PRINTED: 08/06/2021 FORM APPROVED

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING AB0032 07/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1765 DOBBINS ROAD PLANNED PARENTHOOD OF CENTRAL NORTH CHAPEL HILL, NC 27514 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 136 .0304(D) ADMISSIONS AND DISCHARGE E 136 Planned Parenthood South Atlantic (PPSAT) has 8/12/21 implemented a system in order to address the deficiency noted on the inspection report. 10A-14E .0304 (d) Following admission and prior to obtaining the consent for In order to ensure patients are notified of physician surgery required by Rule .0305(a) of admitting privileges prior to their procedure, the 72 hour consent form will be printed by the front desk this Section, representatives of the staff one day prior to the procedure. The 72 hour clinic's management shall provide to consent form will be reviewed by the front desk staff in order to ensure all information is complete. In the each patient the following case the physician name and/or admitting privileges information: were not communicated to the patient on the 72 (1) A fee schedule and any extra hour call, the front desk staff will verbally communicate that information directly to the patient charges routinely applied, prior to the procedure. In the case of multiple day (2) The name of the attending procedures, the front desk staff will ensure the physician(s) and hospital admitting patient has been notified of the physician name and privileges, if any. In the absence of physician admitting privileges for both day #1 and day #2. The front desk staff will document the name admitting privileges a statement to of the physician performing the procedure and that effect shall be included; location of the physician's admitting privileges on (3) Instructions for post-procedure the 72 hour consent form. The patient will sign and date the consent verifying that they have received emergencies as outlined in Rule the required information and the completed form will .0313(d) of this Section; be scanned into the patient's chart. (4) Grievance procedures a patient may The Senior Health Center Manager, Laura Renteria, follow if dissatisfied with the care completed training on this front desk procedure on and services rendered; and 8/12/21 (see training attestations signed by staff). (5) The telephone number of the In order to ensure this system is working properly, Complaints Investigation Branch of the the Senior Health Center Manager, or designee, will Division. conduct a random chart audit of 10 abortion charts per month. The Senior Health Center Manager, or designee, will manually review the 72-hour This Rule is not met as evidenced by: consents for all charts included in the randomly Based on medical record review and staff selected audit sample in order to ensure the interview, the facility failed to disclose the status physician name and physician admitting privileges of admitting privileges of the attending physicians have been communicated to the patient prior to the procedure. Any staff scoring less than 100% to the patient prior to a surgical procedure in 6 of compliance with the front desk procedures outlined 20 clinical records reviewed (#2, 4, 5, 7, 14, 15, in this report will receive same-day retraining and corrective action, if needed. and 17). The completed audit will be shared with the Senior The findings include: Health Center Manager's immediate supervisor and the Risk and Quality Management Director. The monthly abortion chart audit has been added to 1. Medical record review of Patient #2 revealed a PPSAT's Annual Risk and Quality Management 15-year-old female who was 17.4 weeks Plan. The Risk and Quality Management Director gestation that had a two-day surgical abortion will be responsible for ensuring the chart audit is completed as required and any deficiencies noted procedure that started on 07/01/2021 (day #1). in the audit are immediately addressed by the Review revealed Patient #2 was notified of MD Senior Health Manager, or designee.

Division of Health Service Regulation LABORATORY DIFFECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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If continuation sheet 1 of

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING AB0032 07/22/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1765 DOBBINS ROAD PLANNED PARENTHOOD OF CENTRAL NORTH CHAPEL HILL, NC 27514 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 136 Continued From page 1 E 136 #1's admitting privileges on 06/23/2021 at 1145. Review revealed Patient #2 was seen by MD #1 on day one of the two-day surgical abortion procedure. Review revealed Patient #2 was seen by MD #2 on 07/02/2021, day two of the surgical abortion procedure. Review of the record did not reveal any documentation of disclosure of the admitting privileges for MD #2 prior to the day two surgical procedure. Interview on 07/22/2021 at 1027 with Administrative Staff # 3 revealed when it is a two-day procedure it is the "standard of care and considered for the overall procedure" when the patient is notified on the 72-hour notice of the physician's privileges. Interview revealed there is a place on the form to document both days doctors' names, whether each of the physicians have or do not have admitting privileges, and they should identify which facility those admitting privileges are for. Interview revealed the staff failed to notify the patient of the admitting privileges status for the surgical abortion on day two. 2. Medical record review of Patient #4 revealed a 38-year-old female who was 20.1 weeks gestation that had a two-day surgical abortion procedure that started on 07/15/2021 (day #1). Review revealed Patient #4 was notified of MD #4's admitting privileges on 07/07/2021 at 1405 on the 72- notice of the physician's privileges. Review revealed Patient #4 was seen on 07/15/2021 at 0821, day one of the two-day surgical abortion procedure by MD #5. Review revealed Patient #2 was seen on 07/16/2021 at 0830, day two of the surgical abortion procedure

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by MD #2. Review of the record did not reveal any documentation of disclosure of the admitting privileges of the of the attending for both days of

