REC'D SEP 2 1 2016 PRINTED: 09/06/2016 FORM APPROVED 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: B. WING ab0015 08/18/2016 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 (X4) ID ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) E 000 Initial Comments E 000 An unannounced on site recertification survey was conducted on August 17 - August 18, 2016 to review the NC Rules Governing the Certification of Clinics for Abortions. Deficiencies were found in the areas of .0311(a) Surgical Services. E 157 .0311(A) Surgical Services E 157 10A-14E .0311(a) The procedure room shall be maintained exclusively for surgical procedures and shall be so designed and maintained to provide an atmosphere free of contamination by pathogenic organisms. The clinic shall establish procedures for infection control and universal precautions. This Rule is not met as evidenced by: Based on review of the facility's policy and procedures, observation and staff interview, the facility staff failed to discard expired medication and supplies, label medication vials and label prefilled syringes. The findings included:

Review on August 17, 2016 of the policy and procedure revealed no formal policy for checking supplies expiration dates and discarding expired supplies and medications. Review on revealed no formal policy for labeling opened medication vials and labeling prefilled syringes.

1. Observation on August 17, 2016 at 1130 in the supply room revealed 2 boxes of size 7 - Criterion Surgeons Gloves with an expiration date of 4/16 (April, 2016) on the shelf. Observation revealed one box contained 50 packs of gloves and the

Criterion Surgeon Gloves size 7 with expiration date of 4/2016 quantity #67 packs were wasted upon verification of expiration.

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

Director of Patient Services

NP98/11

Division of Health Service Regulation					
STATEMENT OF DEFICIENCIES (X1) P		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		D BE COMPLETE		
E 157	Continued From pa	ge 1	E 157		
	other contained 17 packs of gloves. Interveiw on August 17, 2016 at 1325 during tour with Staff #1, the Office Manager, revealed the expiration dates were not checked. Interview revealed she was responsible for ordering and checking expirations dates. Interview revealed the surgeons gloves would be discarded. 2. Observation on August 17, 2016 at 1130 in Operating Room (OR) #2 revealed 10 packs of size 7 - Criterion Surgeons Gloves with an expiration date of 4/16 (April, 2016) on the shelf. Interveiw on August 17, 2016 at 1325 during tour with Staff #1, the Office Manager, revealed the expiration dates were not checked. Interview revealed she was responsible for ordering and checking expirations dates. Interview revealed		E157 #1 cont'd Corrective action policy in place (8) received. Upon receipt of supplies, checked by the Director of Patient items are near expiring, they will b manufacturers. The Director of Paperform an inventory check month that are near their expiration date. E157 #2 Criterion Surgeon Gloves size 7 wit 4/2016 quantity #10 packs were we Patient Services upon verification of E157 #2 Corrective action policy in place (8) received. Upon receipt of supplies, checked. In the event, items are near their expirations of the manufacturers. The		ration dates will be ices. In the event, urned to the Services will also include a list of items biration date of by the Director of piration.
	3. Observation on A Operating Room (O size 7 - Criterion Su expiration date of 4// Interveiw on August with Staff #1, the Of expiration dates we revealed she was rechecking expiration the surgeons gloves Observation on Aug Nurses station reverse the effects of the operation of the surgeons gloves	s would be discarded. August 17, 2016 at 1130 in PR) #1 revealed 6 packs of argeons Gloves with an V16 (April, 2016) on the shelf. 17, 2016 at 1325 during tour ffice Manager, revealed the re not checked. Interview esponsible for ordering and s dates. Interview revealed s would be discarded. Just 17, 2016 at 1130 in aled two 5 ml (milliliter) vials zanil (medication used to of narcotics) in the emergency evealed the medication expired		include a list of items that are near their E157 #3 Criterion Surgeon Gloves size 7 with ex 4/2016 quantity #6 packs were wasted Patient Services upon verification of ex E157 #3 Corrective action policy in place (8/19/2 received. Upon receipt of supplies, exp checked. In the event, items are near exreturned to the manufacturers. The Dir Services will also perform an inventory include a list of items that are near their e157 #3 Flumazanil 0.1mg/ml vials with expiration quantity #2 vials were wasted by the Requerification of expiration.	piration date of by the Director of piration. 2016) for inventory iration dates will be expiring, they will be ector of Patient check monthly to r expiration date.

