REC'D FEB ? 6 2013 PRINTED: 02/08/2013 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 01/24/2013 AB0028 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3305 DRAKE CIRCLE A WOMAN'S CHOICE OF RALEIGH, INC RALEIGH, NC 27607 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 127 E 127 .0206(4) ELEMENTS AND EQUIPMENT 10A-14E . 0206 The physical plant shall provide appropriate elements and equipment to carry out functions of the facility with the following minimum requirements: (4) Each facility and its grounds shall be maintained to minimize hazards and enhance safety for staff and patients. Buildings systems and medical equipment must have preventative maintenance conducted as recommended by the equipment manufacturers' or installers' literature to assure satisfactory operation. Autoclave Preventative Maintenance 2/18/13 Will be done annually, we will Use a PM log to keep track of when PM's Should be done This Rule is not met as evidenced by: Based on observation during tour of the clinic and staff interview, the facility failed to ensure annual this will be monitored by office manager and Asst.
Office manager. preventative maintenance was completed on 1 of 2 steam autoclave units (Serial #ES007214). The findings include: AUtoclave (Serial #ES007214) Observation during tour of the clinic on nas been serviced on 2/16/13. 01/24/2013 at 1450 revealed two steam autoclaves currently in use. One of the two See AHacheri-122 autoclaves (serial # ES007214) had a preventive maintenance sticker that recorded "expired 7/2012." Interview on 01/24/2013 at 1450 with

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

Administration revealed they were unsure when the last preventive maintenance was done. The staff was unable to produce any evidence of preventive maintenance on this autoclave since July 2012. Further interview revealed the facility staff thought the contracted company would

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01/24/2013

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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ations. d have			
		11 1-0 01	11012
	E 141	the procedure log before any procedures are done,	2/18/13
		this will be checked by the office manager before Clinic begins. see Attachment 3	
orocedure		4	
3 revealed		•	
			2/18/13
	E 157	Single dose vials will only be	2/10/13
		be wasted. Office manager or Asst. manager will count	
	erviews procedure e) on duty. s from 3 revealed N on duty. /24/2013 n the	erviews procedure e) on duty. s from 3 revealed N on duty. /24/2013 n the	erviews procedure e) on duty.  s from 3 revealed N on duty.  /24/2013 n the  E 157 Single dose vials will only be used for 1 patient any medication left over will be wasted. Office manager

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) I

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STREET ADDRESS, CITY, STATE, ZIP CODE

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E 157	Continued From page 2		E 157	and end of clinic.	
	organisms. The facility shall establish procedures for infection control and universal precautions	- Com		·	in Administration
	This Rule is not met as evidenced by: Based on medication manufacturer's recommendations, observation during to clinic, and staff interviews the facility fail control the risk of infectious disease by administer medication according to manufacturer's recommendations by us single dose vial for multiple patients. The findings include: Review of an insert of manufacturers recommendations for "Fentanyl" (narcordinalgesic) revealed Fentanyl 250 mcgs (micrograms) per 5 mls (milliliters) is a "use vial" that is intended for one patient review of the manufacturers recommendations revealed the Fentanyl 250 mcgs per 5 mls destroyed." Review of the manufacturer recommendations revealed Fentanyl 25 per 5mls is intended for use with one pashould be discarded after use with a sin patient.  Observation during tour of the clinic on 01/24/2013 at 1425 revealed Fentanyl 25 per 5 mls single use vials were being administered to multiple patients. A sing vial of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents of Fentanyl 250 mcgs per 5 mls was observed open with 2.5 mls of the contents o	led to failing to failing a  tic 'single 'single 'Further dations nls vial any er's 50 mcgs atient and ngle 250 mcgs gle use s ent Nurse (RN) ntanyl 250 opened RN # 1 for three			

