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	NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:		A BUILDING		SURVEY LETED
NAME OF	PROVIDER OR SUPPLIER	I Al -ou		DRESS, CITY :	STATE, ZIP CODE	121	12/2012
	OTTESVILLE MEDICAL	CENTER FOR WOM	2321 COM	MONWEAL	TH DR		
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T 000) 12 VAC 5- 412 Initi	al comments		T 000			
	of Licensure and Coof Health conducted Revisit survey to the 31, 2012 through A survey was conduct through December. The following regulating initial survey and 12 VAC5-412-170 (with new findings in 12 VAC5-412-220 (Prevention 12 VAC5-412-240 (accurseling and laboring to VAC5-412-250 (counseling and laboring and laboring to VAC5-412-250 (counseling and laboring and laboring to VAC5-412-250 (counseling a	ations were not cleared were re-cited: B) (C) (E) (F) (G) - Fincluded) C) and (E) - Infection A) - Medical Testing, oratory services (new C) (H) - Anesthesia S A) (B) (D) - Quality As	pepartment censure med July Revisit 112 ad from Personnel patient finding				
	: . 12 VAC5-412-140 (/	Policy and Procedure C) - Clinical Staff				•	
	The agency was not VAC-412 Regulation Abortion Clinics (effection Deficiencies cited followers)		2 f				
T 010	12 VAC 5-412-140 A management A. Each abortion factority responsible for control of the operation	ility shall have a gove the management and	erning	Т 010			
BORATOR	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTA	TIVE'S SIGNA	TURE	TITLE		X5) DATE
·					Administra	∟/ .	- 25-13

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,	T OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	#2	STREET ADD	RESS, CITY, S	STATE, ZIP CODE	
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T 010	Based on facility do	age 1 met as evidenced by cument review, clinic aw and revisit survey	al record	Т 010	FOIO Governing Bud	d of these
	the governing body plan of correction w facility was in comp	failed to ensure the /as Implemented and /liance with state regu	facility :		findings. Go Body WII,	regune
	through 12/12/12, a of correction submidid not implement in findings were also on the following regularies re-cited: 12 VAC5-412-170 findluded) 12 VAC5-412-240 - counseling and laboratuded) 12 VAC5-412-250 - 12 VAC5-412-300 - findings included)	t survey conducted 1 and review/validation ted by the facility, the ts plan of correction stited by the survey testions were not clear decided by the survey testions were not clear decided Prevention Medical Testing, paid and State code. Local and State code.	of the plane facility and new am. ed and findings ient finding		Body WII , reports from administrate Administrate responsible inglementin of correction for reporting Governing Bo completion de Dec. 15.201	J plan + such to do
	12 VAC5-412-140- 12 VAC5-412-150 - 12 VAC5-412-180 - 12 VAC5-412-310 - On 12/12/12 at 7:30	Policy and Procedur Clinical Staff	e Manuai m		TOIO Addend Governing Bod require repo Administrator progress.	or to to from

State of	<u>Virginia</u>		A SHIPP OF THE SHI			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIÉ	MBER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION		SURVEY LETED 12/2012
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T 035	Continued From P	age 2		T 035			
T 035	12 VAC 5-412-150 Policy and procedure manual.			T 035	T 035		
	and maintain an approcedures manually the licensee. The provisions covering topics: 1. Personnel; 2. Types of electif that may be perfored. 3. Types of anest 4. Admissions and for evaluating the perfored discharge; 5. Obtaining writt patient prior to the 6. When to use ungestational age an patient risk; 7. Infection prevents and 10. Management 11. Ensuring confederal, state and 12. Facility securing 13. Disaster preping 14. Patient rights 15. Functional said 16. Identification responsibility for outher facility is delegiby the licensee for responsible and according to the facility is delegiby the licensee for responsible and according to the facility is delegible to the facility i	thesia that may be used discharges, including patient before admission informed consent initiation of any produltrasound to determined when indicated to a sention; ty management; and effective responsing and effective responsional emergency; and effective responsional emergency; and effective responsional laws; ity; paredness;	be essary by following rocedures sed; ing criteria sion and of the edures; he assess eto fire; cable tenance; in ance of stablished ual olicies				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	10000	ER/SUPPLIER/CLIA CATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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Based on star record review facility staff fa policies and p The findings i During the rev through 12/12 developed por failed to imple 1. Personnel 2. Criteria for	s not met as evide f interview, clinica and facility docu iled to ensure the rocedures.	al and employee ment review, the implementation of cted 12/11/12 the facility ures, however g:	T 035	Governing Bobs bein intorned Administrator responsible for implementing of procedures. Administrator delegating to other staff congleton of files- Chart have been re reflect admis Lischange con Training of ed staff has be up to date rew staff A training is on Quality / Risk	policies is asks to to ensure personnel forms vised to
 Infection peducation of s 	evention related t			Quality / RISK	nanajens
· · · · · · · · · · · · · · · · · · ·				Jan 10, 120125	

If continuation sheet 5 of 27

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MBER:	A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED 12/12/2012
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		_ CENTER FOR WOM	2321 CON	MONWEAL	.TH DR	
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Т 035	discussed the findi On 12/12/12 at 7:3	age 4 30 p.m., the survey tengs with Employee # 0 p.m., the survey tengs with Employee #1	l. ım	Т 035		to require pure pure in isrrate
	for employment fro obtain and verify in as to education, tra professional license health and personal member. This RULE: is not based on observative reviews the facility records contained a containing, experience employees. (Employment) (mall obtain written app m all staff. The licen- formation on the appl ining, experience, ap- ure, if applicable, and if background of each met as evidenced by: met as evidenced by: ions, interviews and realled to ensure empli- a written application, ince or education for foree or education for foree or ecord #2 - #6)	see shall ication propriate the staff ecord oyee verification ive of six nber 11, reported ees. Staff urrent		files. Training have been to Jate. Congletion Jamany	records project of
	records revealed fin not contained an ap- records did not con- employee's educati- work experience.	ve of the employee repolication. The five entain documentation of onal background or properties and the employee recentation the employee.	cords did mployee f the revious cords did		personnel 6: personnel 6: personnel 6: training is	for ensuing les + training e + supriegn conducted +

