PRINTED: 10/01/2015 PRINTED: 10/01/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		ab0015	B. WING			
IAME OF F	PROVIDER OR SUPPLIEF	R STREET AD	DRESS, CITY, ST	TATE ZIR CODE	08/27/2015	
WOMA	N'S CHOICE OF GR	REENSBORO 2425 RAN	IDLEMAN RD BORO, NC 27			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	DEPLOTION	
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE COMPLE E APPROPRIATE DATE	
E 132	.0303 POLICIES	AND PROCEDURES	E 132	The Regional r Ind Director of Dervices implem	9/4/1	
	10A-14F 0303 TI	he governing authority		The Regional r	nanagev	
	shall prepare a ma	anual of clinic	a	ind Director of	Patient	
į	policies and proce	dures for use by		pervies implem polices for sele and exclusion	ented	
į	employees, medic	al staff, and	F	polices for sele	etion	
4 m		ians to assist them		nd exclusion	criteria	
	in understanding the responsibilities with		+f	or each type o	of abortion	
	organizational fran	nework of the	-	sel medet th	ne alinic	
	clinic. These shall	include:	F	reformed at the ind a protocolletermining	, 0	
	(1) Patient selection		10	and a protoco	1 tov	
į	criteria, and clinica criteria.	al discharge		leterminine	fe tal	
		cedure for each type		200		
	of abortion proced	ure performed at the	10	rse.		
İ	clinic.		:			
	(3) Protocol for del	termining fetal			,	
-	age. (4) Protocol for refe	erral of nationto				
<u>:</u> !	for whom services	have been declined.				
i	(5) Protocol for dis	charge			;	
		forms patients who	-,-			
	to contact for post- emergencies.	procedural				
	This Rule is not m	et as evidenced by:			•	
	Based on policy an	d procedure reviews and staff				
	miciviews, the facili policy for selection	lity staff failed to prepare a and exclusion criteria, for each				
	type of abortion co	mpleted at the center, and for				
	the protocol for det	ermining fetal age.			<u> </u>	
2	The findings includ					
;	_					
	Review of policies a	and procedures on 08/26/2015 les for selection and exclusion			i 4 1	
'	criteria, for each tvr	be of abortion performed at the			:	
(clinic or the protoco	of for determining fetal age.			;	
		nistrative Staff (AS) # 1 on				
on of Hea	alth Service Regulation	DER/SUPPLIER REPRESENTATIVE'S SIGN.	ATURE	aprilate and		
7 12	THE OWN ON THE VIE	LINGUI LILIN REPRESENTATIVE'S SIGN	AI UKE	TITLE	(X6) DATE	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: ___ COMPLETED ab0015 B. WING 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) E 132 Continued From page 1 E 132 08/26/2015 revealed there was no available policy documentation for selection and exclusion criteria, for each type of abortion performed at the clinic or the protocol for determining fetal age. Interview revealed the types of abortions performed were on the facility website. 9/3/15 A Womans Choice of Chreensboro updated the medical records, E 137 .0305(A) MEDICAL RECORDS E 137 10A-14E .0305 (a) A complete and for the surgical and medical procedures
The updated charts
provide a section
where the physicans
can sign consent for
each surgical or medical
abortion. There is 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 a section on the examination including identification chart for the physcian of pre- existing or current illnesses, to sign off on the nistory and physicial examation drug sensitivities or other idiosyncrasies having a bearing on the operative procedure or anesthetic to be administered. The Director of Patient Services will go over medical records daily to make sure information on the chart is filled out throughly and accurately. This Rule is not met as evidenced by: Based on closed medical record reviews and staff and physician interviews, the clinic staff failed to maintain a complete permanent record including a signed consent for each surgical abortion with signature of the physician performing the procedure in 7 of 10 procedures performed (#1, 3, 5, 6, 7, 9, 10); and the physician's authenticated history and physical examination

