

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AB0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2019
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NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE OF CHARLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 421 WENDOVER ROAD CHARLOTTE, NC 28211
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E 131	<p>.0302 Governing Authority</p> <p>10A NCAC 14E .0302</p> <p>(a) The governing authority, as defined in Rule .0101(6) of this Subchapter, shall appoint a chief executive officer or a designee of the clinic to represent the governing authority and shall define his or her authority and duties in writing. This person shall be responsible for the management of the clinic, implementation of the policies of the governing authority and authorized and empowered to carry out the provisions of these Rules.</p> <p>(b) The chief executive officer or designee shall designate, in writing, a person to act on his or her behalf during his or her absence. In the absence of the chief executive officer or designee, the person on the grounds of the clinic who is designated by the chief executive officer or designee to be in charge of the clinic shall have access to all areas in the clinic related to patient care and to the operation of the physical plant.</p> <p>(c) When there is a planned change in ownership or in the chief executive officer, the governing authority of the clinic shall notify the Division in writing of the change.</p> <p>(d) The clinic's governing authority shall adopt operating policies and procedures that shall:</p> <p>(1) specify the individual to whom responsibility for operation and maintenance of the clinic is delegated and methods established by the governing authority for holding such individuals responsible;</p> <p>(2) provide for at least annual meetings of the governing authority, for which minutes shall be maintained; and</p> <p>(3) maintain a policies and procedures manual designed to ensure professional and safe care for the patients which shall be reviewed, and revised when necessary, at least annually, and shall include provisions for administration and</p>	E 131	<p>Front Desk Assistant is in training to cover in clinic manager's absence</p> <p>Policy and Procedures manual has been updated to reflect all necessary updates.</p> <p>Clinic Manager will review Policies and training quarterly</p>	<p>9-15-19</p> <p>9-10-19</p>

Division of Health Service Regulation

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

Stavla Moore

TITLE

Clinic Manager

(X6) DATE

9-7-19

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E 131	<p>Continued From page 1</p> <p>use of the clinic, compliance, personnel quality assurance, procurement of outside services and consultations, patient care policies, and services offered.</p> <p>(e) When the clinic contracts with outside vendors to provide services such as laundry, or therapy services, the governing authority shall be responsible to assure the supplier meets the same local and state standards the clinic would have to meet if it were providing those services itself using its own staff.</p> <p>(f) The governing authority shall provide for the selection and appointment of the professional staff and the granting of clinical privileges and shall be responsible for the professional conduct of these persons.</p> <p>(g) The governing authority shall be responsible for ensuring the availability of supporting personnel to meet patient needs and to provide safe patient care.</p> <p>This Rule is not met as evidenced by: Based on review of facility policies and procedure, observation during tour, and staff interviews, the governing authority failed to provide oversight for narcotic counts of 1 of 4 narcotic medications.</p> <p>Findings include:</p> <p>Review on 08/08/2019 of the facility policy titled, "Medication Verification and Count Policy and Procedure" with no date revealed, "All controlled substances will be counted daily. RN/LPN [registered nurse/licensed practical nurse] along with a witness will count medications at the start of the clinic day and again at the end of the clinic day and signed by RN/LPN and witness. [sic] Count opened containers as well as all unopened</p>	E 131		

