

AUG 12 2015

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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AB0032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2015
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF CENTRAL NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 DOBBINS ROAD CHAPEL HILL, NC 27514		V 8/17/2015 CAB
(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
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 closed medical record review and administrative staff interview revealed prior to obtaining the consent for an Abortion Procedure the clinic staff failed to inform if the attending physician had hospital admitting privileges or in the absence of admitting privileges a statement to that effect in 5 of 7 Abortion procedures reviewed ((#1, #2, #3, #4 and #6) and failed to provide instructions for post-procedure emergencies in 7 of 7 Abortion procedures reviewed (#4, #5, #2, #7 #6, #1 and #3). The findings include:	E 136	Planned Parenthood South Atlantic's policy and procedure is that the attending physician is reviewed (with the patient) during the signing of 24 hour consent document. If, for any reason, the physician providing the abortion services changes, then the health center staff provides that information during the patient education and documents that information on the 24 hour consent form. Findings from the state survey identified a gap in training. Health center staff received retraining in policy and procedure on August 6, 2015. The Regional Director will conduct a sample audit of twenty consent forms to ensure compliance to be completed by August 31, 2105. It is Planned Parenthood South Atlantic's practice to review emergency instructions during the patient education session during which risks and benefits are reviewed and informed consent is obtained. As a result of this survey, Planned Parenthood South Atlantic- Chapel Hill is changing its practice to include after care instructions in every abortion patient's information packet given at check-in. Additionally, Planned Parenthood South Atlantic is introducing a statewide	8/31/15 8/24/15

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

[Signature]

TITLE

Vice President of Patient Services 8/11/15

(X6) DATE

RECEIVED AUG 17 2015 *gs*

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E 136	<p>Continued From page 1</p> <p>1. Medical record review of patient #4 revealed the patient had a surgical abortion procedure (SAB) on 06/20/2015. Review of the record did not reveal any documentation the attending physician had hospital admitting privileges. Medical record review did not reveal documentation if the physician did not have hospital admitting privileges. Medical record review did not reveal any documentation the patient was provided instructions for post-procedure emergencies prior to obtaining consent.</p> <p>Interview with the Clinic Manager on 06/24/2015 at 1505 revealed there was no documentation available prior to obtaining consent of the attending physician having hospital admitting privileges and no documentation of instructions for post-procedure emergencies. The interview revealed the Form used to obtain the information if the physician has or does not have admission privileges is pre printed with the Medical Directors name only. The interview revealed there is no documentation of the physician performing the procedure has or does not have admission privileges. The interview revealed instructions for post-procedure emergencies are not provided to the patients prior to obtaining consent and are provided in the recovery area after the procedure.</p> <p>2. Medical record review of patient #5 revealed the patient had a medical abortion procedure (MAB) on 06/04/2015. Review of the record did not reveal any documentation the attending physician had hospital admitting privileges. Medical record review did not reveal documentation if the physician did not have hospital admitting privileges. Medical record review did not reveal any documentation the patient was provided instructions for</p>	E 136	<p>Abortion Patient & Physician Informed Consent document which includes patient acknowledgement and documentation of receipt of after care instructions prior to consent for abortion. This document will be introduced into practice on August 24, 2015, after North Carolina state-wide training of health care staff is completed.</p> <p>The Regional Director will conduct a sample audit of twenty medical records using the Abortion Patient & Physician Informed Consent document by August 31, 2105.</p>	<p>8/24/15</p> <p>8/31/15</p>

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E 136	<p>Continued From page 2</p> <p>post-procedure emergencies prior to obtaining consent.</p> <p>Interview with the Clinic Manager on 06/24/2015 at 1505 revealed there was no documentation available prior to obtaining consent of the attending physician having hospital admitting privileges and no documentation of instructions for post-procedure emergencies . The interview revealed the Form used to obtain the information if the physician has or does not have admission privileges is pre printed with the Medical Directors name only. The interview revealed there is no documentation of the physician performing the procedure has or does not have admission privileges. The interview revealed instructions for post-procedure emergencies are not provided to the patients prior to obtaining consent and are provided in the recovery area after the procedure.</p> <p>3. Medical record review of patient #2 revealed the patient had a surgical abortion procedure (SAB) on 05/30/2015. Review of the record did not reveal any documentation the attending physician had hospital admitting privileges. Medical record review did not reveal documentation if the physician did not have hospital admitting privileges. Medical record review did not reveal any documentation the patient was provided instructions for post-procedure emergencies prior to obtaining consent.</p> <p>Interview with the Clinic Manager on 06/24/2015 at 1505 revealed there was no documentation available prior to obtaining consent of the attending physician having hospital admitting privileges and no documentation of instructions for post-procedure emergencies . The interview revealed the Form used to obtain the information</p>	E 136		
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E 136	Continued From page 3 if the physician has or does not have admission privileges is pre printed with the Medical Directors name only. The interview revealed there is no documentation of the physician performing the procedure has or does not have admission privileges. The interview revealed instructions for post-procedure emergencies are not provided to the patients prior to obtaining consent and are provided in the recovery area after the procedure. 4. Medical record review of patient 7 revealed the patient had a surgical abortion procedure (SAB) on 05/16/2015. Review of the record did not reveal any documentation the attending physician had hospital admitting privileges. Medical record review did not reveal documentation if the physician did not have hospital admitting privileges. Medical record review did not reveal any documentation the patient was provided instructions for post-procedure emergencies prior to obtaining consent. Interview with the Clinic Manager on 06/24/2015 at 1505 revealed there was no documentation available prior to obtaining consent of the attending physician having hospital admitting privileges and no documentation of instructions for post-procedure emergencies. The interview revealed the Form used to obtain the information if the physician has or does not have admission privileges is pre printed with the Medical Directors name only. The interview revealed there is no documentation of the physician performing the procedure has or does not have admission privileges. The interview revealed instructions for post-procedure emergencies are not provided to the patients prior to obtaining consent and are provided in the recovery area after the procedure.	E 136		