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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 AB0032 07/22/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1765 DOBBINS ROAD PLANNED PARENTHOOD OF CENTRAL NORTH CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE ID (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 136 E 136 | Continued From page 2 the two-day surgical abortion, to the patient prior to the surgical procedure. Review revealed Patient #4 was not seen by MD #4. Interview on 07/22/2021 at 1027 with Administrative Staff # 3 revealed when it is a two-day procedure it is the "standard of care and considered for the overall procedure" when the patient is notified on the 72-hour notice of the physician's privileges. Interview revealed there is a place on the form to document both days doctors' names, whether each of the physicians have or do not have admitting privileges, and they should identify which facility those admitting privileges are for. Interview revealed the staff failed to notify the patient of the admitting privileges status for the surgical abortion on day two. 3. Medical record review of Patient #5 revealed a 29-year-old female 20.6 weeks gestation that had a two-day surgical abortion procedure that started on 05/05/2021. Review revealed Patient #5 was notified of MD #1's admitting privileges on 04/09/2021 at 1500. Review revealed Patient #5 was seen by MD #1 on day one of the two-day surgical abortion procedure. Review revealed Patient #5 was seen by MD #6 on day 2 of the two-day surgical abortion procedure. Review of the record did not reveal any documentation of disclosure of the admitting privileges for MD #6 prior to the day two surgical procedure. Interview on 07/22/2021 at 1027 with Administrative Staff # 3 revealed when it is a two-day procedure it is the "standard of care and considered for the overall procedure" when the patient is notified on the 72-hour notice of the physician's privileges. Interview revealed there is

a place on the form to document both days

PRINTED: 08/06/2021 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING AB0032 07/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1765 DOBBINS ROAD PLANNED PARENTHOOD OF CENTRAL NORTH CHAPEL HILL, NC 27514 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) E 136 E 136 Continued From page 3 doctors' names, whether each of the physicians have or do not have admitting privileges, and they should identify which facility those admitting privileges are for. Interview revealed the staff failed to notify the patient of the admitting privileges status for the surgical abortion on day two. 4. Medical record review of Patient #7 revealed a 21-year-old female 19.1 weeks gestation that had a two-day surgical abortion procedure that started on 04/23/2021. Review revealed Patient #7 was notified of MD #7's admitting privileges on 04/19/2021 at 1233. Review revealed Patient #7 was seen by MD #7 on day one of the two-day surgical abortion procedure. Review revealed Patient #7 was seen by MD #8 on day 2 of the two-day surgical abortion procedure. Review of the record did not reveal any documentation of disclosure of the admitting privileges for MD #8 prior to the day two surgical procedure. Interview on 07/22/2021 at 1027 with Administrative Staff # 3 revealed when it is a two-day procedure it is the "standard of care and considered for the overall procedure" when the patient is notified on the 72-hour notice of the physician's privileges. Interview revealed there is a place on the form to document both days doctors' names, whether each of the physicians have or do not have admitting privileges, and they

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two.

should identify which facility those admitting privileges are for. Interview revealed the staff failed to notify the patient of the admitting privileges status for the surgical abortion on day

5. Medical record review of Patient #14 revealed a 26-year-old female 15.5 weeks gestation that had a two-day surgical abortion procedure that

PRINTED: 08/06/2021 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 AB0032 07/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1765 DOBBINS ROAD PLANNED PARENTHOOD OF CENTRAL NORTH CHAPEL HILL, NC 27514 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) E 136 Continued From page 4 E 136 started on 06/24/2021. Review revealed Patient #14 was notified of MD #9's admitting privileges on 06/18/2021 at 1329. Review revealed Patient #14 was seen by MD #9 on day one of the two-day surgical abortion procedure. Review revealed Patient #14 was seen by MD #10 on day 2 of the two-day surgical abortion procedure. Review of the record did not reveal any documentation of disclosure of the admitting privileges for MD #10 prior to day two of the surgical procedure. Interview on 07/22/2021 at 1027 with Administrative Staff # 3 revealed when it is a two-day procedure it is the "standard of care and considered for the overall procedure" when the patient is notified on the 72-hour notice of the physician's privileges. Interview revealed there is a place on the form to document both days doctors' names, whether each of the physicians have or do not have admitting privileges, and they should identify which facility those admitting privileges are for. Interview revealed the staff failed to notify the patient of the admitting privileges status for the surgical abortion on day two. 6. Medical record review of Patient #15 revealed a 28-year-old female 6.5 weeks gestation that had a medical abortion procedure that on

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procedure.