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A BUILDIN		(X3) DATE SURVEY COMPLETED
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NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
CHARLO	TTESVILLE MEDICAL	_ CENTER FOR WOM		MONWEAL		a. r. c.
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T 065	Continued From Pa	age 5		T 065	TOGS Adde	ndum -
	of training. Review of the facili read "Purpose: To trained, and review center may function the patients, the go staff Procedure: new employee form verification of qualifiapplication will be complete the information preserved were their chealth file. Staff #1 employee records coverification of previetraining that qualifiers.	eir position through versity's policy "Personne ensure personnel are ed appropriately so the optimally to the satioverning authority, and When filling a position will be utilized to enfications for the positional staff and cotted on December, with Staff #1. Staff sented as the employeem was informed that fillid not contain applications experience, educed them for their positivas no other informations.	Policies" hat the sfaction of dother ition, the sure on. An "" her 11, #1 verified yees' ecord and ye of the ations, cation or tion. Staff		personnel of personnel of least jann- ensure co further, 8 to support as approp	will review Giles at rally to myleteness. he will deligat staff tasks priate.
T 080	maintain policies ar that its staff particip training and educat staff duties, and ap, and scope of service include documental	E Personnel I develop, implement and procedures to doc bates in initial and ong ion that is directly rela propriate to the level, es provided. This sh tion of annual particip	ument going ated to intensity all pation in	T 080	T 6 80	
	training. This RULE: is not reased on record re	met as evidenced by: view and interview th their policies related	e facility			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY GOMPLETED
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VAME OF	PROVIDER OR SUPPLIER	i	EET ADDRESS, CITY,		
CHARLO	TTESVILLE MEDICA	L CENTER FOR WOM 232	1 COMMONWEAL ARLOTTESVILLE,	TH DR VA 22904	
****		- I a second		PROVIDER'S PLAN OF CO	DRRECTION (λ5)
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T 080	Continued From P	age 6	T 080	[; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
	or entation and tra five of six employe	ining specific to staff dutie ees. (Employee record #2	s for -#6)	or, cutation	check(:st
	The findings include	ded:	: : •	las been	completed
	2012 at 10:26 a.m. the facility had less	w conducted on December with Staff #1, he/she repose than ten (10) employees employee records for curre	orted ∃ . Staff	for starth	:
	Observation and r records revealed f not contained doc	eview of the six (6) employ live of the employee record umentation of the employed bing training specific to the	ls did e's	congletion January	0,2013.
	Review of the faci read "Purpose: To trained, and review center may function the patients; the g staff Procedure completed Staff ongoing training d Documentation of personnel file as v	lity's policy "Personnel Pole ensure personnel are hire wed appropriately so that to optimally to the satisfactoverning authority, and other coverning authority in the training will be kept in the veil as in the training manuscenducted on December 1	ed, ne tion of ner nill be di s.	Administrations reponsible that new s property ariented. is responsible	tor ensuring stat is rained to Administrat ble for personnel
	2012 at 12:06 p.m. the information pro- complete record. five employee record documentation of training specific to	conducted on December 1 I., with Staff #1. Staff #1 vesented was the employee The surveyor informed State ords did not contain initial/orientation or other each employee's duties. Swas no other information	erified es' aff #1	\$ 1.65.	:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE		A. BUILDIN		(X3) DATE SURVEY COMPLETED
1	FTAF-001	8	B. WING _		12/12/2012
NAME OF PROVIDER OR SUPP	· · · · · · · · · · · · · · · · · · ·		RESS, CITY,	STATE, ZIP CODE	
CHARLOTTESVILLE ME	DICAL CENTER FOR WOM		MONWEAL TESVILLE,		
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T 085 Continued Fro	om Page 7		T 085		•
T 085 12 VAC 5-412	2-170 F Personnel		T 085	7085	
describe the of maintained. 2. Each job of title, authority, minimum quated annually, kept employee and position and with the RULE: is Based on reconstitutions a received a quireless of the maintained annually.	descriptions that adequate luties of every position shall include: pospecific responsibilities a lifications. Shall be reviewed at current and given to each volunteer when assigned	ell be position and t least to the facility sined job ployee ee of six		Completed Jan. 10, 20 Administre responsibil	itor is te for ensuring to member
The findings in	ncluded:	TOTAL STATE OF THE		receives description	
records reveal not contain a j employees rec additional employees of qualification position appoin Review of the read "Purpose trained, and re center may fur the patients, the staff Proced of each person and date the jo	and review of the six (6) emited two of the employee report description or document beived their job description of description for the description of the description of the satisfactory of the satisfactory of the satisfactory of the description of the des	cords did ntation the . An lentation or his/her y/board. Policies" hired, nat the sfaction of d other will be part er will sign hat she is		Governing approved powerish in clusted in clusted administration has been started as to the contract of the co	body hid olicy mendl ded naming strator of er absence.
aware of her re	esponsibilities. Job descri	ostraa Driotta wiii		Clarity 17	If continuation sheet, 8 of 2
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Jan. 10,2013.

