MSDH - Health Facilities Licensure and Certification						(X3) DATE SURVEY			
CTATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE	RICLIA		PLE CONSTRUCTION	COMPLETED			
AND PLAN C	F CORRECTION	DENTIFICATION NO		A. BUILDING B. WING	J	01/14/2010			
		23NW			TATE ZIP CODE				
NAME OF P	ROVIDER OR SUPPLIER	 -	STREET ADD	DDRESS, CITY, STATE, ZIP CODE DRTH STATE STREET					
NATIONA	AL WOMEN'S HEALT	H ORG	JACKSON	, MS 39216	·	CTION (X5)			
		SECURATION DEFICIENCIE	s	ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH	KILLUDL 1 TO			
(X4) ID PREFIX TAG		Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM		TAG	CROSS-REFERENCED TO THE AP	ROPROTE			
M 137	133,01 Location		i :	M 137					
16, 70.	•	ortion facility shall be	located in			!			
	i	IANT DALKINII BUAVO PI	♥ ₹ 104 ~ ~	-	M137 / 133.01 General - Location				
		meeting the needs on the facility shall be		12.	The Handicapped Parking sign ha	is been secured			
l									
	しょうしんしゅう かり 女行(日	MARICY LUULU. ONG H	MM7 4	1	the parking lot. The lines have by	or naint clearly			
	the licensing agent must be secured before construction begins.				and painted. The proper olde con marks the lines that defines the h	andicapped space.			
	COURT CONTINUE					management of afficiency and a second			
		it met as evidenced l	ov:			Ì			
		MAN THE MUNICIPALITY (CINCA	D P. V. J		**	Malakan Date			
	' Elisiont parking	SDSCE MILL DIOMBION	a i ev	1		in inpletion Date			
	meeting the needs of the randicapped.					02/08/2010			
	Upon arriving at the	he facility at approxim	nately	1					
	, , , , , , , , , , , , , , , , , , ,	rveyor noticed that the	(1) MI						
	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	anna un scaubl uc	CHAILLESS	}					
1		capped parking space sicle, that did not have	u u						
1									
	taking up approxi	mately half of the high	pavement	i i					
	Land the partition of	Himber Had been ein	nost wom			ļ			
		cult to tell where the king was located. The		>		i i			
1				!					
1	that met the prov	isions for the handle	apped.	Ì		ļ			
	1	Laundness	•	9EF M					
M 13	39 133.03 Structura		hall bo	 -					
		iness. The building s d, free from leaks an		, }					
	the contract of the contract o	7 1000 20 20 10 10 10 10 10 10 10 10		4					
	to be reasonably	attractive inside and	out	1					
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		/			
Mesissio	State Department of H	ealth			TITLE	(XE) DATE /			
	ORY DIRECTOR'S OR PRO	DVIDER/SUPPLIER REPRE	SENTATIVE'S	IGNATURE	Vety &	If continuation sheet 1			
STATE F		The state of the s		âtap	E50X11	•			
G(A)E		•			•				

MSDH -	Health Facilities Lice	ensure and Certificat	юп				
	T OF DEFICIENCIÉS OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	r/CLIA MBÉR:	(X2) MULT A. BUILDIN B. WING			eted C
		23NW				01/1	4/2010
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
NATION	AL WOMEN'S HEALT	H ORG		RTH STATE I, MS 39216			
(X4) ID PREFIX TAG	(EACH DENOISNOY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERÊNCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
М 139	Continued From pa	ge 1		M 139	·		ļ
	This Statute is not met as evidenced by: Based on interview with facility staff on the date of the compliant investigation, the facility failed to keep the building free from leaks and excessive moisture. During and interview with facility staff on the date of the complaint investigation, the surveyor was told that the roof had still not been repair and was still leaking. A contractor had been hired, but later declined the job. During a telephone conversation with a representative from the clinic's national office on 01/20/09, the surveyor was told that a another contractor was presently at the facility examining the roof. They would be providing the clinic with an estimate and/or contract to repair the room.				MI39/133.03 Structural Soun (Prefix Tag M139) A roofing contractor has been his a contract rendered. The roof re has been completed and final cle up is taking place today Monday, 8, 2010. The roof is prepared for tion. Completion Date 02/08/2010	red and placement an- February inspec-	
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MSDH -	<u>Health Facilities Lic</u>	ensure and Certificati	<u>ion</u>				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	R/CLIA VBÉR:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		23NW		B. WING_	According to the contract of t	,	4/2010
NAME OF P	ROVIDÉR OR SUPPLIER				STATE, ZIP CODE		
1	L WOMEN'S HEALT	H ORG	2903 NOR JACKSON	TH STATE I, MS 39210			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE: Y MUST BE PRECEDED BY SC (DENTIFYING INFORMA	FULL	ID PRÉFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ŲLD BE	(X5) COMPLETE DATE
M 125	130.01 General - L			M 125		-	
	be located in an att parking space prov- meeting the needs facility shall be loca time from a hospita room staffed by an hours the ambulato	bulatory surgical facilities are tided, with provisions of the handicapped. After within 15 minutes in which has an emergin-house physician dory surgical facility is callicensing agency matruction begins.	officient for Also, the s travel gency uring the open.			· · · · · · · · · · · · · · · · · · ·	
	Based on observat sufficient parking s meeting the needs	met as evidenced by ion the facility failed to pace with provisions of the handicapped.	o provide for ately		M130.01 General - Location (Prefix Tag M 125) The Handicapped Parking sign has in the ground at the designated park the parking lot. The lines have beer and painted. The proper blue color marks the lines that defines the hand	ring space in n enhanced paint clearly	
	Handicapped Park ground. It was lear front of the handicapped tag of taking up approximant parking space. The and the parking but away. It was difficult facility failed to pro-	veyor noticed that the ing sign was not sect ning up against the rapped parking space. It is that did not have a parking sticker, that nately half of the hance blue lines on the pamper had been almoult to tell where the ng was located. The vide sufficient parking ions for the handicap	ared in the salling in There a was dicapped avement st worn refore, the g space		Completion 02/08/2010	Date	
M 127	•			м 127			
		ess. The building sh	ali de				1
Mississippi S	tate Department of Heal	th .			TITLE		(X6) DATE

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

E50X11

If continuation sheet 1 of 2

MSDH -	Health Facilities Lice	ensure and Certificat	ion		A CONTRACTOR OF THE PROPERTY O		-74
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA	A. BUILDII	TPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		23NW		B. WING_			4/2010
NAME OF P	ROVIDER OR SUPPLIER	- Constitution of the Cons	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
	AL WOMEN'S HEALT	H ORG		RTH STATE N, MS 3921			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE
M 127	Continued From pastructurally sound, moisture, in good reto be reasonably at the beautiful from the compliant invited the compliant invited that the roof hastill leaking. A contact declined the inconversation with a clinic's national office at the facility exami	free from leaks and of epair, and painted at tractive inside and of tractive inside and of with facility staff on the facility staff or vestigation, the surve at still not been repaid tractor had been him to be on 01/20/09, the still of the roof. They with an estimate and with an estimate and other contractor was paining the roof. They with an estimate and	excessive intervals ut. It date y falled to cessive a the date yor was r and was ed, but one the surveyor oresently would be	M 127	M130.03 Structural Sour (Prefix Tag 127) A roofing contractor has be a contract rendered. The rohas been completed and fir up is taking place today Mos, 2010. The roof is prepartion.	en hired and pof replacement al clean- anday, February	Date
Rieslasippi S	tate Department of Healt	n		6899	ESOY11	if continua	tion sheet 2 of 2

