

## MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/18/2011
NAME OF PROVIDER OR SUPPLIER  JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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)	(X5) COMPLETE DATE
M 068	<p>116.01 Transfer Agreement</p> <p>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:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2. Maintain his or her primary office location within 30 minutes travel time of the abortion facility.</li> <li>3. Have full credentials to handle complications of abortions with the acute general hospital(s).</li> </ol> <p>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 Mississippi State Board of Health.</p> <p>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</p>	<p>M 068</p> <p>OK</p> <p>11/3/11</p> <p>(PH)</p>		

Mississippi State Department of Health

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

STATE FORM

6809

BNF811

TITLE

(X6) DATE

If continuation sheet 1 of 6

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M 068	Continued From page 1  agreement with a physician for the purpose of ensuring that patients who have complications will be immediately transferred to the physician's care.  Findings include:  Review of the document provided as the transfer agreement required by the Minimum Standards of Operation for Abortion Facilities §116.01 was executed February 23, 2010 with the previous owners of Jackson's Women's Health Organization. The agency has received documentation that new management took over the facility July 1, 2010. The facility under this new management does not have an agreement with a physician at a local hospital to admit patients.	M 068	The previous transfer agreement has been revised and updated to eliminate the Medical Director of the previous owner from the agreement.  We continue to have our agreement in place with the same local physician as before. This will ensure that patients are able to be admitted to a local hospital if necessary. No patients were affected by this because the admitting physician did not change during this process. We will continue to make any necessary changes to this agreement in order to ensure that our patients are receiving the best possible care and all minimum standards continue to be met.	
M 139	133.03 Structural Soundness  Structural Soundness. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at intervals to be reasonably attractive inside and out.  This Statute is not met as evidenced by: Based on observation, the facility failed 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 fails to provide the required one (1) hour fire	M 139		Completion Date: 09/11/2011

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M 139	Continued From page 2  rated separation from remaining areas.  At 1:45 p.m. on 08/18/11 the surveyor observed that the door serving the storage space does not close completely into the door frame and positively latch.	M 139	The door across the corridor  from the electrical closet has  been aligned to close properly  and all other doors have been  checked to make certain that  they are within compliance.  No patients were affected by this.	
M 140	133.04 Fire Extinguisher  Fire Extinguisher. An all-purpose fire extinguisher shall be provided at each exit and special hazard areas, and located so a person would not have to travel more than 75 feet to reach an extinguisher.  This Statute is not met as evidenced by: Based on observation, the facility failed to properly maintain and provide fire extinguishers as required.  Findings include:  Observation on 08/18/11 revealed the portable fire extinguisher has not received the required 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 140	Although the previous fire  extinguishers had been inspected,  the inspector mistakenly noted on  our invoice that new extinguishers  were not needed until 2012. All fire  extinguishers have been replaced  with new extinguishers in the facility.  Extinguishers will be checked yearly  and visually checked to make sure this  does not happen in the future.  No patients were affected by this.  Completion Date: 10/03/2011	

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M 141	<p>133.05 Fire Extinguisher</p> <p>Fire extinguishers shall be of a type approved by the local fire department or State Fire Marshall and shall be inspected at least annually. An attached tag shall bear the initials or name of the Inspector and the date inspected.</p> <p>This Statute is not met as evidenced by: Based on observation, the facility failed to properly maintain and provide fire extinguishers as required.</p> <p>Findings include:</p> <p>Observation on 08/18/11 revealed the portable fire extinguisher has not received the required hydrostatic pressure testing.</p> <p>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.</p> <p>Dry chemical fire extinguishers with mild steel shells shall be hydrostatically tested at intervals not to exceed twelve (12) years.</p>	M 141	<p>Although the previous fire extinguishers had been inspected, the inspector mistakenly noted on our invoice that new extinguishers were not needed until 2012. All fire extinguishers have been replaced with new extinguishers in the facility.</p> <p>Extinguishers will be checked yearly and visually checked to make sure this does not happen in the future.</p> <p>No patients were affected by this.</p> <p>Completion Date: 10/03/2011</p>	
M 150	<p>133.14 Emergency Lighting</p> <p>Emergency Lighting. Emergency lighting systems shall be provided to adequately light corridors, procedure rooms, exit signs, stairways,</p>	M 150		