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FTAF-0018		A. BUII	ULTIPLE CONSTRUCTION LDING NG	(X3) DATE SURVEY COMPLETED
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		L CENTER FOR WOM	2321 COMMONWS		
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	each staff member An interview was of 2012 at 12:06 p.m. the information precomplete record. three of the employ job description or if aware of their dutied descriptions should record. Staff #1 reinformation available 12 VAC 5-412-170	ally. A copy will be given initially and on review conducted on December, with Staff #1. Staff resented was the employee records did not conformation the employees. Staff #1 reported to have been in their eleported there was no able.	v" #1 verified byees' d Staff #1 bottain their yee was the job mployee's additional	reviewed at 2 times and ensure con	indum les will be least nully to pleteness
	staff member. The and accurately doc and systematically compilation and reshall contain a curreflects the individuassignments, and cin-service education if applicable. This RULE: is not Based on record refailed to maintain cemployee records to (Employee records The findings including an interview 2012 at 10:26 a.m. the facility had less	e records shall be combumented, readily avail organized to facilitate trieval of information, rent job description that ual's responsibilities as documentation of the lon, and professional licemet as evidenced by: eview and interview the complete and accurate for five of six employes; #2 - #6)	npletely lable, the The file at at ad work person's censure, e facility es. hber 11, reported ees. Staff		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		IDENTIFICATION NUMBER: A. BUILDII			(X3) DATE SURVEY COMPLETED
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	<u> </u>		\$ 5	DEFICIENCY)	
T 090	Continued From P	age 9	⊤ 090		:
	records revealed: Five employee record not contain the employment. The documented orient the employee's capperform their job/p not document their employees' previous training, which quaposition. Employee contain documents the employee's spective employee's spective employee reflection of their job description. Five employee recontain the employee.	ecords (Employee #2, #3, and current job descriptions or ation the employee had receive ns. ords (Employee #2 - #6) did no ree's date of hire.	e d d	7090 Applications be completed of a completed of a contaction	s conglete. ementetion b descriptors Here Lates
	trained, and review center may functio the patients, the go staff Procedure: new employee for verification of quali application will be of Orientation checkli participate in initial related to staff duti will be kept in the ptraining manual each personnel file and date the job de aware of her respone treviewed annual	ensure personnel are hired, yed appropriately so that the n optimally to the satisfaction of overning authority, and other When filling a position, the mill be utilized to ensure fications for the position. An obtained from all staff st will be completed Staff will and ongoing training directly es. Documentation of training personnel file as well as in the A job description will be part of the staff member will sign escription to indicate that she is insibilities. Job descriptions willy. A copy will be given to initially and on review"		Administrate responsible to personnel po ensuring co personnel maintainel congletion Jan. 10, 201	clicies or complete. Liles are

State of	Virginia					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE	MBER:	(X2) MULTII A. BUILDING B. WING		(X3) DATE SURVEY COMPLEYED
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	PROVIDER OR SUPPLIED	CAL CENTER FOR WOM	2321 CON	IMONWEAL TESVILLE,		
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T 090	2012 at 12:06 p the employees' complete. Staff: implement its pa "We still have w 12 VAC 5-412-1 C. A physician suntil all patients discharge order accessible until Licensed health post-procedure apremises until the discharged. The order after asser report from such indicating that a The facility shall maintain policies there is an approstability prior to adequate trained with the patient of acility. This RULE: is not a complete the complet	s conducted on December. Im. with Staff #1. Staff records were not accura #1 verified the facility facts and policies. Staff sork to do." 80 C Clinical staff shall remain on the prenare medically stable, signand be readily available the last patient is dischase care practitioners trained assessment shall remained last patient has been a physician shall give a consisting a patient or received trained health care prapatient is safe for dischase develop, implement and and procedures that error opriate evaluation of medischarge of the patient if health care practitioned in the last evidenced by: ot met as evidenced by:	#1 verified ate and aled to #1 stated, whises and arged. It is in a ctitioner arge. It is in and that its remain om the	T 115		dendure Lies will be at least rally to congleteness
: : : : : : : : : : : : : : : : : : : :	the facility staff fa were signed afte indicating the par	I record review and staff ailed to ensure discharg r an assessment of the tient was safe for discha t) patient records review ph 8.	e orders patient irge for 8			:
	The findings inclu	uded:		1		
:	Review of the clir	nical records for eight (8) patients	!		

