

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AB0028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2015
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NAME OF PROVIDER OR SUPPLIER
A WOMAN'S CHOICE OF RALEIGH, INC

STREET ADDRESS, CITY, STATE, ZIP CODE
**3305 DRAKE CIRCLE
RALEIGH, NC 27607**

✓ CBB
08/10/2015

(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
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E 132	<p>.0303 POLICIES AND PROCEDURES</p> <p>10A-14E .0303 The governing authority shall prepare a manual of clinic policies and procedures for use by employees, medical staff, and contractual physicians to assist them in understanding their responsibilities within the organizational framework of the clinic. These shall include:</p> <p>(1) Patient selection and exclusion criteria, and clinical discharge criteria.</p> <p>(2) Policy and procedure for each type of abortion procedure performed at the clinic.</p> <p>(3) Protocol for determining fetal age.</p> <p>(4) Protocol for referral of patients for whom services have been declined.</p> <p>(5) Protocol for discharge instructions that informs patients who to contact for post-procedural emergencies.</p> <p>This Rule is not met as evidenced by: Based on policy and procedure reviews and staff interviews the Governing Authority failed to prepare a policy for patient selection and exclusion criteria.</p> <p>The Findings include:</p> <p>Review of the Clinic Policy and procedure manual did not reveal any documentation of a policy addressing the patient selection and exclusion criteria. Interview with the Office Manager on 05/14/2015 at approximately 1145 revealed there was no documentation available of a clinic policy addressing patient selection and exclusion</p>	E 132	See Attachment Tag E132	6/15/15
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Gloria Davis

Office Manager

8/15/15

Division of Health Service Regulation

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E 132	Continued From page 1 criteria.	E 132		
E 136	.0304(D) ADMISSIONS AND DISCHARGE 10A-14E .0304 (d) Following admission and prior to obtaining the consent for surgery required by Rule .0305(a) of this Section, representatives of the clinic's management shall provide to each patient the following information: (1) A fee schedule and any extra charges routinely applied, (2) The name of the attending physician(s) and hospital admitting privileges, if any. In the absence of admitting privileges a statement to that effect shall be included; (3) Instructions for post-procedure emergencies as outlined in Rule .0313(d) of this Section; (4) Grievance procedures a patient may follow if dissatisfied with the care and services rendered; and (5) The telephone number of the Complaints Investigation Branch of the Division. This Rule is not met as evidenced by: Based on Clinic Patient's Rights Documentation review and staff interview the clinic failed to have a system/process in place providing patients the Grievance procedures a patient may follow if dissatisfied with the care and services rendered; and The telephone number of the Complaints Investigation Branch of the Division. The Findings include:	E 136	See Attachment Tag E134 7/13/15 6/11/15	

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E 136	Continued From page 2 Review of the Clinic's "PATIENT RIGHTS DOCUMENT" revealed "To file a complaint call: (919) 733-8499, North Carolina Health & Human Services. Complaint Instigation". Interview with the Office Manager on 05/13/2015 at 1500 revealed the clinic staff does not give the patients information on how to file a complaint with the clinic or the telephone number of the Complaints Investigation Branch of the Division. The interview revealed the clinic has Patient Rights documentation but the information is not given to the patient. The interview revealed the staff do not verbally inform the patient of the information contained on the Clinic's Patient's Rights	E 136		
E 137	.0305(A) MEDICAL RECORDS 10A-14E .0305 (a) A complete and permanent record shall be maintained for all patients including the date and time of admission and discharge; the full and true name; address; date of birth; nearest of kin; diagnoses; duration of pregnancy; condition on admission and discharge; referring and attending physician; a witnessed, voluntarily-signed consent for each surgery or procedure and signature of the physician performing the procedure; and the physician's authenticated history and physical examination including identification of pre- existing or current illnesses, drug sensitivities or other idiosyncrasies having a bearing on the operative procedure or anesthetic to be administered.	E 137	<i>See Attachment ^{Jas} E 137</i>	<i>7/13/15</i> <i>[Signature]</i>

