JIM GIBBONS Governor

MICHAEL J. WILLDEN Director



RICHARD WHITLEY, M.S. Administrator

State Health Officer

STATE OF NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH DIVISION

BUREAU OF LICENSURE AND CERTIFICATION

Health Facilities/Lab Services 1550 College Parkway Suite 158 Carson City, Nevada 89706 (775) 687-4475 Fax: (775) 687-6588

Health Facilities/Lab Services 4220 S. Maryland Parkway Suite 810, Building D Las Vegas, Nevada 89119 (702) 486-6515 Fax: (702) 496-6520

Emergency Medical Services 4150 Technology Way Suite 200 Carson City, Nevada 89706 (775) 697-7590 Fax: (775) 687-7595

Emergency Medical Services 1020 Ruby Vista Drive Suite 103 Elko, Nevada 89801 (775) 753-1154 Fax: (775) 753-4112

Emergency Medical Services R.O. Box 1227 Tonopan, Nevada 89049 (775) 482-3722 Fax: (775) 482-6975 February 4, 2008

Dipak Desai, MD, Administrator Endoscopy Center of Southern Nevada 700 Shadow Lane, Suite 165B Las Vegas, NV 89106

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Dr. Desai:

Enclosed is a Statement of Deficiencies and Plan of Correction that was generated as a result of the State Licensure complaint investigation survey conducted at your facility on January 17, 2008.

Plan of Correction

Please indicate in the right hand column opposite each deficiency how the corrective action will be accomplished for those found to have been affected by the deficient practice; how the facility will identify others having the potential to be affected by the deficient practice; what measures will be put into place or systematic changes made to ensure that the deficient practice will not recur; how the facility will monitor its corrective actions; the responsible party for accomplishing and/or monitoring compliance with the corrective action; and the anticipated date of correction. Please sign and date where indicated, retain a copy for your files and return the original to the Bureau of Licensure and Certification. Your Plan of Correction (POC) must be received by the Bureau no later than 10 days after receipt of this letter. Failure to submit an acceptable POC in

Informal Dispute Resolution

In accordance with NAC 439.345.1(d) the Bureau provides these instructions for the informal dispute resolution process. The facility has one opportunity to question cited deficiencies through an informal dispute resolution process. In order for the facility to be given such an opportunity, the facility must send a written request for informal dispute resolution including the following information: 1) specific deficiencies identified either by TAG number or regulation/section number being disputed, 2) relevant information (evidence) as to why the facility is disputing each deficiency.

A statement of disagreement in the POC does not constitute an implied request for informal dispute resolution. An explicit request for informal dispute resolution must be submitted as a separate document and sent during the same ten days you have for submitting a POC. An incomplete informal dispute resolution process will not delay the effective date of the implementation of any sanctions being imposed.

The facility may <u>not</u> dispute the following: 1) the process used by the survey team to investigate the deficiency, 2) inconsistency in the citation of deficiencies between facilities, 3) inconsistency in the citation of deficiencies from survey to survey and 4) deficiencies that have a severity score of one or two except for those deficiencies with a severity score of two and a scope score of three.

Public Health: Working for a Safer and Healthier Nevada

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Dr. Desai, Endoscopy Center of Southern Nevada 02/04/08 Page 2

The outcome of the informal dispute resolution cannot be appealed. However, the licensee continues to have all appeal rights afforded by NRS 449.170 if sanctions are imposed.

Application of Sanctions

Nevada Administrative Code (NAC) 449.99851 indicates sanctions <u>must</u> be imposed for deficiencies that have either a combined Severity and Scope score of six or more or that have a severity level of four. The health division will send a separate notice when it intends to impose sanctions for these deficiencies. In accordance with NAC 449.99863, the sanctions available for all facilities include:

- 1. The imposition of a plan of correction as directed by the bureau;
- 2. The issuance of a provisional license as provided by NRS 449.091;
- 3. The imposition of a limitation on the occupancy of a residential facility;
- 4. The imposition of a ban on admissions;
- 5. Monitoring of the facility by the bureau;
- 6. The assessment of monetary penalties;
- 7. The requirement that the facility be managed temporarily by a person appointed by the bureau; and
- 8. The denial, suspension or revocation of the license of the facility.

Sanctions, if imposed, will be applied according to NRS 449.163 through 449.170 and NAC 449.9982 through 449.99939. The imposition of sanctions is based on the severity and the scope of the deficiency as defined by NAC 449.99861 and NAC 449.9986.

If you have questions concerning the instructions contained in this letter, please contact me at (702) 486-6515, ext. 246.