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: FTAF-0018		MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED
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	discharge order sig was no evidence a performed by the phad been given a right practitioner which i safe for discharge. On 12/11/12 at 12: discussed the findi Employee #1 state discharge order wareviewed. On 12/12/12 at 7:3 reviewed the surve and Employee # 4. 12 VAC 5-412-220 C. Written policies management of the supplies shall addrumber and equate supplies hand rubs, disposa 2. Availability of utiliand other materials storage and transp 3. Appropriate storilocked cabinets or cleaning) and produse of cleaning age time, management 4. Procedures for it transporting clean if and equipment; 5. Procedures for its storage/transport or storage/transport	ces from the facility regred by the physician or that the peport by a trained her indicated the patient(s) at patient and procedures for the facility, equipment are street for cleaning, disposator of equipment and rage for cleaning, disposator of equipment and rage for cleaning age rooms for chemicals uct-specific instruction and ling, storing and inens, clean/sterile summents of the facility, equipment and rage for cleaning, disposator of equipment and rage for cleaning age rooms for chemicals uct-specific instruction and ling, storing and inens, clean/sterile summents of the period of accidental exposument and the period of accidental exposuments (e.g., dilution, confidency temporary foolied linens;	There een hysician alth care s) were eam 1. find that a rds am he and ased dryers); applies eal, supplies for ns for ntact res); upplies	T 175	Recevery room been re-writte better reflect given and a discharge man physician. Cample han da + 115 Addense Chart congle h are to be co at least que ensure projue downersakan ph £126.	the care ppropriate Le by the Jan 9,201 the mandits and to therby to
	storage/transport o		cessing			4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE S COMPL	
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CHARLOTTESVILLE MEDICA	CENTER FOR WOM 2321 COM	MONWEAL'	TH DR	.,,	
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accordance with a 7. Procedures for reusable medical different patients. (i) the level of company to be used for early the process (disinfection, heat (iii) the method recommended level has been achieved reference the maland any applicably control guidelines. 8. Procedures for non-reusable equivations and procedures of surfaces with manufacture 10. Procedures of surfaces with applications with a fective procedures of surfaces with application accordance with environmental regions. Other infections agent in or required by the This RULE: is not based on observations of the factions. The factions. The factions.	regulated medical waste in applicable regulations; in the processing of each type of equipment between uses on. The procedure shall address: leaning/disinfection/sterilization on type of equipment, e.g., cleaning, chemical sterilization); and for verifying that the vel of disinfection/sterilization od. The procedure shall nufacturer's recommendations e state or national infection; in appropriate disposal of ipment; recedures for air of equipment in accordance or recommendations; or cleaning of environmental propriate cleaning products; on cleaning of environmental propriate cleaning products; on the salth and gulations; and on prevention procedures pent/control transmission of an of the facility as recommended.	Т 175			
The findings inclu	ded:				1
	ility's policy regarding pore testing of the autoclave				

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NAME OF F	ROVIDER OR SUPPLIER	•		STATE, ZIP CODE	
CHARLO	TTESVILLE MEDICA		DIMMONWEAL OTTESVILLE,		
(X4) ID PREFIX TAG	FEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL "SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETE BE APPROPRIATE DATE
T 175	A review conducte 9:08 a.m. of the farevealed: No documented puthe weeks (Thurso 2012 and August document spore to September 5, 201. Documentation for 2012 indicated the log did not documentations. Review of the facilic Control: Spore tes "Purpose: To ensure operating in a marin the autoclave are the autoclave in operating in a marin the autoclave in operating in a marin the autoclave in operating in the cycle" [The week provide evidence of An interview was of 11:17 a.m. with Stinformation in the reported the indicate another facility for faxed back to this did not have document follow-up action respected the autoclave had been done we follow-up action in the september 13, 20 no additional informit the autoclave had week any instrument would not be sterilicated.	d on December 11, 2012 at cility's log for spore testing erformance of spore testing for lay begin date) of August 9, 16, 2012. The log did not esting for the weeks of 2 and September 26, 2012. The week of September 13, test was "Invalid". The facility ent the facility's follow-up ity's policy titled "Infection ting of autoclave" read are that the autoclave is liner that materials being place esting will be conducted on eaction Immediately notify site a event of a failed sterilization ekly spore test failure would	re d	vermains of remains of the sport has been reflect con in case of failed tes completion 2013	tresting policy verised to rective action of home some some sed and report form a mended to space for

Spore Test Report

Date of Tes	st:			A STATE OF THE STA	
Location: _	a				 _
Result(s):	Autoclave _				
	Autoclave				
	Control			·	_
Technician	:				 _
Corrective		NA	As below		

State of Virginia STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING B, WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED - 12/12/2012
NAME OF PROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, S		
CHARLOTTESVILLE MEDICA		COMMONWEALT RLOTTESVILLE, \	/A 22901	
(Anti) IV AND DESCRIPTION	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE COMPLETE THE APPROPRIATE THE APPROPRIATE
T 175 Continued From F	Page 14	T 175	•	
ar 12:06 nm. Wit	ing tour on December 11, 20 h Staff #1 revealed the facili oclave available for use.	012 ty		:
T 185 12 VAC 5-412-22	0 E Infection prevention	T 185	! !	
maintain policies following patient reporting activitie 1. Discharge ins instructions to ca develop; 2. A procedure f and tracking of re 3. Policies and p conditions to the accordance with Reporting and C outbreaks of disc	tructions for patients, to inclibit or return if signs of infection surveillance, documentate ported infections; and procedures for reporting local health department in the Regulations for Disease ontrol (12 VAC 5-90), includes	ion		
Based on clinica the facility staff f procedures rega (eight) of 8 (eigh (Patient's #1 thro infection monitor	ot met as evidenced by: I record review and staff interailed to implement policies and indicated to implement policies and indicated patient records reviewed ough 8) and failed to implement and reporting activities.	and		
through 8 reveal instructions which return if signs of	luded: inical records for Patient's # led no documented discharg th included instructions to call symptoms of infection devel egarding the signs and symptoms	ge all or to elop		
On 12/11/12 at	11:45 a.m., the surveyor req	uested		
STATE FORM	0211:	99	GMOY11	If continuation sheet 15 t