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M 150	<p>Continued From page 4</p> <p>and lights at exterior of each exit in case of electrical power failure.</p> <p>This Statute is not met as evidenced by: Based on observation and record review, the facility failed to maintain the emergency generator as required.</p> <p>Findings include:</p> <p>Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows:</p> <p>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;</p> <p>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).</p> <p>The above observations were confirmed by the Director 08/18/11.</p>	M 150	<p>The emergency generator has been tested and will continue to be tested on the monthly basis. We have hired someone to do our monthly and annual testing as to stay in compliance with the standards. A record will be kept of all testing and maintenance done on the generator.</p> <p>Completion Date: 10/03/2011</p>	

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M 152	Continued From page 5	M 152		
M 152	<p>133.16 Exit Doors</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on observation and record review, the facility failed to provide immediate access to exits.</p> <p>Findings include:</p> <p>The facility has installed a magnetic lock at the front door, which requires staff to release an electromagnetic door hold, to allow egress.</p> <p>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.</p> <p>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 &amp; the National Fire Protection Association (NFPA) Standard 101, Life Safety Code, 2000 Edition, Locks, Latches and Alarm Devices, Section 7.2.1.5.1.</p>	<p>M 152</p> <p>Although the electromagnetic can be unplugged at any given time to allow constant egress in an emergency situation, we have set up and appointment with our alarm company to install a relay to unlock the door upon an emergency situation. Work is scheduled to begin this month.</p> <p>Completion Date: 10/03/2011</p>		

AMENDED

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M 043	<p>107.01 Personnel Records</p> <p>Personnel Records. A record of each employee should be maintained which includes the following to help provide quality assurance in the facility:</p> <ol style="list-style-type: none"> <li>1. Application for employment.</li> <li>2. Written references and/or a record of verbal references.</li> <li>3. Verification of all training and experience, and licensure, certification, registration and/or renewals.</li> <li>4. Performance appraisals.</li> <li>5. Initial and subsequent health clearances.</li> <li>6. Disciplinary and counseling actions.</li> <li>7. Commendations.</li> <li>8. Employee incident reports.</li> <li>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.</li> </ol> <p>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.</p>	M 043	<p>All employees that have been with our facility for at least a year have received performance appraisals and they are being kept in their employee file.</p> <p>Administration will continue to evaluate and document all employees on an annual basis to ensure that the best possible patient care is given.</p> <p>Completion Date: 09/11/2011</p>	

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TITLE

(X6) DATE

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

STATE FORM

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If continuation sheet 1 of 7

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M 043	Continued From page 1 Findings include:  Six (6) of six (6) personnel files reviewed revealed that there were no Performance Appraisal documents in each employee's file.	M 043			
M 044	107.02 Job Descriptions  Job Descriptions  1. Every position shall have a written description which adequately describes the duties of the position.  2. Each job description shall include position title, authority, specific responsibilities and minimum qualifications. Qualifications shall include education, training, experience, special abilities and license or certification required.  3. Job descriptions shall be kept current and given to each employee when assigned to the position and whenever the job description is changed.  This Statute is not met as evidenced by: Based on review of documents, the facility failed to ensure that the facility had job descriptions that included the minimum qualifications.  Findings include:  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.	M 044	All employee files have been changed to include the minimum qualifications for each particular job description.  All files have been checked to ensure that the employee does, in fact, meet the minimum qualifications for that particular position. Any potential new hires will be checked and documented in their file that qualifications are met. By doing such, our facility has ensured that we are not only meeting the standards of MDOH, but also the standards of good patient care for our facility.  Completion Date: 09/11/2011		



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M 127	Continued From page 2	M 127		
M 127	130.03 Structural Soundness  Structural Soundness. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at intervals to be reasonably attractive inside and out.  This Statute is not met as evidenced by: Based on observation, the facility failed 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 fails to provide the required one (1) hour fire rated separation from remaining areas.  At 1:45 p.m. on 08/18/11 the surveyor observed that the door serving the storage space does not close completely into the door frame and positively latch.	M 127	The door across the corridor from the electrical closet has been aligned to close properly and all other doors have been checked to make certain that they are within compliance.  No patients were affected by this.	
M 128	130.04 Fire Extinguisher  Fire Extinguisher. An all purpose fire extinguisher shall be provided at each exit and special hazard areas, and located so a person would not have to travel more than 75 feet to reach an extinguisher. Fire extinguishers shall be of a type approved by the local fire department or State Fire Marshall and shall be inspected at	M 128		

