If continuation sheet 1 of 4

Division	of Health Ser	vice R	egulation			1 010	IAFFROVED
	IT OF DEFICIENC OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	E CONSTRUCTION		SURVEY PLETED
			AB0007	B. WING		05/	31/2018
NAME OF P	ROVIDER OR SU	PPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
LIAIIMA	RK WOMEN'S	CLIMIC	1919 GILL	ESPIE STRE	EET / MIU		
HALLINA	KK WOMEN S	CLIM	FAYETTE\	/ILLE, NC 2	8306	C.	
(X4) ID PREFIX TAG	(EACH DEI	ICIENC'	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
E 163	.0313(C) Po	st-Ope	rative Care	E 163			
	documented (1) the stable blood	prior patie press	The following criteria shall be to discharge: nt shall be ambulatory with a ure and pulse; and and pain shall be controlled.				
	Based on m interviews, t patients' pa procedure (edical the nur in leve SAB) r	net as evidenced by: record reviews and staff rsing staff failed to document I for 5 of 5 surgical abortion patients sampled prior to t #1, #2, #3, #4 and #5)				
	05/31/2018 05/18/2018	nedica revea . Revi	de: record review of patient # 1 on led the patient had a SAB on ew revealed no documentation nt prior to patient discharge.		We pre now to New medical recording location required to eating required information discharge con pain and bliedy	ssing rds. Who	b 15-18
	Administrar charts. Intermedical required in Interview re requirement discharge performs of usually ide	tor review cord format eveale criteria chart au ntified	1/18 at 1130 with Clinic ealed they were using old revealed there is nowhere in the r the nurses to document the ion on the medical record. In the nurses are aware of the patients need to meet for a linerview revealed she udits and missing information is 1/2018 at 1205 with RN #1		Check patient C Making some all Ch Complete	lole hacks reads	
	(Registere needs to o the discha usually do	ed Nurs document arge criscourner	se) revealed she is aware she ent pain and bleeding as a part of teria. Interview revealed she at a "free hand" in the blanks.	of	Steets. For qual Then Review know WITZ RN	top.	
Division of LABORAT	of Health Service	Regulati OR PR	DVIDER/SUPPLIER REPRESENTATIVE'S	SIGNATURE	TITLE		(X6) DATE

7ZGW11

STATE FORM

PRINTED: 07/03/2018 FORM APPROVED

Division	of Health Service F	tegulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMF	SURVEY LETED
		AB0007	B. WING		05/3	1/2018
HALLMA	PROVIDER OR SUPPLIEF	IC 1919 GIL FAYETTI	DDRESS, CITY, S LLESPIE STRE EVILLE, NC 2	EET	CTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETE DATE
E 163	Interview on 05/3 Administrator review medical record for required informat Interview reveale requirements the discharge criteria performs chart ausually identified Interview on 05/3 revealed she is a pain and bleedin criteria. Interview it "free hand" in tunknown why she	s1/18 at 1130 with Clinic ealed they were using old revealed there is nowhere in the or the nurses to document the ion on the medical record. If the nurses are aware of the patients need to meet for an interview revealed she udits and missing information is	nts	WE Are now vor Medial records who losether for regular du plus blooding. This to be completed to The physician w Sign of OR In Daily Streets Then will Pain Ren will Pain RN.	dremeter LN.	6.1528