Divisio	n of Health Service R	egulation	-		FORM APPROVED
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		ab0015	B. WING _		08/27/2015
NAME O	F PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE COMPLETE
E 13	Continued From particles (H&P) in 8 of 10 surprocedures (# 2, 4, 1). The findings included 1. Review of medicipatient had a SAB (08/24/2015. Record documentation of a surgical procedure, signature of the phyprocedure. Interview with Admir 08/27/2015 revealed available of a signed procedure with signature of the procedure with signature of a signed procedure with signature of the procedure with signature of a signing/witnessing the procedure with MD # physician has not be consents. 2. Review of medicate patient had a MAB (I on 08/22/2015. Recommentation of the H&P. Interview with the ASH&P's have not been revealed if an H&P's would include a note.	ge 2 rgical or medical abortion 5, 6, 7, 8, 9, 10). ed: cal record #1 revealed the Surgical Abortion) on d review revealed signed consent for the but did not include the rsician performing the nistrative Staff (AS) # 1 on d there was no documentation d consent for the surgical ature of the physician edure. Interview revealed are have been ne consents. 1 on 08/27/2015 revealed the len signing the surgical al record #2 revealed the len signing the surgical al record #2 revealed the len signing the surgical al record #2 revealed the len signing the surgical len of review did not reveal len physician's authenticated if # 1 on 08/27/2015 revealed in consistently done. Interview lead on consistently done. Interview lead on on one of the physical examy done." 1 on 08/27/2015 revealed the len one of the physical examy done."	E 137	The Director of Service will aud medical recovers a month; picking five charts vand assurance. The doctor was about the char medical recovers	Patient dit once Somly lity
	physician had been r	eviewing the history obtained had not been consistently			; ;

Division	of Health Service Re	egulation			FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		ab0015	B. WING		08/27/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE	1 00/2/1/2015
A WOMA	N'S CHOICE OF GRE	ENSBORO 2425 RAI	NDLEMAN RE BORO, NC 2		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID		
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E 137	Continued From pa	ge 3	E 137		i
	patient had a SAB of revealed documenta the surgical procedu	ral record # 3 revealed the on 08/20/2015. Record review ation of a signed consent for ure, but did not include the sician performing the			
	there was no docume consent for the surge of the physician peri	S # 1 on 08/27/2015 revealed nentation available of a signed ical procedure with signature forming the procedure. linic staff/ counselors have sing the consents.			
to the second se	Interview with MD # physician has not be consents.	1 on 08/27/2015 revealed the een signing the surgical			
	patient had a MAB o	al record #4 revealed the in 08/14/2015. Record review nentation of the physician's			
	H&P's have not beer revealed if an H&P w	6 # 1 on 08/27/2015 revealed n consistently done. Interview vas done, documentation "PE (Physical Exam) done."			
	physician had been r	1 on 08/27/2015 revealed the eviewing the history obtained had not been consistently all patients.			
	patient had a SAB or revealed documentai	ol record #5 revealed the no 08/11/2015. Record review tion of a signed consent for re, but did not include the sician performing the eview did not reveal			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: ___ COMPLETED ab0015 B. WING_ 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 4 E 137 E 137 documentation of the physician's authenticated H&P. Interview with Administrative Staff (AS) # 1 on 08/27/2015 revealed there was no documentation available of a signed consent for the surgical procedure with signature of the physician performing the procedure. Interview revealed clinic staff/ counselors have been signing/witnessing the consents. Interview revealed H&P's have not been consistently done and if a H&P was done, documentation would include a note "PE (Physical Exam) done". Interview with MD # 1 on 08/27/2015 revealed the MD has not been signing the surgical consents. Interview revealed the MD had been reviewing the history obtained by the clinic staff, but had not been consistently completing a H&P on all patients. 6. Review of medical record #6 revealed the patient had a SAB on 08/04/2015. Record review revealed documentation of a signed consent for the surgical procedure, but did not include the signature of the physician performing the procedure. Record review did not reveal documentation of a physician's authenticated H&P. Interview with AS # 1 on 08/27/2015 revealed there was no documentation available of a signed consent for the surgical procedure with signature of the physician performing the procedure. Interview revealed clinic staff/ counselors have been signing/witnessing the consents. Interview revealed H&P's have not been consistently done and if a H&P was done, documentation would include a note "PE (Physical Exam) done".