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E 137	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on closed medical record reviews, staff interviews and physician interviews, the clinic staff failed to maintain a completed permanent record including a witnessed, voluntarily-signed consent for each surgery or procedure and signature of the physician performing the procedure; and the physician's authenticated history and physical examination in 6 of 6 Surgical Abortions procedures (SAB) completed. (#'s 1, 4, 6, 5, 3 and 2).</p> <p>The findings included:</p> <ol style="list-style-type: none"> Review of medical record #1 revealed the patient had a SAB completed on 05/13/2015. Record review did not reveal documentation of a witnessed, voluntarily-signed consent for the surgical procedure and signature of the physician performing the procedure. Record review did not reveal documentation of the physician's authenticated history and physical examination. Interview with the Clinic Manager on 05/13/2015 at 1605 revealed there was no documentation available of a witnessed, voluntarily-signed consent for the surgical procedure with signature of the physician performing the procedure. The interview revealed there was no documentation of the physician's authenticated history and physical examination. The interview revealed the history is performed by the technician. Review of medical record #4 revealed the patient had a SAB completed on 05/08/2015. Record review did not reveal documentation of a witnessed, voluntarily-signed consent for the surgical procedure and signature of the physician 	E 137		
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E 137	<p>Continued From page 4</p> <p>performing the procedure. Record review did not reveal documentation of the physician's authenticated history and physical examination.</p> <p>Interview with the Clinic Manager on 05/13/2015 at 1605 revealed there was no documentation available of a witnessed, voluntarily-signed consent for the surgical procedure with signature of the physician performing the procedure. The interview revealed there was no documentation of the physician's authenticated history and physical examination. The interview revealed the history is performed by the technician.</p> <p>3. Review of medical record #6 revealed the patient had a SAB completed on 05/02/2015. Record review did not reveal documentation of a witnessed, voluntarily-signed consent for the surgical procedure and signature of the physician performing the procedure. Record review did not reveal documentation of the physician's authenticated history and physical examination.</p> <p>Interview with the Clinic Manager on 05/13/2015 at 1605 revealed there was no documentation available of a witnessed, voluntarily-signed consent for the surgical procedure with signature of the physician performing the procedure. The interview revealed there was no documentation of the physician's authenticated history and physical examination. The interview revealed the history is performed by the technician.</p> <p>4. Review of medical record #5 revealed the patient had a SAB completed on 04/22/2015. Record review did not reveal documentation of a witnessed, voluntarily-signed consent for the surgical procedure and signature of the physician performing the procedure. Record review did not reveal documentation of the physician's</p>	E 137		
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E 137	<p>Continued From page 5</p> <p>authenticated history and physical examination.</p> <p>Interview with the Clinic Manager on 05/13/2015 at 1605 revealed there was no documentation available of a witnessed, voluntarily-signed consent for the surgical procedure with signature of the physician performing the procedure. The interview revealed there was no documentation of the physician's authenticated history and physical examination. The interview revealed the history is performed by the technician.</p> <p>5. Review of medical record #3 revealed the patient had a SAB completed on 03/31/2015. Record review did not reveal documentation of a witnessed, voluntarily-signed consent for the surgical procedure and signature of the physician performing the procedure. Record review did not reveal documentation of the physician's authenticated history and physical examination.</p> <p>Interview with the Clinic Manager on 05/13/2015 at 1605 revealed there was no documentation available of a witnessed, voluntarily-signed consent for the surgical procedure with signature of the physician performing the procedure. The interview revealed there was no documentation of the physician's authenticated history and physical examination. The interview revealed the history is performed by the technician.</p> <p>6. Review of medical record #2 revealed the patient had a SAB completed on 03/18/2015. Record review did not reveal documentation of a witnessed, voluntarily-signed consent for the surgical procedure and signature of the physician performing the procedure. Record review did not reveal documentation of the physician's authenticated history and physical examination.</p>	E 137		

