PRINTED: 06/15/2015 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING: _

(X3) DATE SURVEY COMPLETED

080052

B. WING

06/09/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

4551 YADKIN ROAD PLANNED PARENTHOOD FAYETTEVILLE, NC 28303

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG

PREFIX

TAG

E 161

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETE DATE

7.18.15

E 161 0313(A) POST-OPERATIVE CARE

10A-14E .0313 (a) Patients whose pregnancy is terminated on an ambulatory basis should be observed in the abortion clinic for a reasonable number of hours, not less than one, to insure that no immediate post-operative complications are present. Thereafter, such patients may be discharged if their course has been uneventful.

This Rule is not met as evidenced by: Based on policy review, review of medical records and staff interview, the facility failed to ensure a minimum of one hour observation after a procedure for 4 of 10 patient records reviewed (#5, #9, #4 and #6).

Review of the facility's policies revealed no policy for observing a patient for a minimum of one hour after the procedure.

1. Closed medical record review of Patient #5 revealed a 37 year-old female who had a surgical abortion on 03/21/2015. Record review revealed Patient #15 was admitted to the recovery area at 1500 and was discharged a 1535 (35 minutes later). Record review revealed no documentation that Patient #5 signed out Against Medical Advice (AMA).

Interview on 06/09/2015 at 1220 with administrative staff revealed the facility policy is to follow all State laws, including the requirement to observe patients for one hour after the procedure. Interview revealed, "if patients refuse to wait, they are asked to sign an AMA form". Interview confirmed Patient #5 was observed for 35 minutes and did not sign an AMA form.

10A-14E .0313 PPSAT is committed to the health and safety of our patients. PPSAT current policy is to follow all Federal and State regulations related to Abortion care. A copy of the North Carolina DFS AB requirements will be kept on-site as of July 18th, 2015 for staff reference.

If a patient chooses to leave the health center prior to one hour, she will sign the Against Medical Advice (AMA) form with the specific language "I understand that leaving before the required one hour post-procedure recovery time could delay treatment of complications". This form will be implemented by July 18, 2015.

The Health Center Manager will review with current nursing staff this requirement and the importance of documenting the time of discharge. The Health Center Manager will ensure nursing staff are trained in appropriate documentation of this requirement and notation of discharge time on July18, 2015. The Health Center Manager will conduct a weekly audit of a sample of charts to ensure compliance, specifically auditing charts of the RN staff member whose charts were cited in the report. The audit will continue until compliance is demonstrated.

Division of Health Service Regulation

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

TITLE

(X6) DATE

FORM APPROVED

Division	of Health Service R		·			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	(X3) DATE SURVEY COMPLETED		
	080052		B. WING		06/09/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
			KIN ROAD			
PLANNE	D PARENTHOOD		VILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
	revealed a 34 year abortion on 05/26/2 Patient #9 was adr 1405 and was disc later). Record revi	record review of Patient #9 -old female who had a surgical 2015. Record review revealed mitted to the recovery area at harged at 1440 (35 minutes ew revealed no documentation ned out Against Medical Advice	E 161	The PPSAT Director of Nursing I updated the Recovery Room Ski Checklist to reflect all requirement providing Abortion care in NC, in the AMA patient signature if depiless than one hour and the impodocumentation. When new nurs on-boarded and trained, this tool be used to ensure understanding requirements. A copy is attached	ills ints of cluding arting in rtance of es are will g of all	
	follow all State law observe patients for Interview revealed, are asked to sign a confirmed Patient of minutes and did not as the confirmed are did not as the confirmed patient of the confirmed Patient of the confirmed patient and did not as the confirmed patient are confirmed patient and did not as the co	/2015 at 1220 with f revealed the facility policy is to s, including the requirement to or one hour after the procedure. "if patients refuse to wait, they an AMA form". Interview #9 was observed for 35 ot sign an AMA form. record review of Patient #4 -old female who had a surgical 2015. Record review revealed mitted to the recovery area at harged at 1240 (37 minutes ew revealed no documentation ned out Against Medical Advice				
	observe patients for Interview revealed, are asked to sign a confirmed Patient #	/2015 at 1220 with revealed the facility policy is to s, including the requirement to or one hour after the procedure. "if patients refuse to wait, they an AMA form". Interview 44 was observed for 37 of sign an AMA form.				
Division of H	revealed a 23 year	record review of Patient #6 -old female who had a surgical 2015. Record review revealed		!		

H4HW11

Division	of Health Service R	egulation						
STATEME	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROV /SUPPLIER/CLIA		E CONSTRUC.		(X3) DATE SURVEY		
AND FDAN OF CORRECTION		IDENTIFICATION (TELLE III)	A. BUILDING:		00	COMPLETED		
		080052	B. WING		06/	/09/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE				
	ED PARENTHOOD	4551 YA	DKIN ROAD					
PLANIAL	:D PARENTHOOD	FÄYETTE	EVILLE, NC 2					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE		
E 161	Continued From pa	age 2	E 161					
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	follow all State laws observe patients fo Interview revealed,	/2015 at 1220 with f revealed the facility policy is to s, including the requirement to or one hour after the procedure. , "if patients refuse to wait, they an AMA form". Interview						
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H4HW11



Planned Parenthood South Atlantic

Asheville
Charlottesville
Raleigh

Blacksburg
Columbia
Roanoke

	Chapel Hill
	Durham
П	Vienna

]	Charleston
j	Fayetteville
1	Wilminaton

Charlotte
Greensboro
Winston-Salem

Skills checklist: Recovery Room RN

Skill/Procedure	DP	NI	Observed	Date
Towns 4.4 Nonetical single disease 4 designs alice and 4.1			by:	
Ensures that Narcotics being dispensed during clinic are counted				
at the beginning and end of each clinic and cosigned by another				
licensed staff or HCM. Notifies supervisor immediately if any				
discrepancies				
Prepares pre op medications to be dispensed				
Reviews patient's medical history for any contraindications				
Confirms patient identity prior to dispensing medication				<u> </u>
Dispenses medications with proper instructions				
Documents medication correctly and completely in patient record				
Signs out medication in appropriate QM Log				
Completes patient's ASA Physical Status Classification Score and				
documents appropriately				
Admits patient to Recovery Area				
Assesses VS every 15 minutes, including BP, HR, P, RR, LOC,				
pain or additional per MD order			7:	
Offers patient comfort measures (heating pad, blanket, snack,			·	
etc.)		E	^	
Answers/clarifies any questions that patient may have concerning				
BCM, instructions etc.				
Assesses sedated patient for discharge with support person				
Assesses patient for bleeding and pain				
Provides aftercare instructions and ensures patient understanding				
Responds to emergencies quickly and effectively				
Participates and understands role in Emergency Drills				
Knows where to locate Emergency Cart, Emergency equipment,				
Oxygen, and Medications and knows their indications for use				
Has proficient IV skills				
Follows "high alert" Algorithm correctly if indicated		<u> </u>		
Ensures that NC pts sign AMA if leaving prior to 1 hour in RR				
Conscious sedation – see separate checklist if applicable				
Follows all PPFA, PPSAT, HIPAA, OSHA guidelines				
Appropriately documents all assessments and findings		-		
Performs other duties as assigned by supervisor		<u> </u>		
DP = Demonstrates Proficiency				1
NI = Needs Improvement				
111 – 1100ds improvement				
RN/LPN Signature Da	te			
Mi/Di iv SignatureDa				
Trainer's Signature Dat	te			