Sincerely,

Denise L. Hoyes James, RN, BSN Health Facility Surveyor III

For Lisa M. Jones, REHS, MPA Chief

LMJ/DLHJ

Enclosures:

14 Page(s) Statement of Deficiencies and Plan of Correction

4 Pages Plan of Correction Memo



STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS472ASC 01/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SHADOW LANE STE 165B ENDOSCOPY CENTER OF SO NV LLC LAS VEGAS, NV 89106 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY A 00 INITIAL COMMENTS A 00 This Statement of Deficiencies was generated as a result of a complaint investigation conducted in Tag A 00 your facility from 1/9/08 - 1/17/08. Epidemiology Review and Development of The survey was conducted using Nevada Remediation Plan: Administrative Code (NAC) 449, Surgical Centers Because the facility believes it is essential to for Ambulatory Patients, adopted by the Nevada fully understand the facts and given the State Board of Health on September 27, 1999. facility's sincere desire to constructively The findings and conclusions of any investigation participate in remediation in the best interest by the Health Division shall not be construed as of patients and the public health, the facility prohibiting any criminal or civil investigations, actions or other claims for relief that may be has engaged in a national search and available to any party under applicable federal, retained preeminently qualified state, or local laws. epidemiologists. Forty - four (44) clinical records were reviewed. To assist and expedite the process, the facility request that the Department provide The following complaints were investigated. it with the epidemiologic information that Complaint #NV17058- unsubstantiated has been developed. Complaint #NV17004- substantiated (See Tag The facility intends to fully cooperate in A010, A052, A213) an appropriate remediation program. The following regulatory deficiencies were Because all patients who could potentially identified. be at risk can be identified through the facility's records, direct mail notification is A 10 NAC 449.980 Administration A 10 likely to be most effective and should be preferred rather than general public media The governing body shall ensure that: 7. The center adopts, enforces and annually notification. reviews written policies and procedures required Dr. Clifford Carrol, Senior Medical Staff by NAC 449.971 to 449.996, inclusive, including an organization chart. These policies and Member has been designated to work with procedures must: the facility's epidemiology consultants and (a) Be approved annually by the governing body. to assist in developing the remediation plan. This Regulation is not met as evidenced by: 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

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FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING NVS472ASC 01/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SHADOW LANE STE 165B **ENDOSCOPY CENTER OF SO NV LLC** LAS VEGAS, NV 89106 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) A 10 Continued From page 1 A 10 Tag A10 02/07/2008 Based on observation, interview, and document review, the facility failed to ensure the center Propofol Use adopted and reviewed written policies and procedures for the 1. use of single dose of The facility has implemented a Propofol vials, 2. the first step of the cleaning policy, approved by the Governing Body. process for the upper G.I. (gastrointestinal) outlining the strict adherence to the endoscopy and colonoscopy scopes, and 3, the administration of Propofol. The policy states use of disposable biopsy instruments. that all Propofol vials are to be utilized as single dose only One vial per patient. The Findings include: policy also states that needles and syringes are to be utilized as single use only and are 1. Propofol use to be discarded intact in an appropriate sharps container immediately after use. The Document Review nurse anesthetists and staff nurses have been informed and re-educated regarding the Retrieved from the website: www.astrazenecanewly implemented policy and proper us.com/pi/diprivan protocols for single dose vial medications and needle and syringe utilization. The Propofol (Diprivan) medication information The facility no longer uses any multi-dose documented "...Diprivan injectable emulsion is a medication vials. The 50ml 2% Lidocaine single-use parenteral product which contains and 0.9% Normal Saline vials have been 0.005% Disodium Edetate to retard the rate of discontinued and removed from the facility. growth of microorganisms in the event of The 0.9% Normal Saline now comes in a preaccidental extrinsic contamination. However, filled, single use, 3cc labeled syringe, 2% Diprivan injectable emulsion can still support the Lidocaine injectable for use with Propofol growth of microorganisms as it is not an has been stopped until further notice. If the antimicrobially preserved product under USP 2% Lidocaine is re-implemented for use with standards." The center lacked policies and Propofol at a later date, 5ml single dose vials procedures for Propofol administration. will be utilized. Spotlights: Ambulatory Health Care / CDC Viral All newly hired nurse anesthetists Hepatitis printed from the Internet and staff nurses will be oriented to the Policy & Procedure Manual and expected to "Injection safety adhere to all policies and procedures of the * Use a sterile, single-use, disposable needle and facility. This will include the policy

Pathogen Compliancy Class on 2/19/2008 If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. STATE FORM

syringe for each injection and discard intact in an

appropriate sharps container after use.

*Use single- dose medication vials, prefilled

syringes, and ampules when possible. Do not

administer medications from single-dose vials to

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2/19/2008

regarding Propofol administration and

a Universal Precautions & Blood Borne

CRNA's, MD's and RN's will be attending

proper use of needles and syringes.