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E 136	<p>Continued From page 4</p> <p>5. Medical record review of patient #6 revealed the patient had a surgical abortion procedure (SAB) on 03/28/2015. Review of the record did not reveal any documentation the attending physician had hospital admitting privileges. Medical record review did not reveal documentation if the physician did not have hospital admitting privileges. Medical record review did not reveal any documentation the patient was provided instructions for post-procedure emergencies prior to obtaining consent.</p> <p>Interview with the Clinic Manager on 06/24/2015 at 1505 revealed there was no documentation available prior to obtaining consent of the attending physician having hospital admitting privileges and no documentation of instructions for post-procedure emergencies. The interview revealed the Form used to obtain the information if the physician has or does not have admission privileges is pre printed with the Medical Directors name only. The interview revealed there is no documentation of the physician performing the procedure has or does not have admission privileges. The interview revealed instructions for post-procedure emergencies are not provided to the patients prior to obtaining consent and are provided in the recovery area after the procedure.</p> <p>6. Medical record review of patient #1 revealed the patient had a surgical abortion procedure (SAB) on 03/25/2015. Review of the record did not reveal any documentation the attending physician had hospital admitting privileges. Medical record review did not reveal documentation if the physician did not have hospital admitting privileges. Medical record review did not reveal any documentation the patient was provided post-procedure instructions</p>	E 136		

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E 136	<p>Continued From page 5</p> <p>for emergencies prior to obtaining consent.</p> <p>Interview with the Clinic Manager on 06/24/2015 at 1505 revealed there was no documentation available prior to obtaining consent of the attending physician having hospital admitting privileges and no documentation of instructions for post-procedure emergencies . The interview revealed the Form used to obtain the information if the physician has or does not have admission privileges is pre printed with the Medical Directors name only. The interview revealed there is no documentation of the physician performing the procedure has or does not have admission privileges. The interview revealed instructions for post-procedure emergencies are not provided to the patients prior to obtaining consent and are provided in the recovery area after the procedure.</p> <p>7. Medical record review of patient #3 revealed the patient had a medical abortion procedure (MAB) on 05/29/2015. Medical record review did not reveal any documentation the patient was provided instructions for post-procedure emergencies prior to obtaining consent.</p> <p>Interview with the Clinic Manager on 06/24/2015 at 1505 revealed revealed instructions for post-procedure emergencies are not provided to the patients prior to obtaining consent and are provided in the recovery area after the procedure.</p>	E 136		
E 149	<p>.0306(D) PERSONNEL RECORDS</p> <p>10A-14E .0306 (d) The governing authority shall be responsible for implementing health standards for employees, as well as contractual employees, which are consistent with</p>	E 149	<p>The referenced staff are primarily employed at a state tertiary care center that uses risk-based screening policy for TB screening that we accepted. This risk-based policy does not require TB testing. PPSAT will amend our policy of annual TB testing to include acceptance of risk-based screening from state regulated institutions by August 24, 2015.</p>	8/24/15

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E 149	Continued From page 6 recognized professional practices for the prevention and transmission of communicable diseases. This Rule is not met as evidenced by: Based on credential file reviews and staff interview the clinic failed to have testing for TB per the clinic policy in 2 of 4 Physician credential files reviewed (#2 and #3). The findings include: 1. Review of credential file for Physician #2 revealed no documentation of TB testing. Interview with the Health Center Manager on 06/25/2015 at 1530 revealed there was no documentation available for TB testing for Physician #2. The interview revealed the clinic's policy is annual testing. 2. Review of credential file for Physician #3 revealed no documentation of TB testing. Interview with the Health Center Manager on 06/25/2015 at 1530 revealed there was no documentation available for TB testing for Physician #2. The interview revealed the clinic's policy is annual testing.	E 149		