MSDH -	Health Facilities Lice	ensure and Certificat	ion		· · · · · · · · · · · · · · · · · · ·			
STATEMEN	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIP	LE CONSTRUCTION	<u>.</u>	(X3) DATE SI COMPLE	JRVEY TED
	F	25JW		B. WING			08/1	8/2011
NAME OF B	ROVIDER OR SUPPLIER	20014	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE			-
	N WOMEN'S HEALT!	I ORGANIZATION	2903 NOR JACKSON	TH STATES				
(X4) ID PREFIX TAG	(GACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEPED BY SC IDENTIFYING INFORMA	FULL 1	ID PREFIX TAG	PROVIDER'S PL (EACH CORRECTIV CROSS-REFERENCE DEF	/E ACTION SHO	ULD BE	(X5) COMPLETE DATE
M 068	116.01 Transfer Ag	reement		M 068		ě .		
	have a written trans more physicians for ensuring that patier will be immediately care. The physicia	nt. The abortion facilities agreement with or the express purposents who have complicate transferred to the phonomers the write abortion facility shall	one or e of cations ystclan's ten		i			
	Have full admitting privileges with one or more acute general hospitals that shall be located within 30 minutes travel time of the abortion facility;						-	
	2. Maintain his or h within 30 minutes to facility.	ner primary office local avel time of the abor	ation tion	OR		,		
	3. Have full creden of abortions with the	tials to handle compl a acute general hosp	lications ital(s).	1/8/11				•
	the abortion facility demand by the Mis. The transfer agrees the agreement or a	ment is to be kept on subject to verification sissippi State Board on the part as well as the part information regard confidential by the Mith.	on on of Health. arties to ling the			·		
	•							
							1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	
	Rased on review of	met as evidenced by documents, the facil acility has a written tra	ity failed				·	
- 1-Alexal Ci	ate Denartment of Health	1		\sim		15		NO. DATE

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

STATE FORM

BNF811

STATE FORM

MSDH.	Health Facilities Lic	ensure and Certificat	ion	<u> </u>	A - CO-CONTROL - CONTROL -		<u> </u>		
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE	R/CLIA	A. BUILDI		(X3) DATE S COMPLI	ETED		
		25JW		B. WING 08/18/201					
NAME OF I	PROVIDER OR SUPPLIER	,		DDRESS, CITY, STATE, ZIP CODE					
JACKSO	N WOMEN'S HEALTH	ORGANIZATION		RTH STATE N, MS 3921	6				
(X4) ID PREFIX TÄG	FACH DEPICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE		
M 068	Continued From pa	ge 1		M 068	The previous transfer agreement	t has been			
·	agreement with a p	hysician for the purponts who have complic	ose of ations will		revised and updated to eliminat	e the Medical			
•	be immediately tran	sferred to the physic	ian's		Director of the previous owner f	rom the agreemen	t.		
	Findings include:				We continue to have our agreer	nent in place with			
	Review of the docu	ment provided as the	transfer		the same local physician as befo	•	2		
	Operation for Abort	by the Minimum Station Facilities §116.01	was		that patients are able to be adm		,		
	owners of Jackson's	23, 2010 with the pres s Women's Health	RUOIV		hospital if necessary. No petient				
	documentation that	agency has received new management to 010. The facility unde	ok over		this because the admitting physical during this process. We will con		,		
	new management d	loes not have an agre a local hospital to adr	ement		necessary changes to this agrees				
	patients.				ensure that our patients are rece				
М 139	133.03 Structural Sc	oundness		M 139	possible care and all minimum st				
	Structural Soundness	ss. The building shal ree from leaks and ex	l be kcessive		to be met.		** * **********************************		
,	moisture, in good re	pair, and painted at it ractive inside and out	ntervals	,		Completion Date	09/11/2011		
				,					
.	e e	· .							
	Based on observation	net as evidenced by: on, the facility falled to re in good repair as re)						
	Findings include:			·					
		•			•				
**	room across the con	18/11 revealed the st ridor from the electric the required one (1)	al panel	, ,	•				

MSDH	- Health Facilities Lice	ensure and Certificati	on		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		(X2) MUL A. BUILD B. WING		(X3) DATE : COMPL	
		25JW	- 40-MER-WILLIAM			08/	18/2011
NAME OF	PROVIDER OR SUPPLIER				, STATE, ZIP CODE		
JACKS	ON WOMEN'S HEALTH	I ORGANIZATION	2903 NOR JACKSON		E STREET 16		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY P SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
M 139	Continued From pa	ge 2		M 139	The door across the corridor	_	_ <u></u>
	rated separation fro	m remaining areas.			from the electrical closet has		
		18/11 the surveyor ob g the storage space d			been aligned to close properly		•
		o the door frame and			and all other doors have been		
M 140	133.04 Fire Extingu	ishar		M 140	checked to make certain that	•	
W 110	Fire Extinguisher. A			1	they are within compliance.		
	extinguisher shall be special hazard area	e provided at each exi s, and located so a pe	erson	\	No patients were affected by thi	s.	
	would not have to travel more than 75 feet to reach an extinguisher.			1	Comple	tion Date: 10/	/03/2011
i	reach an extinguism						i
5				- 4	Although the previous fire		J
	This Statute is not r				extinguishers had been inspecte	ıd,	
	properly maintain an	n, the facility falled to d provide fire extingui	shers		the inspector mistakenly noted	on .	
	as required,				our invoice that new extinguishe	ers	
	Findings include:				were not needed until 2012. All	fire	
	fire extinguisher has	8/11 revealed the port not received the requ			extinguishers have been replaced	3 .	
]	hydrostatic pressure	•			with new extinguishers in the fa	cility.	
-		the rear exit door was			Extinguishers will be checked ye	arly	
	date of manufacture.	stamped 1996 indicat There was no indicat	tion the		and visually checked to make sur	e this	
	extinguisher shell had pressure tested since	d been hydrostatically that date.		ļ	does not happen in the future.		
		nguishers with mild statically tested at inte			No patients were affected by this	.	
	not to exceed twelve			.	Completic	on Date: 10/03	3/2011

- 5000

MSDH.	- Health Facilities Lic	ensure and Cerunca	uon		<u> </u>		
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	(X2) MUL A. BUILD B, WING		(X3) DATE S COMPL	ETED
		25JW				. 08/1	8/2011
NAME OF	PROVIDER OR SUPPLIER		1		, STATE, ZIP CODE		
JACKSO	ON WOMEN'S HEALTI	ORGANIZATION	2903 NOI JACKSOI	RTH STATI N, MS 392	16		,
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
	the local fire depart and shall be inspect attached tag shall be inspect attached tag shall be inspector and the dispector and the dispect	shall be of a type apprent or State Fire Mated at least annually, ear the initials or narate inspected. The facility failed the provide fire exting. 8/11 revealed the postential failed in the received the receiv	arshall An ne of the contable guired eas ating cation the ly steel	M 141	Although the previous fire extinguishers had been inspective the inspector mistakenty note our invoice that new extinguisher not needed until 2012. extinguishers have been replayed with new extinguishers in the Extinguishers will be checked and visually checked to make does not happen in the future No patients were affected by the Company of the com	ed on shers All fire sced sfacility. yearly sure this	/03/2011
	not to exceed twelve			M 150			
	Emergency Lighting, systems shall be pro	vided to adequately i					

MSDH -	Health Facilities Lic	ensure and Certificat	ion				
	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	A BUILDI	· · · · · · · · · · · · · · · · · · ·	(X3) DATE S COMPL	SURVEY ETED
		25JW		B. WING		08/1	18/2011
NAME OF	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	, STATE, ZIP CODE		
JACKSC	N WOMEN'S HEALT	I ORGANIZATION		RTH STATE N, MS 3921	8		
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
M 150	Continued From pa	ge 4		M 150	The appropriate	r bas boon	
	and lights at exterior electrical power fall	or of each exit in case ure.	of		The emergency generator		
					tested and will continue t		
	This Statute is not met as evidenced by: Based on observation and record review, the facility failed to maintain the emergency generate		,		on the monthly basis. We	e have hired	
			the .		someone to do our mont	hly and annual 🕟	
	facility failed to maintain the emergency generator as required. Findings include:				testing as to stay in comp	liance with	
					the standards. A record w	ill be kept of	
	revealed the facility	/18/11 from 3:00-3:16 was unable to produ	5 p.m., ce		all testing and maintenance	ce done on	
	records as follows:				the generator.		
	essential electrical s	cumentation indicating system (EES) was test	sted		Cc	empletion Date: 10	/03/2011
n .	under load for a mir monthly intervals an required annual mai	nimum of thirty (30) m nd that the (EES) rece intenance;	inutes at eived the				
	failed to produce rec	15 p.m. revealed the cords regarding a) the	facility				
	inspections of the ge	erator, and b) annual enerator. A routine			· .		
	shall be based on th	perational testing prog e manufacturer's				ţ	
·	minimum requireme	nstruction manuals, a ent of this standard ar sdiction (National Fire	nd the				ļ
	Protection Association	on (NFPA) Standard jency and Standby Po	110,				. [
į	Systems, Section 6- maintenance schedu	1.1 and the suggeste ule located in Append	id [<u>.</u>			
1	this Standard).		h 				
	The above observati Director 08/18/11.	lons were confirmed l	by the				
			J	,	·		

MODH.	- Hearn Facilities Lit	sensure and ceruncal	IUI			~ 	
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE S COMPL	SURVEY ETED	
		25JW		B. WING		08/1	8/2011
•	PROVIDER OR SUPPLIER ON WOMEN'S HEALT	,	2903 NOF	DRESS, CITY RTH STATE 1, MS 3921			·
(X4) ID PREFIX TAG	/FACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	CTION COULD BE COPRIATE	(X6) COMPLETE DATE
M 152	Continued From pa	age 5		M 152			
M 152	133.16 Exit Doors	·	,	M 152			
	wide and shall swit	oors shall be minimun ng in the direction of e uct the travel along at	egress			,	
					Although the electromagnetic car	1	
		• •			be unplugged at any given time t	o	
	Based on observat	met as evidenced by ion and record review vide immediate acces	/, the	·	allow constant egress in an emer	gency	
	Findings include:		.		appointment with our alarm com	pany	
	The facility has inst	talled a magnetic lock equires staff to release	at the		to install a relay to unlock the doc	гироп	
·	electromagnetic do	or hold, to allow egre	ss.		an emergency situation. Work is	cheduled	
	Observation on 08/	18/11 revealed that a er was required to ac	t 1:15 tivate an	-	to begin this month.		_, _
	electrical switch fro allow entry, At 3:30	m the receptionist start p.m., it was observed accessary to exit the fa	tion to		Complet	ion Date: 10	/03/2011
	appropriate standar arrangements are a authority having juri Section 102.01 & ti Association (NFPA)	allowed by regulations Isdiction. State Regul he National Fire Prote Standard 101, Life S , Locks, Latches and	and the lation, ection				
•	•						

AMENDED

MSDH - Health Facilities Licensure and Certification						WAY BATS CUDVEY
STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		25JW		B. WING _		08/18/2011
NAME OF P	ROVIDER OR SUPPLIER		Į.		STATE, ZIP CODE	
	N WOMEN'S HEALTH			RTH STATE 1, MS 39216		
(X4) ID PREFIX TAG	ACACH DEDICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	(OULD BE COMPLETE
M 043	107.01 Personnel F	Records		M 043		
	Personnel Records. A record of each employed should be maintained which includes the following to help provide quality assurance in the facility:				All employees that have been wi	·
	Application for employment.				performance appraisals and the	are
	2. Written references and/or a record of verbal references.				being kept in their employee file	
	3. Verification of all training and experience, and licensure, certification, registration and/or renewals.				Administration will continue to a	an
	4. Performance ap	praisals.			annual basis to ensure that the b	est
,	5. Initial and subse	quent health clearar	ices.	,	possible patient care is given.	pletion Date: 09/11/2011
	6. Disciplinary and	counseling actions.				7 7 7 7
	7. Commendations	. ,			•.	·
-	8. Employee incide	ent reports.				
e e e e e e e e e e e e e e e e e e e	9. Record of orientation to the facility, its policies and procedures and the employee's position. Personnel records shall be confidential. Representatives of the licensing agency conducting an inspection of the facility shall have the right to inspect personnel records.					
	Based on review of	met as evidenced by documents, the faci acility included Perfoersonnel Files.	lity failed			
	· .					

Mississippi State Department of Health

TITLE

(X6) DATE

MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (XZ) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION A. BUILDING B. WING. 08/18/2011 25JW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG DEFICIENCY) M 043 Continued From page 1 M 043 Findings include: Six (6) of six (6) personnel files reviewed revealed that there were no Performance Appraisal documents in each employee's file. M 044 M 044 107.02 Job Descriptions Job Descriptions All simployee flies have been changed Every position shall have a written description which adequately describes the duties of the to include the minimum qualifications position. for each particular job description. Each job description shall include position title, authority, specific responsibilities and minimum All files have been checked to ensure that qualifications. Qualifications shall include education, training, experience, special abilities the employee does, in fact, meet the and license or certification required. minimum qualifications for that particular 3. Job descriptions shall be kept current and given to each employee when assigned to the position. Any potential new hires will be position and whenever the job description is changed. checked and documented in their file that qualifications are met. By doing such, our facility has ensured that we are not only This Statute is not met as evidenced by: Based on review of documents, the facility falled meeting the standards of MDOH, but also to ensure that the facility had job descriptions that included the minimum qualifications. the standards of good patient care for our facility. Findings include: Completion Date: 09/11/2011 Six (6) of six (6) personnel files reviewed revealed that the documents that listed job duties or responsibilities did not include minimum qualifications for staff.

MSDH -	Health Facilities Lice	ensure and Certificat	lon	1	Administration		
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA	A. BUILDIN		(X3) DATE SU COMPLE	TED
		25JW		B. WING_		08/18	3/2011
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		-
	N WOMEN'S HEALTH	ORGANIZATION	2903 NOR JACKSON	TH STATE I, MS 39210			
(X4) JD PREFIX TAG	/こんたり かただいだんだく	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
M 127	Continued From pa	ge 2		M 127			
M 127	130,03 Structural S	oundness		M 127	•, •		
į	Structural Soundness. The building shall be structurally sound, free from leaks and excessive				The door across the corridor		
	moisture, in good re	epair, and painted at tractive inside and ou	Intervals		from the electrical closet has	ļ	
	•			,	been aligned to close properly		
					and all other doors have been		į
. :					checked to make certain that	·	
	This Statute is not	met as evidenced by on, the facility falled	r: to	•	they are within compliance.		•
	maintain the structu	re in good repair as	required,		No patients were affected by thi	is.	
-	Findings include:				Comple	tion Date: 1	0/03/2011
	room across the co	/18/11 revealed the stridor from the electrication from the electrication (1 m remaining areas.	ical panel	. 4			
	that the door serving	18/11 the surveyor olg the storage space to the door frame and	does not			,	
M 128	130.04 Fire Extingu	isher		M 128			
·	special hazard area would not have to to reach an extinguish of a type approved	An all purpose fire e provided at each ers, and located so a pavel more than 75 feer. Fire extinguisher by the local fire deparent shall be inspected.	et to s shall be rtment or				-

MSDH -	MSDH - Health Facilities Licensure and Certification							
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU.	RICLIA	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE S COMPLI	URVEY STED	
		25JW		B. WING 08/18/2011				
NAME OF P	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE				
	N WOMEN'S HEALTH	ORGANIZATION	2903 NO	RTH STATE N, MS 3921	6			
(X4) ID PREFIX TAG	(BACH DEFICIENCY	TEMENT OF DEPICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
M 128	Continued From pa	ge 3		M 128	•			
	least annually. An attached tag shall bear the initials or name of the inspector and the date inspected.							
	•				Although the previous fire			
-	•				extinguishers had been inspe	cted,	·	
,					the inspector mistakenly not	ed on	,	
	This Statute is not	met as evidenced by on, the facility failed	ri to		our invoice that new extingu	ishers		
	properly maintain a as regulred.	nd provide fire exting	uishers		were not needed until 2012.	All fire	}	
ļ	20 104011 001				extinguishers have been repi	aced		
	Findings include:				with new extinguishers in th	e facility.		
	fire extinguisher has	18/11 revealed the page not received the re-	ortable quired		Extinguishers will be checked	i yeariy		
	hydrostatic pressure	•			and visually checked to make	sure this		
	extinguisher neares	08/11, the portable fill the rear exit door w	/as		does not happen in the futur	e,	1	
	date of manufacture	ll stamped 1996 indk e. There was no indi ad been hydrostatica	cation the	,	No patients were affected by	this.		
	pressure tested sind	ce that date.	···· x		Comple	etion Date: 10	0/03/2011	
	Dry chemical fire ex shells shall be hydro not to exceed twelve	tinguishers with mild ostatically tested at ir e (12) years.	steel itervals	·		·	. ,	
м 138	130,14 Emergency	Power		М 138				
· .	be provided to make operable in case of	Emergency genera e life sustaining equip power failure. Emer be provided in all pat	oment gency				•	

MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: A BUILDING B. WING 08/18/2011 25JW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETÉ SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 138 M 138 Continued From page 4 This Statute is not met as evidenced by: The emergency generator has been Based on observation and record review, the facility falled to maintain the emergency generator tested and will continue to be tested as required. on the monthly basis. We have hired Findings include: someone to do our monthly and annual Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce testing as to stay in compliance with records as follows: the standards. A record will be kept of 1) There was no documentation Indicating the essential electrical system (EES) was tested all testing and maintenance done on the generator. under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; Completion Date: 10/03/2011 2) Observation at 3:15 p.m. revealed the facility falled to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator. A routine maintenance and operational testing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard). The above observations were confirmed by the

MSDH -	Health Facilities Lice	ensure and Certificat	ion		A Landson Company		***************************************
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA	(X2) MULT	FIPLE CONSTRUCTION	(X3) DATE S COMPLE	URVEY ETED
		25JW		B. WING		08/1	8/2011
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
	N WOMEN'S HEALT	ORGANIZATION		RTH STATE N, MS 3921	6		
(X4) ID PREFIX TAG	/FACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ACTION SHOULD BE TO THE APPROPRIATE	
M 138	Continued From pa	ge 5		M 138			
	Director 08/18/11						
M 140	130,16 Exit Doors			M 140			
:	Exit Doors. Exit doors shall meet the following criteria:				Although the electromagnetic car	1	
	1. Shall be no less than 44 inches wide.				be unplugged at any given time t	o	
					allow constant egress in an emer	денсу	
	Shall swing in the direction of exit and shall not obstruct the travel along any required fire exit				situation, we have set up and		
					appointment with our alarm com	pany	
					to install a relay to unlock the doo	rupon	
•				·	an emergency situation. Work is s	cheduled	
1	This Statute is not i	met as evidenced by			to begin this month.		
	Based on observation facility failed to provexits.	on and record review ide immediate acces	, the s to		Completion	Date: 10/0	3/2011
	Findings include:	•	,				
į	front door, which red	alled a magnetic lock quires staff to release or hold, to allow egree	ean				
	p.m., a staff membe electrical switch from allow entry. At 3:30	8/11 revealed that a r was required to act n the receptionist sta o.m. it was observed cessary to exit the fa	ivate an tion to that the				
	appropriate standard arrangements are al	e attributes as requir ds where similar lowed by regulations diction. State Regul	and the				

Mississippi State Department of Health STATE FORM

MSDH_	Health Facilities Lice	ensure and Certificat	lon		The second secon		
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA	A. BUILDI		(X3) DATE S COMPL	SURVEY ETED
		25JW		B. WING		08/1	8/2011
NAME OF F	PROVIDER OR SUPPLIER	•	T .		, STATE, ZIP CODE		
JACKSO	N WOMEN'S HEALT	ORGANIZATION	JACKSON	RTH STATE N, MS 3921	6		
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
M 140	Continued From pa	ge 6		M 140			
	Association (NFPA)	ne National Fire Prot Standard 101, Life Locks, Latches and 2.1.5.1.	Safety				
			•				
				. •			
							;
						•	-
			-			İ	
	4						
			·	•			

If continuation she

MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING B, WING_ 08/18/2011 25JW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY M 068 116,01 Transfer Agreement M 068 Transfer Agreement. The abortion facility shall have a written transfer agreement with one or more physicians for the express purpose of ensuring that patients who have complications will be immediately transferred to the physician's care. The physician who enters the written agreement with the abortion facility shall: 1. Have full admitting privileges with one or more acute general hospitals that shall be located within 30 minutes travel time of the abortion facility: 2. Maintain his or her primary office location within 30 minutes travel time of the abortion facility. 3. Have full credentials to handle complications of abortions with the acute general hospital(s). This transfer agreement is to be kept on site at the abortion facility subject to verification on demand by the Mississippi State Board of Health. The transfer agreement as well as the parties to the agreement or any information regarding the parties will be kept confidential by the Mississippl State Board of Health. This Statute is not met as evidenced by: Based on review of documents, the facility failed to ensure that the facility has a written transfer Vississippi State Department of Health

BNF811

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

STATE FORM

MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 08/18/2011 25JW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEPICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC | DENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE TAG TAG DEFICIENCY) M 068 The previous transfer agreement has been Continued From page 1 M 068 agreement with a physician for the purpose of rovised and updated to eliminate the Medical ensuring that patients who have complications will be immediately transferred to the physician's Director of the pravious owner from the agreement. care. We continue to have our agreement in place with Findings include: the same local physician as before. This will ensure Review of the document provided as the transfer agreement required by the Minimum Standards of that patients are able to be admitted to a local Operation for Abortion Facilities §116.01 was hospital if necessary. No patients were affected by executed February 23, 2010 with the previous owners of Jackson's Women's Health Organization. The agency has received this because the admitting physician did not change documentation that new management took over the facility July 1, 2010. The facility under this . during this process. We will continue to make any new management does not have an agreement with a physician at a local hospital to admit necessary changes to this agreement in order to patients. ensure that our patients are receiving the best M 139 M 139 133.03 Structural Soundness possible care and all minimum standards continue Structural Soundness. The building shall be structurally sound, free from leaks and excessive to be met. moisture. In good repair, and painted at intervals Completion Date: 09/11/2011 to be reasonably attractive inside and out. This Statute is not met as evidenced by: Based on observation, the facility falled to maintain the structure in good repair as required. Findings include: Observations on 08/18/11 revealed the storage room across the corridor from the electrical panel room falls to provide the required one (1) hour fire

MSDH - Health Facilities Licensure and Certification STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 08/18/2011 25JW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) The door across the corridor M 139 M 139 Continued From page 2 rated separation from remaining areas. from the electrical closet has At 1:45 p.m. on 08/18/11 the surveyor observed been aligned to close properly that the door serving the storage space does not close completely into the door frame and and all other doors have been positively latch. checked to make certain that M 140 M 140 133.04 Fire Extinguisher they are within compliance. Fire Extinguisher. An all-purpose fire extinguisher shall be provided at each exit and No patients were affected by this. special hazard areas, and located so a person would not have to travel more than 75 feet to Completion Date: 10/03/2011 reach an extinguisher. Although the previous fire This Statute is not met as evidenced by: extinguishers had been inspected, Based on observation, the facility failed to properly maintain and provide fire extinguishers the inspector mistakenly noted on as required. our invoice that new extinguishers Findings include: were not needed until 2012. All fire Observation on 08/18/11 revealed the portable extinguishers have been replaced fire extinguisher has not received the required hydrostatic pressure testing. with new extinguishers in the facility. At 2:18 p.m. on 08/08/11, the portable fire Extinguishers will be checked yearly extinguisher nearest the rear exit door was observed to be shell stamped 1996 indicating and visually checked to make sure this date of manufacture. There was no indication the extinguisher shell had been hydrostatically does not happen in the future. pressure tested since that date. Dry chemical fire extinguishers with mild steel No patients were affected by this. shells shall be hydrostatically tested at intervals Completion Date: 10/03/2011 not to exceed twelve (12) years.

ississippi State Department of Health

MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B, WING 25JW 08/18/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Although the previous fire M 141 M 141 133.05 Fire Extinguisher extinguishers had been inspected, Fire extinguishers shall be of a type approved by the local fire department or State Fire Marshall the inspector mistakenly noted on and shall be inspected at least annually. An attached tag shall bear the initials or name of the our invoice that new extinguishers inspector and the date inspected. were not needed until 2012. All fire extinguishers have been replaced with new extinguishers in the facility. This Statute Is not met as evidenced by: Based on observation, the facility failed to Extinguishers will be checked yearly properly maintain and provide fire extinguishers as required. and visually checked to make sure this Findings include: does not happen in the future. Observation on 08/18/11 revealed the portable No patients were affected by this. fire extinguisher has not received the required Completion Date: 10/03/2011 hydrostatic pressure testing. At 2:18 p.m. on 08/08/11, the portable fire extinguisher nearest the rear exit door was observed to be shell stamped 1996 indicating date of manufacture. There was no indication the extinguisher shell had been hydrostatically pressure tested since that date. Dry chemical fire extinguishers with mild steel shells shall be hydrostatically tested at intervals not to exceed twelve (12) years. M 150 133,14 Emergency Lighting M 150 Emergency Lighting, Emergency lighting systems shall be provided to adequately light corridors, procedure rooms, exit signs, stairways,

MSDH -	Health Facilities Lice	ensure and Certifical	tion			- Academie projekti da como de	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA	(X2) MUL' A. BUILDI B. WING		(X3) DATE S COMPL	ETED
		25JW			ALLES TIP CORE	08/1	8/2011
	ROVIDER OR SUPPLIER N WOMEN'S HEALTH	I ORGANIZATION	2903 NO	odress, city, RTH STATE N, MS 3921	STATE, ZIP CODE STREET 6		
(X4) ID PRÉFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
M 150	Continued From page 4 and lights at exterior of each exit in case of electrical power failure.			М 150	The emergency generator h		
	This Statute is not met as evidenced by: Based on observation and record review, the facility failed to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows:		r•		on the monthly basis. We h	ave hired	
				someone to do our monthly			
				testing as to stay in complia the standards. A record will			
į				the standards. A record will	the Wehr OI		
; [all testing and maintenance the generator.	done on	La ===0,1,0, ·	
j	essential electrical s under load for a min monthly intervals an	cumentation indicating system (EES) was te himum of thirty (30) red that the (EES) rec	sted ninutes at		Com	pletion Date: 10	/03/2011
	required annual main and a comparison of the generations of the generation o	intenance; 15 p.m. revealed the cords regarding a) the erator, and b) annual enerator. A routine perational testing pro	gram and the a				

MSDH -	Health Facilities Lice	ensure and Certificat	ion				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MÜL' A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED 08/18/2011			
·	25JW				ATITE TO CODE	1 00/1	012011
2903 NOR				RTH STATE N, MS 3921			
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
M 152	Continued From pa	ge 5		M 152			
M 152	133.16 Exit Doors	·		M 152			
	Exit Doors, Exit doors shall be minimum of 3 feet wide and shall swing in the direction of egress and shall not obstruct the travel along any required fire exit.					•	
	This Statute is not met as evidenced by: Based on observation and record review, the facility failed to provide immediate access to exits. Findings include: The facility has installed a magnetic lock at the front door, which requires staff to release an electromagnetic door hold, to allow egress. Observation on 08/18/11 revealed that at 1:15 p.m., a staff member was required to activate an electrical switch from the receptionist station to allow entry. At 3:30 p.m., it was observed that the same action was necessary to exit the facility. There are no fail-safe attributes as required by appropriate standards where similar arrangements are allowed by regulations and the authority having jurisdiction. State Regulation, Section 102.01 & the National Fire Protection Association (NFPA) Standard 101, Life Safety Code, 2000 Edition, Locks, Latches and Alarm Devices, Section 7.2.1.5.1.			_	Although the electromagnetic be unplugged at any given tine allow constant egress in an esituation, we have set up and appointment with our alarm of to install a relay to unlock the an emergency situation. World to begin this month.	ne to mergency ! company door upon	/03/2011
ļ				į			

AMENDED

MSDH - Health Facilities Licensure and Certification									
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
25JW		B. WING 08/18/20			3/2011				
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE				
	N WOMEN'S HEALTH	ORGANIZATION		TH STATE					
(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 (XS (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
M 043	107.01 Personnel Records			M 043					
	Personnel Records. A record of each employee should be maintained which includes the following to help provide quality assurance in the facility:				All employees that have been with our facility for at least a year have received				
	1. Application for e				performance appraisals and they are				
	Written references.	ces and/or a record o	of verbal		being kept in their employee file.				
	Verification of all training and experience, and licensure, certification, registration and/or renewals.				Administration will continue to evaluate and document all employees on an				
	4. Performance ap	praisals.			annual basis to ensure that the bea	at	,		
	5. Initial and subsequent health clearances.			, j	possible patient care is given. Completion Date: 09/11/2011				
	6. Disciplinary and	counseling actions.				,			
•	7. Commendations	1,							
	8. Employee Incide				. *				
	9. Record of orientation to the facility, its policies and procedures and the employee's position. Personnel records shall be confidential. Representatives of the licensing agency conducting an inspection of the facility shall have the right to inspect personnel records.								
	This Statute is not met as evidenced by: Based on review of documents, the facility failed to ensure that the facility included Performance Appraisals in the Personnel Files.								

MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 08/18/2011 **25JW** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 043 Continued From page 1 M 043 Findings include: Six (6) of six (6) personnel files reviewed revealed that there were no Performance Appraisal documents in each employee's file. M 044 M 044 107.02 Job Descriptions Job Descriptions All employee files have been charged 1. Every position shall have a written description which adequately describes the duties of the to include the minimum qualifications position. for each particular job description. Each job description shall include position title. authority, specific responsibilities and minimum All files have been checked to ensure that qualifications. Qualifications shall include education, training, experience, special abilities the employee does, in fact, meet the and license or certification required. minimum qualifications for that particular 3. Job descriptions shall be kept current and given to each employee when assigned to the position. Any potential new hires will be position and whenever the job description is changed. checked and documented in their file that qualifications are met. By doing such, our This Statute is not met as evidenced by: facility has ensured that we are not only Based on review of documents, the facility falled to ensure that the facility had job descriptions that meeting the standards of MDOH, but also included the minimum qualifications. the standards of good patient care for our facility. Findings include: Completion Date: 09/11/2011 Six (6) of six (6) personnel files reviewed revealed that the documents that listed job duties or responsibilities did not include minimum qualifications for staff.

MSDH - Health Facilities Licensure and Certification								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED			
		25JW		B. WING_		08/1	8/2011	
NAME OF P	ROVIDER OR SUPPLIER	-			STATE, ZIP CODE			
JACKSO	N WOMEN'S HEALTH	ORGANIZATION	2903 NOF JACKSON	RTH STATE I, MS 39210				
(X4) JD 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 CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	(X5) COMPLETE DATE		
М 127	Continued From pa	ge 2		M 127				
M 127	130.03 Structural S	oundness		M 127				
	structurally sound.	ss. The building shi free from leaks and e	excessive		The door across the corridor			
	moisture, in good re	epair, and painted at tractive inside and ou	intervals		from the electrical closet has			
				,	been aligned to close properly	1	5	
					and all other doors have been	•	 	
					checked to make certain that			
;	This Statute is not	met as evidenced by	r: to		they are within compliance.			
	Based on observation, the facility failed to maintain the structure in good repair as required.				No patients were effected by ti	ıls.		
	Findings include:				etion Date: 1	Date: 10/03/2011		
,	room across the co room fails to provid- rated separation fro	1/18/11 revealed the stridor from the electric the required one (1 or remaining areas.	ical panel) hour fire			i		
	that the door servin	g the storage space to the door frame and	does not			ļ		
M 128	130.04 Fire Extingu	isher		M 128				
	special hazard area would not have to to reach an extinguish of a type approved	An all purpose fire e provided at each exas, and located so a prayel more than 75 fear. Fire extinguisher by the local fire depa	et to s shall be rtment or					

MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION A. BUILDING B. WING 08/18/2011 25JW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 128 Continued From page 3 M 128 least annually. An attached tag shall bear the initials or name of the inspector and the date inspected. Although the previous fire extinguishers had been inspected, the inspector mistakenly noted on This Statute is not met as evidenced by: our invoice that new extinguishers Based on observation, the facility failed to properly maintain and provide fire extinguishers were not needed until 2012. All fire as required. extinguishers have been replaced Findings include: with new extinguishers in the facility. Observation on 08/18/11 revealed the portable Extinguishers will be checked yearly fire extinguisher has not received the required hydrostatic pressure testing. and visually checked to make sure this At 2:18 p.m. on 08/08/11, the portable fire extinguisher nearest the rear exit door was does not happen in the future, observed to be shell stamped 1996 indicating date of manufacture. There was no indication the No patients were affected by this. extinguisher shell had been hydrostatically Completion Date: 10/03/2011 pressure tested since that date. Dry chemical fire extinguishers with mild steel shells shall be hydrostatically tested at intervals not to exceed twelve (12) years. M 138 м 138 130,14 Emergency Power Emergency Power. Emergency generator shall be provided to make life sustaining equipment operable in case of power failure. Emergency failure outlets shall be provided in all patient care

areas.

Mississippi State Department of Health
STATE FORM

STYLEAST OF CHICLENDIES AND PLAN OF CORRECTION (X1) PROVIDER OR SUPPLIER 25.JW STREET ADDRESS, CITY, STATE, ZIP CODE 26.JW STREET ADDRESS, CITY, STATE, ZIP CODE 26.JW STREET ADDRESS, CITY, STATE, ZIP CODE 26.JW DESCRIPTION OF CORRECTION JACKSON WOMEN'S HEALTH ORGANIZATION (EACH DEFORMANCE STATEMENT OF DEFCISION STATE JACKSON WOMEN'S TATEMENT OF DEFCISION STATE (EACH DEFORMANCE STATEMENT OF DEFCISION STATE JACKSON WOMEN'S TATEMENT OF DEFCISION STATE JACKSON WISS TARREST STREET STREET ADDRESS, CITY, STATE, ZIP CODE 2905 NORTH STATE STREET JACKSON WOMEN'S TATEMENT OF DEFCISION STATE JACKSON WISS TARREST STREET JACKSON WISS TARREST STREET JACKSON WISS TARREST STREET AND PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE (EACH DEFORMANCE STATEMENT OF DEFCISION STATEMENT O	MSDH - Health Facilities Licensure and Certification								
NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION [MA] ID PREPRY (EACH DEFICIENCY MIST BE PRECEDED BY FULL TACKSON, MS 39216 M 138 Continued From page 4 This Statuts is not met as evidenced by: Based on observation and record review, the facility falled to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility failed to produce records are of the generator, and b) annual inspections of the generator, and b) annual inspections of the generator, and b) annual inspections of the generator. A routine maintenance and operational testing program shall be based on the menufacturer's recommendations instruction menuals, and the minimum requirement of this standard and the authority having jurisdiction (National File Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard).	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		A. BUILDING						
NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION PAPER (EACH DEFICIENCE MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) M 138 Continued From page 4 This Statute is not met as evidenced by: Based on observation and record review, the facility falled to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation inclicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility falled to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator and the maintenance and operational lesting program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and this authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard).	25JW		B. WING 08/18/20			8/2011			
JACKSON WOMEN'S HEALTH ORGANIZATION (AG) ID PREFIX (EACH DEPLOISMY MIST BE PRECEDED BY TAG) M 138 Continued From page 4 This Statute is not met as evidenced by: Based on observation and record review, the facility failed to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility failed to produce records are of the generator, and b) annual inspections of the generator, and b) annual inspections of the generator, and the minimum requirement of this standard and the authority having unfaciliction (Maldonal File Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standard Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard).	NAME OF P	ROVIDER OR SUPPLIER	La tampa						
PRIEFIX TAG M 138 Continued From page 4 This Statute is not met as evidenced by: Based on observation and record review, the facility falled to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance and operational testing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1:1 and the suggested maintenance schedule located in Appendix A of this Standard).	2903 NOR								
This Statute is not met as evidenced by: Based on observation and record review, the facility failed to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility failed to produce records regarding a) the exercise of the generator. A routine maintenance and operational testing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NPFA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1, and the suggested maintenance schedule located in Appendix A of this Standard).	PREFIX	(FACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	OTION SHOULD BE COMPLETE OTHE APPROPRIATE DATE			
Based on observation and record review, the facility falled to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility falled to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator, and b) annual inspections of the generator. A routine maintenance and operational festing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1, and the suggested maintenance schedule located in Appendix A of this Standard).	M 138	Continued From page 4		M 138					
Based on observation and record review, the facility falled to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility falled to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator, and b) annual inspections of the generator. A routine maintenance and operational festing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1, and the suggested maintenance schedule located in Appendix A of this Standard).	ļ								
Based on observation and record review, the facility falled to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility falled to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator, and b) annual inspections of the generator. A routine maintenance and operational festing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1, and the suggested maintenance schedule located in Appendix A of this Standard).		·							
Based on observation and record review, the facility falled to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility falled to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator, and b) annual inspections of the generator. A routine maintenance and operational festing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1, and the suggested maintenance schedule located in Appendix A of this Standard).	,								
Based on observation and record review, the facility falled to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility falled to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator, and b) annual inspections of the generator. A routine maintenance and operational festing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1, and the suggested maintenance schedule located in Appendix A of this Standard).								Ì	
Based on observation and record review, the facility falled to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility falled to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator, and b) annual inspections of the generator. A routine maintenance and operational festing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1, and the suggested maintenance schedule located in Appendix A of this Standard).			•						
facility falled to maintain the emergency generator as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility falled to produce records regarding a) the exercise of the generator. A routine maintenance and operational testing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard).		This Statute is not	met as evidenced by	r: . the		The emergency generator has be	en		
as required. Findings include: Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility falled to produce records regarding a) the exercise of the generator. A routine maintenance and operational testing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard).		Based on observation and record review, the						Ì	
Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility failed to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator. A routine maintenance and operational testing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard).			,,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4		tested and will continue to be to	sted		
revealed the facility was unable to produce records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility failed to produce records regarding a) the exercise of the generator. A routine maintenance and operational testing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (NEPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard).	,	Findings include: Record review on 8/18/11 from 3:00-3:15 p.m.,				on the monthly basis. We have	hired		
records as follows: 1) There was no documentation indicating the essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility falled to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator. A routine maintenance and operational testing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard).						someone to do our monthly and	annual		
essential electrical system (EES) was tested under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility failed to produce records regarding a) the exercise of the generator. A routine maintenance and operational testing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard).]	records as follows:				,		:	
under load for a minimum of thirty (30) minutes at monthly intervals and that the (EES) received the required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility failed to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator. A routine maintenance and operational testing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard).		1) There was no do	cumentation indicatir	ng the sted		the standards. A record will be k	ept of		
required annual maintenance; 2) Observation at 3:15 p.m. revealed the facility failed to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator. A routine maintenance and operational testing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard).		under load for a mir	nimum of thirty (30) n	ninutes at		all testing and maintenance don	e on the ger	nerator.	
2) Observation at 3:15 p.m. revealed the facility failed to produce records regarding a) the exercise of the generator, and b) annual inspections of the generator. A routine maintenance and operational testing program shall be based on the manufacturer's recommendations instruction manuals, and the minimum requirement of this standard and the authority having jurisdiction (National Fire Protection Association (NFPA) Standard 110, 1999 Edition, Emergency and Standby Power Systems, Section 6-1.1 and the suggested maintenance schedule located in Appendix A of this Standard).						Completi	ion Date: 10)/03/2011 J	
The above observations were confirmed by the		failed to produce recexercise of the general inspections of the general inspections of the general inspections of the general inspections of the general inspection in the protection in the general inspection in the general ins	cords regarding a) the rator, and b) annual enerator. A routine perational testing properties manufacturer's natruction manuals, and of this standard and (NFPA) Standard pency and Standby P.1.1 and the suggestable located in Appendiction (NPPA)	gram and the nd the e 110, ower ed dix A of				7 3.37 2.01 1,	