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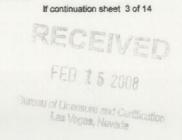
| AND PLAN OF CORRECTION IDENTIFICA | | (X1) PROVIDER/SUPPLI IDENTIFICATION NU NVS472ASC | | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | (X3) DATE SURVEY COMPLETED C 01/17/2008 | | |
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| | OPY CENTER OF SO | NV LLC | 700 SHAD | OW LANE | STE 165B | | | |
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| A 10 | multiple patients or later use. *If multiple- dose v centralized medical use. Never re-ente used on one patier withdraw medication vials in accordance recommendations compromised. *Do not use bags of solution as a commultiple patients. *Use aseptic technisterile injection equal indicated the Propical to induce seda procedure. | ials are used, restriction area or for single or a vial with a needle of the that vial will be used on for another patient and discard if sterilition bottles of intravention source of supply sique to avoid contantipment and medical fermoon, the Charge of was utilized as a stion during the endo opofol would be discontantipment and medical signal with the Certified Not an indicated any Proportion of the CRNA would obtain the medication. The proportion of the CRNA would be the CRNA would obtain the medication. The proportion was not used the Proportion of the patient of | et them to a le patient e or syringe led to let. Store sty is ous le patient e or syringe led to let. Store sty is ous let ous le patient e le patie | A 10 | Tag A10 (Continuation of Propofolic) All 50ml Propofol vial removed from the facility to pre Propofol remaining in the vial of patient's procedure. The nurse a have been re-educated that all 2 vials are single patient use only Propofol remaining in the vial of following the patient's procedure disposed of immediately. They been re-educated regarding needs syringes being single use only anesthetists have signed a writte acknowledging they have been the revised practices expected of entire nursing staff has been in all multi-dose medication vials removed from the facility. d) Quarterly chart audits anesthesia records that will refl CRNA's compliance with facility procedures. e) Dipak Desai, M.D., M. Director, Clifford Carrol, M.D. Medical Staff Member, Katie M. Director of Nursing, Jeffrey Kr. Nurse Manager, will conduct conesthesia records for compliant f) Dipak Desai, M.D., M. Director, Clifford Carrol, M.D. Medical Staff Member, Katie M.D. Director, Clifford Carrol, M.D. Medical Staff Member, Katie M.D. Director, Clifford Carrol, M.D. Medical Staff Member, Katie M.D. Director of Nursing, Jeffrey Kr. Nurse Manager will be respons accomplishing and monitoring with the corrective action. g) Date of correction is a please See Exhibit A-1, A-2 | s have been vent excess ollowing a mesthetists oml Propofol and any or syringe re is to be have also alles and The nurse en notice informed of them. The formed that have been will include ect the ity policy and fedical Senior Maley, RN, ueger, RN, hart audits on ince. fedical Senior Maley, RN, ueger, RN, sible for compliance | 02/07/2008 | |

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

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS472ASC 01/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SHADOW LANE STE 165B ENDOSCOPY CENTER OF SO NV LLC LAS VEGAS, NV 89106 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 3 A 10 Tag A10 A 10 02/07/2008 Empower-enzymatic detergent 2. EmPower-enzymatic detergent a) The facility's staff, primarily the GI Document Review technicians have been re-educated and trained on the proper protocol for using the The direction for use of the EmPower-dual enzymatic cleaning detergent. They were enzymatic detergent printed on the bottle instructed that the solution gets changed out documented " ... Use fresh EmPower (enzymatic following each scope's use. The policy has detergent) for each endoscope or set of also been revised to reflect this change. instruments. Discard diluted EmPower solution There are now laminated forms directly after each use ... Manual cleaning: "Add 1 ounce above the blue basins in the processing room (1 pump yields 1 ounce) of concentrate to one instructing the GI technician on the proper gallon of warm water (68 degrees Fahrenheit -104 degrees Fahrenheit.) Soak instruments for a dilution strength of the enzymatic cleaning detergent and changing the solution after minimum of 1 minute." each scope is cleaned The clinical competency checklist hi The Fujinon Scope training information documented "...D. Cleaning...2.a. Fresh detergent that each new staff member receives in solution should be used for each endoscope to orientation has been revised to include prevent cross-contamination..." specific instructions related to proper scope cleaning practices. All new GI technicians Employees Orientation and Training Policies and will be oriented and initially trained Procedures according to the facility's policies and procedures, including those policies related "D. All new employees are trained to the to scope cleaning. specifications of their job description. Each new The Governing Body has approved employee is assigned to the charge nurse, or the revised facility policy relating to proper supervising employee in their position, for a scope cleaning procedures. Each GI period of time of not less then one week to train technician at the facility has signed a memo and become familiar with the duties required of acknowledging they have read and been them." informed of the proper protocol for changing and replacing the enzymatic cleaning Observation detergent. Laminated forms have been placed directly above the blue basins in the On 1/10/08, step by step instruction for use of the processing room to continuously remind Fujinon G-5 Endoscopes Cleaning and Highstaff members level Disinfection was displayed on the wall over the dirty sink area where the scopes were cleaned. The step by step instructions for the If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS472ASC 01/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SHADOW LANE STE 165B ENDOSCOPY CENTER OF SO NV LLC LAS VEGAS, NV 89106 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) Tag A10 (Continuation of Em-Power) A 10 | Continued From page 4 A 10 02/07/2008 technician at the facility has signed a memo Gastrointestinal Technician identified the acknowledging they have read and been following:: informed of the proper protocol for changing 1. Precleaning and replacing the enzymatic cleaning 2. Leak Test detergent. Laminated forms have been placed 3. Manual Cleaning directly above the blue basins in the 4. High Level Disinfection processing room to continuously remind 5. Dry All items, flush and wipe with Alcohol staff members. 6. Storage di The Jeffrey Krueger, RN, Nurse Manager or charge nurse will conduct On 1/10/08 at 3:35PM, after the procedure was quarterly competency testing on all staff that completed, the GI (gastrointestinal) technician are responsible for the proper practice of flushed the endoscope in the procedure room. The endoscope was then taken to the cleaning the scopes. Katie Maley, RN, Director of Nursing and/or Jeffrey Krueger, reprocessing room for thorough enzymatic RN, Nurse Manager will review any new detergent cleaning and disinfection. The endoscope was checked for any leaks and then products and or equipment introduced to placed in a tub of EmPower enzymatic detergent facility prior to being utilized for any new solution. The endoscope was cleaned by a procedural changes or implementations The Jeffrey Krueger, RN, Nurse double headed brush and then attached to a scope buddy for additional cleaning. The Manager will continuously observe and endoscope was then rinsed in water and placed monitor for compliance with the proper in the automated reprocessing machine. The GI practice of cleaning the scopes. Tracking technician cleaned two endoscopes after use on from accounts payable will reveal an increase other patients before discarding the enzymatic in the quantity of enzymatic cleaning detergent solution and water rinse. detergent being ordered and utilized. The Jeffrey Krueger, RN, Nurse Interview Manager will be responsible for the compliance. On 1/10/08 at 3:35PM, the GI technician Date of correction is 2/7/08. indicated two endoscopes would be cleaned before the enzymatic detergent solution and water rinse was changed. Please See Exhibit B-1, B-2, B-3, B-4 B-5 On 1/10/08 at 3:35PM, the Charge Nurse confirmed the enzymatic detergent solution and water rinse was changed after two scopes were cleaned. On 1/16/08 at 8:00AM, the Director of Nursing indicated the enzymatic detergent solution was If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NV\$472ASC 01/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SHADOW LANE STE 165B ENDOSCOPY CENTER OF SO NV LLC LAS VEGAS, NV 89106 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) A 10 | Continued From page 5 A 10 changed after two endoscopes were cleaned. On 1/16/08, the GI technician was asked to describe the measured amount of EmPower with what amount of water. The GI technician stated: "Add 2-3 pumps not sure the capacity of the basin. I do not have an answer to that.' Tag A10 02/07/2008 Disposable instruments On 1/16/08, the Director of Nursing indicated: the staff had been instructed on the ratio of EmPower to water. The indicator line on the basin was The policy has been updated to reflect the facility's practice of utilizing only measured for 2 1/2 to 3 gallons. The amount of single use, disposable biopsy forceps and EmPower was three pumps. snares. There was no documented evidence to ensure all No others should be affected by this deficient practice. The policy has been employees had knowledge the manufacturer's recommendations for the mixture of EmPower. revised. All new staff members have been and will continue to be properly trained that 3. Disposable instruments all biopsy forceps and snares are single use only The policies and procedures were not updated to e) The Katie Maley, RN, Director of reflect the facility's current practice for the use of Nursing has reviewed the entire Policy & disposable equipment. Procedure manual and updated and revised all necessary policies to reflect the facility's Interview current practices. The Governing Body has approved all revisions. All policies will be On 1/16/08, the administrative staff indicated the periodically reviewed, not less than at least facility used disposable biopsy instruments. The once a year for updates and revisions policies and procedures had not been updated to The Policy & Procedure Manual reflect the current practice. will be periodically reviewed, not less than at least once yearly for updates and The administrator failed to ensure the policies and procedures were evaluated and revised to The Katie Maley, RN. Director of reflect the current practice at the center. Nursing will be responsible for maintaining current policies sand procedures that reflect Complaint #NV17004 current practices of the facility. Date of completion is 2/7/08. Severity: 4 Scope: 3 Please See Exhibit C-1, C-2