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E 137	<p>Continued From page 6</p> <p>Interview with the Clinic Manager on 05/13/2015 at 1605 revealed there was no documentation available of a witnessed, voluntarily-signed consent for the surgical procedure with signature of the physician performing the procedure. The interview revealed there was no documentation of the physician's authenticated history and physical examination. The interview revealed the history is performed by the technician.</p> <p>Interview with Physician #1 on 05/14/2015 at 1040 revealed he performs abortion procedures at the clinic. The interview revealed he was the physician performing SABs today in the clinic. The interview revealed he does not complete a physical examination on the patient. The interview revealed if the patient had a any significant history he would not do the SAB at the clinic. The interview revealed since the SAB is an elective procedure he does not examine the patient prior to the SAB.</p>	E 137		
E 158	<p>.0311(B) SURGICAL SERVICES</p> <p>10A-14E .0311 (b) Tissue Examination: (1) The physician performing the abortion is responsible for examination of all products of conception (P.O.C.) prior to patient discharge. Such examination shall note specifically the presence or absence of chorionic villi and fetal parts or the amniotic sac. The results of the examination shall be recorded in the patient's medical record. (2) The facility shall have written procedures, supplies and equipment available for gross and microscopic</p>	E 158	<p><i>See Attachment Tag E158</i></p>	<p><i>5/17/15</i></p>

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E 158	<p>Continued From page 7</p> <p>evaluation of abortion specimens. If placental or fetal tissue is not identified by gross examination, a microscopic examination must be done on the P.O.C. In cases where the microscopic evaluation is negative for chorionic villi and fetal parts, or the weight of the P.O.C. falls substantially below the appropriate weight range for the fetal age, a microscopic examination by a board certified or board eligible pathologist shall be done on the P.O.C.</p> <p>(3) The results of this examination, the findings of further patient evaluation and any subsequent treatment must be recorded in the patient's medical record.</p> <p>(4) The facility shall establish procedures for obtaining, identifying, storing and transporting specimens.</p> <p>(5) The facility shall establish a method for follow-up of patients on whom no villi are seen.</p> <p>This Rule is not met as evidenced by: Based on policy and procedure review, closed medical record reviews, staff interviews and physician interview, the physician performing the surgical abortion procedure (SAB) failed to examine the products of conception (POC) prior to the patient discharge in 6 of 6 patients having a SAB (#s 1, 4, 6, 5, 3 and 2).</p> <p>The findings include:</p> <p>Review of the clinic's current policy titled "Products of Conception Examination Procedure September 22, 2002" revealed no documentation</p>	E 158		
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E 158	<p>Continued From page 8</p> <p>addressing the requirement for the physician to examine the POC prior to the patients' discharge.</p> <p>1. Review of medical record #1 revealed the patient had a SAB completed on 05/13/2015. Record review did not reveal documentation the physician performing the surgical abortion procedure (SAB) examined the products of conception prior to the patient discharge. Review of the medical record revealed documentation of examination of the POC completed by the technician.</p> <p>Interview with the Clinic Manager on 05/13/2015 at 1605 revealed there was no documentation available the physician performed an examination of the POC. The interview revealed the technician performs the examination of the POC. The interview revealed the physician only examines the POC if asked by the technician. The interview revealed the technician performing the examination of the POC was the standard of practice for the clinic.</p> <p>2. Review of medical record #4 revealed the patient had a SAB completed on 05/08/2015. Record review did not reveal documentation the physician performing the surgical abortion procedure (SAB) examined the products of conception prior to the patient discharge. Review of the medical record revealed documentation of examination of the POC completed by the technician.</p> <p>Interview with the Clinic Manager on 05/13/2015 at 1605 revealed there was no documentation available the physician performed an examination of the POC. The interview revealed the technician performs the examination of the POC. The interview revealed the physician only</p>	E 158		