	OVIDER OR SUPPLIER	25JW	_	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		1		
JACKSON (X4) ID PREFIX	WOMEN'S HEALT		STREET AD	DRESS, CITY,	, STATE, ZIP CODE			
PRÉFIX		HORGANIZATION		RTH STATE N, MS 3921				
I .	(EACH DEFICIENC)	ARY STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL DRY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE	
M 138 Continued From page 5 Director 08/18/11.			M 138					
M 140 1	130,16 Exit Doors Exit Doors. Exit doors shall meet the following criteria: 1. Shall be no less than 44 inches wide.			M 140] - 	
					Although the electromagnetic can			
1					be unplugged at any given tim			
2 n	2. Shall swing in the direction of exit and shall not obstruct the travel along any required fire exi				allow constant egress in an er situation, we have set up and	nergency		
					appointment with our alarm co	упралу		
	•				to install a relay to unlock the o	loorupon		
					an emergency situation. Work	is scheduled		
	This Statute is not met as evidenced by: Based on observation and record review, the facility failed to provide immediate access to exits.			to begin this month.				
fa					Complet	ion Date: 10/03	3/2011	
F	indings include:	lings include:						
fr	ont door, which red	alled a magnetic lock quires staff to release or hold, to allow egre	e an					
p. el al	Observation on 08/18/11 revealed that at 1:15 p.m., a staff member was required to activate an electrical switch from the receptionist station to allow entry. At 3:30 p.m. it was observed that the same action was necessary to exit the facility. There are no fail-safe attributes as required by appropriate standards where similar arrangements are allowed by regulations and the authority having jurisdiction. State Regulation,							
ar								

MSDH -	Health Facilities Lic	ensure and Certificat	ion					
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	25JW			B. WING		08/	8/2011	
NAME OF P	ROVIDER OR SUPPLIER	of a process to the second	Į.		STATE, ZIP CODE		1	
JACKSO	N WOMEN'S HEALTH	H ORGANIZATION		RTH STATE N, MS 3921	6			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DÉFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
M 140	Continued From pa	ige 6		M 140				
	Section 102.01 & the National Fire Protection Association (NFPA) Standard 101, Life Safety Code, 2000 Edition, Locks, Latches and Alarm Devices, Section 7.2.1.5.1.							
,			•		[
						•	•	
				'				
				÷				
	•						•	
					}			
			-					
,								
				. •				
					·			
						·		
	÷	* .				i		
{								
	•			·				