

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  SA000014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  03/30/2022
NAME OF PROVIDER OR SUPPLIER  Hagerstown Reproductive Health			STREET ADDRESS, CITY, STATE, ZIP CODE  160 West Washington Street, Hagerstown, MD21740		
(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>10.12.01 INITIAL COMMENTS</p> <p>A re-licensure survey of Hagerstown Reproductive Health Services located in Hagerstown, MD was conducted on 3/29/2022 and 3/30/2022.</p> <p>The survey included an observational tour of the physical environment; staff interviews; review of the policy and procedure manual; review of clinical records; review of professional credentialing files; review of personnel files; observation of surgical instrument reprocessing; observation of a surgical procedure and review of the quality assurance and infection control programs.</p> <p>The surgical abortion facility includes 2 procedure rooms. A total of 5 patient clinical records were selected to be reviewed for procedures performed between 5/11/2021 and 3/22/2022.</p> <p>Findings in this report are based on data present in the administrative records at the time of review. The administrative staff was kept informed of the survey findings as the survey.</p> <p>A patient ID key was provided to the administrative staff.</p>				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE

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	<p>10.12.01.15 (A) PHYSICAL ENVIRONMENT</p> <p>A. The administrator shall ensure that the facility has a safe, functional, and sanitary environment for the provision of surgical services.</p> <p>This Regulation is not met as evidenced by: Based on review of the facility's policy and procedures, observations and staff interview, the facility staff failed to follow proper infection control procedures.</p> <p>Review of policy entitled "Infection Control Officer" revealed, in part: "The Infection Control Officer (ICO) will see that staff are trained and follow proper and safe infection control procedures. The ICO will make sure each patient care employee understands such basic precautions as handwashing, wiping down equipment in contact with a patient, use of gloves, using proper personal protective equipment, and proper disposal of soiled linen, glass, needles, and sharps."</p> <p>1. On 3/29/2022 at 10:45 am, observation of a staff member performing an ultrasound procedure on a patient revealed the following: The staff member performed a transvaginal ultrasound using a probe/transducer. The staff member then removed the glove on the left hand and disposed of the soiled glove and the protective sheath covering from the probe/transducer. The staff member removed a Sani-wipe and, with the ungloved hand, wiped down the transducer. With the soiled glove</p>			
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	<p>10.12.01.15 (A) PHYSICAL ENVIRONMENT continued from page 2</p> <p>remaining on the right hand, the staff member touched the ultrasound machine's keyboard to enter information into the system. The staff member then removed the glove and failed to perform hand hygiene prior to leaving the examination room.</p> <p>2. On 3/29/2022 at 11:00 am, observation of a staff member cleaning the room after completion of the ultrasound revealed that the staff member failed to sanitize the contaminated ultrasound machine keyboard.</p> <p>3. On 3/29/2022 at 12:35 pm, observation of a surgical procedure revealed that a staff member who was performing the procedure failed to remove the disposable protective gown before leaving the procedure room and failed to perform hand hygiene after removing the heavily soiled gloves that were also worn during the procedure.</p> <p>4. On 3/29/2022 at 12:45 pm, observation of a staff member turning-over the procedure room (cleaning/sanitizing the room prior to the next patient) after a surgical procedure revealed that the staff member changed contaminated gloves on 4 different occasions and failed to perform hand hygiene in-between the glove changes.</p>			

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	<p>10.12.01.15 (A) PHYSICAL ENVIRONMENT continued from page 3</p> <p>According to the Centers for Disease Control and Prevention's website "instruments that are in contact with mucous membranes and non-intact skin, minimally require high-level disinfection using chemical disinfectants after each patient use".</p> <p>Review of the manufacturer's instruction manual for the ultrasound machine revealed that the probe (transducer) must be immersed in CIDEX solution for at least 30 minutes to 60 minutes depending on the infectious surface.</p> <p>5. On 3/29/2022 at 10:45 am, observation of a staff member performing a transvaginal ultrasound on a patient revealed that, after completion of the procedure, the staff member wiped down the probe/transducer with an ungloves hand using a Sani-wipe.</p> <p>6. On 3/30/2022 at 11:00 am, interview with facility staff confirmed that according to the manufacturer's instructions, the ultrasound probe/transducer must be disinfected using CIDEX solution and that the instructions do not state that the probe can be wiped down with a Sani-wipe.</p> <p>The administrator was made aware of the observations.</p>			

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	<p>10.12.01.11(B) PHARMACEUTICAL SERVICES</p> <p>B. Administration of Drugs. (1) Staff shall prepare and administer drugs according to established policies and acceptable standards of practice.</p> <p>This regulation is not met as evidenced by: Based on review of the facility's policy and procedure manual, observational tour of the facility and staff interview, the facility staff failed to properly store medications.</p> <p>Review of policy entitled "General Policy for Pharmaceutical Services" revealed, in part: "Non-narcotic drugs and medications need to be protected and kept in a generally inaccessible place such as a locked drawer, safe, or medication closet."</p> <p>1. On 3/29/2022, observation of the medication/emergency cart revealed 2 unlabeled pill cups, each containing 2 white pills, were found in the top, unlocked drawer of the cart.</p> <p>2. On 3/29/2022, interview with facility staff revealed that the pill cups were filled in advance to save time and confirmed that the pills should not have been pulled out of the original containers prior to administration.</p> <p>The administrator was made aware of the findings.</p>			