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

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If continuation sheet 6 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

A. BUILDING B. WING_

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| | NVS472ASC | | B. WING | | C | |
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| NAME OF PROVIDER OR SUPPLIER STREET ADI | | DRESS, CITY | /17/2008 | | | |
| ENDOSCOPY CENTER OF SO NVILC 700 SHAL | | DOW LANE STE 165B GAS, NV 89106 | | | | |
| (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 | |
| A 52 | Continued From page | ge 6 | | A 52 | Tag A52 | - |
| A 52 | NAC 449.981 Appointment/Responsibilities of Administrator | | | A 52 | 1. | 02/07/200 |
| Sal Cass F of F " * Sa | 5. The administrator shall: (b) Annually develop, evaluate, revise and carry out policies and procedures for the center. This Regulation is not met as evidenced by: Based on observation, interview and review of the policies and procedure, the center failed to ensure the administrator evaluated and revised the policies and procedures for the center. Findings include: 1. Propofol use Document Review Retrieved from the website: www.astrazeneca-us.com/pi/diprivan The Propofol (Diprivan) medication information documented "Diprivan injectable emulsion is a single-use parenteral product which contains 0.005% Disodium Edetate to retard the rate of growth of microorganisms in the event of accidental extrinsic contamination. However, Diprivan injectable emulsion can still support the growth of microorganisms as it is not an antimicrobially preserved product under USP standards." The center lacked policies and procedures for Propofol administration. Spotlights: Ambulatory Health Care /CDC Viral Hepatitis printed from the Internet "Injection safety " Use a sterile, single-use, disposable needle and springe for each injection and discard intact in an appropriate sharps container after use. | | | a) The facility has implemented a policy, approved by the Governing Body, outlining the strict adherence to the administration of Propofol. The policy states that all Propofol vials are to be utilized as single dose only. One vial per patient. The policy also states that needles and syringes are to be utilized as single use only and are to be discarded intact in an appropriate sharps container immediately after use. The nurse anesthetists and staff nurses have been informed and re-educated regarding the newly implemented policy and proper protocols for single dose vial medications and needle and syringe utilization. The facility no longer uses any multi-dose medication vials. The 50ml 2% Lidocaine and 0.9% Normal Saline vials have been discontinued and removed from the facility. The 0.9% Normal Saline now comes in a prefilled, single use, 3cc labeled syringe. 2% Lidocaine injectable for use with Propofol has been stopped until further notice. If the 2% Lidocaine is re-implemented for use with Propofol at a later date, 5ml single dose vials will be utilized. b) All newly hired nurse anesthetists and staff nurses will be oriented to the Policy & Procedure Manual and expected to adhere to all policies and procedures of the facility. This will include the policy regarding Propofol administration and proper use of needles and syringes. CRNA's, MD's and RN's will be attending a Universal Precautions & Blood Borne Pathogen Compliancy Class on 2/19/2008 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. **CGV011**

