STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPLI	
		080052	B. WING	-	04/29	/2016
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, S	STATE, ZIP CODE		
	D PARENTHOOD	4551 YADI				
PLANNE			/ILLE, NC 2	PROVIDER'S PLAN OF CORRECT	ION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
Division of	10A-14E .0310 The intervention for em These provisions s not limited to: (1) Basic cardio-pu support; (2) Emergency pro (a) Venous access (b) Air-way support (c) Bag-valve mast reservoir, and (d) Suction machin (3) Emergency lighthe operating room (4) Ultrasound equality and the company of the provision of the fact of the findings included an expire oxygen reservoir (01/2008 (Byears 3) Emergency Cart. Interview during to Health Care Assis responsibility of the oensure supplies interview revealed for expired supplies there the HCA in where to find the details and the service of the service of the control of the c	tocols for: supplies, and oxygen, k unit with oxygen e; ating available in a; and alipment. tet as evidenced by: ation during tours and staff lity failed to ensure supplies for antions during emergency at expired and available for de: a tour on 04/29/2016 at 1300 and bag-valve mask unit with BVM) with expiration date of a months ago) in the our on 04/29/2016 at 1300 tant (HCA) revealed its the e nurses and the Clinic Director is in the cart are not expired. I monthly checks are performed as in the cart. Interview revealed or the Clinic Director knew expiration dates on the BVM.		On May 2, 2016, further eval of the bag valve mask (BVM information revealed the BV does not have any expiration. The BVM cited has instruction information within the bag. It date of the revision for the instruction pamphlet was 0.7 Please see attached copy. Confirmed that as part of our monthly emergency cart check clinician checks that the BV visibly in good condition and not need to be replaced. Si BMV does not have an expect date, the BVM will be replaced is found to no longer be in vigood condition.	//M itself on date. onal The ///////////////////////////////////	5.2.16
LABORATOR	RY DIRECTOR'S OR PROV	IDER/SUPPLIER REPRESENTATIVE'S SI	SNATURE	Drae: Jan ! ATA	1.12	(X8) DATE 3-2016
STATE/FOR	VVVII	ich	6889	President : CEO		ation sheet 1 of

STATEMEN	or meaith Service Re T of Deficiencies Of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	E CONSTRUCTION	(X3) DATE S	
		000050	B WING		04/21	9/2016
		080052			1 0412	3/2010
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD		STATE, ZIP CODE		
PLANNE	D PARENTHOOD	FAYETTE\	ILLE, NC 2		ON .	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
E 159	10A-14E .0312 (a) (1) No medication of the given except on physician. (2) Medications must in accordance with Act of the State of and must be record permanent record. This Rule is not m Based on policy an observation during facility failed to ensadministration were patient care. The findings include Review of the facilimaintenance of ste November 2013 resterilized and pack until package is op an expiration date if expired" Observation during the medication sto (3 boxes) of BD (1 needles expired (2 months, 1 box expone box (1 box) of with 25 guage x 5/2 years and 2 mon	or treatment shall written order of a set be administered the Nurse Practice North Carolina, ded in the patient's set as evidenced by: deprocedure review, tours and staff interviews the sure supplies for medication e not expired and available for serilized supplies", Implemented evealed " Commercially aged items that state "sterile sen or compromised" may have check and dispose of properly group tour on 04/29/2016 at 1300 of rage area revealed three boxes or and) 25 gauage x 1 inch boxes expired 07/2015- 9 sired 01/2016- 3 months) and Terumo (brand) 1cc syringes 8" needle expired 02/2014 (ths).	E 159	Regarding expired equipmer including needles and syring expired supplies were remove and disposed of on April 29t 2016. The HCM or her design will perform a comprehensive of all supplies on a monthly (see attached audit tool), may sure to remove and discard expired supplies. She will contain this audit monthly until 100% compliance has been achieved a minimum of 3 months, the least quarterly thereafter.	ges, all ved h, gnee e audit basis aking any ontinue 6	4.29.16
	Interview during to	our on 04/29/2016 at 1300				