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E 157	drawn from the vial the vial are stored for An interview with the revealed a single deper 5 mls was observed for content remaining "the Fentanyl 250 models are being used Interview revealed Fentanyl 250 mcgs were being administrations. Interview recommendations of the vial are stored for the vial are th	and the prescribed dose and the remaining of the remaining of the control of the	ontents of patient." uring tour 250 mcgs a 2.5 mls ger stated, e dose s." stated the se vials three facturer's Fentanyl	E 157			
E 158	.0311(B) SURGICA  10A-14E .0311 (b) (1) The physician pabortion is responsexamination of all proceeding processes of chorion parts or the amniot results of the examination of the patrecord. (2) The facility shall procedures, supplied available for grossevaluation of abortiplacental or fetal tisidentified by grosses.	AL SERVICES  Tissue Examination: erforming the ible for products of prior to patient examination shall expresence or ic villi and fetal ic sac. The ination shall be ient's medical  I have written es and equipment and microscopic on specimens. If issue is not		E 158	Physician Will examinate very P. O. C. after he completes the process in Gross description he has examined to P. O. C. and also sign medical Staff members aware that the must examine every	n. ners	

on the P.O.C. In cases where the microscopic evaluation is negative for

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E 158	Continued From particles chorionic villi and feather weight of the Posubstantially below weight range for the microscopic examination of the pathologist shall be P.O.C.  (3) The results of the findings of further evaluation and any treatment must be patient's medical received and transport of the facility shall procedures for obtastoring and transport (5) The facility shall method for follow-up whom no villi are seen substantially shall method for follow-up whom no villi are seen substantially shall method for follow-up whom no villi are seen substantially shall method for follow-up whom no villi are seen substantially shall method for follow-up whom no villi are seen substantially shall method for follow-up whom no villi are seen substantially shall method for follow-up whom no villi are seen substantially shall substantially shall shall be pathologically shall shall shall be pathologically shall shall be pathologically shall shall shall be pathologically shall s	etal parts, or O.C. falls the appropriate e fetal age, a nation by a board ligible done on the his examination, her patient subsequent recorded in the ecord. I establish aining, identifying, orting specimens. I establish a up of patients on		E 158			
	Based on clinic pol review and staff int performing the surg the products of condischarge for 16 of abortion procedure 11, 12, 13, 14, 15,  The findings includ	e:	o examine to patient a surgical , 6, 7, 9,	·			
	Examination Proce 22, 2002) revealed the back light for vi explore the content pregnancy tissue.  11. Label the dish	C's "Products of Conc dure" policy (dated S "7. Place the dish sual examination. 8. ts of the dish to ident 9. Record results or with the patient's nare k contents 13. If t	September on top of Gently ify I lab log ne so the				

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still an absence of villi and sac, notify the

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E 158	Continued From page 5		E 158		
	physician and clinic administrator. 14. specimen in the dish until the physician determined her/his course of action 1 find any unusual structures, hydropic (evilli, or multiple pregnancies, have the pexamine the entire specimen."	has 8. If you nlarged)			
	1. Medical record review of Patient #1 r 41 year-old female admitted on 01/22/2 surgical abortion procedure. Record revealed the patient had a Dilation and Evacuation for an intrauterine pregnance weeks gestation. Record review reveale examination of the products of conception included a documentation of weight, gestage estimated by appearance, identification intact fetus, presense or absense of choosing visualization of fetal parts identified, sac weather tissue was forwarded to pathologistic further examination. Record review revexamination was performed by an office assistant.	on one of the control of the control of an orionic villi, as seen and one of the control of the	·		
	Interview on 01/24/2013 at 1445 with a assistant revealed that she was respons gross examination of the POC after the procedure was completed. Interview re the nursing assistants and medical offic assistants had been trained to do this examination. The staff member stated ask (physician name) if I suspected an a finding." The staff member stated the ponly looks at the POC when asked to do staff. Interview revealed the physician we called to look at the POC.	sible for vealed all e "I would abnormal hysician o so by			
Division of L	Interview on 01/24/2013 at 1515 with administrative staff revealed "The docto look at all of them (POC)." The staff me stated he only looks at the POC when sealth Service Regulation	ember			

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	him there is a problal certified nursing assistant are respote the products of conthe physician examance anote of his finding section of the medistaff confirmed their physician examined.  2. Medical record received a physician examined.  2. Medical record received female surgical abortion prevealed the examiconception (POC) in weight, gestation and identification of an absense of chorion parts identified, sactorial forwarded to pathologard review reverse performed by an official interview on 01/24/ assistant revealed gross examination procedure was conthe nursing assistants had bee examination. The ask (physician naminding." The staff only looks at the Postaff. Interview reverse	em. Interview confir assistants/medical on sible for the examinate procession. Interview regimes the POC, then has in the "Gross Description. Administration of the POC for Patient admitted on 1/22/20 rocedure. Record reviation of the product not determined a document ge estimated by appointant fetus, presense in villi, visualization of the product not procession and weather the logy for further examination fice assistant.  2013 at 1445 with a state of the POC after the nepleted. Interview regimes and medical officion trained to do this staff member stated and member stated the poc when asked to deeled the physician weather the nepleted.	office nation of evealed if the makes cription" rative that the that that				
	look at all of them (		ember				

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called to look at the POC.