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M 128	<p>Continued From page 3</p> <p>least annually. An attached tag shall bear the initials or name of the inspector and the date inspected.</p> <p>This Statute is not met as evidenced by: Based on observation, the facility failed to properly maintain and provide fire extinguishers as required.</p> <p>Findings include:</p> <p>Observation on 08/18/11 revealed the portable fire extinguisher has not received the required hydrostatic pressure testing.</p> <p>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.</p> <p>Dry chemical fire extinguishers with mild steel shells shall be hydrostatically tested at intervals not to exceed twelve (12) years.</p>	M 128	<p>Although the previous fire extinguishers had been inspected, the inspector mistakenly noted on our invoice that new extinguishers were not needed until 2012. All fire extinguishers have been replaced with new extinguishers in the facility.</p> <p>Extinguishers will be checked yearly and visually checked to make sure this does not happen in the future.</p> <p>No patients were affected by this.</p> <p>Completion Date: 10/03/2011</p>	
M 138	<p>130.14 Emergency Power</p> <p>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.</p>	M 138		

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M 138	<p>Continued From page 4</p> <p>This Statute is not met as evidenced by: Based on observation and record review, the facility failed to maintain the emergency generator as required.</p> <p>Findings include:</p> <p>Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows:</p> <p>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;</p> <p>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).</p> <p>The above observations were confirmed by the</p>	M 138	<p>The emergency generator has been tested and will continue to be tested on the monthly basis. We have hired someone to do our monthly and annual testing as to stay in compliance with the standards. A record will be kept of all testing and maintenance done on the generator.</p> <p>Completion Date: 10/03/2011</p>	

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M 138	Continued From page 5 Director 08/18/11.	M 138		
M 140	130.16 Exit Doors  Exit Doors. Exit doors shall meet the following criteria:  1. Shall be no less than 44 inches wide.  2. Shall swing in the direction of exit 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,	M 140	Although the electromagnetic can be unplugged at any given time to allow constant egress in an emergency situation, we have set up and appointment with our alarm company to install a relay to unlock the door upon an emergency situation. Work is scheduled to begin this month.  Completion Date: 10/03/2011	

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M 140	Continued From page 6  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.	M 140		

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(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)	(X5) COMPLETE DATE
M 068	<p>116.01 Transfer Agreement</p> <p>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:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2. Maintain his or her primary office location within 30 minutes travel time of the abortion facility.</li> <li>3. Have full credentials to handle complications of abortions with the acute general hospital(s).</li> </ol> <p>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 Mississippi State Board of Health.</p> <p>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</p>	M 068		

Mississippi State Department of Health

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

STATE FORM

6899

BNF811

TITLE

(X6) DATE

If continuation sheet 1 of 6

MSDH - Health Facilities Licensure and Certification

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

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/18/2011
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NAME OF PROVIDER OR SUPPLIER  JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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(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)	(X5) COMPLETE DATE
M 139	Continued From page 2  rated separation from remaining areas.  At 1:45 p.m. on 08/18/11 the surveyor observed that the door serving the storage space does not close completely into the door frame and positively latch.	M 139	The door across the corridor from the electrical closet has been aligned to close properly and all other doors have been checked to make certain that they are within compliance.  No patients were affected by this.	
M 140	133.04 Fire Extinguisher  Fire Extinguisher. An all-purpose fire extinguisher shall be provided at each exit and special hazard areas, and located so a person would not have to travel more than 75 feet to reach an extinguisher.  This Statute is not met as evidenced by: Based on observation, the facility failed to properly maintain and provide fire extinguishers as required.  Findings include:  Observation on 08/18/11 revealed the portable fire extinguisher has not received the required 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 140	Although the previous fire extinguishers had been inspected, the inspector mistakenly noted on our invoice that new extinguishers were not needed until 2012. All fire extinguishers have been replaced with new extinguishers in the facility. Extinguishers will be checked yearly and visually checked to make sure this does not happen in the future.  No patients were affected by this.	Completion Date: 10/03/2011



MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/18/2011
NAME OF PROVIDER OR SUPPLIER  JACKSON WOMEN'S HEALTH ORGANIZATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39210		
(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)		(X5) COMPLETE DATE
M 141	<p>133.05 Fire Extinguisher</p> <p>Fire extinguishers shall be of a type approved by the local fire department or State Fire Marshall and shall be inspected at least annually. An attached tag shall bear the initials or name of the inspector and the date inspected.</p> <p>This Statute is not met as evidenced by: Based on observation, the facility failed to properly maintain and provide fire extinguishers as required.</p> <p>Findings include:</p> <p>Observation on 08/18/11 revealed the portable fire extinguisher has not received the required hydrostatic pressure testing.</p> <p>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.</p> <p>Dry chemical fire extinguishers with mild steel shells shall be hydrostatically tested at intervals not to exceed twelve (12) years.</p>	M 141	<p>Although the previous fire extinguishers had been inspected, the inspector mistakenly noted on our invoice that new extinguishers were not needed until 2012. All fire extinguishers have been replaced with new extinguishers in the facility.</p> <p>Extinguishers will be checked yearly and visually checked to make sure this does not happen in the future.</p> <p>No patients were affected by this.</p> <p>Completion Date: 10/03/2011</p>		
M 150	<p>133.14 Emergency Lighting</p> <p>Emergency Lighting. Emergency lighting systems shall be provided to adequately light corridors, procedure rooms, exit signs, stairways,</p>	M 150			

MSDH - Health Facilities Licensure and Certification

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NAME OF PROVIDER OR SUPPLIER  JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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)	(X5) COMPLETE DATE
M 150	<p>Continued From page 4</p> <p>and lights at exterior of each exit in case of electrical power failure.</p> <p>This Statute is not met as evidenced by: Based on observation and record review, the facility failed to maintain the emergency generator as required.</p> <p>Findings include:</p> <p>Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows:</p> <p>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;</p> <p>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).</p> <p>The above observations were confirmed by the Director 08/18/11.</p>	M 150	<p>The emergency generator has been tested and will continue to be tested on the monthly basis. We have hired someone to do our monthly and annual testing as to stay in compliance with the standards. A record will be kept of all testing and maintenance done on the generator.</p> <p>Completion Date: 10/03/2011</p>	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/18/2011
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NAME OF PROVIDER OR SUPPLIER  JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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(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)	(X5) COMPLETE DATE
M 152	Continued From page 5	M 152		
M 152	<p>133.16 Exit Doors</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on observation and record review, the facility failed to provide immediate access to exits.</p> <p>Findings include:</p> <p>The facility has installed a magnetic lock at the front door, which requires staff to release an electromagnetic door hold, to allow egress.</p> <p>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.</p> <p>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 &amp; the National Fire Protection Association (NFPA) Standard 101, Life Safety Code, 2000 Edition, Locks, Latches and Alarm Devices, Section 7.2.1.5.1.</p>	M 152	<p>Although the electromagnetic can be unplugged at any given time to allow constant egress in an emergency situation, we have set up and appointment with our alarm company to install a relay to unlock the door upon an emergency situation. Work is scheduled to begin this month.</p> <p>Completion Date: 10/03/2011</p>	

AMENDED

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/18/2011
NAME OF PROVIDER OR SUPPLIER  JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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)	(X5) COMPLETE DATE
M 043	<p>107.01 Personnel Records</p> <p>Personnel Records. A record of each employee should be maintained which includes the following to help provide quality assurance in the facility:</p> <ol style="list-style-type: none"> <li>1. Application for employment.</li> <li>2. Written references and/or a record of verbal references.</li> <li>3. Verification of all training and experience, and licensure, certification, registration and/or renewals.</li> <li>4. Performance appraisals.</li> <li>5. Initial and subsequent health clearances.</li> <li>6. Disciplinary and counseling actions.</li> <li>7. Commendations.</li> <li>8. Employee incident reports.</li> <li>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.</li> </ol> <p>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.</p>	M 043	<p>All employees that have been with our facility for at least a year have received performance appraisals and they are being kept in their employee file.</p> <p>Administration will continue to evaluate and document all employees on an annual basis to ensure that the best possible patient care is given.</p> <p>Completion Date: 09/11/2011</p>	

Mississippi State Department of Health

TITLE

(X6) DATE

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

STATE FORM

5599

BNF811

If continuation sheet 1 of 7

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/18/2011
NAME OF PROVIDER OR SUPPLIER  JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
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M 043	Continued From page 1 Findings include:  Six (6) of six (6) personnel files reviewed revealed that there were no Performance Appraisal documents in each employee's file.	M 043		
M 044	107.02 Job Descriptions  Job Descriptions  1. Every position shall have a written description which adequately describes the duties of the position.  2. Each job description shall include position title, authority, specific responsibilities and minimum qualifications. Qualifications shall include education, training, experience, special abilities and license or certification required.  3. Job descriptions shall be kept current and given to each employee when assigned to the position and whenever the job description is changed.  This Statute is not met as evidenced by: Based on review of documents, the facility failed to ensure that the facility had job descriptions that included the minimum qualifications.  Findings include:  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.	M 044	All employee files have been changed to include the minimum qualifications for each particular job description.  All files have been checked to ensure that the employee does, in fact, meet the minimum qualifications for that particular position. Any potential new hires will be checked and documented in their file that qualifications are met. By doing such, our facility has ensured that we are not only meeting the standards of MDOH, but also the standards of good patient care for our facility.  Completion Date: 09/11/2011	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>25JW</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/18/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACKSON WOMEN'S HEALTH ORGANIZATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2903 NORTH STATE STREET JACKSON, MS 39216</b>		
(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)	(X5) COMPLETE DATE	
M 127	Continued From page 2	M 127			
M 127	<p>130.03 Structural Soundness</p> <p>Structural Soundness. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at intervals to be reasonably attractive inside and out.</p> <p>This Statute is not met as evidenced by: Based on observation, the facility failed to maintain the structure in good repair as required.</p> <p>Findings include:</p> <p>Observations on 08/18/11 revealed the storage room across the corridor from the electrical panel room fails to provide the required one (1) hour fire rated separation from remaining areas.</p> <p>At 1:45 p.m. on 08/18/11 the surveyor observed that the door serving the storage space does not close completely into the door frame and positively latch.</p>	M 127	<p>The door across the corridor from the electrical closet has been aligned to close properly and all other doors have been checked to make certain that they are within compliance.</p> <p>No patients were affected by this.</p> <p style="text-align: right;">Completion Date: 10/03/2011</p>		
M 128	<p>130.04 Fire Extinguisher</p> <p>Fire Extinguisher. An all purpose fire extinguisher shall be provided at each exit and special hazard areas, and located so a person would not have to travel more than 75 feet to reach an extinguisher. Fire extinguishers shall be of a type approved by the local fire department or State Fire Marshall and shall be inspected at</p>	M 128			

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/18/2011
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M 128	<p>Continued From page 3</p> <p>least annually. An attached tag shall bear the initials or name of the inspector and the date inspected.</p> <p>This Statute is not met as evidenced by: Based on observation, the facility failed to properly maintain and provide fire extinguishers as required.</p> <p>Findings include:</p> <p>Observation on 08/18/11 revealed the portable fire extinguisher has not received the required hydrostatic pressure testing.</p> <p>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.</p> <p>Dry chemical fire extinguishers with mild steel shells shall be hydrostatically tested at intervals not to exceed twelve (12) years.</p>	M 128	<p>Although the previous fire extinguishers had been inspected, the Inspector mistakenly noted on our invoice that new extinguishers were not needed until 2012. All fire extinguishers have been replaced with new extinguishers in the facility.</p> <p>Extinguishers will be checked yearly and visually checked to make sure this does not happen in the future.</p> <p>No patients were affected by this.</p> <p style="text-align: right;">Completion Date: 10/03/2011</p>		
M 138	<p>130.14 Emergency Power</p> <p>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.</p>	M 138			

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/18/2011
NAME OF PROVIDER OR SUPPLIER  JACKSON WOMEN'S HEALTH ORGANIZATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
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M 138	<p>Continued From page 4</p> <p>This Statute is not met as evidenced by: Based on observation and record review, the facility failed to maintain the emergency generator as required.</p> <p>Findings include:</p> <p>Record review on 8/18/11 from 3:00-3:15 p.m., revealed the facility was unable to produce records as follows:</p> <p>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;</p> <p>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).</p> <p>The above observations were confirmed by the</p>	M 138	<p>The emergency generator has been tested and will continue to be tested on the monthly basis. We have hired someone to do our monthly and annual testing as to stay in compliance with the standards. A record will be kept of all testing and maintenance done on the generator.</p> <p>Completion Date: 10/03/2011</p>		



MSDH - Health Facilities Licensure and Certification

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M 138	Continued From page 5 Director 08/18/11.	M 138		
M 140	130.16 Exit Doors  Exit Doors. Exit doors shall meet the following criteria:  1. Shall be no less than 44 inches wide.  2. Shall swing in the direction of exit 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,	M 140	Although the electromagnetic can be unplugged at any given time to allow constant egress in an emergency situation, we have set up and appointment with our alarm company to install a relay to unlock the door upon an emergency situation. Work is scheduled to begin this month.  Completion Date: 10/03/2011	

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M 140	Continued From page 6  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.	M 140			