If continuation sheet 7 of 14



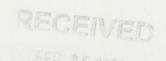
STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING NVS472ASC 01/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SHADOW LANE STE 165R ENDOSCOPY CENTER OF SO NV LLC LAS VEGAS, NV 89106 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) A 52 Continued From page 7 Tag A52 (Contination of Propofol) A 52 02/07/2008 All 50ml Propofol vials have been *Use single- dose medication vials, prefilled removed from the facility to prevent excess syringes, and ampules when possible. Do not Propofol remaining in the vial following a administer medications from single-dose vials to patient's procedure. The nurse anesthetists multiple patients or combine leftover contents for have been re-educated that all 20ml Propofol later use. vials are single patient use only and any *If multiple- dose vials are used, restrict them to a Propofol remaining in the vial or syringe centralized medication area or for single patient following the patient's procedure is to be use. Never re-enter a vial with a needle or syringe disposed of immediately. They have also used on one patient if that vial will be used to been re-educated regarding needles and withdraw medication for another patient. Store syringes being single use only. The nurse vials in accordance with manufacturer's anesthetists have signed a written notice recommendations and discard if sterility is acknowledging they have been informed of compromised. the revised practices expected of them. The *Do not use bags or bottles of intravenous entire nursing staff has been informed that solution as a common source of supply for all multi-dose medication vials have been multiple patients. removed from the facility *Use aseptic technique to avoid contamination of Ouarterly chart audits will include sterile injection equipment and medications." 02/19/08 anesthesia records that will reflect the CRNA's compliance with facility policy and Interview procedures. On 1/9/08 in the afternoon, the Charge Nurse e) Dipak Desai, M.D. Medical indicated the Propofol was utilized as a multidose Director, Clifford Carrol, M.D., Senior vial to induce sedation during the endoscopic Medical Staff Member, Katie Maley RN procedure. The Propofol would be discarded at Director of Nursing, Jeffrey Krueger, RN, the end of the day. Nurse Manager, will conduct chart audits on anesthesia records for compliance. On 1/10/08 at 3:55PM, the Certified Nurse Dipak Desai, M.D., Medical Anesthetist (CRNA) indicated any Propofol left in Director, Clifford Carrol, M.D., Senior the bottle after the procedure would be used for Medical Staff Member, Katie Maley, RN, the next patient. The CRNA would obtain a new Director of Nursing, Jeffrey Krueger, RN, syringe to withdraw the medication. Nurse Manager will be responsible for accomplishing and monitoring compliance On 1/16/08 in the afternoon, one CRNA indicated with the corrective action. that in the past the Propofol was not used as a Date of correction is 2/7/08.

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single use vial. The Propofol may be used for two patients. The CRNA stated a clean syringe and

needle would be used for each patient.