Interview on 01/24/2013 at 1515 with

ask (physician name) if I suspected an abnormal finding." The staff member stated the physician only looks at the POC when asked to do so by staff. Interview revealed the physician was rarely

administrative staff revealed "The doctor doesn't look at all of them (POC)." The staff member stated he only looks at the POC when staff alert

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E 158	Continued From pa	ige 8		E 158			
	all certified nursing assistant are responsible products of continuous anote of his finding section of the medistaff confirmed the physician examined	lem. Interview confir assistants/medical consible for the examinate process. Interview relations the POC, then I gs in the "Gross Descal record. Administre was no evidence to the POC for Patien	office nation of evealed if ne makes cription" crative hat the t #3.				
	an 18 year-old fem a surgical abortion revealed the exami conception (POC) weight, gestation a identification of an absense of chorion parts identified, sad forwarded to patho	eview of Patient #4 reale admitted on 01/1 procedure. Record reination of the product included a document ge estimated by appointact fetus, presensic villi, visualization occasen and weather to logy for further example aled this examination fice assistant.	1/2013 for eview ts of ation of earance, e or of fetal issue was ination.				
	assistant revealed gross examination procedure was conthe nursing assistates assistants had bee examination. The ask (physician namfinding." The staff only looks at the Postaff. Interview revealled to look at the Interview on 01/24/administrative staff look at all of them	staff member stated ne) if I suspected an amember stated the pOC when asked to do realed the physician version.	wealed all se "I would abnormal obysician o so by was rarely or doesn't ember				

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AB0028

B. WING \_\_\_

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 3305 DRAKE CIRCLE

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E 158	him there is a problem. Interview confir all certified nursing assistants/medical cassistant are responsible for the examin the products of conception. Interview rethe physician examines the POC, then had note of his findings in the "Gross Descisection of the medical record. Administ staff confirmed there was no evidence to physician examined the POC for Patient 5. Medical record review of Patient #5 re 26 year-old female admitted on 1/07/20 surgical abortion procedure. Record reviewaled the examination of the product conception (POC) included a document weight, gestation age estimated by appelidentification of an intact fetus, presense absense of chorionic villi, visualization of parts identified, sac seen and weather the forwarded to pathology for further exam Record review revealed this examinatio performed by an office assistant.	ffice lation of evealed if he makes cription" rative hat the late #4.  evealed a 13 for a liew s of lation of learance, le or f fetal ssue was lination. In was	E 158		
Division of H	Interview on 01/24/2013 at 1445 with a assistant revealed that she was respons gross examination of the POC after the procedure was completed. Interview re the nursing assistants and medical offic assistants had been trained to do this examination. The staff member stated ask (physician name) if I suspected an a finding." The staff member stated the ponly looks at the POC when asked to do staff. Interview revealed the physician valled to look at the POC.  Interview on 01/24/2013 at 1515 with administrative staff revealed "The docto look at all of them (POC)." The staff mestated he only looks at the POC when sealth Service Regulation	vealed all e "I would abnormal hysician o so by vas rarely r doesn't			

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	22 year-old female surgical abortion p revealed the exam conception (POC) weight, gestation a identification of an absense of chorior parts identified, sa forwarded to patho	review of Patient #6 readmitted on 10/24/2 rocedure. Record revination of the productincluded a documentage estimated by appintact fetus, presensic villi, visualization occeseen and weather tology for further example alled this examination of the secondary of t	012 for a view ts of tation of earance, e or of fetal cissue was nination.				
	assistant revealed gross examination procedure was con the nursing assistate assistants had been examination. The ask (physician nan finding." The staff only looks at the P	/2013 at 1445 with a that she was respon of the POC after the mpleted. Interview reants and medical officen trained to do this estaff member stated ne) if I suspected an member stated the pOC when asked to devealed the physician version of the poor.	sible for evealed all be I "I would abnormal ohysician o so by				