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER. AND PLAN OF CORRECTION A. BUILDING: 04/29/2016 080052 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4551 YADKIN ROAD** PLANNED PARENTHOOD **FAYETTEVILLE, NC 28303** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE in (X4) ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) E 159 E 159 Continued From page 2 Health Care Assistant (HCA) revealed its the responsibility of the nurses and the Clinic Director to ensure supplies in the cabinet are not expired. E 165 .0314 CLEANING OF MATERIALS AND 4,29.16 Regarding expired suction **EQUIPMENT** curettes, all expired supplies were removed and disposed of on April 10A-14E .0314 (a) All supplies and 29th, 2016. The HCM or her equipment used in patient care shall be properly cleaned or designee will perform a sterilized between use for different comprehensive audit of all patients. supplies on a monthly basis (see (b) Methods of cleaning, handling. attached audit tool), making sure and storing all supplies and equipment to remove and discard any expired shall be such as to prevent the transmission of infection supplies. She will continue this through their use. audit monthly until 100% compliance has been achieved for This Rule is not met as evidenced by: a minimum of 3 months, then at Based on policy and procedure review, observation during tours and staff interviews the least quarterly thereafter. facility failed to ensure supplies for surgical procedures were not expired and available for patient care. The findings include: Review of the facility procedure "Procedure: for maintenance of sterilized supplies", implemented November 2013 revealed "... Commercially sterilized and packaged items that state "sterile until package is open or compromised" may have an expiration date- check and dispose of properly if expired..." Observation during tour on 04/29/2016 at 1325 revealed Eleven (11) Curettes size 11mm (millimeter) expired 03/2016 (1 month) and Fifteen (15) Curettes size 10 mm expired 02/2014

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	of Health Service Re				X3) DATE SURVEY
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING: _		
		080052	B. WING		04/29/2016
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE	į.
*			KIN ROAD		
PLANNE	D PARENTHOOD		VILLE, NC 28	303	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
E 165	Continued From pa	age 3	E 165		
	(2 years 2 months)				
					:
	Interview during to	ur on 04/29/2016 at 1325 with			
	Clinic Director reve	ealed it is ultimately her sure all supplies are not			
	responsibility to en expired Interview (revealed that health care staff			- -
	are to perform end	of the month monthly checks			· ·
:	to ensure there are	e no expired supplies.	}		
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Ambu#



Directions for use

Ambu® SPUR® II

Adult, Pediatric and Infant Single Patient Use Resuscitator with oxygen tubing, reservoir bag/reservoir tubing, MediPort, manometer port and pressure limiting valve (Adult version both with and without manometer port and pressure limiting valve). Available with or without face masks.

Non-sterile

These directions for use may be updated without further notice. Copies of the current version are available from the manufacturer.

For use by CPR trained personnel only

The resuscitator must be unpacked and prepared for immediate use before it is placed ready for use in emergency situations:

- If the resuscitator is packed in a compressed state, unfold the resuscitator by pulling on the patient valve and the inlet valve (if the resuscitator is supplied with a bag reservoir, do not pull this, tearing may occur).
- 2. Make a brief functional check as described in paragraph 8 of this manual
- 3. Fit the face mask. Supply pharyogeal alrways and other equipment prescribed for the intended standby location and place all (tems in the plastic bag supplied with the resuscitator. The integrity of kits issued for storage ready for use should be inspected at the interval established by your local protocol.
- 4. Single patient use resuscitator, no service required.

A CAUTION

Make sure that the resuscitator is never stored in a deformed state other than as folded when delivered by the manufacturer. The folding zone is clearly visible on the bag (only Adult and Pediatric versions may be folded). Otherwise permanent distortion of the bag will occur which may reduce the ventilation efficiency.

Ambu A/S

U.S. patent 5.163.424

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Manufacturer:
Ambu A/S
Baltopbakken 13
DK-2750 Ballerup
Denmark
El:: +45 72 25 20 00
Fax:: +45 72 25 20 50
Email: ambu@ambu.com

www.ambu.com

Subsidiary: Ambu Inc. 6740 Baymeadow Drive Glen Burnle, MD 21060 USA Tel.: (410) 768 6464 Customer service: 1-800 ambu inc Fax: 1-800 ambu ord www.ambu.com

These directions for use may be updated without further notice.

Copies of the current version are available from the manufacturer.