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E 158	<p>Continued From page 9</p> <p>examines the POC if asked by the technician. The interview revealed the technician performing the examination of the POC was the standard of practice for the clinic.</p> <p>3. Review of medical record #6 revealed the patient had a SAB completed on 05/02/2015. Record review did not reveal documentation the physician performing the surgical abortion procedure (SAB) examined the products of conception prior to the patient discharge. Review of the medical record revealed documentation of examination of the POC completed by the technician.</p> <p>Interview with the Clinic Manager on 05/13/2015 at 1605 revealed there was no documentation available the physician performed an examination of the POC. The interview revealed the technician performs the examination of the POC. The interview revealed the physician only examines the POC if asked by the technician. The interview revealed the technician performing the examination of the POC was the standard of practice for the clinic.</p> <p>4. Review of medical record #5 revealed the patient had a SAB completed on 04/22/2015. Record review did not reveal documentation the physician performing the surgical abortion procedure (SAB) examined the products of conception prior to the patient discharge. Review of the medical record revealed documentation of examination of the POC completed by the technician.</p> <p>Interview with the Clinic Manager on 05/13/2015 at 1605 revealed there was no documentation available the physician performed an examination of the POC. The interview revealed the</p>	E 158		
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E 158	<p>Continued From page 10</p> <p>technician performs the examination of the POC. The interview revealed the physician only examines the POC if asked by the technician. The interview revealed the technician performing the examination of the POC was the standard of practice for the clinic.</p> <p>5. Review of medical record #3 revealed the patient had a SAB completed on 03/31/2015. Record review did not reveal documentation the physician performing the surgical abortion procedure (SAB) examined the products of conception prior to the patient discharge. Review of the medical record revealed documentation of examination of the POC completed by the technician.</p> <p>Interview with the Clinic Manager on 05/13/2015 at 1605 revealed there was no documentation available the physician performed an examination of the POC. The interview revealed the technician performs the examination of the POC. The interview revealed the physician only examines the POC if asked by the technician. The interview revealed the technician performing the examination of the POC was the standard of practice for the clinic.</p> <p>Review of medical record #2 revealed the patient had a SAB completed on 03/18/2015. Record review did not reveal documentation the physician performing the surgical abortion procedure (SAB) examined the products of conception prior to the patient discharge. Review of the medical record revealed documentation of examination of the POC completed by the technician.</p> <p>Interview with the Clinic Manager on 05/13/2015 at 1605 revealed there was no documentation available the physician performed an examination</p>	E 158		

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E 158	<p>Continued From page 11</p> <p>of the POC. The interview revealed the technician performs the examination of the POC. The interview revealed the physician only examines the POC if asked by the technician. The interview revealed the technician performing the examination of the POC was the standard of practice for the clinic.</p> <p>Interview with Physician #1 on 05/14/2015 at 1040 revealed he performs abortion procedures at the clinic. The interview revealed he was the physician performing SABs today in the clinic. The interview revealed he does not examine the POC unless he is asked to do so by the Medical Technician (MT). The physician's signature on the form in the medical record means the MT told him of the examination conducted by the MT.</p> <p>Interview with Medical Assistant #1 (MA) on 05/14/2015 at 0900 revealed the physician "sometimes" will check the POC. The interview revealed there is documentation of the gross exams and it is signed at the end of the day. The interview revealed she did not know when the physician signed it.</p> <p>Interview with MA #2 on 05/14/2015 at 0910 revealed she examines the POC after a SAB. The interview revealed the physician does not examine the POC. The interview revealed if she has a question regarding her examination of the POC she will ask another MA. The interview revealed she has never asked the physician about her examination of the POC. The interview revealed "Sometimes" the physician may come into the room where the examination of the POC is done. The physician may check the POC.</p> <p>Interview with MA #3 on 05/14/2015 at 0925 revealed she examines the POC. The interview</p>	E 158		