If continuation sheet 16 of 27

ROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER: FTAF-0018	(X2) MULTI A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	LB WING		· ·
			12/12/2012
1		STATE, ZIP CODE	
TER FOR WOM 2321 CC CHARLO	MMONWEAL TTESVILLE,	VA 22901	
BE PRECEDED BY FULL	ID PREFIX TAG	/FACH CORRECTIVE ACTION	SHOULD BE COMPLETE
etion tracking and aion. Employee #1 stated it right now." Employee r a copy of a document tracking information but one for this office right 12, the surveyor discusse 12, the surveyor discusse 14	T 195	Intection leg Administrator For maintaining Congliction da	te Van. 10, con
include a recognized remination on Rh factor. Plop, implement and ocedures for screening liseases consistent with d by the U.S. Centers for evention. The policies dress appropriate screening test. Ch laboratory test and			
	TER FOR WOM 2321 CO CHARLO IT OF DEFICIENCIES BE PRECEDED BY FULL INTIFYING INFORMATION) 5 ction tracking and the complete and	TER FOR WOM 2321 COMMONWEAL CHARLOTTESVILLE, IT OF DEFICIENCIES BE PRECEDED BY FULL NTIFYING INFORMATION) 5 Cition tracking and cition. Employee #1 stated, it right now." Employee r a copy of a document tracking information but one for this office right 12, the surveyor discussed ree #1. 1. the survey team fings with Employee #1 edical testing, patient T 195 of any abortion, a sical examination, to oregnancy, shall be ent. I medical testing, to ultrasonography shall ment of patient risk. The additional testing and the normal results are found include a recognized remination on Rh factor, elop, implement and occurrence for screening liseases consistent with disperse appropriate screening test, ich laboratory test and	TER FOR WOM CHARLOTTESVILLE, VA 22901 IT OF DEFICIENCIES BY FULL NTIFYING INFORMATION) To DEFICIENCIES BY FULL NTIFYING INFORMATION) To DEFICIENCY BE PRECEDED BY FULL NTIFYING INFORMATION) To DEFICIENCY TAG TO DEFICIENCY TAG TO PROVIDER'S PLAN OF COR CROSS-REFERENCE OF TO THE DEFICIENCY TAG TO THE CHARLOTTESVILLE, VA 22901 TO PROVIDER'S PLAN OF COR CROSS-REFERENCE OF TO THE DEFICIENCY TAG TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND CROSS-REFERENCE OF TO THE DEFICIENCY TO THE CHARLOTTES AND C

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	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM	R/CLIA 18ER:	A BUILDING		(X3) DATE SURVEY COMPLETED
		FTAF-001	8	B. WING		12/12/2012
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE	
CHARLO	TTESVILLE MEDICA	L CENTER FOR WOM	2321 COM CHARLOT	MONWEAL TESVILLE,	VA 22901	
(X4) IO PREFIX TAG	IFACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PRÉFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE COMPLETE
T 195	Continued From P	age 16	I to	T 195		
T 230	Based on clinical rethe facility staff fail and physical exam (eight) of 8 (eight). Patient's #1 thought. The clinical record reviewed on 12/11 documentation that completed and sign on 12/11/12 at 12 discussed with Emithe patients completed with Emithe physician or the physician of the physician or the physician of the physician of the physician of the physician or the physician of the physician or the physician or the physician of the physician or the physician or the physician of the physician or the physicia	ded: Is for Patients #1 throw It and revealed no at a history and physician and by the physician and physician and physician and physical assess at the physician reviewed by the patient. It can be an another and procedures outling from anesthesia called pain and minimal and procedures outling and orientation, ability to led pain and minimal and procedure, staff intent review, the facility policy regarding criter esthesia care for 8 (e)	f interview al history d for 8 d for 1	Т 230	procedure form been revised clear that the has reviewed Physician is for reviewed Alministrator for ensurity Jacumentation that it has reviewed. Congliction of January co Ja	to make physician ph history responsible the history is responsible that reflects been 2013.
	and facility docume to implement their discharge from an (eight)records revi [2 (two) patients #3	ent review, the facility policy regarding criter	staff faíled ría for ight) of 8 nesthesia ented IV			;

State of \	reginia	The second secon		***************************************		
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FTAF-001	8	B. WING_		12/12/2012
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE	
		CENTER FOR WOM	2321 COM CHARLOT	MONWEAL TESVILLE,		
(X4) ID PREFIX TAG	(EACH DIFFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	FULL !	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF THE APPROPRICED TO THE APPROPRICENCY)	JLD BE COMPLETE
	8, did not have door pre/operative meditheir procedure. (If the clinical record of received moderate, was no documentate being initiated, and medications/dosag medications.) The findings includ Review of the clinical through 8 revealed responsiveness, or move voluntarily, presence/absence during, or after their minimal documentation at the anesthesia or record patient, whether the as outlined in the faregulations. (There the patient left the foriving themselves.) Employee #1 was in 12/11/12 at 12:15 prome documentation of the On 12/12/12 at 7:30.	eumentation designations administered] was difficult to estable the patients who had intravenous sedation of intravenous action of intravenous sedation of commentation of estable the patient and documentation of ientation, ability to restain under control, and of nausea and/or von r procedures. There ation during the recover of pressure, bleeding avy) and cramping/pair avy). There was no ne time of discharge for yeary of the condition of actility policy and state a was no documentation of actility, whether with a	ng the during lish from d , as there cess lation spond and I the niting was ery phase in from of the discharge on how driver or this on re is is do arge."	T 230	Forms have be and staff tra documentally to do	ined to mentation fiven fiven Corms non that for ve been te ois msible for antation is responsib and
:	and Employee # 4.			9 9		

State of V	irgin ia				(X3) DATE SURVEY
STATEMENT AND FLAN C	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN		COMPLETED
		FTAF-0018			12/12/2012
NAME OF PI	ROVIDER OR SUPPLIER	1		STATE, ZIP CODE	
CHARLO	TESVILLE MEDICA	L CENTER FOR WOM 2321 COM	MONWEAL TTESVILLE,	.TH DR VA 22901	
		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION (X5)
(X4) ID PREFIX YAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	PPROPRIATE DATE
T 255.	Continued From P	'age 18	T 255	+ 230 Adde	ndom
T 255	12 VAC 5-412-250) H Anesthesia service	T 255	chart congress of parent reto be evaluated anni	letion to
	H. Discharge from	n anesthesia care is the e health care practitioner	!	be and ted	at leas
	providing in anest when the patient h	hesia care and shall occur only	1	quarter 5.	Land
	physician-defined	criteria.		of patient re	cords
	This RULE: is not	t met as evidenced by: record review, facility document		to be eval	ix ted in
	review and staff in	iterview the facility staff failed to		least ann	with.
	ensure 6 (six) of 6	(six) patients who underwent		12031	
	procedures for the	e termination of pregnancy were			
	discharged after n	neeting physician-defined criteri to (2) of two (2) patients, # 2 and	4 \$∣		
	tor discharge. Tw	ed IV sedation, but 6 (six)		: 	
	patients # 1, 3, an	d 5 through 8, did not have			
	documentation de	signating the pre/operative		i	
	medications admi	nistered) during their procedure			
	 (It was difficult to elements where) 	establish from the clinical record	1		;
	moderate/intraver	nous sedation, as there was no	!		•
	documentation of	intravenous access being		· .	;
	initiated, and no d	locumentation of			
		ges of intravenous sedation			
	: medications.)	•			
	The findings inclu	ided:			
	1				1
	Review of the clin	nical record of six patients who dures for the termination of		; i	:
	- underwent proced	ot reveal any documentation that			
	these patients ha	d met the criteria for discharge	!	1	
	which were outline	ed as follows:		f	
	1). Alert and orie				
	2). Vital signs sta	able	ĺ		1 1
		o discharge, if required by			1
	physician4) Instructed to (call physician if unable to void		{ ! :	
	within 8 hours		6 8 8		•
	5). Nausea, vom	iting, dizziness minimal	ļ		
		204400		GMOY11	if continuation sheet, 19 of 27

State of Virginia	TO THE PART OF THE	916 (X2) M	ULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMB	ER: A, BUI	LDING	12/12/2012
	FTAF-0018			12/1/2019
NAME OF PROVIDER OR SUPPLIES CHARLOTTESVILLE MEDIC		TREET ADDRESS, C 2321 COMMONW CHARLOTTESVIL	LE, VA 22901	
(X4) ID SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FI R LSC IDENTIFYING INFORMATI	ID JLL PRCF	PROVIDER'S PLAN OF (EACH CORRECTIVE AC	TION SHOULD BE COMPLETE THE APPROPRIATE DATE
6). Able to ambut 7). Tolerates liquid 8). Responsible moderate 9). Prescriptions 10). Patient give which includes in infection develop 11). Pain on dis 12). Menstrual programmer practitioner patients at dischecked on the above criteria with a construction on the second of the seco	plate	heet if signs of ontrolled will have sed health of the as flected the am yee #1 T 31 an and wided, act or process, ment and ngs shall nd revise	Tonyle Non Jaman 7 255 A Chart Co be av 1: 3 varter	Lete Jete Jete Jo, 2013. Jendum myletion to red at least / / / / / / / / / / / / /
STATE FORM		021100	GMOY11	If continuation sheet, 20 of 2

STATE FORM

State of Vi	irginia			1			
STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	R/CLIA ИВЕR:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		FTAF-001	8	B. WING	12/12/2012		
NAME OF OF	ROVIDER OR SUPPLIER		STREET ADD		ATE, ZIP CODE		
		L CENTER FOR WOM	2321 COM CHARLOT	MONWEALT TESVILLE, V	/A 22901		
(X4) ID PREFIX TAG	FACH OFFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL .	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE : COMPLETE !	
T 315	Continued From F	age 20		Т 315			
	and survey revisit to ensure an ongo self-assessment of implemented. The findings inclusion During the revisit were found in the Personnel, imple procedures relate patient medical records, infection anesthesia service and standards. There were also repreviously cited the indicating the facing submitted plan of On 12/12/12 at 7: reviewed the find Employee # 4. 12 VAC 5-412-30 B. The following adequacy and apto identify unacces occurrences: 1. Staffing patter 2. Supervision as service, 3. Patient record 4. Patient satisfators.	findings, the facility stoing, comprehensive, Duality Assurance products areas of: mentation of policies and to patient care and ecord documentation, control, medical testlies, and local and stationat had not been clear lity failed to follow/concorrection. 30 p.m., the survey the ings with Employee #100 B Quality assurance shall be evaluated to propriateness of serveptable or unexpected and performance; periopriate to the level as; action;	of concern and safety, employee ng, e codes on to areas red mplete their and and assure ices, and trends or	Т 320	Fersonal FI - Personal FI - ATO Completed - Spore tosking - Completed - Infection Administrator responsible DA: T 315 Adde Administrator report QA borerning A	e - 10 fs 10 fs	
	events; and	s regarding patient ca					