The center failed to ensure manufacturer's



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Please See Exhibit A-1, A-2

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING NVS472ASC 01/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SHADOW LANE STE 165B ENDOSCOPY CENTER OF SO NV LLC LAS VEGAS, NV 89106 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY A 52 Continued From page 8 Tag A52 (2) A 52 02/07/2008 2. recommendations for single dose use for Propofol were followed. The facility's staff, primarily the GI technicians have been re-educated and 2. EmPower-dual enzymatic detergent trained on the proper protocol for using the enzymatic cleaning detergent. They were 2. Observation instructed that the solution gets changed out On 1/10/08, step by step instruction for use of the following each scope's use. The policy has Fujinon G-5 Endoscopes Cleaning and Highalso been revised to reflect this change. level Disinfection was displayed on the wall over There are now laminated forms directly the dirty sink area where the scopes were above the blue basins in the processing room cleaned. instructing the GI technician on the proper dilution strength of the enzymatic cleaning The step by step instructions for the detergent and changing the solution after Gastrointestinal Technician identified the each scope is cleaned. following:: b) The clinical competency checklist 1. Precleaning that each new staff member receives in 2. Leak Test orientation has been revised to include 3. Manual Cleaning specific instructions related to proper scope 4. High Level Disinfection cleaning practices. All new GI technicians 5. Dry All items, flush and wipe with Alcohol will be oriented and initially trained 6. Storage according to the facility's policies and procedures, including those policies related On 1/10/08 at 3:35PM, after the procedure was to scope cleaning. completed, the GI (gastrointestinal) technician The Governing Body has approved flushed the endoscope in the procedure room. the revised facility policy relating to proper The endoscope was then taken to the scope cleaning procedures. Each GI reprocessing room for thorough enzymatic technician at the facility has signed a memo detergent cleaning and disinfection. The acknowledging they have read and been endoscope was checked for any leaks and then informed of the proper protocol for changing placed in a tub of EmPower enzymatic detergent and replacing the enzymatic cleaning solution. The endoscope was cleaned by a detergent. Laminated forms have been placed double headed brush and then attached to a directly above the blue basins in the scope buddy for additional cleaning. The processing room to continuously remind endoscope was then rinsed in water and placed staff members. in the automated reprocessing machine. The GI technician cleaned two endoscopes before discarding the enzymatic detergent solution and water rinse. If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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If continuation sheet 9 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS472ASC 01/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SHADOW LANE STE 165B **ENDOSCOPY CENTER OF SO NV LLC** LAS VEGAS, NV 89106 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY A 52 Continued From page 9 A 52 Tag A52 (2)(Continuation) 02/07/2008 Interview The Jeffrey Krueger, RN, Nurse Manager or charge nurse will conduct On 1/10/08 at 3:35PM, the GI technician quarterly competency testing on all staff that indicated two endoscopes would be cleaned are responsible for the proper practice of before the enzymatic detergent solution and cleaning the scopes. Katie Maley, RN, water rinse was changed. Director of Nursing and/or Jeffrey Krueger, RN. Nurse Manager will review any new On 1/10/08 at 3:35PM, the Charge Nurse products and or equipment introduced to confirmed the enzymatic detergent solution and facility prior to being utilized for any new water rinse was changed after two scopes were procedural changes or implementations cleaned. The Jeffrey Krueger, RN, Nurse Manager will continuously observe and On 1/16/08 at 8:00AM, the Director of Nursing monitor for compliance with the proper indicated the enzymatic detergent solution was practice of cleaning the scopes. Tracking changed after two endoscopes were cleaned. from accounts payable will reveal an increase in the quantity of enzymatic cleaning On 1/16/08, the GI technician was asked to detergent being ordered and utilized. describe the measured amount of EmPower with The Jeffrey Krueger, RN, Nurse what amount of water. The GI technician stated: Manager will be responsible for the "Add 2-3 pumps not sure the capacity of the compliance. basin. I do not have an answer to that." g) Date of correction is 2/7/08 On 1/16/08, the Director of Nursing indicated: the staff had been instructed on the ratio of EmPower to water. The indicator line on the basin was Please See Exhibit B-1, B-2, B-3, B-4 B-5 measured for 2 1/2 to 3 gallons. The amount of EmPower was three pumps. There was no documented evidence to ensure all employees had knowledge the manufacturer's recommendations for the mixture of EmPower. Document Review The direction for use of the EmPower-dual enzymatic detergent printed on the bottle documented " ... Use fresh EmPower (enzymatic detergent) for each endoscope or set of instruments. Discard diluted EmPower solution after each use ... Manual cleaning: "Add 1 ounce

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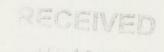
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS472ASC 01/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SHADOW LANE STE 165B ENDOSCOPY CENTER OF SO NV LLC LAS VEGAS, NV 89106 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY Continued From page 10 A 52 (1 pump yields 1 ounce) of concentrate to one gallon of warm water (68 degrees Fahrenheit -104 degrees Fahrenheit.) Soak instruments for a minimum of 1 minute." The Fujinon Scope training information Tag A52 (3) 02/07/2008 documented "...D. Cleaning...2a. Fresh detergent solution should be used for each endoscope to 3. prevent cross-contamination..." The policy has been updated to Employees Orientation and Training Policies and reflect the facility's practice of utilizing only Procedures single use, disposable biopsy forceps and snares. "D. All new employees are trained to the 6) No others should be affected by specifications of their job description. Each new this deficient practice. The policy has been employee is assigned to the charge nurse, or revised. All new staff members have been supervising employee in their position, for a and will continue to be properly trained that period of time of not less then one week to train all biopsy forceps and snares are single use and become familiar with the duties required of only them." c) The Katie Maley, RN, Director of Nursing has reviewed the entire Policy & There was no documented evidence to ensure all Procedure manual and updated and revised employees had knowledge the manufacturer's all necessary policies to reflect the facility's recommendations for the mixture of EmPower. current practices. The Governing Body has approved all revisions. All policies will be 3. Disposable Biopsy Instruments periodically reviewed, not less than at least once a year for updates and revisions. The policies and procedures were not updated to The Policy & Procedure Manual reflect the facility's current practice for the use of will be periodically reviewed, not less than disposable biopsy instruments. at least once yearly for updates and revisions. Interview The Katie Maley, RN, Director of Nursing will be responsible for maintaining On 1/16/08, the Director of Nursing indicated the facility used disposable biopsy instruments. The current policies sand procedures that reflect policies and procedures had not been updated to current practices of the facility. reflect the current practice. Date of completion is 2/7/08. The administrator failed to ensure the policies and procedures were evaluated and revised to Please See Exhibit C-1, C-2