Ambu ^a and SPUR^b are registered trademarks of Ambu AVS; Denmark. Ambu AVS is certified according to ISO 9001 and ISO 13485. 492 2200 31 - 01/2008 - Version 1,3,2 • Printed in Chira

Planned Parenthood Care. No matter what	Planned Parenthood South Atlant Date:
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Expiration Date Audit

Completed By: Site: 1.2

supplies. Mark N/A if listed item is not present. Write in the names of any additional medications or supplies not already listed. Document expiration date(s) of Instructions: Audit to be performed monthly until 100% compliance, then may be performed quarterly. Check the designated areas for medications and/or all medications and supplies. Items with only Month/Year expiration date should be considered to expire on the last day of the expiration month. Purpose: To check the expiration dates of the current stocks of medications and supplies and remove all expired items.

- Items with soonest expiration should be rotated to front to be used first (true for all sterilized items as well)
- Items that have an expiration date within the next three months should be brought to the attention of the HCM.
- Any expired supplies or medications should be removed from circulation and disposed of per protocols after notifying HCM.

Expiration Date Audit- Exam Rooms

		Expiration date(s)	
Supplies/Medications	Exam Room 1	Exam Room 2	Exam Room 3
Monsels			
Hibiclens			
Betadine			
Thin Prep vials			
Sterile supplies: gloves			
Sterile supplies: Curettes			
Sterile supplies: gauze		The state of the s	
		A Company of the Comp	

Expiration Date Audit - Cleaning Materials

Cleaning Materials	Expiration date(s)
Bleach	
Cavicide	
RevitalOx Control Strips	
RevitalOx Solution	
Dial Antibacterial Soap	
Maxizyme (wipes, spray, solution)	
Sporox Solution	
Sporox Control Strips	

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Expiration Date Audit

Expiration Date Audit – Lab Room(s)

	17-17-17-17-17-17-17-17-17-17-17-17-17-1
Lab Supplies	Expiration date(s)
Lavender top tubes	
Tiger top tubes	
Thin Prep vials	
Pathology kits	
GC/CT Swabs	
Viral Culture Swabs	
Genital Culture Swabs	
Pregnancy test controls (high & low)	
Pregnancy tests – high sensitivity	
Pregnancy tests – low sensitivity	
Rapid HIV control	
Ranid HTV test	
Rh EldonCards	
Rh controls – Panoscreen/Surgiscreen	
Rh controls – Slide Reagent (Anti-D)	
Urine controls	
Urine dipstick	
Needles	
Svringes	
- Constitution of the cons	
Microscope	Expiration date(s)
Nitrazine test strips (expire 6 months after	
Saline Solution	
Potassium Chloride (KOH)	

Expiration Date Audit Expiration Date Audit – Pharmacy Room(s) (Emergency supply expiration dates tracked on Emergency Cart Inventory)

	, ,
Birth Control (non-refrigerated)	Expiration date(s)
Condoms	
Chateal	
I.VZA	
Tarina Fe 1/20	
Mononessa	
Trivora	
EContra EZ	
Ella	
Nexplanon	
Liletta	
Mirena	
Paragard	
Skyla	
Medications - Refrigerated	Expiration date(s)
DepoProvera	
Nuva Ring	
Flu vaccine	
Gardasil Vaccine	
Hepatitis B vaccine	
Tuberculin (Tubersol)	
Methergine	
MicRhoGAM 50mcg	
RhoGAM 300mcg	

Page 4 of 4

Expiration Date Audit

101.0	Evniration date(s)
Medications - Other Oral	(c) ann Hornwort
Acetaminophen	
Azithromycin 1 or 2 tabs	
Ciprofloxacin	
Doxycycline	
Fluconazole	
Ibuprofen	
Metronidazole 1, 4 or 14 tabs	
Mifepristone	
Misoprostol	
Ondansetron (Zofran)	
Promethazine (Phenergan)	
Sulfamethoxazole-Trimethoprim DS	
Medications – Other Injectable	Expiration date(s)
Ceftriaxone (Rocephin)	
Fentanyl	
Ketorolac (Toradol)	
Lidocaine	
Midazolam (Versed)	
Sodium Bicarbonate	
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Date:_ Health Center Manager Review: