State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C R WING 060-011 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA WOMEN'S MEDICAL CENTER ATLANTA, GA 30342 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) U 000 Initial Comments. U 000 AMENDED 2567 A relicensure and complaint investigation (GA00136570) was conducted on 6/12/2014. Atlanta Women's Medical Center was not in compliance with Chapter 111-8-4. Rules and Regulations for Ambulatory Surgical Treatment Centers, the following deficiencies were cited: U1005 111-8-4-.10(e) Physical Plant and Operational July 18, 2014 The cited rule requires "access to the center building U1005 SS G without climbing any stairs or steps." AWC complies Standards. with this rule by providing access to its building via a ramp. The cited rule does not appear to address Entrances for patients shall be connected to the access between the floors of the building, and DCH public right-of-way by a hard-surfaced. has not previously indicated that this rule might require unobstructed walkway in good repair. an elevator between the floors of AWMC's building. Handicapped patients confined to a wheel chair AWC is addressing its lack of an elevator by taking the or otherwise impaired shall be able to access the corrective actions listed below in response to U1006. center building without climbing any stairs or steps. A ramp with handrails over existing stairs or steps may be utilized in meeting this requirement. A hard-surfaced, unobstructed road or driveway for use by ambulances or other emergency fire or police vehicles shall run from at least one entrance of the building to the public right-of-way. The doorway of such entrance shall be immediately adjacent to the road or driveway. This RULE is not met as evidenced by: Based on observations and staff interviews, the facility failed to provide handicapped patients confined to a wheelchair or otherwise impaired access to the facility without climbing any stairs. Findings include: Observation on 06/11/2014 at 9:00 a.m. revealed two (2) parking spaces labeled with the blue handicapped symbols (wheelchair) painted on the pavement. Continued observations revealed a State of GA Inspection Report

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

JYCZ11

(X6) DATE

State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 060-011 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA WOMEN'S MEDICAL CENTER ATLANTA, GA 30342 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) U1005 Continued From page 1 U1005 ramp that was level with the pavement and the sidewalk located between the entrance of the facility and another office. The facility was located on the second (2nd) floor, there was a front patient and visitor entrance accessible by climbing 19 stairs. There was no elevator in the facility. Interview on 06/11/14 at 10:20 a.m., the Administrator acknowledged that the facility did not have an elevator. Interview on 06/12/14 at 10:15 a.m., the Clinical Coordinator confirmed that the patient and visitor entrance had 19 stairs and that there was no elevator in the facility. Observation on 06/12/14 at 3:00 p.m., a back staircase which the Administrator confirmed was used by staff or emergency personnel when transferring patients. This staircase also had 19 steps. **Immediate** First Corrective Action: U1006 111-8-4-.10(f) Physical Plant and Operational U1006 (these are in order to ensure that AWMC's lack of elevator SS G Standards. ongoing access does not adversely affect patient safety or practices care, AWC will comply with the following policies Ambulatory surgical services provided in already in and procedures: multistory buildings shall be accessible by an place prior to · Patients who receive IV sedation will be elevator of adequate size to accommodate date a the inspection accompanied to the center by a personal escort. standard wheeled litter patient and two Following her procedure, a patient receiving IV attendants. A stairway or ramp of adequate sedation will be escorted down the stairs by her dimensions shall be available for transfer of a personal escort and a clinic staff member. patient in case of power failure. The patient's personal escort will accompany the patient to her transportation. All staff escorts will document the escorting of patients This RULE is not met as evidenced by: in the Staff Escort Log. Patients who have not received IV sedation but who Based on observations and staff interview, it was have been determined to need assistance to safely determined that the facility failed to provide an navigate the stairs will also be escorted down the stairs elevator for patient transport to the second(2nd) by a clinic staff member.

State of GA Inspection Report

State of GA, Healthcare Facility Regulation Division								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED				
					c			
	<u> </u>	060-011	B. WING _		06/12/2014			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE				
ATLANTA WOMEN'S MEDICAL CENTER 235 WEST WIEUCA ROAD								
ATLANTA, GA 30342								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE			
U1006	Continued From page	ge 2	U1006	If a patient must be transferred to another	facility, the			
floor Ambulatory Surgery Center.				clinic administrator or a designee will call the service to arrange for transfer and alert the	e ambulance operator			
,			 	that the center is on the second floor and the				
Findings include:				to the center is via a stairway.	MMO in an			
	Findings include:			Prospective patients will be notified that AWMC is on the second floor and that access to AWMC is via a				
	Observation on 06/11/2014 at 9:00 a.m. revealed			stairway. Such notification will be documented in				
	two (2) parking space	ces labeled with the blue		patient appointment notes.  The center will maintain in its file a statement signed !				
	handicapped symbols (wheelchair) painted on the		1	by its current medical director that in his/he	r medical			
	pavement. Continued observations revealed a ramp that was level with the pavement and the			judgment, walking down stairs following sur				
	sidewalk located between the entrance of the			presents minimal, if any, risk to the patient. Staff Education:				
	facility and another	office. The facility was		Staff Meeting for review of procedures sche	eduled on			
	located on the second (2nd) floor, there was a front patient and visitor entrance accessible by		7     N	7/23/14.				
				Monitoring:				
	facility.	There was no elevator in the		Administrator will perform periodic quality a checks to ensure policies are being followe				
	lacinty.			Responsible Party:	<b>"</b>			
	Interview on 06/11/1	4 at 10:20 a.m., the		Administrator				
	Administrator acknowledged that the facility did		! !	Second Corrective Action: From the time this facility was first licensed	Unknown as to st licensed in 1994 the administrative			
	not have an elevator	r.		until 2012, the Department continuously gra				
	Integrious on 06/12/1	A at 40 d C a mar Alas O'Catas	ĺ	variances from the elevator requirement. TI	ne most March 16, 2015			
	Coordinator confirm	4 at 10:15 a.m., the Clinical ed that the patient and visitor	, 5	recent of those variances expired in 2012.	27			
		irs and that there was no		several attempts to renew those variances, Department denied our applications. Accord				
	elevator in the facilit	y.		have undertaken to install an elevator in the				
	· Ohannari · · · · · · · · · · · · · · · · · · ·			We have retained an architecture firm, prep				
	Ubservation on 06/1	2/14 at 3:00 p.m., a back		construction drawings, sought permitting ar for the necessary loan funds. In addition, or	, , , , , , , , , , , , , , , , , , , ,			
		Administrator confirmed was ergency personnel when		March 17, 2014, we applied for a temporary				
	transferring patients	. This staircase also had 19		variance to allow us to continue operations				
	steps.			installing the elevator. On July 7, 2014, AW informal review of the Department's initial d				
				March 17th variance application. That matter				
U1025	111-8-410(I) Physic	cal Plant and Operational	U1025	pending. (Also pending is AWC's 3/14/14, r	equest for			
88 G	Standards.	·		informal review of the Department's initial d				
	The contemplation			AWC's 9/12/13 (variance request to use stated of elevator). AWC is also in the process of the pr				
	i i ne center shall be a	arranged and organized in		settlement conference with the Department	~			
		ensure the comfort, safety, did dignity of patients treated		attempt to reach a suitable resolution agree				
	therein.	- alauri oi baneiira nesten						
	İ			1				

State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ COMPLETED C 060-011 B. WING 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA WOMEN'S MEDICAL CENTER ATLANTA, GA 30342 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION in (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) U1006 Continued From page 2 U1006 Our plan for compliance is to pursue all of these floor Ambulatory Surgery Center. avenues with the goal of installing an elevator in the building while continuing to provide services. Staff Education: Findings include: Staff will be appropriately notified of decisions resulting from the pending administrative proceedings and any Observation on 06/11/2014 at 9:00 a.m. revealed changes that may be implemented as a result of such two (2) parking spaces labeled with the blue decisions. handicapped symbols (wheelchair) painted on the Monitorina: pavement. Continued observations revealed a Legal Counsel & Administrator will continue ramp that was level with the pavement and the monitoring progress of all administrative proceedings sidewalk located between the entrance of the on this matter. Responsible Persons: facility and another office. The facility was Legal Counsel & Clinic Administrator located on the second (2nd) floor, there was a front patient and visitor entrance accessible by climbing 19 stairs. There was no elevator in the facility. Interview on 06/11/14 at 10:20 a.m., the Administrator acknowledged that the facility did not have an elevator. Interview on 06/12/14 at 10:15 a.m., the Clinical Coordinator confirmed that the patient and visitor entrance had 19 stairs and that there was no elevator in the facility. Observation on 06/12/14 at 3:00 p.m., a back staircase which the Administrator confirmed was used by staff or emergency personnel when transferring patients. This staircase also had 19 steps. U1025 111-8-4-.10(I) Physical Plant and Operational AWC responded to this deficiency in a plan of July 10, 2014 U1025 SS G Standards. corrections submitted on July 7, 2014. A copy of that plan of correction, to which AWC has not yet received a response, is incorporated herein by reference. The center shall be arranged and organized in such a manner as to ensure the comfort, safety, hygiene, privacy, and dignity of patients treated therein.