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STATE FORM

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MSUH - I	Health Facilities Lice	ensure and Certifica	ion		or all the second secon	(X3) DATE SI	IRVEY	
	OF DEFICIENCIES	WAY DOWNERSUPPIN	ERICLIA	(X2) MULTIP	E CONSTRUCTION	COMPLE	TED	
AND PLAN C	OF BENCIENO	IDENTIFICATION NU	IMBER:	A, BUILDING		— F		
		OGPHW.		B. WING 12/04/2009				
	·	23NW	STREET ADD	DRESS, CITY, ST	ATE, ZIP CODE		-	
NAME OF P	ROVIDER OR SUPPLIER	,	2903 NOR	TH STATE S			Ī	
NATIONA	L WOMEN'S HEALT		JACKSON	, MS 39216	SPOURSEDIE DI AN O	CORRECTION	(X5)	
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B' SCIDENTIFYING INFORM	I I ULL	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE	
M 082	113.02 Sanitation			M 062		•		
M 062	All garbage and wa and disposed of in the transmission o	aste shall be collecte a manner designed f disease. Containe zed before being ret osable type containe	rs shall be urned to					
	Based on observation facility staff on 12 maintain a sanitar	ot met as evidenced ation and staff intervi- 04-09, the facility far of a continuous properties of a continuous medical was sheeting from the exand guaze.	illed to illing to te. such as		·			
	medical waste waste weeks. Based on survey, the facility disposable paper pads, and guaze, then stored in can next to the recovistated that items placed across the	e facility staff reveal as picked up every to observation at the to y's medical waste, so sheeting for the exa- were placed in red reproduced in red reproduced in red reproduced in red such as the paper to e procedure table, p in the red bags and	ime of the uch as am tables, bags and ed in a room ity staff hat was ads, guaze, then placed) !				
	inside the cardio boxes were then	picked up every two				10	(X6) DATE	
Mississipp	State Department of H	ealth		CICANA TI IRF	Boto	Tothera	2/9/1	
TARORAT	ORY DIRECTOR'S OR PRO	OVIDER/SUPPLIER REPRE	SENTATIVES	CHAN CLAT	OUMI12	If cont	imuation sheet 1 o	
- 1 i					- · · · ·	•		

		ensure and Certific	auon	(Y2) MILLTI	PLE CONSTRUCTION	(XS) DATE SU COMPLE	RVEY TED
TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPI	NIMBÉR:	1		R	
ND PLAN O	FCORRECTION	DEMILLOCATION	10,	B. WING_			1/2009
		23NW		1		1210	PEGGO
			STREET ADD	RESS, CITY,	STATE, ZIP CODE		
AME OF PE	ROVIDER OR SUPPLIER		OUGH NOD	TH STATE	STREET		
			JACKSON	MS 39216	3		
NATIONA	L WOMEN'S HEALT				THE PROPERTY OF AN O	F CORRECTION	(X5) COMPLETE
- 1	SUMMARY ST	ATEMENT OF DEFICIEN	CIES	ID	·	CHUN SINUULU OX	COMPLETE
(X4) ID	ACADE NEEDNESS	▽▽ い けらて おた とおたりたりだい	D) Lare	PREFIX TAG	CROSS-REFERENCEU IV	1 IUC WLLWOLL COLO	5241-
PREFIX TAG	REGULATORY OR	LSC IDENTIFYING INFO	RMATIUN)	IAG	DEFICIE	NCY)	
1/10	-					44	<u> </u>
	O Saved Cross D	ace 1	•	M 00≥			
M 062	Continued From p	,ege 1			1062		7
	**Unless approved	d by the MS State E)epartment		1		
	title or fronto	ad and miniciple its	[[-[[(1000)0004]		new contract has bee	en signed and imple	mented
}		LIMPTA JOYCHII III I	andide of a		Hear contract	•	
,					as of 12/14/09. Stericy	cle now picks up ev	ery week
					מז טו אבן בייוטים. שנייוטין		•
					The contract reads 52 (nickuns nar year. W	e also ha
					Ine contract reads ox	hirunha hei kenii ki	~ w
	L. II usadina	a ansero ar me moun	TOTAL POPULATION		1		iou. The
					the weekly manifest re	ceipts on the for re-	ALGRA. 111C
							r 1
					fore JWHO is in compli	ance with this stanc	iaru.
	approval of the M	is State Departmen	I O Fleam.	}	man burner of the an		
				4 . 4 4 0			;
11112	127.04 Recovery	Room Suite		M 113			į
WELL	121,04 [1000101]	,		i	•	Completio	n Date
	Recovery Room	Suite		ļ		-	
				ļ		12/14/09	
	A Recovery room	n shall contain char	ting space,	1			j
	medication storal	ge and preparation	and sink				į
	required.	3 - 17 - 1		}			i
	•			1	1		í
	2 Fach nationt 5	hall have readily av	/ailable	Í	1		-
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				j	1		i
				}	İ		
							· ·
	stationant nositio	on and a removable	headboard.	Ì			
	Stanonary Poting			•			
	2 Direct visual 6	observation of all p	atients shall	!			
				l {			
	The ectivity specific	noise of the new Pr	partitions,				1
	drapes and acou	ustic ceilings.		1	}		
	1	. با خوا د	menuidad aach		1		ļ
1	4, Eighty (80) so	quare feet shall be	provided for	1			į
,	bed or stretcher	to make easily acc	Patiente and	1	1		}
	routine and eme	ergency care of the	batterns and	i	1		
	also to accomm	odate bulky equipn	HELL MOTHING		1		}
	be needed.		•	}			
1	1	•					
1	5 There shall b	oe an elarm system	for unit				nuation shee
1							

MSDH - I	Health Facilities Lic	ensure and Certificati	ion		LE CONSTRUCTION	(X3) DATE SU COMPLE	IRVEY
STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	RICLIA MBER:	A BUILDING		F	1
		23NW		•		1410	112000
	A CIRCLED		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
i	ROVIDER OR SUPPLIER		2903 NOR	TH STATE S	TREET		; }
NATIONA	L WOMEN'S HEALT	TH ORG	JACKSON	MS 39216	PROVIDER'S PLAN OF	E CORRECTION	(X5)
(X4) ID PRÉFIX TAG		ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM		PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE AC CROSS-REFURENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE
	O Sauce Erom D	ona 2		M 113			
M 113	personnel to sumr emergency. The a area where unit pe lounges, nurses to	non additional persor alarm shall be connec ersonnel might be, ph ounges or stations.	ysician		·		
	6. The kind and of depend upon the Diagnostic monitor equipment, such a defibrillators, pace tracheostomy sets laryngoscopes an easily available working order. The preventive mainter techniques for cle control, as well as equipment. 7. Expert advice preventive mainter devices and elective available at all ting shall be procedures shall be procedures shall the medical staff. This Statute is to Based on observantive medical staff.	quality of equipment someds of the patients oring and resuscitative as respiratory assist a semakers, phlebotomy is, endotracheal tubes of other such devices ithin the units, and in the shall be a written personal that caning and for contains for the periodic testing installations shall be a written policies and room suite, which support surgical facility is to developed and also in cooperation with the facility facility and the facility facility and the facility facility on the facility facility on the facility facility and the facility	apparatus, apparatus, and apparatus, and and and and and and and and and and	·			
	1	larm system to summ	DO III importante	6889	OUMI12	If cont	Inuation sheet 3 c

er a TERAFEAIT	SDH - Health Facilities Licensure and Certification TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW		RICLIA	(X2) MULTIFLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SI COMPLE F 12/0	TED		
		ZOIAAA	STREET ADD	ADDRESS, CITY, STATE, ZIP CODE					
	ROVIDER OR SUPPLIER	н org	2903 NOR	TH STATE ! , MS 39216	TREET	4.0	- LEAGUE - MAN		
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	(Full :	ID PRÉFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETE DATE		
M 113	the two (2) recover Findings include: Observation in the	l in an emergency in	st-op) on in post-op	M 113	M 113 127.04 Recovery F M113 An alarm system has been intercom. A new telephor members have been traine and can demonstrate the system has also been repaired activated appropriately	installed via te ne system is in p ed on how to us call system. The lired. All call lig	e the systeme call light hting can		
(diadentan)	State Department of He	egith		6099	OUMI12	If conti	nuation sheet 4		

