

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>7982</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2017</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SAFE AND SOUND FOR WOMEN, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>3131 LA CANADA #110, LAS VEGAS, NEVADA ,89169</b>		
(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) COMPLETION DATE
0000	<p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of a State Permit Survey conducted in your facility on 11/07/17 and completed on 11/17/17, in accordance with Nevada Administrative Code (NAC), Chapter 449, Outpatient Facilities. Five patient files were reviewed and seven employee files were reviewed. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:</p>	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE      Name: CRAIG HARTMAN, DO      Title: Medical Director      Date: 12/12/2017

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0131 SS= D	<p>NAC 449.999446 (2) - Overseeing and managing program - NAC 449.999446 2. The person described in subsection 1: (a) Must have completed specialized training in the prevention and control of the development and transmission of infections and communicable diseases; and (b) Shall ensure that the program for the prevention and control of infections and communicable diseases for the outpatient facility: (1) Complies with all applicable federal, state and local laws; (2) Is consistent with the guidelines adopted by the holder of the permit pursuant to NAC 449.999441; and (3) Is reviewed with all employees of the outpatient facility and all persons under contract with the outpatient facility who work at the facility and have exposure to patients at the facility within the first 10 days of employment and every 12 months thereafter, or more often if required pursuant to subsection 2 of NAC 449.999447.</p> <p>Inspector Comments: Based on record review, interview and document review, the facility failed to ensure the Infection Control Officer completed specialized training on control and prevention of infections and communicable diseases (Employee #4). Findings include: Employee #4 was hired on 01/23/15, as Medical Staff, Infection Control Officer. On 11/07/17, review of personnel records revealed the employee is not a licensed healthcare professional. The employee completed the same infection control and prevention training provided to all clinical employees. The employee's file lacked documented evidence of a specialized training in infection control and prevention. Review of the Infection Control Officer's job description revealed the employee's responsibilities did not include oversight and management of the facility's program for infection control and prevention. Severity: 2 Scope: 1</p>	0131	<p>1) Our infection control officer obtained the additional training requested in the deficiency. 2) We reviewed the deficiency with our compliance consultants. They will provide the required training on an annual basis at the time of our annual staff training. 3) Our compliance consultants will maintain a log book documenting annual training for our infection control officer. 4) Our infection control officer is responsible for attending the required training. The Medical Director, Clinic Director, and compliance consultant will continually monitor all staff requirements for training and maintain a log book as noted above. 5) The required training was completed on December 7, 2017. 6) The certificate of training and log of educational training completed on 12/7/17 will be scanned and attached.</p>	12/07/2017

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0140 SS= F	<p>NAC 449.999448 (1) - Professional standards of practice - NAC 449.999448 In addition to the guidelines established pursuant to NAC 449.999441, the holder of a permit to operate an outpatient facility shall establish guidelines and maintain policies for the outpatient facility which: 1. Ensure the health, safety and well-being of patients of the outpatient facility;</p> <p>Inspector Comments: Based on observation, interview and document review, the facility failed to ensure emergency medications were secured. Findings include: On 11/07/17, in the morning, emergency medications were stored in an upright plastic box with compartments. The storage unit did not have a locking mechanism. The storage unit was on top of the nurses' station, in the hallway across from the pre-procedure room, operating room, and recovery room. The medications included: Amiodarone, Albuterol, Atropine, Dexamethasone, Epinephrine, Flumazenil, Narcan and Nitrostat. The Physician/Owner explained the emergency medications were stored at the nurses' station because they did not want the operating room cluttered. Severity: 2 Scope: 3</p>	0140	<p>1) Emergency medicines have been relocated to our emergency crash cart kit. 2) Our facility Policy and Procedure manual states that emergency medicines will be stored in our crash cart. All employees were briefed on the proper storage and maintenance of emergency medications on 12/7/17. 3) The Quarterly Quality Assurance Committee will inspect all emergency medications and ensure expiration dates have not expired. A log of the Quarterly Quality Assurance Committee inspection check lists is maintained in our Policy and Procedures manual book. 4) The Medical Director relocated the emergency medications to the crash cart and will maintain the quarterly log book of medication inspection. 5) The corrective action was completed on 12/7/17.</p>	12/07/2017

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0142 SS= D	<p>NAC 449.999448 (3) - Professional standards of practice - NAC 449.999448 In addition to the guidelines established pursuant to NAC 449.999441, the holder of a permit to operate an outpatient facility shall establish guidelines and maintain policies for the outpatient facility which:</p> <p>3. Require each person employed by the outpatient facility or under contract with the outpatient facility to have a skin test for tuberculosis in accordance with NAC 441A.375.</p> <p>Inspector Comments: Based on record review, interview and document review, the facility failed to ensure 1 of 7 employees completed the initial 2-Step Tuberculosis (TB) Skin Test within the required timeframe (Employee #7). Findings include: Employee #7 was hired on 11/01/17, as Advanced Practice Registered Nurse (APRN). Review of personnel records revealed the 1st-Step TB Skin Test was administered on 09/12/16 and read on 09/13/16, with negative result. The 2nd-Step TB Skin Test was administered on 10/18/17 and read on 10/20/17, with negative result. The 2nd-Step was completed more than 12 months after the 1st-Step. Review of the facility's policy on Employee TB Testing (undated) revealed the policy did not include the specific requirements of NAC 441A.375. On 11/07/17, the Medical Staff Manager acknowledged the finding. Severity: 2 Scope: 1</p>	0142	<p>1) Employee #7 has received her 2 step TB test. Step 1 was read on 10/20/17. Step 2 was read on 10/27/17.</p> <p>2) There was no deficient practice. Employee #7 was up to date with her TB testing. The documentation for this is attached.</p> <p>3) A log book of employee TB test dates has been created to ensure all employees remain up to date.</p> <p>4) The Clinic Director will review the employee TB test log book at the time of annual employee training and at the time of initial hire of any new employee.</p> <p>5) Employee #7 had appropriate TB testing as of 10/27/17. Documentation of such is attached.</p>	12/07/2017