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ab0015 B WING 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 5 E 137 Interview with MD # 1 on 08/27/2015 revealed the MD had not been signing the surgical consents. Interview revealed the MD had been reviewing the history obtained by the clinic staff, but had not been consistently completing a H&P on all patients. 7. Review of medical record #7 revealed the patient had a SAB completed on 07/22/2015. Record review revealed documentation of a signed consent for the surgical procedure, but did not include the signature of the physician performing the procedure. Record review did not reveal documentation of a physician's authenticated H&P. Interview with AS # 1 on 08/27/2015 revealed there was no documentation available of a signed consent for the surgical procedure with signature of the physician performing the procedure. Interview revealed clinic staff/counselors have been signing the consents. Interview revealed H&P's have not been consistently done and if a H&P was done, documentation would include a note "PE (Physical Exam) done". Interview with MD # 1 on 08/27/2015 revealed the MD had not been signing the surgical consents. Interview revealed the MD had been reviewing the history obtained by the clinic staff, but had not been consistently completing a H&P on all patients. 8. Review of medical record #8 revealed the patient had a MAB on 07/08/2015. Record review did not reveal documentation of the physician's authenticated H&P. Interview with the AS # 1 on 08/27/2015 revealed

Division of Health Service Regulation

H&P's have not been consistently done. Interview

Division	of Health Service Re	egulation			FORM	APPROVED	
STATEME AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		ab0015	B. WING		08/:	27/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
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	revealed if an H&P would include a note would include a note Interview with MD # physician had been by the clinic staff, by completing a H&P of the surgical procedusignature of the physician procedure. Record in documentation of a H&P. Interview with AS # there was no documentation of the physician performance in the physician physician in the physician physician in the physician physician	was done, documentation e "PE (Physical Exam) done." 1 on 08/27/2015 revealed the reviewing the history obtained at had not been consistently an all patients. cal record #9 revealed the an 07/21/2015. Record review ation of a signed consent for are, but did not include the sician performing the review did not reveal physician's authenticated 1 on 08/27/2015 revealed rentation available of a signed ical procedure with signature forming the procedure. Inic staff/ counselors have resents. Interview revealed a consistently done and if a alimentation would include a	E 137		- RIALE	DATE	
	patient had a SAB or revealed documental	cal record #10 revealed the n 03/25/2015. Record review tion of a signed consent for re, but did not include the ician performing the eview did not reveal					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED ab0015 B. WING 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) E 137 | Continued From page 7 E 137 documentation of a physician's authenticated H&P. Interview with AS # 1 on 08/27/2015 revealed there was no documentation available of a signed consent for the surgical procedure with signature of the physician performing the procedure. Interview revealed clinic staff/ counselors have been signing the consents. Interview revealed H&P's have not been consistently done and if a H&P was done, documentation would include a note "PE (Physical Exam) done". Interview with MD # 1 on 08/27/2015 revealed the MD had not been signing the surgical consents. Interview revealed the MD had been reviewing the history obtained by the clinic staff, but had not been consistently completing a H&P on all patients. The Director of Patient 9/3/15 Services created a detailed gob description for the Registered Mush The Staff at AWCG have E 147 .0306(B) PERSONNEL RECORDS E 147 10A-14E .0306 (b) Job Descriptions: (1) The facility shall have a written description which describes the duties of every position. (2) Each job description shall include a detailed gob description where mey will signoff position title, authority, specific responsibilities and minimum qualifications. Qualifications shall when their is a change in a gob description the Director of Patient Services will make surg include education, training. experience, special abilities and license or certification required. (3) The facility shall review annually and update all job descriptions, and shall provide a current copy to each employee or contractual employee assigned to the position. each employee windowstard and sign off on the xcb.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING: COMPLETED ab0015 B. WING 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) E 147 Continued From page 8 E 147 This Rule is not met as evidenced by: Based on personnel file review and administrative staff interview, the clinic failed to have evidence of employee job description available in 1 of 2 Registered Nurse (RN) employee files (RN#1). The findings include: Personnel file review of RN # 1 revealed a signed first page of a Nurse Aide Job Description. File review did not reveal a signed job description for a Registered Nurse. Interview on 08/27/2015 at 1600 with AS #1 (Administrative staff) revealed RN #1 personnel file did not include a job description for a RN. Further interview revealed AS # 1 could not locate an available copy of a RN job description in the facility. E 156 .0310 EMERGENCY BACK-UP SERVICES E 156 10A-14E .0310 The facility shall provide intervention for emergency situations. These provisions shall include but are not limited to: (1) Basic cardio-pulmonary life support: (2) Emergency protocols for: (a) Venous access supplies. (b) Air-way support and oxygen. (c) Bag-valve mask unit with oxygen reservoir, and (d) Suction machine; (3) Emergency lighting available in the operating room; and (4) Ultrasound equipment. This Rule is not met as evidenced by:

