

For Training purposes Only

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED OMB
NO. 0938-039

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 08/27/2019 |
|---|--|--|---|----------------------|--|
| NAME OF PROVIDER OR SUPPLIER ROSE MOBILE IMAGING | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1234 Main ST. Anywhere, US 77000 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCY (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 | |
| H 052 | <p>PERSONNEL MONITORING CFR(s): 486.108(j)</p> <p>A device which can be worn to monitor radiation exposure (e.g., a film badge) must be provided to each individual who operates portable X-ray equipment. The device must be evaluated for radiation exposure to the operator at least monthly and appropriate records must be maintained by the supplier of portable X-ray services of radiation exposure measured by such a device for each individual.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews with staff and review of documentation, the facility failed to provide monthly monitoring evaluation of radiation exposure for employees.</p> <p>Findings were:</p> <p>Review of dosimetry reports reveal badges are monitored quarterly</p> | H 052 | | 09/20/18 | |