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS472ASC NAME OF PROVIDER OR SUPPLIER 01/17/2008 STREET ADDRESS, CITY, STATE, ZIP CODE ENDOSCOPY CENTER OF SO NV LLC 700 SHADOW LANE STE 165B LAS VEGAS, NV 89106 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY Continued From page 11 A 52 reflect the current practice at the center. Complaint #NV17004 Severity: 4 Scope:3 A213 NAC 449.9945 Administration/Record of A213 Anesthesia 1. Anesthetics must be administered in the operating room of an ambulatory surgical center by an anesthesiologist, a qualified physician, a dentist or, under the direction of the operating physician and in accordance with the provisions of chapter 632 of NRS and the regulations adopted pursuant thereto, a certified registered nurse anesthetist. This Regulation is not met as evidenced by: Based on interview and document review, the center failed to ensure anesthetics were administered by CRNA (certified registered nurse anesthetist) in accordance with the provision of Chapter 632 of NRS and the regulations adopted pursuant thereto certified registered nurse anesthetist. Findings include: Nevada State Board of Nursing- Nevada Practice Act- Revised May 2004 NAC 632.510 Performance of duties in accordance with guidelines of facility A certified registered nurse anesthetist practing in a facility shall practice in accordance with written guidelines and conform to NAC 632.500 to 632.550, inclusive. A review of the guidelines may be conducted by the board to determine if they conform to NAC 632.500 to 632.550,

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

inclusive.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS472ASC | | ER/CLIA JMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | (X3) DATE SURVEY COMPLETED C 01/17/2008 | | |
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| NAME OF PROVIDER OR SUPPLIER STREET AD | | | DDRESS, CITY, STATE, ZIP CODE | | | | |
| ENDOSCOPY CENTER OF SO NV LLC 700 SHAD | | | DOW LANE STE 165B GAS, NV 89106 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM. | FIRE | ID PREFIX TAG | | | (X5) COMPLETE DATE |
| | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | A213 | a) The facility has imple policy, approved by the Gover outlining the strict adherence administration of Propofol. The that all Propofol vials are to be single dose only. One vial perpolicy also states that needles are to be utilized as single use to be discarded intact in an appearance of the propose of the uninformed and re-educated reganewly implemented policy and protocols for single dose vial mand needle and syringe utilizate The facility no longer uses any medication vials. The 50ml 2% and 0.9% Normal Saline vials discontinued and removed from The 0.9% Normal Saline now of filled, single use, 3cc labeled as Lidocaine injectable for use with has been stopped until further 2% Lidocaine is re-implemented Propofol at a later date. 5ml sin will be utilized. b) All newly hired nurse and staff nurses will be oriented Policy & Procedure Manual and adhere to all policies and procefacility. This will include the poregarding Propofol administration proper use of needles and syring CRNA's, MD's and RN's will a Universal Precautions & Blood Pathogen Compliancy Class on | ning Body, to the ne policy states e utilized as patient. The and syringes only and are propriate after use. The reses have been redications iron. I multi-dose a Lidocaine have been in the facility comes in a pre-yringe. 2% of the Propofol notice. If the ad for use with agle dose vials anesthetists d to the dexpected to dures of the olicy on and ges. be attending ad Borne | 2/19/2008 |

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Turcau of Licensure and Certification Las Veges, Neverte

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS472ASC 01/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 SHADOW LANE STE 165B ENDOSCOPY CENTER OF SO NV LLC LAS VEGAS, NV 89106 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY A213 Continued From page 13 A213 Tag A213 (Continuation of Propofol 02/07/2008 *Do not use bags or bottles of intravenous All 50ml Propofol vials have been solution as a common source of supply for removed from the facility to prevent excess multiple patients. Propofol remaining in the vial following a *Use aseptic technique to avoid contamination of patient's procedure. The nurse anesthetists sterile injection equipment and medications." have been re-educated that all 20ml Propofol vials are single patient use only and any Interview Propofol remaining in the vial or syringe following the patient's procedure is to be On 1/9/08 in the afternoon, the Charge Nurse disposed of immediately. They have also indicated the Propofol was utilized as a multidose been re-educated regarding needles and vial to induce sedation during the endoscopic syringes being single use only. The nurse procedure. The Propofol would be discarded at anesthetists have signed a written notice the end of the day. acknowledging they have been informed of the revised practices expected of them. The On 1/10/08 at 3:55PM, the Certified Nurse entire nursing staff has been informed that Anesthetist (CRNA) indicated any Propofol left in all multi-dose medication vials have been the bottle after the procedure would be used for removed from the facility. the next patient. The CRNA would obtain a new Quarterly chart audits will include syringe to withdraw the medication. anesthesia records that will reflect the CRNA's compliance with facility policy and On 1/16/08 in the afternoon, one CRNA indicated procedures. that in the past the Propofol was not used as a Dipak Desai, M.D., Medical single use vial. The Propofol may be used for two Director, Clifford Carrol, M.D., Senior patients. The CRNA stated a clean syringe and Medical Staff Member, Katie Maley, RN, needle would be used for each patient. Director of Nursing, Jeffrey Krueger, RN. Nurse Manager, will conduct chart audits on The center failed to ensure manufacturer's anesthesia records for compliance recommendations for single dose use for Dipak Desai, M.D., Medical Propofol were followed. Director, Clifford Carrol, M.D., Senior Medical Staff Member, Katie Maley, RN, Complaint #NV17004 Director of Nursing, Jeffrey Krueger, RN, Nurse Manager will be responsible for Severity: 4 Scope:3 accomplishing and monitoring compliance with the corrective action. Date of correction is 2/7/08. Please See Exhibit A-1, A-2

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

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The or Consule and Confidention Las Vegas, Neverta

Endoscopy Center of Southern Nevada, LLC

700 Shadow Lane, Ste. 185B Las Vegas, Nevada 89106

Propofol Administration Policy

This policy is to ensure the proper administration of the sedative agent used at the Endoscopy Center of Southern Nevada, LLC.