05/29/2021. Review of the record revealed Patient #15 returned for a follow up appointment on 07/01/2021 and it was determined that the medical abortion was unsuccessful, and a surgical abortion was performed by MD #6. Review of the record did not reveal any documentation of disclosure of the admitting privileges for MD #6 prior to the surgical

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PRINTED: 08/06/2021 **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: _ AB0032 07/22/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1765 DOBBINS ROAD PLANNED PARENTHOOD OF CENTRAL NORTH **CHAPEL HILL, NC 27514** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) E 136 Continued From page 5 E 136 Interview on 07/22/2021 at 1027 with Administrative Staff # 3 revealed when it is a two-day procedure it is the "standard of care and considered for the overall procedure" when the patient is notified on the 72-hour notice of the physician's privileges. Interview revealed there is a place on the form to document both days doctors' names, whether each of the physicians have or do not have admitting privileges, and they should identify which facility those admitting privileges are for. Interview revealed the staff failed to notify the patient of the admitting privileges status for the surgical abortion on day 7. Medical record review of Patient #17 revealed a 44-year-old female 7.4 weeks gestation that had a surgical abortion procedure that on 05/06/2021. Review of the record revealed Patient #17 was seen by MD #6 and a surgical abortion procedure was performed. Review of the record did not reveal any documentation of disclosure of the admitting privileges for MD #6 prior to the surgical procedure. Interview on 07/22/2021 at 1027 with Administrative Staff # 3 revealed when it is a two-day procedure it is the "standard of care and considered for the overall procedure" when the patient is notified on the 72-hour notice of the physician's privileges. Interview revealed there is a place on the form to document both days

Division of Health Service Regulation

doctors' names, whether each of the physicians have or do not have admitting privileges, and they should identify which facility those admitting privileges are for. Interview revealed the staff failed to notify the patient of the admitting privileges status for the surgical abortion on day



PHYSICIAN ADMITTING PRIVILEGES VERIFICATION TRAINING ATTESTATION

Please print your name and title and fill in the date of training. Sign and date the bottom.

Return the form to HR by scanning and emailing to: OD@PPSAT.ORG

Employee Name:	ama Corenersky	
Title: Healthcare	Assistant	

Date of Training	Subject
8/12/21	Front Desk Procedures: Physician Admitting Privileges Verification

By my signature below, I affirm that:

- I successfully completed the training on front desk procedures relating to Physician Admitting Privileges Verification at PPSAT.
- I have had the opportunity to ask questions about front desk procedures relating to Physician Admitting Privileges Verification at PPSAT.
- I understand front desk procedures relating to Physician Admitting Privileges Verification at PPSAT and agree to abide by them.
- I agree to alert a supervisor if I observe situations where the front desk procedures relating to Physician Admitting Privileges Verification at PPSAT are not be followed.
- I understand that failure to follow the front desk procedures relating to Physician Admitting Privileges Verification at PPSAT may lead to corrective action.

Louis Covenaloj 8/12/21
Signature Date



PHYSICIAN ADMITTING PRIVILEGES VERIFICATION TRAINING ATTESTATION

Please print your name and title and fill in the date of training. Sign and date the bottom.

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Employee Na	me:	Jeanine	Corvalan
Title:	Jealth	Care	Assistant

Date of Training	Subject
8/12/21	Front Desk Procedures: Physician Admitting Privileges Verification

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8/12/21

Signature // Date



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Employee Name:	Deanne	Michael	
Title: Health	care Assis	stant	

Date of Training	Subject
8/12/21	Front Desk Procedures: Physician Admitting Privileges Verification

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08/12/21
Signature Date



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Please print your name and title and fill in the date of training. Sign and date the bottom.

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Employee Name:	Loë Kolites	
Title: Health	care assistant	

Date of Training	Subject
8/12/21	Front Desk Procedures: Physician Admitting Privileges Verification

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Signature

Date

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PHYSICIAN ADMITTING PRIVILEGES VERIFICATION TRAINING ATTESTATION

Please print your name and title and fill in the date of training. Sign and date the bottom.

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Employ	ee Name:	Rosie	Hou	
Title:	Health ca	ve ,	Assustant	

Date of Training	Subject
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- I understand front desk procedures relating to Physician Admitting Privileges Verification at PPSAT and agree to abide by them.
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Signature 8/|2/2|



PHYSICIAN ADMITTING PRIVILEGES VERIFICATION TRAINING ATTESTATION

Please print your name and title and fill in the date of training. Sign and date the bottom.

Return the form to HR by scanning and emailing to: OD@PPSAT.ORG

Employee Name:	Laura	Renteria	
Title: 5.	Health	Center Manager	_

Date of Training	Subject
8/12/21	Front Desk Procedures: Physician Admitting Privileges Verification

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Signature

Date



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Return the form to HR by scanning and emailing to: OD@PPSAT.ORG

Employee Name:	D	ana	Collins.	
Title:	health	Cany	Assistan -	

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Date of Training	Subject
8/12/21	Front Desk Procedures: Physician Admitting Privileges Verification

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Signature

8 12 202 | Date



PHYSICIAN ADMITTING PRIVILEGES VERIFICATION TRAINING ATTESTATION

Please print your name and title and fill in the date of training. Sign and date the bottom.

Return the form to HR by scanning and emailing to: OD@PPSAT.ORG

Employee Name: _	Amanda Jenkins	
Title: Health	eave Assistant	

Date of Training	Subject	
8/12/21	Front Desk Procedures: Physician Admitting Privileges Verification	

By my signature below, I affirm that:

- I successfully completed the training on front desk procedures relating to Physician Admitting Privileges Verification at PPSAT.
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- I understand that failure to follow the front desk procedures relating to Physician Admitting Privileges Verification at PPSAT may lead to corrective action.

Signature Plate