PRINTED: 07/24/2015 FORM APPROVED

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policy and procedure is that the attending physician is reviewed (with the patient) during the signing of 24 hour 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 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 a statement to that effect in 5 of 7 Abortion procedures Policy and procedure is that the attending physician is reviewed (with the patient) during the signing of 24 hour consent focument. If, for any reason, the physician is reviewed (with the patient) during the signing of 24 hour consent focument. 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	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPROPERTY OF T	D BE COMPLETE	
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: care instructions in every abortion patient's information packet given at check-in. Additionally, Planned Parenthood South Atlantic is introducing a statewide		10A-14E .0304 (d) and prior to obtainin surgery required by this Section, repress clinic's management each patient the foll information: (1) A fee schedule at charges routinely application (2) The name of the physician(s) and hospivileges, if any. In admitting privileges that effect shall be in (3) Instructions for pemergencies as out .0313(d) of this Section (4) Grievance procefollow if dissatisfied and services renders (5) The telephone of Complaints Investigation (5) The telephone of Complaints Investigation. This Rule is not mere administrative staff in obtaining the conserthe clinic staff failed physician had hospit the absence of admit to that effect in 5 of a reviewed ((#1, #2, #1) provide instructions is emergencies in 7 of reviewed (#4, #5, #2)	Following admission ag the consent for Rule .0305(a) of entatives of the at shall provide to owing and any extra oplied, attending spital admitting the absence of a statement to included; sost-procedure lined in Rule ition; dures a patient may with the care ed; and amber of the ation Branch of the ation Branch of the ation Branch of the ation privileges or in interview revealed prior to the for an Abortion Procedure to inform if the attending all admitting privileges a statement of Abortion procedures (3, #4 and #6) and failed to for post-procedure (7 Abortion procedures (4, #7 #6, #1 and #3).	E 136	Planned Parenthood South Atlantic policy and procedure is that the attending physician is reviewed (w patient) during the signing of 24 h consent document. If, for any reast the physician providing the abortic services changes, then the health of staff provides that information during the patient education and document that information on the 24 hour conform. Findings from the state survey idea a gap in training. Health center stareceived retraining in policy and procedure on August 6, 2015. The Regional Director will conduct sample audit of twenty consent for ensure compliance to be completed August 31, 2105. It is Planned Parenthood South Attended and informed consent obtained. As a result of this survey, Planned Parenthood South Atlantic-Chape changing its practice to include afficare instructions in every abortion patient's information packet given check-in. Additionally, Planned Parenthood	ith the our son, on center ring nts onsent of the outre o	

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Vice President of Patient Services
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FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING AB0032 06/25/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1765 DOBBINS ROAD PLANNED PARENTHOOD OF CENTRAL NORTH CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Abortion Patient & Physician Informed Continued From page 1 E 136 Consent document which includes patient 1. Medical record review of patient #4 revealed acknowledgement and documentation of the patient had a surgical abortion procedure receipt of after care instructions prior to 8/24/15 (SAB) on 06/20/2015. Review of the record did consent for abortion. This document will not reveal any documentation the attending be introduced into practice on August 24, physician had hospital admitting privileges. 2015, after North Carolina state-wide Medical record review did not reveal training of health care staff is completed. documentation if the physician did not have hospital admitting privileges. Medical record The Regional Director will conduct a review did not reveal any documentation the sample audit of twenty medical records patient was provided instructions for using the Abortion Patient & Physician post-procedure emergencies prior to obtaining 8/31/15 Informed Consent document by August consent. 31, 2105. 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. 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

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING AB0032 06/25/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1765 DOBBINS ROAD PLANNED PARENTHOOD OF CENTRAL NORTH CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) E 136 | Continued From page 2 E 136 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. 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. 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

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING AB0032 06/25/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1765 DOBBINS ROAD PLANNED PARENTHOOD OF CENTRAL NORTH CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) E 136 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.

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patient was provided post-procedure instructions

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: AB0032 B. WING 06/25/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1765 DOBBINS ROAD PLANNED PARENTHOOD OF CENTRAL NORTH CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) E 136 Continued From page 5 E 136 for 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. 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. 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 The referenced staff are primarily provided in the recovery area after the procedure. employed at a state tertiary care center 8/24/15 that uses risk-based screening policy for E 149 .0306(D) PERSONNEL RECORDS E 149 TB screening that we accepted. This riskbased policy does not require TB testing. 10A-14E .0306 (d) The governing PPSAT will amend our policy of annual authority shall be responsible for TB testing to include acceptance of riskimplementing health standards for based screening from state regulated employees, as well as contractual institutions by August 24, 2015. employees, which are consistent with

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: AB0032 B. WING 06/25/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1765 DOBBINS ROAD PLANNED PARENTHOOD OF CENTRAL NORTH CHAPEL HILL, NC 27514 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 149 Continued From page 6 E 149 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.