MSDH-L	lealth Facilities Lic	ensure and Certific	ation		w = constanceON	(X3) DATE SU COMPLET	RVEY	
ナッチにいばんて	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPP IDENTIFICATION	LIERICLIA	A. BUILDING	LE CONSTRUCTION	c		
		23NW		the state of the s				
			STREET ADD	RESS, CITY. S	TATE ZIP CODE			
	ROVIDER OR SUPPLIER L WOMEN'S HEALT		2903 NOR JACKSON,	TH STATE S MS 39216				
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIEN Y MUST BE PRECEDED LSC IDENTIFYING INFO		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE	
M 125	130.01 General - I	_uulatas/eumical (acility shall	M 125			A A A A A A A A A A A A A A A A A A A	
	Location. The ambulatory surgical facility shall be located in an attractive setting with sufficient parking space provided, with provisions for meeting the needs of the handicapped. Also, the facility shall be located within 15 minutes travel time from a hospital which has an emergency room staffed by an in-house physician during the hours the ambulatory surgical facility is openative the preproval by the licensing agency must be						, producer and the second seco	
	ette exproval by the licensing agency m secured before construction begins.				(Prefix Tag M 125) The Handicapped Parking sign in the ground at the designated	parking space i	n	
	Based on observ	not met as evidence vation the facility fa g space with provis ds of the handicap	ions for	- I a a a a a a a a a a a a a a a a a a	the parking lot. The lines have and painted. The proper blue o marks the lines that defines the	; been ennanced olor paint clearl	у	
	sufficient parking space that meeting the needs of the handicapped. Upon arriving at the facility at approximately 10:00 a.m. the surveyor noticed that the Handicapped Parking sign was not secured in the Ground. It was leaning up against the railing in front of the handicapped parking space. There was a parked vehicle, that did not have a handicapped tag or parking sticker, that was taking up approximately half of the handicapped parking space. The blue lines on the pavement and the parking bumper had been almost worm away. It was difficult to tell where the handicapped parking was located. Therefore, facility failed to provide sufficient parking space that met the provisions for the handicapped.				Comple 02/08/	etion Date		
				0				
M 1	27; 130.03 Structur	ral Soundness		M 127				
ļ	Structural Sour	ndness. The build	ing shall be			<i>A</i> .	TAG (BX)	
	pi State Department of				TITLE, ()	///	2/2	

	I. His Topillian I in	angure and Certificati	ion	45000000		(.,
-,		ensure and Certificati		OCOL BALLETII	PLE CONSTRUCTION	(X3) DATE SUR	VEY ED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	NDER:	A BUILDING		COMPE	
AND PLAN O	L COKKEDITOR	IDC. THE IO.		B. WING	01/14/	2010	
		23NW		1		() [1 1-4)	
MANE OF P					STATE, ZIP CODE		
	1 2903 N				STREET		
NATIONA	L WOMEN'S HEALT	H OKO	JACKSON	, MS 39216		CTION	(%5)
(X4) ID PREFIX TAG	ALL SECIOLENIA	ATEMENT OF DEFICIENCIE Y MUST BE PRÉCEDED BY LSC IDENTIFYING INFORMA	FULL 1	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	100L0 GE ;	(X5) COMPLETE DATE
		. 4		M 127		Ì	!
M 127	Continued From pa			10, 74-		İ	
		free from leaks and repair, and painted at tractive inside and o	THE VOIS				
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	: 	•		}	<i>d</i> :	,	
				}	tion on survey to see the		
	This Statute is not	t met as evidenced b	y:		#130.03 Structural Soundne	SS	
		wwith facility stratt on	HIE GAIC		(Prefix Tag 127) A roofing contractor has been b	ired and	
	l ar elan amandiont in	vaendation. The laute	M I WINCH IN		a contract rendered. The roof a	eplacement	
	keep the building t	free from leaks and e	xcessive	} 1	has been completed and final c	ean-	
	moisture.				up is taking place today Monda	y, February	
	During and intentit	ew with facility staff o	n the date		8, 2010. The roof is prepared f	or inspec-	
		WASHINGTON THE SULV	SULVERVUL WYSIS		tion.	<u></u>	
	i i i i i i i i i i i i i i i i i i i	an erni nar neett teva	THE CHILD IN		-	!	
	1 A A A	atro200 090 09811188	Eri Hine	-			
	1 4 4	100 HILLIOUS SECTION	10110	1		ا مدفعات م	Nato.
	1	a representative from fice on 01/20/09, the	1 1110	!		Completion !	uate.
						02/08/2010	
	ナーキャトム もっつけれて ロヤコロ	nining toot. The	A MORIGINA DO			02/08/2010	,
	I arouiding the CHOK	C MILL BU GRUHARE SU	id/or	ì			
	contract to repair	the room.					
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Misslssippl	State Department of He	alth		6869	E50X11	If confinu	ation sheet 20