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING ab0015 08/18/2016 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 (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 157 E 157 Continued From page 2 E157 #3 Corrective action policy in place (8/19/2016) for BAYAN crash Interveiw on August 17, 2016 at 1325 during tour cart expiring medication and all other medication. In the with Staff #2, a Registered Nurse, revealed the event, items are near expiring, BANYAN will ship the new expiration dates were not checked. Interview item to us. In return we will ship them the expired product. revealed she was responsible for ordering The Registered Nurse will also perform an inventory check checking expirations dates. Interview revealed monthly to include a list of items that are near their the medication would be discarded. expiration date. The Director of Patient Services will monitor the inventory check to ensure that all medication and other 4. Observation on August 17, 2016 at 1320 during items are within their expiration date. tour in the nurses station revealed three filled 10 E157 #4 cc (cubic centimeters) syringes labeled lidocaine Corrective action policy in place (8/19/2016) by the Director (numbing medication). Observation revealed of Patient Services. Labels will be affixed to syringes prior to there was no date or time of when the medication drawing up medication by the CNA/CMA/RN. The label will were drawn up, and, no initials indicating who include the date, time and initials of the staff who drew up drew it up. Further interview revealed the syringes the medication. Label will also include the recipe for the contained a 9:1 Lidocaine and Sodium mixture "Lidocaine/Sodium Bicarbonate 10:1". The Director Bicarbonate mixture (9 parts lidocaine to 1 part of Patient Services will monitor the competency of all staff to sodium bicarbonate). ensure that this protocol is followed. Interveiw on August 17, 2016 during tour with Staff #1, the Office Manager, revealed the E157 #4 medication in the syringes were good for two Staff will be trained by the Doctor on their competency to days. Interview revealed the syringes and pre-draw syringes with Lidocaine/Sodium Bicarbonate medication were discarded and new syringes Mixture. Competency will be signed off by the physician and were drawn up every two days. Interview revealed monitored monthly by the Director of Patient Services to there were no documented competency for ensure quality assurance. CMA's mixing or drawing up medications. Intervelw on August 17, 2016 during tour with E157 #4 staff #3, a Certified Medial Assistant (CMA), Corrective action policy in place (8/19/2016) by the Director revealed she drew the medications up. Interveiw of Patient Services. Labels will be affixed to syringes prior to revealed the medications were drawn up two drawing up medication by the CNA/CMA/RN. The label will days ago. Interview revealed the doctor taught include the date, time and initials of the staff who drew up her how to mix the medication and draw it up. the medication. Label will also include the recipe for the Interview revealed there was a card with the mixture "Lidocaine/Sodium Bicarbonate 10:1". The Director recipe for how to mix the medications. Intervelw of Patient Services will monitor the competency of all staff revealed the medications should have been to ensure that this protocol is followed. dated, timed and the initialed when the medication was drawn up.

Interview with Staff #2, a Registered Nurse (RN),

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NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY	STATE, ZIP CODE	·	
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	AN'S CHOICE OF GRE	ENSBORO GREENSI	BORO, NC 2	27406		
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E 157	Continued From pa	ge 3	E 157			
	revealed the prefille labeled appropriate	ed medications were not ly.				
	with Staff #4, a doc competency by wat medication. Interviews should have been let the initials of the perinterveiw revealed (and, the syringes of the mixture in the symixture of Lidocaine reduced burning and tour in the nurses of (cubic centimeters) (baking soda solution Lidocaine (numbing Observation revealed of when the medical	or on August 18, 2016 at 1230 ator, revealed she confirmed taching the CMA's draw up are revealed the syringes abeled with a date, a time and arson drew up the medication. CMA's were taught to do this, should have been labeled with yringes. Interview revealed the e and Sodium Bicarbonate and discomfort when injected. August 17, 2016 at 1320 during tation revealed two 50 cc vials of Sodium Bicarbonate on) and one 50 cc vial of 1% a medication) in a drawer. The ed there was no date or time ation was opened, and, no no opened the medication.		E157 #4 Staff will be trained by the Doctor on the pre-draw syringes with Lidocaine/Sodiu Mixture. Competency will be signed off and monitored monthly by the Director to ensure quality assurance E157 #5 Corrective action policy in place (8/19/2 of Patient Services. Labels will be affixed drawing up medication by the CNA/CM/4 include the date, time and initials of the the medication. Label will also include the mixture "Lidocaine/Sodium Bicarbonate Patient Services will monitor the compeensure that this protocol is followed.	m Bicarbonate by the physician of Patient Services 016) by the Director Ito syringes prior to A/RN. The label will staff who drew up he recipe for the 10:1". The Director of	
	Staff #1, the Office no documented condrawing up medicated Interveiw on August staff #3, a Certified revealed she drew to prefilled syringes frou Interveiw revealed swere opened. In were not dated, time revealed the doctor medication and drawn.	t 17, 2016 during tour with Medial Assistant (CMA), the medications up the om the vials in the drawer. She could not recall when the Interview confirmed the vials ed or initialed. Interview taught her how to mix the wit up. Interveiw revealed		E157 #5 Staff will be trained by the Doctor on the pre-draw syringes with Lidocaine/Sodiun Mixture. Competency will be signed off be monitored monthly by the Director of Palensure quality assurance E157 #5 Corrective action policy in place (8/19/20 affixed to vials by the CNA/CMA/RN prior label will include the date, time and initial opened up the medication. Label will also shelf life will be reached. The Director of monitor the competency of all staff to er	n Bicarbonate by the physician and tient Services to 016). Labels will be r to opening. The als of the staff who bo include the date Patient Services will	
		th the recipe for how to mix erview revealed she was able		protocol is followed.	isure that this	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	:	CONFLETED			
	ab0015	B. WING		08/18/2016			
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE				
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E 157 Continued From pa	age 4	E 157		Account to the control of the contro			
to describe the pro- medication from the Inteview revealed S the process used for syringe. Interview on Augus Staff #2, a Register vials were not label Telephone interview with Staff #4, a doc competency by wat medication and dra Interview revealed and, the vials and the appropriately labeled the date, the time a	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TO Continued From page 4 to describe the process used for withdrawing medication from the vials and mixing them. Inteview revealed Staff #3 was able to describe the process used for drawing up a prefilled		CROSS-REFERENCED TO THE APPROPRIATE D				