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E 131	<p>Continued From page 2</p> <p>containers must be counted and logged into the medication log. If there is a discrepancy the medication will be counted again with an additional witness and reported to the MD [medical doctor] and Manager on duty. Discrepancies will be documented and submitted to the manager for audit of medication and medical records."</p> <p>Observation during tour on 08/07/2019 at 1600 revealed RN #1 provided the "Butorphanol Tartrate Tracking Log". Review of the "Butorphanol Tartrate Tracking Log" revealed the facility should have 6 unopened boxes of Butorphanol Tartrate (10 vials per box) in the safe and 1 opened box containing 2 vials in the removable lock box. Review revealed the beginning count of "10" was on 04/18/2019 and the last count was "2" on 05/18/2019. Observation revealed a discrepancy in the available Butorphanol Tartrate. Documentation indicated 62 vials should be on hand, while the actual observed on hand count was 43 vials.</p> <p>Interview on 08/07/2019 at 1600 with RN (registered nurse) #1 revealed she was the primary RN in the clinic as of 07/25/2019. Interview revealed RN #1 did not count the Butorphanol Tartrate as she does not use it. Interview revealed RN #1 counted the other Narcotic medications used in the clinic on 07/25/2019. Interview confirmed that there was a discrepancy in the count for Butorphanol Tartrate.</p> <p>Interview on 08/08/2019 at 0950 with Clinic Manager confirmed that there was a discrepancy in the count for Butorphanol Tartrate.</p>	E 131	<p><i>Clinic manager does witness daily count with RN at beginning and ending of each shift.</i></p> <p><i>Once investigated with the assistance of two RN's by auditing 302 patient charts. All vials of Butorphanol Tartrate have been accounted for and discrepancy in tracking or documentation has been reported to NC Board of Nursing.</i></p>	9-6-19

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E 146	Continued From page 3	E 146		
E 146	<p>.0306(A) Personnel Records</p> <p>10A NCAC 14E .0306</p> <p>(a) Personnel Records:</p> <p>(1) A record of each employee shall be maintained that includes the following:</p> <p>(A) employee's identification;</p> <p>(B) application for employment that includes education, training, experience and references;</p> <p>(C) resume of education and work experience;</p> <p>(D) verification of valid license (if required), education, training, and prior employment experience; and</p> <p>(E) verification of references.</p> <p>(2) Personnel records shall be confidential.</p> <p>(3) Notwithstanding the requirement found in Subparagraph (b)(2) of this Rule, representatives of the Division conducting an inspection of the clinic shall have the right to inspect personnel records.</p> <p>This Rule is not met as evidenced by: Based on review of policy and procedures credential files reviews, physician schedules and staff interview, the clinic failed to assure annual registration of the physician with the North Carolina Board of Pharmacy (NCBOP) for 1 of 3 dispensing physicians (Physician #1) performing performing abortions.</p> <p>Findings include:</p> <p>Review of facility policy on 08/08/2019 revealed "[facility] Credentials for Medical Doctors" (no date) revealed a list of items on a "MD File Checklist will be reviewed and updated annually" that included "NCBOP (North Carolina Board of</p>	E 146	<p>Annual Registration for MD is updated and all files are complete. Clinic Manager to review individual licenses quarterly and update as needed.</p>	9-1-19

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E 146	<p>Continued From page 4 Pharmacy) License".</p> <p>Review of credential files on 08/07/2019 for Physician #1 revealed a North Carolina Board of Pharmacy (NCBOP) Dispensing Physician license for Physician #1 that was issued on 01/06/2017 and expired on 12/31/2018. Review revealed that the current status of NCBOP Dispensing license for Physician #1 was "inactive". Review revealed a "Dispensing Physician Application" for Physician #1 dated 03/11/2019. Review revealed no current NCBOP Dispensing license for Physician #1.</p> <p>Review of the physician schedule for 05/01/2019 through 08/08/2019 revealed that Physician #1 was the primary physician scheduled during weekdays (Tuesday through Friday). Review revealed that clinic procedure days were Tuesday through Saturday.</p> <p>Interview with the clinic manager (CM) on 08/08/2019 at 1110 revealed that CM was not aware that Physician #1's NCBOP Dispensing licence was expired. Interview revealed that CM was aware that physician staff were required to have NCBOP dispensing license. Interview revealed that after researching, CM discovered that Physician #1 license was "on hold" due to a mistake on the application (missing initial). Interview revealed that the application had been (recently) resubmitted. Interview revealed that Physician #1 would not "dispense medications" and "would give prescriptions if needed" for medications that required a dispensing license until the license was finalized. Interview confirmed that Physcian #1 did not have a current dispensing license with the NCBOP.</p>	E 146	<p>NCBOP dispensing license has been updated and completed..</p> <p>Clinic manager to Review all individual licenses quarterly + update as needed.</p>	9-1-19
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