media, identifying the [REDACTED] [REDACTED] would be effective 8/ [REDACTED] 13. This was done approximately the [REDACTED] of July 2013. The [REDACTED] acknowledged that these actions were not in accordance with the time frames in the [REDACTED] by the DOH, and had taken place without [REDACTED] first [REDACTED] from the DOH to [REDACTED]. The [REDACTED] also acknowledged that [REDACTED] did not first notify and interact with the [REDACTED] to facilitate [REDACTED] in [REDACTED] County.</p>	T2006		
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Response to "Failure to comply with [redacted] for [redacted]"

Background:

At the time of the [redacted] [redacted] to NYS DOH for its [redacted] (located at [redacted]) was undergoing significant change in its [redacted]. The [redacted] Board of Directors was in the process of [redacted] creating a new administrative structure with [redacted]. Previous to this, the [redacted] had shared responsibilities with some contracts signed and kept in the [redacted] and others in the [redacted]. As it happens, the STI testing [redacted] with the [redacted] County Public Health Dept. was arranged through the [redacted] of [redacted].

The original [redacted] by [redacted] in [redacted] 2013 proposed [redacted] of [redacted] 2013. However, [redacted] was not able to meet all [redacted] for the [redacted] by that time and was put in the position of [redacted] with revised dates. During this process, as one of the [redacted] explained, advice was received from DOH to choose a later date for the [redacted] than what was actually anticipated so as to avoid having to go through missing the [redacted] again and then [redacted] with a new 3 month window. Whether there was a misunderstanding of the guidance given or just a misunderstanding of the regulation, it was thought that the actions taken to [redacted] in the dates they were [redacted] was according to the regulation. Then, when the [redacted] for the [redacted] [redacted] were [redacted] in July and there was only a written acknowledgement and thank you at that time, it was thought that this communication supported the interpretation that it was OK to [redacted] before the date listed on the [redacted].

While awaiting the [redacted] from NYS DOH on its [redacted], the [redacted] from the [redacted] retired on May [redacted], 2013 and the [redacted] located in [redacted] who was scheduled to [redacted] August [redacted], 2013, continued to work on the [redacted] with representatives of DOH. In briefing the [redacted] who started on July [redacted], 2013 and is based in [redacted] about the status of the [redacted] closures (particularly the [redacted]), the outgoing [redacted] explained his understanding of the situation as outlined above.

Unfortunately, the existence of the STI testing [redacted] [redacted] came to the attention of the new [redacted] CEO when the Director of that [redacted] County Dept. called on August [redacted] in relation to the public announcement of the [redacted] for August [redacted]. At that point, with the patients already notified of the [redacted] in a letter at [redacted] July, the new [redacted] proposed [redacted] on a [redacted] [redacted] to let people know that [redacted] would be open for STI testing and family planning services. The [redacted] in [redacted] County agreed to the proposed [redacted] but wanted [redacted] to stay longer than first proposed (although this would have [redacted] had proposed to DOH that this period be limited to [redacted] but [redacted] will now keep the [redacted] open through [redacted] 2013 per [redacted]. [redacted] will continue to provide education and

community outreach to let people in the community know about services available [REDACTED] on the dates scheduled.

From the time of the decision to close the [REDACTED] center, [REDACTED] has worked with [REDACTED] to try to [REDACTED] from the [REDACTED] to [REDACTED]. Originally, it was thought that [REDACTED] would just take over services at the same [REDACTED]. However, the [REDACTED] (one of the reasons for [REDACTED] request to [REDACTED]). While it became apparent that [REDACTED] would not be able to find [REDACTED] in a timeframe that would allow [REDACTED] has continued to work with [REDACTED] and will work with [REDACTED] going forward to coordinate communication about new services when [REDACTED] is finally determined and the date for services approved. [REDACTED] continues to provide [REDACTED] in the area, making people aware of the existing [REDACTED] where services can be accessed and that [REDACTED] will soon be [REDACTED]. [REDACTED] will collaborate with [REDACTED] on this past the 12/ [REDACTED] /13 [REDACTED] until the [REDACTED].

Plan of Correction:

1. [REDACTED] Leadership has reviewed the State procedures for [REDACTED] and the misunderstanding that led to the decisions to [REDACTED] on the [REDACTED]. The [REDACTED] has informed the [REDACTED] Leadership Team of the error and explained the [REDACTED] regulation at its [REDACTED] /13 Team meeting (minutes of the meeting are available). The Board Chair and [REDACTED] will inform the Board of the situation and explain the [REDACTED] at the [REDACTED] 2013 meeting. This will ensure that the [REDACTED] leadership will not make the same error in interpreting the regulation should the organization find itself in position [REDACTED]. The Board Chair and the [REDACTED] will be responsible for monitoring continued compliance.
2. The Board of [REDACTED] has already taken the action to consolidate the [REDACTED] offices of [REDACTED] in [REDACTED]. The new [REDACTED] is in the process of organizing and reviewing all administrative files to ensure there is a complete list of contracts readily available. This effort will be completed by the Administrative Services Manager by [REDACTED] 2013 and the [REDACTED] will be responsible for monitoring continued compliance.
3. Although [REDACTED] had notified clients of its [REDACTED], [REDACTED] consulted the [REDACTED] County Public Health Dept. about keeping the site [REDACTED] and making community outreach efforts to let people in the area know about the dates and services. Since the [REDACTED] has kept the [REDACTED] [REDACTED] doing [REDACTED] and providing [REDACTED] to those who call and or stop in at the [REDACTED] will continue to keep the [REDACTED] through the [REDACTED] of [REDACTED] 2013. The VP for Practice Management and VP for Patient Services have already scheduled the staffing for the dates the [REDACTED] will be [REDACTED] the [REDACTED] has scheduled the Educator to be in the community, and the [REDACTED] will be responsible for monitoring continued compliance.

NEW YORK
state department of
HEALTH

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

Sue Kelly
Executive Deputy Commissioner

October 1, 2013

[REDACTED]

Re: Failure to comply with [REDACTED] for [REDACTED]

Dear [REDACTED]

In electronic mail correspondence dated [REDACTED] 2013 [REDACTED] for its [REDACTED] located in [REDACTED]. The [REDACTED] for the [REDACTED] identified a [REDACTED] date of [REDACTED] 2013. The [REDACTED] for the [REDACTED] identified a [REDACTED] of [REDACTED] 2013. In letters dated [REDACTED] 2013, the New York State Department of Health (the Department) informed the facility [REDACTED] the [REDACTED]

In letters to the Department dated [REDACTED] 3, 2013 [REDACTED] for the [REDACTED] were [REDACTED] 2013 [REDACTED] and [REDACTED] 2013 [REDACTED] had [REDACTED] the [REDACTED] without first obtaining approval from the Department to change the [REDACTED]

On [REDACTED] 2013, this office became aware that [REDACTED] also initiated [REDACTED] of the [REDACTED] on [REDACTED] 2013. [REDACTED] did this without obtaining approval from the Department to change the [REDACTED]

A Statement of Deficiencies (SOD) addressing this issue is enclosed. Please submit a Plan of Correction (POC) to this office at the following address within 10 business days of receipt of this letter: [REDACTED]

The POC should respond directly to the correction of each item identified, include a timetable for completion of the plan (see right side (X5) column on the SOD), and identify the person(s), by position, who are responsible for implementation and monitoring for continued compliance.

If you have any questions, please feel free to contact [REDACTED]

Sincerely,
[REDACTED]