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E 158	Continued From page 12 revealed she examines for fetal parts, sac and chorionic villi. The interview revealed if she has a concern she will ask the physician to check the POC. The interview revealed she will tell the physician her exam results.	E 158		
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Tag E 132: I have revised A Woman's Choice of Raleigh Policy and Procedure manual to include selection and exclusion of patients. The Protocol for patients that cannot be seen at our facility will be as follows; to refer patient to their Primary Care Physician or UNC for care and or abortion. Patients not within range to have abortion at our facility will be given information on adoption, continuing pregnancy and/or referral to Atlanta Women's Center in Atlanta GA. This policy will be implemented by all staff members responsible for giving information on adoption, continuing pregnancy and or referral to Atlanta Women's Center. A written policy has been added to AWCR policy and procedure manual as of 6/2015. See attachment 1

Tag E 136: A Woman's Choice of Raleigh staff member will provide each patient with the following prior to obtaining the consent for surgery as required by Rule .0305, (1) Fee schedule (2) the name of attending physician and a statement advising physician has no admitting privileges. (3) Instruction for post-procedure emergency (4) Grievance procedure a patient may follow if dissatisfied with care or services. (5) The telephone number of complaints Investigation branch of the division. A Woman's Choice of Raleigh has updated Patient Rights Document which includes telephone number to AWCR, AWCR Corporate Office and The City of Raleigh Department of Health if grievance/complaint shall arise. This document will be given to every patient and advised of document during counseling session by responsible staff member. This system has been revised and will be implemented no later than 7/13/2015. See attachment 2

Tag E 137: A Woman's Choice of Raleigh has revised patients permanent record to include date and time of admission and discharge; the full and true name; address; date of birth; nearest of kin; diagnosis; duration of pregnancy; condition on admission and discharge; referring and attending physician; a witness; voluntarily-signed consent for each surgery or procedure and physician's signature performing the procedure; and the physician's authenticated history and physical examination including identification of pre-existing or current illnesses, drug sensitivities, or other idiosyncrasies having bearing on the operative procedure or anesthetic to be administered. All staff member will be responsible for reviewing patient records and assuring all parts are filled out to its entirety which includes, date and time of admission and discharge; the full and true name; address; date of birth; nearest of kin; diagnosis; duration of pregnancy; condition on admission and discharge; referring and attending physician; a witness; voluntarily-signed consent for each surgery or procedure and physician's signature performing the procedure; and the physician's authenticated history and physical examination. Physical Exam documentation will be handwritten until charts are reprinted. This system has been revised and updated and will be implemented no later than 7/13/2015. See Attachment 3

Tag E 158: A Woman's Choice of Raleigh has revised our Products of Conception Examination Policy to state that (1) The physician performing the abortion is responsible for examination of all P.O.C prior to patient discharge. Examination shall note specifically the presence or absence of chronic villi and fetal parts or the amniotic sac. The results of the examination shall be recorded in the patient's medical record. (2) The facility shall have a written procedures, supplies and equipment available for gross and

microscopic evaluation of abortion specimens. In cases where microscopic examination is negative for chronic villi and fetal parts, or the weight of the P.O.C falls substantially below appropriate weight range

Tag E 158: Continued from page 1

for the fetal age, a microscopic examination by a board certified or board eligible pathologist shall be done on the P.O.C (3) The results of this examination, findings of further patient evaluation and any subsequent treatment must be recorded in the patient's medical record. (4) The facility shall establish procedures for obtaining, identifying, storing and transporting specimens. (5) The facility shall establish a method for follow-up of patients on whom no villi are seen. The pathologist will insure the physician is performing physical examination and documentation of P.O.C prior to patient discharge. This system has been revised and being implemented as of 5/2015. See Attachment 4