Interview on 01/24/2013 at 1515 with

administrative staff revealed "The doctor doesn't look at all of them (POC)." The staff member stated he only looks at the POC when staff alert

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E 158	Continued From pa	age 11		E 158			
	all certified nursing assistant are respo the products of conthe physician exama a note of his finding section of the medistaff confirmed the physician examined.  7. Medical record re 21 year-old female surgical abortion prevealed the exami conception (POC) i weight, gestation a identification of an absense of chorion parts identified, sac forwarded to pathol	lem. Interview confir assistants/medical consible for the examinate procession. Interview regimes the POC, then logs in the "Gross Designation of the POC for Patient was no evidence to the POC for Patient eview of Patient #7 regarding admitted on 9/08/20 rocedure. Record regime admitted by appoint act fetus, presensic villi, visualization of the seen and weather to logy for further example alled this examination of the assistant.	office nation of evealed if he makes cription" crative that the t #6.  evealed a 12 for a view ts of cation of earance, e or of fetal issue was nination.				
	assistant revealed gross examination procedure was con the nursing assista assistants had bee examination. The ask (physician namfinding." The staff only looks at the Postaff. Interview rev called to look at the Interview on 01/24/administrative staff look at all of them (	staff member stated ne) if I suspected an member stated the pOC when asked to do ealed the physician versions.	vealed all se "I would abnormal obysician o so by was rarely or doesn't ember				

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	all certified nursing assistant are responsive products of continuous and a note of his finding section of the medistaff confirmed the physician examined.  8. Medical record in 22 year-old female surgical abortion prevealed the examiconception (POC) weight, gestation a identification of an absense of chorion parts identified, sac forwarded to patho	lem. Interview confir assistants/medical consible for the examination of the POC, then less in the "Gross Descal record. Administre was no evidence to the POC for Patient which was not evident to the POC for Patient admitted on 12/03/2 rocedure. Record revision of the production of	office nation of evealed if the makes cription" crative hat the t #7.  evealed a 012 for a criew ts of ation of earance, e or of fetal issue was nination.				
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Division	of Health Service Re	egulation				FORM	APPROVED
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called to look at the POC.

Interview on 01/24/2013 at 1515 with

administrative staff revealed "The doctor doesn't look at all of them (POC)." The staff member stated he only looks at the POC when staff alert

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		` ′	PLE CONSTRUCTION		OMPLETED	
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		AB0028		D. WING		01/2	24/2013	
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stated he only looks at the POC when staff alert

Division of Health Service Regulation

STATE FORM

called to look at the POC.

Interview on 01/24/2013 at 1515 with

the nursing assistants and medical office assistants had been trained to do this

examination. The staff member stated "I would ask (physician name) if I suspected an abnormal finding." The staff member stated the physician only looks at the POC when asked to do so by staff. Interview revealed the physician was rarely

administrative staff revealed "The doctor doesn't look at all of them (POC)." The staff member

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A. BUILDIN	PLE CONSTRUCTION	(X3) DATE S COMPLE	
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Division of Health Service Regulation

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Division of Health Service Regulation

Interview on 01/24/2013 at 1515 with

administrative staff revealed "The doctor doesn't

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Interview on 01/24/2013 at 1515 with

administrative staff revealed "The doctor doesn't



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	stated he only looks him there is a problem all certified nursing assistant are responsive products of continuous continu	POC)." The staff mess at the POC when seem. Interview confir assistants/medical consible for the examinate process. Interview regimes the POC, then have in the "Gross Description of the POC for Patient and the POC for Patient #17.	taff alert med that iffice nation of evealed if ne makes cription" rative hat the t #16.							
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	assistant revealed gross examination procedure was con the nursing assista assistants had bee examination. The ask (physician namfinding." The staff only looks at the Postaff. Interview rev called to look at the Interview on 01/24/	staff member stated ne) if I suspected an amember stated the pDC when asked to do ealed the physician very POC.	vealed all e "I would abnormal hysician o so by was rarely							
	administrative staff	revealed "The docto	r doesn't							