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Division of Health Service F	Regulation			PRINTED: 10/01/2015 FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT	TPLE CONSTRUCTION	(X3) DATE SURVEY
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E 156 Continued From page		E 156		0 01-1-1
Based on policy an	d procedure review,	į	A Womans Choice of	9/3/15
observation during	fours and staff intensions		Greenshoro had Dye	
Situations by failing	o provide for emergency to have a functioning backup		A Womans Choice of Greenshoro had Dye Barker Emergency	19 KT
light in Operating R	coom (OR) # 1.		Service are out to	replace
The findings include	eq.	÷ ÷	faulty equipment	,
Policy and procedu	re review revealed a policy as	; }	They will come out years to check 115 unless needed be for	3-5
ARIC, LIVILINGEING	T BACK-UP SERVICES	4	Years to check 115	冶
Auditiorial emerg	ency equipment is available in	1	unless needed be for	e .
lighting"	m including emergency		then.	D. 1: 1 0/2/15
		÷	The Diretor 8	aneig 41311
Observation during	tour on 08/26/2015 at 1300		Services impleAte	
work.	p lighting in OR # 1 did not	1	then. The Diretor of I Services implente an Emergence his log that will be sighed off month to ensure quality assurance:	L+
Interview with AS #	1 on 08/27/2015 at 1600) }	COS that WIII he	
revealed the back ni	p lighting in OR # 1 was not	\$ 1 1	SIGHED Off month	118
still functioning.	o o o o o o o o o o o o o o o o o o o		to ensure qualité	1
E 165 .0314 CLEANING O	EMATERIALO		absurance:	
EQUIPMENT	F IVIA I ERIALS AND	E 165		
10A-14E .0314 (a) A	ll supplies and			
equipment used in pa	atient care shall			-
, be properly cleaned	or :			
sterilized between us patients.	se for different			
(b) Methods of clean	ing handling			
and storing all supplie	es and equipment			
Strait he Shcu as to	•		-	
prevent the transmiss through their use.	sion of intection			
This Rule is not met	as evidenced by:			
pased on policy and r	Orocedure review review of			
Grannectant Solution n	Dantitacturorio autablica			
The remaining staff	interviews, the clinic failed			

Division of Health Service R				PRINTED: 10/01/20 FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONS A. BUILDING:	STRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STATE, Z	IP CODE	08/27/2015
A WOMAN'S CHOICE OF GRE	EENSBORO 2425 RA	NDLEMAN RD	, 5052	
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCE	BORO, NC 27406		
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instruments that spechemicals to be use B. failing to perform manufacturers' reconsterilization of the surface of the side of the surface of	emission of infection by: A. ies for the cleaning of surgical ecified the concentrations of ed for instrument cleaning, and biological testing according to ommendation for steam urgical instruments. Administrative Staff) #1 on revealed no policy for instruments. Administrative Staff) #1 on revealed no policy for instruments. Administrative Staff) #1 on revealed no policy for instruments. Administrative Staff) #1 on revealed no policy for instruments. Administrative Staff) #1 on revealed no policy for instruments. Administrative Staff) #1 on revealed no policy for instruments. Administrative Staff) #1 on revealed no policy for instruments. Administrative Staff) #1 on revealed no policy for instructions of no minimum no policy for a minimum no policy following inse the equipment or mersing it completely in us volumes of water. Each imum of one minute in wise noted by the device or inser. Use fresh portions of Discard the water for rinsing or it will be contaminated with	E 165 A) T. and Seva Cle. Sturge Pat Sturge dat	DEFICIENCY)	Managera/4/15 Patient verted w to I instrument eel and now nexts verted in ces ces