Attachment 1

Declined/Referred Patients Policy

Patients that cannot be seen at our facility for medical reasons such as; hypertension, anemia, or any other medical condition will be referred to their Primary Care Physician. If the patient does not have PCP we refer patients to UNC Hospital for care and or abortion. Patients that are not within range to have abortion at our facility are given information on adoption, continuing pregnancy and/or referral to Atlanta Women's Center in Atlanta Georgia. 1 404-257-0057

Attachment 2

A WOMAN'S CHOICE OF RALEIGH PATIENT RIGHTS DOCUMENT

Patients have a right to:

- Reasonable access to care, treatment or service and that her rights are respected and supported.
- Be informed about and participate in decisions regarding care.
- Consent for or refusal of treatment to the extent permitted by law, after a clear explanation of risks, benefits and alternative treatments has been provided.
- Make decisions or be informed about restriction of companions, telephone calls in the clinic.
- The appropriate assessment and management of pain.
- Security and safety, personal privacy, and confidentiality of information. Patient information is limited to those individuals designated by law, regulation, and policy of duly authorized as having a need to know or granting of permission by patient.
- Have a family member or her own physician notified of admission to a hospital in an emergency.
- The identity of those providing care to her.
- Review of and access to the medical record within a reasonable time frame.
- Freedom from physical, mental, emotional, verbal, sexual, or psychological abuse, neglect corporal punishment.
- Clearly presented and understood medical information regarding patient's condition, diagnosis and treatment.
- To be informed, when appropriate, about the outcomes of care, including unanticipated outcomes.
- Voice concerns to clinic or medical staff without fear of reprisal or discrimination.

In the Interest of always trying to improve our service and patient care, you can contact management at the following numbers with any concerns or complaints:

A Woman's Choice of Raleigh: 1 800-540-5690

A Woman's Choice of Raleigh Corporate office: 1 800-298-8874 or 904 448-8877

The City of Raleigh Department of Health 1 800-624-3004 or 919 855-4500

CONSENT TO ULTRASOUND EXAMINATION

I request an abdominal ultrasound gestational dating examination by A Woman's Choice of Raleigh, Inc.. The purpose of this exam is to verify and date a pregnancy. I understand that no further conclusions will be made based on the ultrasound performed here. The ultrasound performed today will not be used to identify gender, diagnose fetal anomalies, or rule out ectopic pregnancy. I am aware that I can elect to receive more extensive ultrasound examinations from providers outside of A Woman's Choice of Raleigh, Inc., but it is my responsibility to find the provider and schedule the appointment if so desired. I have been informed that findings related to the ultrasound are subject to a plus/minus variation of 10 to 14 days.

Patient Signature _____ Date _____

CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY

This consent is executed to me on the date indicated for the purpose of inducing the named physician to perform a medical procedure and prescribe medications in order to terminate my pregnancy, which treatment is to be performed at A Woman's Choice of Raleigh, Inc. in Raleigh, NC. (The physician's name is located on the procedure form of this chart.) In order to induce the physician to perform the procedure and to further induce A Woman's Choice of Raleigh, Inc. to permit the procedure to be performed, I hereby state the following:

My name is _____, I am _____ years of age, and I am of sound mind. I represent that my medical history is accurate, including medical conditions, use of medications, and use of any illicit drugs or alcohol. I understand withholding information regarding my medical history could be life threatening. I also understand that the physician(s) treating me are NOT RESPONSIBLE for complications resulting from information I withhold. I hereby consent to my physician to terminate my pregnancy by elective abortion at A Woman's Choice of Raleigh, Inc.

The nature and purpose of the abortion, methods of treatment, alternative procedures which, in the opinion of my physician, might be appropriate and advantageous, the risks attendant to the treatment, the potential complications and harmful side effects, and all other pertinent factors have been fully discussed and explained to me.

I have received information and counseling regarding alternatives to abortion, the procedure to be performed, and currently available methods of birth control.

I realize that abortions by D&E (dilation and evacuation) occasionally have associated complications, and that I am financially responsible for any complications requiring further medical care. I understand that the complications associated with an abortion are generally less severe than those associated with childbirth. Nonetheless, I realize that there are risks of minor and major complications that may occur in this procedure as in any surgical procedure. I understand the possibility of the following complications, and that I may need to be hospitalized for the investigation and/or treatment of: 1) Perforation of the uterus - a hole in the uterus which may require hospitalization for major surgery that may include removal of the uterus; 2) Perforation of a major pelvic vessel - this would require immediate hospitalization; 3) Infection - which can require antibiotics or surgical treatment; 4) Excessive bleeding - which may require medication, transfusion, or surgery (including hysterectomy); 5) Incomplete termination of pregnancy - which may require a second operative procedure; 6) Pain and cramps - which may be severe; 7) Adverse reactions to medications or anesthesia; 8) Asherman's Syndrome - scar tissue in the uterus which may lead to infertility or may necessitate surgery; 9) Perforation of the bowel/bladder - a hole in the bowel/bladder which may require surgery to repair; 10) Death; 11) Medical problems - i.e. embolism, anemia, cardiac problems, depression, etc.

In the event that any of the aforementioned complications occur, or any complications occur after I leave the premises, I certify that I will immediately advise my physician at A Woman's Choice of Raleigh, Inc. so that remedial or follow-up advise, care, or treatment can be instituted.

I acknowledge that I have been informed about the necessity of a post-operative follow-up two to three weeks following the procedure. I have been advised to have this exam with A Woman's Choice of Raleigh, Inc.. If I choose to have this very important exam elsewhere, I promise to inform A Woman's Choice of Raleigh, Inc. of subsequent clearance by another physician of any post-operative problems or failure to return for my follow-up appointment relieves the operating physician, A Woman's Choice of Raleigh, Inc., their associates, and agents from any responsibility for medical problems or consequences that could arise as a result of my failure to return to this office.

_____ Medications I receive from A Woman's Choice of Raleigh, Inc. may or may NOT come in a child-proof container. I understand that if I need a child-proof container, one may be obtained from any pharmacy.

_____ I have been advised not to drive myself from the facility after my procedure. I understand that I may receive medications that affect my ability to drive, operate machinery or decision making for 24 hours after discharge.

For patients with Rh negative blood type only: It is preferable that all non-sensitized Rh negative women be inoculated with an adequate dose of Rh immune globulin immediately following an induced abortion. It is the policy of A Woman's Choice of Raleigh, Inc. to administer this injection to all Rh negative patients

_____ I have received information concerning Rh negative blood and consent to the administration of Rh immune globulin.
_____ I decline the administration of Rh immune globulin injection. I fully understand the risk involved to my future pregnancies by refusing this injection.

Patient Signature _____ Parent/Guardian Signature _____ Date _____, M.D.
Witness _____ Date _____

COUNSELOR'S STATEMENT

_____ I have reviewed and given patient information on the following: "Counseling for Abortion", D&E Patient Counseling, "Post Abortion Instructions" and "Contraceptive Counseling".

_____ I have confirmed that patient is satisfied with her decision to terminate her pregnancy. Patient stated she understands D&E procedure as well as risks and complications associated with the procedure

_____ Patient has been adequately informed of the D&E procedure, her questions have been answered to the best of my ability, and the consent form has been signed.

_____ The patient remains that this decision is of her own free will.

Counselor's/RN _____ Date _____

PROCEDURE FORM

Surgeon: _____, M.D. Assistant in OR: _____

PELVIC EXAM (Check Indicates WNL)

Physical Exam Y N

Cervix: _____ Uterus: _____ Size: _____ Adnexa: _____

OPERATIVE NOTE

Pre-Operative Diagnosis: Intrauterine Pregnancy, _____ weeks gestation.
 Post-Operative Diagnosis: Intrauterine Pregnancy, _____ weeks gestation.
 Operation: Dilation and Evacuation
 Anesthesia: Paracervical Block
 Procedure Time: _____ to _____

The patient was placed in the dorsal lithotomy position, examined, and prepped. The uterus position was _____ and consistent with _____ weeks gestation. The cervix was cleansed with betadine or alternative solution. A Paracervical block was performed with _____ cc of 1% lidocaine. The anterior lip of the cervix was grasped with a single-toothed tenaculum and the cervical canal was dilated to a _____ Pratt dilator. Evacuation of the uterine contents was performed used a _____ mm suction curette. The uterus was / was not explored with forceps / sharp curette. The procedure being terminated, the patient was taken to the recovery room in satisfactory condition.

