

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00000	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2019
NAME OF PROVIDER OR SUPPLIER ROSE'S RADIOLOGY			STREET ADDRESS, CITY, STATE, ZIP CODE 123 Main Street Anywhere, US 77000		
(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 CROSSED REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
H 000	INITIAL COMMENTS This visit was for a Renewal Portable X-Ray Certification Survey. Facility #: 013152 Survey Date: 08/13/19 -08/14/19 QR 08/23/19	H 052		8/28/18	
H 052	PERSONNEL MONITORING CFR(s): 486.108(j) 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. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to evaluate the devices worn by testing personnel for three of three operators (SP#1, SP #2, and SP #3) for 12 of the 16 months reviewed (April 2018 to July 2019). Finding(s) included: 1. The policy, "General Rules for use of Dosimetry", no signed date, read: "Whole body badges are to be monitored on a monthly basis". 2. Review of the history detail report for monthly radiation badges from April 2018 to July 2019 for				

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00000	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2019																																																											
NAME OF PROVIDER OR SUPPLIER ROSE'S RADIOLOGY			STREET ADDRESS, CITY, STATE, ZIP CODE 123 Main Street Anywhere, US 77000																																																													
(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 REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE																																																												
	<p>Continued From page 1</p> <p>three of three operators (SP #1, SP #2, and SP#3), revealed missing radiation badge monthly exposure results.</p> <p>Missing Monthly Badge results</p> <table border="1"> <thead> <tr> <th colspan="4">Months</th> </tr> <tr> <th>Operators</th> <th>SP #1</th> <th>SP #2</th> <th>SP #3</th> </tr> </thead> <tbody> <tr><td></td><td>5/2018</td><td>5/2018</td><td>9/2018</td></tr> <tr><td></td><td>6/2018</td><td>6/2018</td><td>3/2019</td></tr> <tr><td></td><td>7/2018</td><td>7/2018</td><td>6/2019</td></tr> <tr><td></td><td>8/2018</td><td>8/2018</td><td>7/2019</td></tr> <tr><td></td><td>9/2018</td><td></td><td>9/2018</td></tr> <tr><td></td><td>8/2019</td><td></td><td>1/2019</td></tr> <tr><td></td><td>2/2019</td><td></td><td></td></tr> <tr><td></td><td>2/2019</td><td></td><td></td></tr> <tr><td></td><td>3/2019</td><td></td><td></td></tr> <tr><td></td><td>4/2019</td><td></td><td></td></tr> <tr><td></td><td>5/2019</td><td></td><td></td></tr> <tr><td></td><td>6/2019</td><td></td><td></td></tr> <tr><td></td><td>7/2019</td><td></td><td></td></tr> </tbody> </table> <p>In interview on 8/13/19 at 4:00 p.m., SP #4 (Chief Executive Officer) confirmed that the facility failed to follow its policy for evaluation of the monthly employee radiation exposure limits badge results for acceptable radiation exposure limits and that no monthly records were available for review for the above-listed months.</p>	Months				Operators	SP #1	SP #2	SP #3		5/2018	5/2018	9/2018		6/2018	6/2018	3/2019		7/2018	7/2018	6/2019		8/2018	8/2018	7/2019		9/2018		9/2018		8/2019		1/2019		2/2019				2/2019				3/2019				4/2019				5/2019				6/2019				7/2019					
Months																																																																
Operators	SP #1	SP #2	SP #3																																																													
	5/2018	5/2018	9/2018																																																													
	6/2018	6/2018	3/2019																																																													
	7/2018	7/2018	6/2019																																																													
	8/2018	8/2018	7/2019																																																													
	9/2018		9/2018																																																													
	8/2019		1/2019																																																													
	2/2019																																																															
	2/2019																																																															
	3/2019																																																															
	4/2019																																																															
	5/2019																																																															
	6/2019																																																															
	7/2019																																																															