DEPARTMENT OF HEALTH AND HUMAN SERVICES

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(EACH DEFICIEN REGULATORY OR NITIAL COMMEN This visit was for Certification Surve Facility #: 013152 Survey Date: 08/1 QR 08/23/19 PERSONNEL MO CFR(s): 486.108(j	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00000 TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) JTS a Renewal Portable X-Ray ey. 3/19 -08/14/19	123 Ma	ONSTRUCTION <u>00</u> ADDRESS, CITY, STATE, ZIP CODE ain Street iere, US 77000 PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPRO DEFICIENCY	(X3) DATE COMPL 08/14/ FION (EACH BE CROSSED	ETED
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adiation exposure op provided to eac portable X-ray equ evaluated for radia operator at least m records must be m portable X-ray serv	ipment. The device must be ation exposure to the nonthly and appropriate naintained by the supplier of vices of radiation exposure				
by: Based on reco nterview, the facil devices worn by te of three operators #3) for 12 of the 19	ord review and staff ity failed to evaluate the esting personnel for three (SP#1, SP #2, and SP 6 months reviewed (April				
-inding(s) include	d:				
Dosimetry", no sig	ned date, read: "Whole				
סספסייס זיר דסיו לספר 1 2 סיו <u>2</u> ז	e provided to ead ortable X-ray equivaluated for radia perator at least n ecords must be n ortable X-ray ser neasured by such ndividual. This STANDARD y: Based on reco nterview, the facil evices worn by to f three operators 3) for 12 of the 1 018 to July 2019 inding(s) include . The policy, "Ge oosimetry", no sig ody badges are to nonthly basis".	e provided to each individual who operates ortable X-ray equipment. The device must be valuated for radiation exposure to the perator at least monthly and appropriate ecords must be maintained by the supplier of ortable X-ray services of radiation exposure neasured by such a device for each ndividual. This STANDARD is not met as evidenced y: Based on record review and staff neterview, the facility failed to evaluate the evices worn by testing personnel for three f three operators (SP#1, SP #2, and SP 3) for 12 of the 16 months reviewed (April 018 to July 2019). Tinding(s) included: . The policy, "General Rules for use of posimetry", no signed date, read: "Whole ody badges are to be monitored on a nonthly basis". . Review of the history detail report for nonthly radiation badges from April 2018	e provided to each individual who operates ortable X-ray equipment. The device must be valuated for radiation exposure to the perator at least monthly and appropriate ecords must be maintained by the supplier of ortable X-ray services of radiation exposure neasured by such a device for each ndividual. This STANDARD is not met as evidenced y: Based on record review and staff nterview, the facility failed to evaluate the evices worn by testing personnel for three f three operators (SP#1, SP #2, and SP 3) for 12 of the 16 months reviewed (April 018 to July 2019). Tinding(s) included: . The policy, "General Rules for use of posimetry", no signed date, read: "Whole ody badges are to be monitored on a nonthly basis". . Review of the history detail report for nonthly radiation badges from April 2018	e provided to each individual who operates ortable X-ray equipment. The device must be valuated for radiation exposure to the perator at least monthly and appropriate ecords must be maintained by the supplier of ortable X-ray services of radiation exposure neasured by such a device for each ndividual. This STANDARD is not met as evidenced y: Based on record review and staff nterview, the facility failed to evaluate the evices worn by testing personnel for three f three operators (SP#1, SP #2, and SP 3) for 12 of the 16 months reviewed (April 018 to July 2019). inding(s) included: . The policy, "General Rules for use of bosimetry", no signed date, read: "Whole ody badges are to be monitored on a nonthly basis". . Review of the history detail report for nonthly radiation badges from April 2018	e provided to each individual who operates ortable X-ray equipment. The device must be valuated for radiation exposure to the perator at least monthly and appropriate ecords must be maintained by the supplier of ortable X-ray services of radiation exposure neasured by such a device for each ndividual. his STANDARD is not met as evidenced y: Based on record review and staff therview, the facility failed to evaluate the evices worn by testing personnel for three f three operators (SP#1, SP #2, and SP 3) for 12 of the 16 months reviewed (April 018 to July 2019). inding(s) included: . The policy, "General Rules for use of losimetry", no signed date, read: "Whole ody badges are to be monitored on a nonthly basis". . Review of the history detail report for nonthly radiation badges from April 2018

FORM CMS-2567(02-99) Previous Versions Obsolete

If continuation sheet

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	TERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C			OMB NO. 0938-0391 (X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 00000			A. BUILDING	00	COMPL		
		00000	B. WING		08/14/	2019	
	PROVIDER OR SUPPLIE RADIOLOGY	R	123 Ma	ADDRESS, CITY, STATE, 2 ain Street ere, US 77000	ZIP CODE		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	F CORRECTION (EACH	(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX		SHOULD BE CROSSED THE APPROPRIATE	COMPLETION	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY		DATE	
	Continued From	page 1					
		erators (SP #1, SP #2, and SP#3), radiation badge monthly exposure					
	Missing Monthly I	Badge results					
		Months					
	Operators 3	SP #1 SP #2 SP #3					
	5/20	18 5/2018 9/2018					
	6/20	18 6/2018 3/2019					
	7/20	18 7/2018 6/2019					
	8/20	18 8/2018 7/2019					
	. 9/20	18 9/2018					
	8/20	19 1/2019					
	2/20	19					
	2/20	19					
	3/20	19					
	4/20	19					
	5/20	19					
	6/20						
	7/20						
	Executive Officer follow its policy for employee radiation acceptable radiation	13/19 at 4:00 p.m., SP #4 (Chief) confirmed that the facility failed to or evaluation of the monthly on exposure limits badge results for ion exposure limits and that no were available for review for the ths.					