Division	of Health Service Re	egulation					ALTROVED			
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E 158	stated he only look him there is a prob all certified nursing assistant are responsive products of conthe physician exama note of his finding section of the medistaff confirmed the physician examined.  16. Medical record a 19 year-old fema surgical abortion prevealed the examined conception (POC) weight, gestation a identification of an absense of chorior parts identified, sac forwarded to pathon Record review reverse performed by an of linterview on 01/24/ assistant revealed gross examination procedure was contact the product of the produc	(POC)." The staff mess at the POC when solem. Interview confir assistants/medical consible for the examination of the POC, then I gis in the "Gross Descical record. Administre was no evidence to the POC for Patient admitted on 9/08/2 rocedure. Record reviation of the production of	taff alert med that office nation of evealed if ne makes cription" crative hat the t #17. B revealed 2012 for a riew ts of nation of earance, e or of fetal issue was ination. n was  nursing sible for vealed all	E 158	DETIGIENCY					
	the nursing assista assistants had bee examination. The ask (physician nam finding." The staff only looks at the Po	nts and medical officentrained to do this staff member stated and member stated the poor when asked to do realed the physician versions.	e "I would abnormal hysician o so by							

Interview on 01/24/2013 at 1515 with

administrative staff revealed "The doctor doesn't

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING AB0028 01/24/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3305 DRAKE CIRCLE A WOMAN'S CHOICE OF RALEIGH, INC RALEIGH, NC 27607 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) E 158 E 158 Continued From page 21 look at all of them (POC)." The staff member stated he only looks at the POC when staff alert him there is a problem. Interview confirmed that all certified nursing assistants/medical office assistant are responsible for the examination of the products of conception. Interview revealed if the physician examines the POC, then he makes a note of his findings in the "Gross Description" section of the medical record. Administrative staff confirmed there was no evidence that the 2/18/13 physician examined the POC for Patient #18. medical Staff member E 163 will accompany patient during any hospital transfer. All medical Staff members E 163 .0313(C) POST-OPERATIVE CARE 10A-14E .0313 (c) Any non-ambulatory patient shall be accompanied by an attending medical or nursing staff are aware of this policy. Each medical Staff member member during any transfer within or outside the facility. has a copy of this policy in their employee file. See Attachment 4 This Rule is not met as evidenced by: Based on patient record review, policy manual review, and administrative staff interview, the clinic failed to ensure a staff member accompanied a patient to the hospital for 2 of 2 patients transferred to a hospital (#1 and 2). The findings include:

Division of Health Service Regulation

Review of the "Transfer Protocol" on 1/24/2013 revealed the statement "Any patient having an adverse condition known or suspected to have occurred during or after abortion procedure will be transferred to a designated hospital for evaluation or admission." Further review of the "Transfer Protocol" revealed "after the physician recognizes the need for emergency transfer, he (the physician) orders the clinic administrator to call for EMS (Emergency Medical Service). Review of the "Transfer Protocol" revealed the

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING AB0028 01/24/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3305 DRAKE CIRCLE A WOMAN'S CHOICE OF RALEIGH, INC RALEIGH, NC 27607 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) E 163 E 163 Continued From page 22 physician "stays with the patient" until the arrival of EMS. Continued review of the "Transfer Protocol" revealed upon arrival the "EMS team will stabilize the patient for transfer and the physician directs them (EMS team) to transfer the patient to the designated hospital emergency room." Review of the "Transfer Protocol" revealed there was no plan for any staff member. administrator, or physician to accompany the patient when being transferred to the designated hospital emergency room. 1. Patient #1 was admitted 9/1/2013 at 10:10 AM for a surgical abortion. The patient was admitted to the recovery area at 11:45 AM where it was determined the patient had heavy bleeding during the pad check. Emergency medical personnel were called and the patient was transported to a local hospital. There was no evidence a staff member accompanied the patient to the hospital. Interview with the agency director on 1/9/13 at 12:10 PM confirmed a staff member did not accompany the patient to the hospital. 2. Patient #2 was admitted 1/7/12 at 10:55 AM for a surgical abortion. The patient was admitted to the recovery area at 13:35 PM where it was determined the patient had heavy bleeding during the pad check. Emergency medical personnel were called and the patient was transported to a local hospital. There was no evidence a staff member accompanied the patient to the hospital. Interview with the agency director on 1/9/13 at 12:10 PM confirmed a staff member did not accompany the patient to the hospital. Any physician working at the clinic will have

