Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: __ B. WING 08/15/2019 ab0015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 132 .0303 Policies & Procedures & Administratives E 132 9/5/19 Recor 10A NCAC 14E .0303 A Woman's Choice of Greensboro has a policy in place to (a) The following essential documents and references shall be on file in the administrative office of the clinic: documents evidencing control and (1)ensure patient privacy ownerships, such as deeds, leases, or incorporation or partnership papers; in the recovery room. policies and procedures of the governing authority, as required by Rule .0302 of (see attached document#1) this Section; minutes of the governing authority (3)meetings; Privacy screens have been purchased to be used in the recovery room.

(see attached document#2) minutes of the clinic's professional and administrative staff meetings; a current copy of the rules of this Subchapter: reports of inspections, reviews, and corrective actions taken related to licensure; and contracts and agreements related to licensure to which the clinic is a party. Privacy screens have been placed in the recovery room on both sides of the recliners to allow patient privacy in the recovery area. (b) All operating licenses, permits, and certificates shall be displayed on the licensed (c) The governing authority shall prepare a manual of clinic policies and procedures for use by employees, medical staff, and contractual physicians to assist them in understanding their responsibilities within the organizational framework of the clinic. These shall include: patient selection and exclusion criteria; and clinical discharge criteria; (see attached document #3) policy and procedure for validating the (2)full and true name of the patient; policy and procedure for each type of abortion procedure performed at the clinic; policy and procedure for the provision of patient privacy in the recovery area of the clinic;

Division of Health Service Regulation LABORATORY DIFFECTOR'S OR PROVIDE VSUPPLIER REPRESENTATIVE'S SIGNATURE

protocol for determining gestational age

(X6) DATE

(X3) DATE SURVEY

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		ab0015	B. WING		08/	15/2019
	PROVIDER OR SUPPLIER	2425 RA	DDRESS, CITY, S' NDLEMAN RD BBORO, NC 27			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)		COMPLETE
E 132	(6) protocol for whom services have (7) protocol for informs patients who post-procedural protocol for informs patients who post-procedural protocol for informs patients who post-procedural protocol for informs patient procedural protocol for informs patient procedural protocol for informs included the patient privacy was room. The findings included Cobservation on 08/ facility tour revealed semi-circle in the revealed there were available in the recovery area. Interview revealed in the fact area. Interview reversions area. Interview reversions area. Review of policies revealed that there addressing patient the recovery area. Policy dated 08/15/survey, "Policy for in the recovery area. Policy dated 08/15/2019. Reviewedled "If a patient revealed "I	0101(5) of this Subchapter; or referral of patients for rebeen declined; and or discharge instructions that no to contact for oblems and questions. et as evidenced by: ion, facility policy review, and facility staff failed to ensure a provided in the recovery	y 9			

(X2) MULTIPLE CONSTRUCTION

WPUJ11

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 08/15/2019 ab0015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 132 E 132 Continued From page 2 (facility) staff will provide portable privacy screens to be placed on each side of the patient's recliner". Review revealed that there was no policy available related to patient privacy in the recovery area prior to 08/15/2019. Interview on 08/14/2019 at 1545 during facility tour with the Clinic Manager (CM) revealed that the "curtains had been removed" when she had left the facility for "a few months" and had not been replaced. Interview revealed that the CM was aware that a barrier should be provided to promote patient privacy in the recovery room. Interview revealed that "sometimes" all ten chairs were occupied during procedure days. Interview on 08/15/2019 at 1415 with the CM revealed that screens had been purchased "today" and would be in place as soon as "screens arrive on Monday" as indicated on invoice. Interview confirmed that barriers were not currently available in the recovery area to promote patient privacy.

WPUJ11