PRINTED: 10/01/2015 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED ab0015 B. WING 08/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE A WOMAN'S CHOICE OF GREENSBORO 2425 RANDLEMAN RD GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) E 165 Continued From page 11 H Womans Choice of Greensboro use Crobster Womans Choice E 165 water after soaking. Observation revealed amounts of water and solution were made by as their biological visualization not measurements. Surgical instruments were then placed on towel on shelf monitoring service. awaiting autoclave for sterilization. Observation of Prosstex nail them bottle of Glutaraldehyde revealed no opened date maxi test to on bottle. Further observation revealed no timer use quarterly to ensure auto clave or thermometer used for soaking of instruments. Further observation revealed a plastic container 1s working efficiently The Director of Patient Service will sitting on the counter with a blue lid. Other surgical instruments were observed sitting in clear liquid in the container. Interview of Certified Nursing Assistant (CNA) #1 make sure this is on 08/27/2015 at 1500 revealed no policy for amount of solution added to sink. "I fill the sink up do ne quarterly to with 1/2 water and 1/2 Glutaraldehyde. That is ensure quality what I was taught on orientation." Interview revealed instruments are left soaking until the assurance. next case, then rinsed and placed on towel for autoclave. Further interview revealed no specific The results are emailed or fax to the clinic. If there is a fullure the report is fax or emailed immediately with amount of time is used to soak instruments. Interview of AS #1 on 08/27/2015 at 1430 revealed there is a policy for cleaning tubing but no policy for cleaning surgical instruments. B. Policy and procedure review did not reveal a policy/ procedure on the autoclave for frequency

Interview during tour with AS # 1 on 08/26/2015

items are sterile after processing).

around 1330 revealed the clinic was using "a 3 strip biological monitoring service that provides increased testing accuracy." Interview revealed it

of biological/ spore testing (testing to ensure

autoclave (heat/ steam sterilizer) for sterilizing

Direct observation during tour revealed an

is a mail in service. ision of Health Service Regulation

instruments.

4TE FORM

a follow up phase

Vecent of report

call to verify

Division of Health Service F	Regulation			FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED
	ab0015	B. WING		
NAME OF PROVIDER OR SUPPLIER	STREET A		STATE, ZIP CODE	08/27/2015
A WOMAN'S CHOICE OF GR	EENSBORO 2425 RA	NDLEMAN R	RD :	
(X4) ID SUMMARY ST. PREFIX (EACH DEFICIENCE	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	DECTAL
TAG REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETE
E 165 Continued From pa	age 12	E 165	Rev1/23/15	11/23/13
The Centers for D (CDC)recomment heat sterilizers" Interview on 08/27/clinic sent their first after the clinic open results back yet. A told AS # 2 they show Follow-up interview had not located document acceptability of quality.	back of a testing package on ed "RECOMMENDED USE isease Control and Prevention and weekly spore testing of all 2015 with AS # 1 revealed the cone "last Thursday" (6 weeks ned) and had not received S # 1 stated the company had build do this quarterly. around 1530 revealed AS # 1 cumentation confirming reterly spore (biologic) testing.		A Womans Coreensburg Brological test from The man The man The man The done we ensure th clave is w efficiently. Will he edu about how Div Patient Se They will so clate the co protoco I sh to ensure to were privid the update information understand to use the to make su they are dure	Henry schein. Hest Will eckly to ne auto notions The start cafed notions tract special how notions
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