State of Vir	<u>ginja</u>					CON DATE SURVEY
STATEMENT (PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	R/CUA MBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FTAF-001	8	B. WING		12/12/2012
Martine	THE PROPERTY OF THE PARTY OF TH	177.00	STREET ADDI	KESS, CITY, ST	TATE, ZIP CODE	
	OVIDER OR SUPPLIER	ACUTED FOR MOM		VONWEALT		
CHARLOT	ESVILLE MEDICAL	CENTER FOR WOM	CHARLOTT	resville, v	/A 22901	A CONTRACTOR OF THE PROPERTY O
······································	CHANAGOV STA	ATEMENT OF DEFICIENCIE	5	D	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE	ECTION (X5) HOULD BE COMPLETE
(X4) ID PREFIX FAG	ASACH DEFICIENCE	Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL :	PRECIX TAG	CROSS-REFERENCED TO THE AP	PROPRIATE DATE
	Continued From P			Т 320	+ 320 Adend QA Reports to Generally quarterly may so to an QA program T 320	to be made
	This RULE: is not	met as evidenced by scument review and s	r. staff		an region	Authority
	interview the facili	ty staff failed to imple	ment a	:	+0 04 1-1	+ this time.
	Quality Assurance	Program which eval	uated the		avantery	11 man Ca
	adequacy and app	ropriateness of servi	ces to		no to an	ansaly and
	identify trends and	occurrences.			may for	a-1-05 ta5/
				1	Oa mogram	trues of
	The findings includ	ded:				
		:45 a.m., the surveyo	r asked to		DA continues heig implement to pt surrange	
	on 12/11/12 at 11	Assurance (QA) mee	etina	ļ	no and	is continuity
.*	minutes for the fac	flity. Employee#1 p	resented	İ	OH COM	11/000
1	the curveyor with a	a hand-written docum	ent for		in polemen	NACY STRAGE
	Sentember 2012 v	vhich reveled the QA	committee	-	1	Jan 1
	had done a review	of patient medical re	cords for		- 1+ Survey	55
	completeness. Ba	ased on the revisit su	rvey and	į	Audits Will	and timbe
	citation regarding	the incompleteness of	of the	į	Audits Will	Carrie
	medical records, in	t was evident the QA	committee	1		Complaint
	had not thoroughly	y implemented, and e	valuated		to be	\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot
	the program. The	re was also no evide	nce the QA		to be some	movim the 1-ed.
`	committee had ad	dressed any of the re	equired		10)	
		fy trends and occurre	inces in the		Interna 101	to be
:	areas of:	so and porformance	:		Internal	
	1. Stating-pattern	ns and performance propriate to the level	of service		· Almoret a comment of	!
	 Supervision ap Patient records 		, , , , , , , , , , , , , , , , , , , ,		·chakha	ا کے سے
	4. Patient satisfac				Acminos	y in man
	5. Complaint reso				vos pamsible	600
	6. Infections, cor	mplications and other	adverse		+ notice	40 Other
	events and	,			ASSIXM / ME ?	
	7. Staff concerns	regarding patient car	re.		Administrator responsible assign tasks staff as ap	programme tes
	On 12/12/12 at 7:	30 p.m., the survey to	am			, !
	reviewed the findi	ngs with Employee#	1 and		1 1 1 1 on da	.+6
	Employee # 4.		:		(sup in	7 m 2
		•	:		January 10,	2013
T 330	12 VAC 5-412-30	0 D Quality assuranc	ė	Т 330	Complet on da fanvary 10, but also	" F. C. C. C.
	D. Measures sha	Il be implemented to	ŗesolve			
		THE RESERVE OF THE PERSON OF T	0.76400	***************************************	GMOY11	If continuation sheet 22 of 27

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State of \	<u>/irginia</u>				2027		The second secon
STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A BUILDING	LE CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		FTAF-001	8	B. WING		12/	12/2012
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY, S	TATE, ZIP GODE		
		L CENTER FOR WOM	2321 CON CHARLOT	MONWEAL1 TESVILLE, \	/A 22901		
(X4) ID PREFIX TAG	THACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	;X51 COMPLETE DATE
T 330	problems or concernis RULE: is not Based on the result conducted 12/11/1 staff failed to ensult program implement problems and ident. The findings included During the revisit swere not cleared atteam: 12 VAC5-412-170 (with new findings 12 VAC5-412-220 12 VAC5-412-240 counseling and lattinoluded) 12 VAC5-412-300 (new findings included) 12 VAC5-412-380 standards	met as evidenced by Its of the revisit surve 2 through 12/12/12, the their Quality Assurated measures to resolutified concerns. Ided: (B) (C) (E) (F) (G) - Infection Prevence (A) - Medical Testing poratory services (new (C) (H) - Anesthesia (A) (B) (D) - Quality A	y ne facility ance (QA) alve gulations se survey Personnel ntion patient finding Services assurance	T 330	+330- Su +320		
	12 VAC5-412-140 12 VAC5-412-150 12 VAC5-412-180 12 VAC5-412-310 On 12/12/12 at 7:3	(A)- Governing Body: - Policy and Procedur (C) - Clinical Staff - Medical Records 80 p.m., the survey tea ngs with Employee #1	re Manuai , am				
		:		7			

State of V	rginia				(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION NG	- 12/12/2012	
	ROVIDER OR SUPPLIER	STRE	ET ADURESS, CITY	STATE, ZIP CODE		
NAME OF PI	CESTAL E MEDIC		COMMONWEA	LTH DR : VA 22901		
CHARLO	JESAILTE MICENO	CHA	RLOTTESVILLE	PROVIDER'S PLAN OF	CORRECTION (X5)	
(X4) ID PREFIX TAG	AND A CHARGE PRINTER	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	HE APPROPRIATE DATE	
T 340	Continued From	Page 23	Т 340		·	
Т 340	12 VAC 5-412-3	10 Medical records	T 340	7 340		
	shall be maintain or chart shall co satisfy the diagn surgical service. to the following: 1. Patient identities. 2. Admitting infoliatory and physical services. 3. Signed considered for each physician or be Laboratory this sue, and radices, Anesthesiald. Operative references in Physician and Condition and Physician and Ph	ormation, including a patient sical examination; ent; of pregnancy; and eport to include: ders; eests, pathologist's report of clogist's report of x-rays; record; edication and medical treatmom notes; and nurses' progress notes, time of discharge, actions, preoperative and and ferral physicians or agencies of met as evidenced by; we and interview the facility fate and complete clinical record patients in the survey same	ents;	staft tro staft tro their use Administ responsible that the record; Congletan tan. 10,	me Lical s complete	
	(Patients #1 the				! !	
	revealed: Eight of eight o	cal records of the survey san i clinical records did not have sical examination document	a			
STATE F	OBM	021	199	GMOY11	If continuation sheet 24 of 2	