E169 .0402 FILE

E169

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING AB0028 01/24/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3305 DRAKE CIRCLE A WOMAN'S CHOICE OF RALEIGH, INC RALEIGH, NC 27607 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) an employee file on the premises at all times. E169 Continued From page 23 E169 10A-14E .0402 An individual file for each physician practicing in the clinic shall be maintained. Each file shall contain the information outlined in Rule .0401 of this Section. This Rule is not met as evidenced by: Based on a physician file reviews and staff interviews, the clinic failed to provide a current physician credential file for 1 of 3 practicing physicians employed in the clinic (Physician A). The findings include: A physician file review on 01/24/2013 for Physician A revealed that no current physician file was available. The review revealed there was no evidence of an application, work experience or license available for review. Review of the clinic procedure log revealed Physician A had performed abortion procedures at the clinic on 09/08/2012. An interview with the clinic office manager on 01/24/2013 at 1845 revealed that no current physician file could be found during the survey for Physician A. The interview revealed that the physician was currently on staff at the clinic and there was no current license or application found on site for Physician A. Interview revealed Physician A's credentialing file was located offsite in Florida with the clinic owner. Reference Investigation #NC00084154.

## Autoclave Preventative Maintenance Log

Month	Autoclave #	PM's Done(y /n)	Autoclave #	PM's Done(y /n	Date/Distributor
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December	A++0	Chment			

Physician Sales & Service \*

CHARLOTTE NC 28214 SUITE B PSS World Medical, Inc. 1816 WEST POINTE DR

Fax: Phone: (704) 916-3800 (704) 916-3995

Permit

Exp



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Truck 31	VY	EBONY		
Ship Via	) Number	Customer PO Number	Accounting Notes	Account
LSANTOS			-1-	SIIIP 16: (919) /81-6934
Order Entered By		-	<b>^</b>	Bill To: (919) 781-6934
GRAY, ROGER	10/23/13	HALME TOTIKO KALERVO MD		
Sales Rep Name		RALEIGH NC 2/60/		RALEIGH NC 27607
Page 1 of 1		3305 DRAKE CIRCLE		3305 DRAKE CIRCLE
Page	KALEIGH	WOMEN'S CHOICE OF KALEIGH	FRALEIGH	WOMEN'S CHOICE OF RALEIGH
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Batch / Tote	Date	Invoice Number	Date	Order Number

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RPR/RPL LSTD PARTS /S	2	מ	
	RPR/RPL LSTD PARTS /S	RPR/RPL LSTD PARTS /S	RPR/RPL LSTD PARTS  RPR/053-0391-01  RPR/053-0527-00

parts. Electrical safety and over all performance tested. Final performance tested to mfg specifications. Autoclave in for yearly preventive maintenance service. Replaced listed parts, performed system breakdown cleaning. Calibrated logic pcb, lube m

OUR MISSION: Improve caregivers' financial performance by 20%. OUR PURPOSE: Strengthen the clinical success and financial health of caregivers by solving their biggest problems.

Tote:

Bag:

Refr:

NULSE		
IVUL. JU.		

A	AB LAB SHEET Doctor						Date/	· .						
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## A Woman's Choice of Raleigh Emergency Transfer Protocol

Any patient having an adverse condition or complication known or suspected to have occurred during or after abortion procedure will be transferred to WakeMed Hospital for evaluation or admission.

After the physician recognizes the need for emergency transfer, he orders the clinic administrator to call for EMS (Emergency Medical Team), either calling 911 or, preferably, 919-661-2504 to arrive ASAP. The physician stays with the patient in the procedure room (or recovery room if applicable) until arrival of EMS. The administrator also calls 919-350-8000 to reach WakeMed Emergency Room Supervisor and have her talk to the physician directly. The physician identifies the patient by name and further demographics and a brief description of the patient's condition are given. The physician will then be connected to the chief resident or attending in Gynecology service for description and discussion of the patient's condition.

The EMS team will help stabilize the patient for transfer and the physician directs them to transfer the patient to WakeMed Emergency Room. A copy of patient's chart is given to the team to be taken to the E.R. personnel. A member of the clinic's medical staff will accompany the patient on the transfer to the Hospital. The physician also will discuss the situation with the person who accompanied the patient to the clinic, usually the designated driver.