	OF DEFICIENCIES CORRECTION	ensure and Certifica (X1) PROVIDER/SUPPLIDENTIFICATION NO 23NW	ER/CLIA JMBER:	A BUILDING B. WING			URVEY ETED 2 4/2009
	OVIDER OR SUPPLIER		2903 NOR	TH STATE S I, MS 39216			ov.
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENC Y MUST BE PRECEDED E LSC IDENTIFYING INFORI	IES BY FULL MATION)	PREFIX T'AG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLETI DATE
TAG (M 079)	120.04 Medical W Medical Waste M of infectious medi	/aste Management F anagement Plan. All ical waste and medic ical waste managem but is not limited to	Plan generators cal waste ent plan	{M 079}			
	a. Containm and medical was location which animals, rain and breeding place and rodents, and public.	containment of Infect and Medical Waste ent of Infectious ment te shall be in a manual th affords protection I wind, does not prove or a food source for I minimizes exposure medical waste shall	dical waste her and from vide a or insects a to the				
	c. nless approduction of the stored at more than seven for a permitted at or (320F) for a per days without Department of	proved by the Missis lealth or treated and us, infectious medicaps in approved contrat a waste producing n (7) days above a treat the producing facilities at the producing facilities of not more than specific approval of Health.	sippi rendered waste ainers) shall facility for emperature o ectious ity is o of 0oC innety (90) the	¥			
	d. Contain shall be separa or contains	ment of infectious mater from other wasterns used for containing load waste shall be surage access by unait	nent of o secured so	1	ATTLE	11	(X6) DA

MSDH -	Health Facilities Lice	ensure and Certificat	ion	4	A A A A A A A A A A A A A A A A A A A		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA MBER:	A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE S COMPLE	URVEY ETED R
		23NW		B. WING		12/0	4/2009
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE	•	
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(M 079)	•			(M 079)			
	warning signs on, entry doors, gates, be prominently lab language to be dete and legible during a linfectious m	edical waste, except	xterior of er shall g trnent for				
	sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mills thick) which are impervious to moisture and have a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or						
} 	expulsion of sol storage, handling, o	lid or liquid wasted di or transport.	uring				<u> </u>
	in leakomof, rigid, p	all be contained for o nuncture-resistant col d closed or tightly lide contents.	ntainers				
	disposal of infection distinctive color Symbol for infection all sharps waste si		all be of a real				
	to process infectiou waste has been Sharps containers s compaction by any	or grinders shall not is medical waste unled rendered non-infect shall not be subject to compacting device e and shall not be place	ious. Xoept in				
	storage or transportant trash compactor.	ort in a portable or mo	obile				
	i. Infectious me waste contained in	edical waste and med disposable container	tical s as				

MSDH -	Health Facilities Lice	ensure and Certificat	ion				Internal Control of the Control of t	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(XZ) MULTIPLE CONSTRUCTION A. BUILDING		COMPL	(X3) DATE SURVEY COMPLETED R	
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23NW STREET ADD			DRESS, CITY, S	STATE, ZIP CODE				
	ROVIDER OR SUPPLIER		2903 NOF	TH STATE	STREET			
NATION	AL WOMEN'S HEALT		JACKSON	I, MS 39216	PROVIDER'S PLAN C	OF CORRECTION	(X5)	
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	prescribed above, shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leakproof, have tight—fitting covers and be kept clean and in good repair. j. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the Mississippi Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in I.E. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures: i. Exposure to hot water at least 1800F for a minimum of 15 seconds.							
·	ii、Exposure to with or immersion minimum of 3	o a chemical sanitized in one of the followin minutes:	by rinsing g for a					
	i. Hypochl available chlorine).	orite solution (500 pp	om					
	ii. Phenoli agent).	c solution (500 ppm	active					
	lii. lodofor iodine).	m solution (100 ppm	available		,			
	iv. Quater ppm active agent).	mary ammonium solu	ıtīon (400					
		11-						

MSDH - Health Facilities Licensure and Certification								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED R		
	23NW			B. WING		12/0	4/2009	
NAME OF P	ROVIDER OR SUPPLIER	A Lastronomy and a security			TATE, ZIP CODE			
	AL WOMEN'S HEALT	H ORG	2903 NOR JACKSON	RTH STATE S I, MS 39216		Autority of the Control of the Contr	· p	
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{M 079}	Continued From pa	ge 3		{M 079}				
	Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as non-infectious waste or for other purposes except after being decontaminated by procedures as described in part (j) of this section.							
	k. Trash chutes shall not be used to transfer infectious medical waste.				·		<u> </u> 	
	I. Once treated and rendered non-infectious, previously defined infectious medical waste shall be classified as medical waste and may be landfilled in an approved landfill. 2. Treatment or disposal of infectious medical waste shall be by one of the following methods: a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.			and the state of t				
	sterilizer, so as to r non-infectious. Inf rendered non-infections medical waste. Or	ion by heating in a strender the waste ectious medical was tious shall be disposperating procedures fude, but not be limite	te so able as for steam					
	procedures for each including time, waste type of cont	temperature, pressuainer(s), closure on s), pattern of loading,	ire, type of					
	ii. Check or recording and/or indicating thermometers during each complete cycle to							