State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: A WING 060-011 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA WOMEN'S MEDICAL CENTER ATLANTA, GA 30342 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) U1025 Continued From page 3 U1025 This RULE is not met as evidenced by: Based on observation and staff interview the facility failed to ensure patient safety related to glucometer use. Findings include: The facility was equipped with a glucometer (device to assess blood sugar) and the only test strips available were expired. Interview with the Director of Nursing following the observation confirmed the strips were expired and that the machine was for single patient use and not approved for multi-patient use. U2100 111-8-4-.21 Advertising. AWC responded to this deficiency in a plan of July 11, 2014 U2100 S\$ A corrections submitted on July 7, 2014. A copy of that plan of correction, to which AWC has not yet received Any advertising of the services provided in or by a response, is incorporated herein by reference. ambulatory surgical treatment center shall include the full name of the center and its Georgia license number, as shown on the face of the permit. Authority O.C.G.A. Secs. 31-2-4 et seq. and 31-7-1 et sea. Administrative History. Original Rule entitled "Advertising" was filed on January 22, 1980; effective March 1, 1980, as specified by the Agency. This RULE is not met as evidenced by: Based on observation and staff interview it was the facility failed to include its Georgia license number as shown on the face of the permit, in it's advertising... Findings include:

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		lity Regulation Division				
STATEMENT OF DEFICIENCIES (X1) PROVIDER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		060-011	B. WING		06/12	2/2014
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
ΔΤΙ ΔΝΤ	A WOMEN'S MEDICA	CENTER 235 WEST	WIEUCA R	OAD		i
~ · · · · · · · · · · · · · · · · · · ·	A TOMENO MEDICA	ATLANTA	GA 30342			
(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 (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	ON SHOULD BE COMPLE DATE	
n <b>0</b> 00	Initial Comments.		U 000	HEALTHCARE FACILITY REG.		
:	AMENDED 2567			REALITICARE FACILITY REC		
	A relicensure and complaint investigation (GA00136570) was conducted on 6/12/2014, Atlanta Women's Medical Center was not in			JUL .2 2 2014	JUL .2 2 2014	
: - - -	compliance with Chapter 111-8-4, Rules and Regulations for Ambulatory Surgical Treatment Centers, the following deficiencies were cited:			RECEIVED		
U1025 SS G	25 111-8-410(I) Physical Plant and Operational Standards.  The center shall be arranged and organized in such a manner as to ensure the comfort, safety, hygiene, privacy, and dignity of patients treated therein.		U1025	AWC responded to this deficiency in a plan of corrections submitted on July 7, 2014. A copy plan of correction, to which AWC has not yet in a response, is incorporated herein by reference		July 10, 2014
; ; !	Based on observation	net as evidenced by: on and staff interview the ure patient safety related to			,	
ļ	Findings include:					
		ipped with a glucometer lood sugar) and the only test e expired.				
; ; !	the observation con	irector of Nursing following firmed the strips were expired e was for single patient use or multi-patient use.			     	
U2100 SS A	ambulatory surgical	sing.  ne services provided in or by treatment center shall include center and its Georgia license	U2100	AWC responded to this deficiency in a plan of corrections submitted on July 7, 2014. A copplan of correction, to which AWC has not yet a response, is incorporated herein by referen	y of that received	July 11, 2014
		The no obelgia need de				
tate of GA i	nspection Report	<del>"</del>				

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

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State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: \_ B. WING 060-011 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA WOMEN'S MEDICAL CENTER ATLANTA, GA 30342 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) U2100 Continued From page 1 U2100 number, as shown on the face of the permit. Authority O.C.G.A. Secs. 31-2-4 et seg. and 31-7-1 et seq. Administrative History. Original Rule entitled "Advertising" was filed on January 22, 1980; effective March 1, 1980, as specified by the Agency, This RULE is not met as evidenced by: Based on observation and staff interview it was the facility failed to include its Georgia license number as shown on the face of the permit, in it's advertising... Findings include: Review of the facility's online website, which included information about the center and services provided, failed to reveal the center's Georgia license number. During an interview with the administrator on 6/12/2014 at 3:00 p.m., he/she confirmed that the website was the only source of advertising, and that it did not include the Georgia license number.

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PRINTED: 07/08/2014 FORM APPROVED

State of	GA, Healthcare Faci	lity Regulation Division					
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
060-011		B. WING		06/12/2014			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE				
ATLANTA WOMEN'S MEDICAL CENTER  235 WEST WIEUCA ROAD ATLANTA, GA 30342							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE		
V 000	. Medical Center was 290-5-32, Rules an	urvey, Atlanta Women's in compliance with Chapter d Regulations for prions After the First ancy and Reporting	V 000	DEFICIENCY)			
State of GA	Inspection Report						

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