

SURVEYOR NOTES WORKSHEET

Facility Name: Planned Parenthood Surveyor Name: A. Alder
 CCN: 0286 AS Surveyor Number: 03284 Discipline: RN
 Observation Dates: From 7/22/12 To _____

AMBULATORY SURGICAL CENTERS
MEDICAL RECORD REVIEW

(Transfer) to ER

PATIENT NAME				
HISTORY PHYSICAL	6 wks Preg	BD 1/94	BD 1/78	Mixon
*pre-op diagnosis	Abortions	12 wks AB	10 wks 2 days	9 wks/d
*procedure to be done				
ADMISSION DATA				
*name, address, date of birth, sex	✓ 11/3/10	✓	✓	3/15/91
marital status, race	✓			
*date, time of admission	✓			
*pre-op diagnosis				
-previous medical history	✓			
allergies				
current medications				
past adverse reactions	✓ Dyo Social			
family history				
physical exam	Medical			
TREATMENT DATA				
*MD, podiatrist, dentist orders	1st trimester D/C			
special exams (lab, x-ray, pathology)	Lab ✓ 11/2/10	Lab -	all with	ik
*signed informed consent	TX - AD	- consent signed by parents	- Pgs	
*evidence advance directive	✓		Consent	
-MD note				
-nurses notes				
-meds				
-TPR				
-OR record				
-anesthesia record				
-consult record	US / consultant	US	-US-	
surgery site verification	✓ Record.			
PRIOR DISCHARGE				
-exam by MD eval risk procedure	Abortion prior	12/6/11		
-exam by anesthesiologist proper	d. do came			
anesthesia recovery, risk anesthesia	✓			
-discharge in 24 hour or transfer	✓			
discharge to hospital with record	✓			
-verbal/written instruction post-op	✓			
care and procedure for obtaining	✓			
emergency care	✓			
-written acknowledgement of written				
discharge instructions			written Acknowledgment of D/C Abat.	9/13/11

SURVEYOR NOTES WORKSHEET

Facility Name: Planned Parenthood Surveyor Name: A. Alda
 CCN: 0286 AS Surveyor Number: 03284 Discipline: RA
 Observation Dates: From 2/22/12 To _____

**AMBULATORY SURGICAL CENTERS
MEDICAL RECORD REVIEW**

Notification of malpractice	has in center	has in center	_____	_____
advance directives	✓	✓	✓	✓
Complications or adverse events	No	yes (see below)	✓	No
written information for obtaining appointment /services after hours		✓	✓	✓
legible and documented in accordance with acceptable standards of practice	✓	✓	✓	✓
informed consent prior surgery	✓	yes -	✓	✓
Discharge with responsible adult.	Plc self.	to ER		✓
		Transfer to Hospital - 12/16/11 @ 12:20		

Transfer records sent to EMS (No copy in facility) Birth Certificate d/T pt. a minor - Name - whey in - forget Inhaler used ER Drs inhaled. O2 applied to ER - Allergic Reaction