If continuation sheet 25 of 27

State of Virginia ITATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUMBER OF CORRECTION		R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/12/2012		
		IDENTIFICATION NOMBER					
		FTAF-001	8		TAYE 718 CODE		A CONTRACTOR OF THE PARTY OF TH
JAME OF PI	ROVIDER OR SUPPLIEF	(AYE, ZIP CODE		
CHARLO	TESVILLE MEDIC	AL CENTER FOR WOM	CHARLOTT	NONWEALT ESVILLE, V	A 22901		
0111-111-1			J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DRAVIDER'S PLAN OF CO	RRECTION	(X5)
(X4) ID PREFIX TAG	しゃくべい かだだいことか	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY R LSC IDENTIFYING INFORMA	NULL :	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REPÉRENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE
T 340	Continued From	Page 24		T 340			:
1 340	The eight clinical documentation the reviewed the pattern prior to the Eight of eight clinical acknowledgeme information twen procedure. Eight of eight clinical recodure administered "proad "post op" (peight clinical recodumentation administration of the two clinical documentation administered the Eight of eight clinical medications, which licensed medications, which licensed administered are outcome after cadministered. Eight of e	records did not have ne physician had disculient's medical history via procedure. Inical records did not have natures by the facility's a witness to the patient of reviewing require ity-four hours prior to the for medications docume-op" (pre-operative). For the facility of Fentanyl and Versed or dosage of the medication frecords did not have related to which facility enarcotics. Ilinical records did not facility enarcotics. It is a documentation of the medication of the medic	ave staff, its id heir have mented as operative, Eight of ysician icated the idications. staff document, the ns were tions were he patient's ire complete cords did not gns r to have	1			
	the patients' proposition post operative. document that criteria for disc	nurses' progress notes ogress or status opera. The eight clinical records patients' met the faharge as establish by a linical records failed to	itively and ords did not acility's a physician				:

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If continuation sheet 26 of 27

State of Virginia	:			(X3) DATE SURVEY	
TATEMENT OF DEFICIENCIES IND PLAN OF DORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	GOMPLETED 12/12/2012	
		B. WING			
	FTAF-0018	ODESS CITY S	TATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER		MMONWEALT			
CHARLOTTESVILLE MEDICAL	CENTER FOR WOM 2321 COM	TESVILLE,	/A 22901	A Company of the Comp	
OLIMANOV ST/	ATEMENT OF DEFICIENCIES	l lo	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION	RRECTION (X5) SHOULD BE COMPLETE	
AND THE TOTAL PROPERTY OF THE PARTY OF THE P	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE DATE	
T 340 , Continued From P	age 25	T 340			
discharge. Eight of have documented information entered to have authentica data. Eight of eight clinic the patients' condition on eight of eight of pre-documented "blank. Eight of eight clinic patients had received to the patients had received to the patients had received after surgery. This with, and in place	cian assessment prior to of eight clinical records failed to assessments by nursing, the d within the clinical record failed tion of which staff entered the tion at the time of discharge. Clinical records, the Disposition" items were left cal records failed to indicate the ved discharge instructions. thline.com FENTANYL (FEN talepioid narcotic analgesic, a pain to treat pain before, during, and smedicine is also used before, of other medicines for sleep				
(midaz'7lam), [Ve benzodiazepine of depressant, a ber prescribed for prescribed for prescribed for conscious section of the endoscopic or defended at 10:35 a.m. reviewed the find clinical record. Story (termination) a boxes." Staff #1 did not have a seprogress notes. Consent is a prob	gs.com Midazolam hydrochlorid rsed] is a short-acting entral nervous system nzodiazepine anxiolytic. It is eoperative sedation and emory of preoperative events an lation before short diagnostic	d ·s	process for Informe performed le Changel.		

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State of Virginia	E .				(X3) DATE SURVEY	
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NAME OF PROVIDER OR SUPPLIER			IMONWEAL	TATE, ZIP CODE THI DR		
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TAG REGULATION ON	L-Way-					
T 340 Continued From P	age 26		T 340	7 340 contil		
facility) to check if	the patient has called	and		7 3		
recorded their nan	ne verifying they (the f	patient		poloninis trato		
has listened. The	statt here places the name on a blank form.	ime, date. But the	i t f	1000 b/e	Cor	
nation fills out and	other form (attestation	i) that they		145 fr	x medical	
listened when the	y arrive for the proced ff that checks whethe	ure, olan rithe	!	ansuring 7		
nation) had called	24 hours prior to the	proceaure.	1	responsible of ensuring the ensuring the record proper record proper record proper record proper record proper	wing off (ects)	
did not enter their	name as the person tient's call. Staff #1 s	tated, "I		y 0	to pakend	
see your point." S	or venifying the patient's call. Staff #1 stated, "I see your point." Staff #1 verified the eight clinical			(are from		
records did not have the required information.				a dunin istrato		
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