Each patient undergoing an Endoscopic procedure is sedated with Propofol administered by a Certified Registered Nurse Anesthetist. Alternative sedation medications, such as Versed and Demerol, may be used when deemed appropriate by the CRNA.

Propofol is to be utilized as a single use vial. An appropriate first dose, as determined by the CRNA, is drawn from an unopened, new 200mg single use Propofol bottle. When a syringe of Propofol has been utilized, the syringe and attached needle is immediately discarded into an appropriate sharps container. The needle is not recapped prior to its disposal. If more Propofol is required to sedate the patient, the second dose is drawn from the same bottle using a new syringe and needle. Prior to entering the Propofol bottle, alcohol will be utilized to appropriately clean the rubber cap. If any Propofol remains after the procedure is completed, it is immediately discarded. If more than 200mg of Propofol is required, a new, unopened 200mg vial is opened and entered with a new syringe and needle. Any unused Propofol in this second vial will be immediately discarded once the procedure is completed.

To ensure strict adherence to this policy, the CRNA will chart on the anesthesia record the following information:

- Uncapped needle discarded
- New Propofol vial utilized
- Unused Propofol discarded
- Rubber cap cleaned with alcohol if reentered

PROPOFOL ADMINISTRATION POLICY

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GASTROENTEROLOGY CENTER OF NEVADA

MEMO

Date: 01/31/2008

To: All CRNA Staff

From: Dipak Desai, M.D. Clifford Carrol, M.D. Tonya Rushing, C.O.O.

CC: File

IMPORTANCE: HIGH

This memo is to re-iterate the established policy and regarding the administering of Propofol, 2% Lidocaine and the use of syringes and needles.

The Propofol vials are clearly labeled, single dose only and it is required that the medication is utilized as single use. All remaining Propofol left in the vial at the end of each procedure, it is to be immediately and properly disposed of.

2% Lidocaine is not to be used any longer in our facilities until further notice. Our organization is currently conducting an internal quality management study to determine the effects of Propofol use without Lidocaine. This study will be conducted throughout the month of February and the results will determine the outcome of future use of 2% Lidocaine.

Please sign and date below where indicated to confirm receipt of this memo. A copy will be placed in your employee file. Thank you for your full co-operation.

If you have any questions, please contact Dr. Carrol at the Shadow Lane office or Tonya Rushing at 382-8101 ext. 1105.

| PRINT NAME | According to the Contract of t |
|------------|--|
| | |
| SIGNATURE | DATE |



Endoscopy Center of Southern Nevada, LLC

700 Shadow Lane, Ste. 165B Las Vegas, Nevada 89106

CLEANING AND DISINFECTION OF FIBEROPTIC SCOPES POLICY

This policy is to assure proper cleaning and disinfecting of fiberoptic scopes and accessory equipment by appropriately trained personnel, in order to protect patients against cross contamination, prevent damage to scopes, and keep equipment in good working order.

- A. The process in cleaning and disinfecting the scopes includes the following:
 - Immediately after the endoscopy procedure is finished, leave the scope attached to the light source, water bottle and suction.
 - Depress water/air button and flush the water/air channel, then block water inlet opening and clear all water from internal channel.
 - Turn on the suction, insert distal tip of the scope into a container of water and flush out the suction channel while all secretions are still in liquid form.
 - 4. Wipe down barrel of the scope with moist 4x4. Scope is now transported into the decontamination cleaning room into an awaiting tub of enzymatic cleaning solution with a dilution of one (1) ounce enzymatic cleaning solution to (1) gallon of water to achieve a total of two (2) gallons of cleaning solution within the basin.
 - The outside of the scope is thoroughly washed in the enzymatic cleaning solution with a sponge.
 - The scope channels are flushed with the enzymatic cleaning solution and the proper brush is used to clean the suction channels.
 - The suction channel is flushed again to remove any particles loosened by the brush.
 - 8. The scope and channels are washed and flushed again in water.
 - Once the manual cleaning of each scope is completed, the enzymatic cleaning solution is disposed of and a basin of newly prepared enzymatic cleaning solution awaits the next scope.

Cleaning and Disinfection of Video Scopes

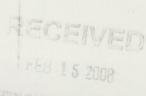
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Las Vagas, Novada

- 10. The scope is now put into the heated, disinfectant cleaning machine for a period of 28 minutes to achieve high level disinfecting.
- 11. The aldehyde based high level disinfectant solution is tested daily for solution effectiveness and quality control. As soon as the solution fails the testing, the machine is temporarily taken out of service so the the aldehyde based disinfectant solution can be dumped and replaced with fresh solution. The fresh solution is tested prior to the machine being put back into service. A log of the daily testing and solution changing for each machine is kept in the processing room.
- 12. After soaking the scope, it is rinsed in clear water inside and out. Alcohol is then flushed through the channel so that all moisture will evaporate after the scope is hung up to air dry.
- 13. All removable parts and accessories should be cleaned and processed the same as the scopes.
- B. Random cultures will be taken of diagnostic and procedural equipment on a quarterly basis to ensure proper disinfecting techniques and document that portion of the infection control policy.

Cleaning and Disinfection of Video Scopes

2

Revised 2/08



Las Vogas, Neverte