Mississippi State Department of Health STATE FORM

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MSDH - Health Facilities Licensure and Certification								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW		(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED R		
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	chemical sterilants Environmental Pesticides and To: oxide, glutaral	terilization shall use to recognized by the UI Protection Agency, the Substances. Ethy dehyde, and hydroge terilants that, used in the manufacturer	n.s. Office of ylene en peroxide					

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 12/04/2009 23NW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET NATIONAL WOMEN'S HEALTH ORG JACKSON, MS 39216 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (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) {M 079} Continued From page 5 {M 079} recommendation, will render infectious waste non-infectious, Testing with Bacillus subtilis spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment. 3. Treatment and disposal of medical waste which is not infectious shall be by one of the following methods: a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash. b. By sanitary landfill, in an approved landfill which shall mean a disposal facility or part of a facility where medical waste is placed in or on land, and which is not a treatment facility. All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste. This Statute is not met as evidenced by: Based on observation and staff interview with the facility staff on 12-04-09, the facility failed to maintain a sanitary environment by failing to properly store infectious medical waste, such as disposable paper sheeting from the exam tables, disposable pads, and guaze. Findings include: Interviews with the facility staff revealed that medical waste was picked up every two (2) Mississippi State Department of Health If continuation sheet 6 of 7

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MSDH - Health Facilities Licensure and Certification

AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG PRETRY TAB SILLAMANY STATEMENT OF PROFIDENCES (EACH DEFFICIAL WASTE OF PROFIDENCES) (EACH DEFFICIAL WASTE OF PROVIDER OF PROVIDER OF PROVIDER OF THE DEFENSE OF THE DEFFICIAL PROFILE OF PROVIDER OF THE DEFENSE OF THE DEFFICIAL PROFILE OF	MODU -	- Health Facilities Lic	ensure and Certificat	เดก	Market Control			
NATIONAL WOMEN'S HEALTH ORG SUMMARY STATEMENT OF DEFICIENCIES JACKSON, MS 39218 (X4) ID PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY PULL TAG TAG (M 079) Continued From page 6 weeks. Based on observation at the time of the survey, the facility's medical waste, such as disposable paper sheeting for the exam tables, pads, and guaze, were placed in red bags and then stored in cardboard boxes located in a room next to the recovery rooms. The facility staff stated that Items such as the paper that was placed across the procedure table, pads, guaze, etc. were placed in the red bags and then placed inside the cardboard boxes. The cardboard boxes were then picked up every two (2) weeks. **Unless approved by the MS State Department of Health or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven (7) days above a temperature of 6 degrees Celsius (38 degrees Fahrenheit (F.)). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 0 degrees Celsius (32 degrees F) for a period of not more than ninety (90) days without specific approval of the MS State Department of Health.			IDENTIFICATION NUMBER:		A. BUILDING		COMPLETED	
NATIONAL WOMEN'S HEALTH ORG 2903 NORTH STATE STREET JACKSON, MS 39218 PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) (M 079) Continued From page 6 weeks. Based on observation at the time of the survey, the facility's medical waste, such as disposable paper sheeting for the exam tables, pads, and guaze, were placed in red bags and then stored in cardboard boxes located in a room next to the recovery rooms. The facility staff stated that items such as the paper that was placed across the procedure table, pads, guaze, etc., were placed in three dags and then placed inside the cardboard boxes. The cardboard boxes were then picked up every two (2) weeks. **Unless approved by the MS State Department of Health or treated and randered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven (7) days above a temperature of 6 degrees Celsius (38 degrees Fahrenheit (F.)). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 0 degrees Celsius (32 degrees F) for a period of not more than infect) (90) days without specific approval of the MS State Department of Health.	The state of the s					12/04/2009		
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