Division of Health Service Regulation

STATE FORM

7ZGW11

	of Health Sen		(X1) PROVIDER/SUPPLIER/CLIA	(X2) Mili Tipi	E CONSTRUCTION	(X3) DATE	SURVEY
1 (11)		IDENTIFICATION NUMBER:	' '			LETED	
			AB0007	B. WING		05/3	1/2018
ME OF P	ROVIDER OR SU	PPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ALI BEAT	RK WOMEN'S	CLIMI	1919 GILL	ESPIE STRE	ET		
MLLWAP	// AACINEM.2		FAYETTE	VILLE, NC 2	8306		
(X4) ID PREFIX TAG	(EACH DEF	ICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLE DATE
E 163	Continued F	om p	age 1	E 163			
	documented reviewed.	the p	ain assessments on all records				
	05/31/2018 05/17/2018. of pain asse Interview on Administrate charts. Intermedical recrequired information in the control of t	operations of the contract of	record review of patient # 2 on ed the patient had a SAB on ew revealed no documentation in prior to patient discharge. 1/18 at 1130 with Clinic ealed they were using old evealed there is nowhere in the revealed there is nowhere in the revealed there is nowhere in the revealed the murses are aware of the patients need to meet for an interview revealed she addits and missing information is 1/2018 at 1205 with RN #1 ware she needs to document as a part of the discharge revealed she usually document as a part of the discharge revealed she usually document in blanks. Interview revealed in had not documented the pain all records reviewed. all record review of patient # 3 or aled the patient had a SAB on view revealed no documentation ent prior to patient discharge. //31/18 at 1130 with Clinic vealed they were using old revealed there is nowhere in the or the nurses to document the ation on the medical record. The triangle of the patients are aware of the expatients need to meet for	is and the second secon	WE are now Using Medical records who trequest Information, Criteria pana and Quemention to be Ce R. N. Will doubte all chants to me all are completed The physician will sign of Inic Charles Fore Gir Then will Ruffin Charle quarte in RN	ike su	

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DIVISION	or Health Serv	/ice K	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BUILDING:		COMP	LETED		
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			AB0007	B. WING		05/3	1/2018
					TATE ZID CODE		
NAME OF F	PROVIDER OR SU	PPLIER			STATE, ZIP CODE]
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1 I/ Chalestry C		V	FAYETTE	VILLE, NC 2	8306		
(X4) ID	SUMM	ARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5) COMPLETE
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E 163	Continued F	rom pa	age 2	E 163			
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	1 -	1	dits and missing information is				
	usually ident	ified.					
		}		1			
			/2018 at 1205 with RN #1				
		1	vare she needs to document	1			
			as a part of the discharge	-			
			revealed she usually document	s]] ']
	it "free hand	in the	e blanks. Interview revealed				11
	unknown wi	y she	had not documented the pain				
			all records reviewed.				
					Ms are now USI medial records who location for regard of discharge Critaria, Thus document to the by P.N. Physian will Reach Streets For Runter. Then we Revew quaterly her RN.	1 hew	
	4. Closed m	edica	I record review of patient # 4 or	.	MB are	J	
			led the patient had a SAB on		investight versets who	h Ine	Acil
			ew revealed no documentation		Treates Tours	im had	
			ent prior to patient discharge.		location for regular	MANAGE	11.1
	o, pam doo		gov	1	duchase Criture	Dain 0	ared
	Interview	05/	31/18 at 1130 with Clinic		Ciscion City	N. N.	1011
			ealed they were using old		This document to	or com	Mers
			revealed there is nowhere in the	<u> </u>	211	,	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or the nurses to document the	~	by KN		
			ion on the medical record.		will leave	ew	
			d the nurses are aware of the		Prusiar In	a	
			patients need to meet for	1	Auch SHEED 1012	ر بو	
1			a. Interview revealed she		Then we	u	
l			udits and missing information is	.	quater.	-7	
	usually ide			'	1 Dr. w. C. atraly h	١١١٠	
İ	usually lue	liunea	-	ļ.	viciven quality		11
	Interdes	DEI	24/2019 at 1205 with DN #4		RNU		
			31/2018 at 1205 with RN #1		V.		
			aware she needs to document				
			g as a part of the discharge				
			v revealed she usually documen	nts	-		
	1	- 1	the blanks. Interview revealed	•			
			ne had not documented the pair	1			
			all records reviewed.				
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	5 Closed	medic	cal record review of patient # 5	on l			
			ealed the patient had a SAB on	- I			
1			eview revealed no documentation	n			
1				71			
			nent prior to patient discharge.				+
Division	of Health Service	Regula	tion			` If co	ntinuation sheet 3 o