RECT R 2 0 2013 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING AB0031 02/14/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1604 JONES FRANKLIN ROAD A PREFERRED WOMEN'S HEALTH CTR RALEIGH, NC 27606 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 132 .0303 POLICIES AND PROCEDURES E 132 Medical information 10A-14E .0303 The governing authority will only be reviewed shall prepare a manual of clinic policies and procedures for use by and obtained by employees, medical staff, and contractual physicians to assist them Facility Staff in Private areas of in understanding their responsibilities within the organizational framework of the the clinic, i.e. clinic. These shall include: (1) Patient selection and exclusion counseling rooms, criteria, and clinical discharge Private area in criteria. (2) Policy and procedure for each type of abortion procedure performed at the 100. (3) Protocol for determining fetal (4) Protocol for referral of patients for whom services have been declined. (5) Protocol for discharge instructions that informs patients who to contact for post-procedural emergencies. This Rule is not met as evidenced by: Based on policy and procedure review observations and staff interviews, the facility staff failed to ensure privacy and confidentiality of a patient's medical/health information while reviewing and obtaining the medical/health history of patients seated in the hallway. The findings include: Review of the facility 's current policy revealed " HIPAA PATIENT CONSENT FORM ... Our Notice of Privacy Practices provides information about

Division of Health Service Regulation DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

how we may use and disclosed protected health information about you". Review of the facility

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	APWHC Notice of Privacy Practices policy (undated) revealed "It is our desire to communicate to you that we are taking the new Federal HIPAA (Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information ". Observation during tour at 1050 on 02/14/2013 revealed five (5) chairs lined side by side in the hallway. A staff member was observed talking with a patient while sitting in the hallway. Observation revealed within feet of the chairs in the hallway are the lab area and the recovery area entrances.							
	Interview with clinic manager at 1055 on 02/14/2013 revealed the chairs in the hallway were to accommodate patients while the staff review and obtain medical/health histories. The interview revealed there are multiple patients sitting in the chairs at the same time. The interview revealed the patient should bring in a completed medical/health history and the staff will go over the information verbally in the hall with the patient. The interview revealed the hallway observed is used by patients and other staff since it is the initial patient flow after patients check in for procedures. The interview confirmed a patient 's discussion of medical and health histories could be heard and confidentially and privacy were not ensured.							
	02/14/2013 revealed responsibilities is to histories prior to prostated patients hea	ff member at 1135 or d that one of the star o obtain patients heal ocedure. The staff m lth histories are obta other patients are pr	ffs' th nember ined in the					

Division of Health Service Regulation STATE FORM

SR1511

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1604 JONES FRANKLIN ROAD

A PREFE	ERRED WOMEN'S HEALTH CTR	1604 JONES FRANKLIN ROAD RALEIGH, NC 27606					
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Division of Health Service Regulation STATE FORM

SR1511



April 2, 2013

To: NC DHHS

Attn: Kathy Boyd-Neely

Re: APWHC Plan of Corrections Addendum

1604 Jones Franklin Road

Raleigh, NC 27606

Provider ID: AB0031

Ms. Boyd-Neely,

I apologize for the delayed response. Below you will find the addendum to our previously submitted Plan of Correction for your visit on February 14th, 2013. Let me know if there is anything else you need.

Thanks,

Rachel Hales

APWHC Administrator

RHales@apwhc.com

Office: (888) 562-4715 ext: 1028

Cell: (919) 414-9724

Addendum:

The plan will be monitored and enforced by the Clinic Manager and Assistant Manager. Any employee failing to adhere to corrective plan will be written up by the Clinic Manager and/or Assistant Manager, and counseled appropriately to ensure policy is followed.

Date of Implementation: 02/14/13

Division of Health Service Regulation				FORM APPROVED				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPP IDENTIFICATION			[' '	E CONSTRUCTION	COM	K3) DATE SURVEY COMPLETED		
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	This Rule is not me Based on policy an observations and s failed to ensure priv patient's medical/he reviewing and obta of patients seated i	d procedure review taff interviews, the vacy and confidenti ealth information which the medical/h	r facility staff ality of a hile					
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	of Privacy Practices how we may use al information about y	nd disclosed protec	ted health					

Division of Health Service Regulation

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