Additional Anesthesia: _____ N₂O, Self-inhalation/ _____ IV Sedation (_____ mcg Fentanyl, _____ mg Versed) Time: _____

Time	O ₂ Saturation	Pulse	Respirations	LOC

Procedure was done under ultrasound guidance Y or N
 IV fluids administered (_____ cc Lactated Ringers) Y or N
 _____ Oxytocin 10u IM or IV
 _____ Ergonovine 0.2mg IC or IM

Estimated Blood Loss _____ Complications Y or N _____

_____, M.D.

GROSS DESCRIPTION REPORT

Gross description:

The tissue was submitted in a container identified as products of conception. _____ grams of tissue are present and gross appearance reveals products of conception (consistent / not consistent with _____ weeks gestation. Fetus (was / was not) intact.

- _____ Chorionic villi seen
- _____ C,S,E x 4
- _____ Sac seen
- _____ Tissue forwarded for microscopic exam by pathologist.

Gross Description Identified By: _____, M.D.

ORDERS

Pre-Op

1. Ibuprofen 800mg p.o. _____
2. Diazepam 5mg p.o. _____
3. Misoprostol 400mcg p.o. _____
4. Amoxicillin 2 grams p.o. _____
5. _____

Post-Op

1. Misoprostol 200mcg _____
2. Metronidazole 500mg p.o. x1 _____
3. Ergonovine 0.2mg (p.o. /IM) _____
4. Bay Rho-D IM (mini/full) _____
5. Ibuprofen 800mg p.o / Tylenol #3 w/codeine 300mg/30mg

V.O. _____, M.D.

Attachment 4

Product of Conception Examination Procedure

The POC from each surgical abortion procedure is to be examined by Physician and Pathologist for presence or absence of pregnancy tissue prior to the patient leaving the building. The following is the procedure for this examination.

1. The specimen will be placed on the lab counter. Early pregnancies will still be in the sock and later pregnancies may remain in the Berkley jar.
2. Using ring forceps, strip the pregnancy tissue from the sock into the strainer.
3. Rinse the specimen thoroughly in tap water. Remove as much blood and clots as possible.
4. Swirl the tissue in the strainer to roll into a ball- place the tissue in a weighing container.
5. Weigh the specimen and container- be certain to record the weight of the empty container so it can be subtracted from the total.
6. Place the specimen in a pyrex type dish in approximately 1" of tap water.
7. Place the dish on top of the "back light" for visual examination.
8. Gently explore the contents of the dish to identify pregnancy tissue.
9. Record results on lab log.
10. Be certain to write "sac seen" when the gestational sac is clearly visible- especially in early pregnancies.
11. Label the dish with the patient's name so the physician can check contents.
12. If ample loose villi and/or a gestational sac are not visible on initial inspection, do the following: 1. Check the strainer for material stuck to mesh or 2. Invert the sock and rinse it through the water in your dish
13. If there is still an absence of villi and sac, notify the physician and clinic administrator.
14. Keep the specimen in the dish until the physician has determined her/his course of action.
15. Prepare specimen for transport to lab for microscopic examination.
16. Document your findings in the patient's chart and have your entry countersigned by the physician.
17. All specimens with appropriate findings are contained for proper disposal.
18. If you find any unusual structures, hydropic (enlarged) villi, or multiple pregnancies, have the physician examine entire specimen.