

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AF-0020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/08/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>CHARLOTTESVILLE MEDICAL CENTER FOR WOM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2321 COMMONWEALTH DRIVE CHARLOTTESVILLE, VA 22901</b>
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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
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{T 000} 12 VAC 5- 412 Initial comments

An unannounced Licensure Revisit survey to the facility's July 2014 biennial survey for a First Trimester Abortion Facility was conducted on October 08, 2014. Two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the revisit survey. The agency was not in compliance with the provisions of the Code of Virginia, and the State Board of Health 12 VAC 5-381 Regulations for the Licensure of Abortion Facilities. (Rev. 06/20//2013).

Two citations (0275 and 0340) cited during the July 2014 biennial survey were re-cited and one new finding (0175) observed during the initial tour on October 8, 2014.

{T 000}

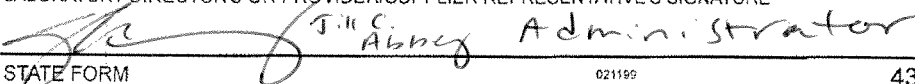
T 175 12 VAC 5-412-220 C Infection prevention

C. Written policies and procedures for the management of the facility, equipment and supplies shall address the following:

1. Access to hand-washing equipment and adequate supplies (e.g., soap, alcohol-based hand rubs, disposable towels or hot air dryers);
2. Availability of utility sinks, cleaning supplies and other materials for cleaning, disposal, storage and transport of equipment and supplies;
3. Appropriate storage for cleaning agents (e.g., locked cabinets or rooms for chemicals used for cleaning) and product-specific instructions for use of cleaning agents (e.g., dilution, contact time, management of accidental exposures);
4. Procedures for handling, storing and transporting clean linens, clean/sterile supplies and equipment;
5. Procedures for handling/temporary storage/transport of soiled linens;

T 175

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  J. H. C. Abbey Administrator	TITLE	(X6) DATE 10-20-14
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T 175	<p>Continued From Page 1</p> <p>6. Procedures for handling, storing, processing and transporting regulated medical waste in accordance with applicable regulations;</p> <p>7. Procedures for the processing of each type of reusable medical equipment between uses on different patients. The procedure shall address:</p> <ul style="list-style-type: none"> <li>(i) the level of cleaning/disinfection/sterilization to be used for each type of equipment,</li> <li>(ii) the process (e.g., cleaning, chemical disinfection, heat sterilization); and</li> <li>(iii) the method for verifying that the recommended level of disinfection/sterilization has been achieved. The procedure shall reference the manufacturer's recommendations and any applicable state or national infection control guidelines;</li> </ul> <p>8. Procedures for appropriate disposal of non-reusable equipment;</p> <p>9. Policies and procedures for maintenance/repair of equipment in accordance with manufacturer recommendations;</p> <p>10. Procedures for cleaning of environmental surfaces with appropriate cleaning products;</p> <p>11. An effective pest control program, managed in accordance with local health and environmental regulations; and</p> <p>12. Other infection prevention procedures necessary to prevent/control transmission of an infectious agent in the facility as recommended or required by the department.</p> <p>This RULE: is not met as evidenced by: Based on observations, interviews, and document review the facility failed to ensure the recliners utilized in the recovery area were disinfected between patients to prevent the spread of infection for four of four recliners.</p> <p>The findings included:</p> <p>Observations were conducted in the facility's</p>	T 175		
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T 175	<p>Continued From Page 2</p> <p>recovery area on October 8, 2014 at approximately 5:21 p.m., with Staff #2 and two surveyors. The observations revealed four recliners. All four recliners had non-intact metal surfaces along the front lower rails and rust build up at the connection of the rails and wheel housings. One pink recliner had bilateral tears on the lateral sides where the arm rests met the back cushion. The same pink recliner had tape residue on the rail under the arm rest on the left side and the metal surface of the rail was not intact (a rust area approximately 1.5 inches) under the right arm rest.</p> <p>An interview was conducted on October 8, 2014 at approximately 5:21 p.m., with Staff #2 during the observations. Staff #2 verified the findings. Staff #2 agreed the recliners could not be disinfected between patients if the surface areas were not intact. Staff #2 verified the tape residue indicated the arm rest railing had not been disinfected between patients.</p> <p>Review of the facility's policy titled "Processing of Reusable Medical Equipment" read in part "Purpose: Reusable equipment shall be cleaned, disinfected, and sterilized to prevent infection from spreading from patient to patient to staff ... 3. Procedure c) Table: wipe off any visible blood with absorbent material and discard in red bag. Spray with disinfecting spray or use disinfecting wipes. Allow to remain wet for 3 minutes. See manufacturer's recommendations [Sic] ... 4. Recovery c) Recliners: treat same as tables."</p> <p>{T 275} 12 VAC 5-412-260 C Administration, storage and dispensing of dru</p> <p>C. Drugs maintained in the facility for daily administration shall not be expired and shall be</p>	T 175	<p>T 175</p> <p>Company will be brought in to repair recliners &amp; remove rust. (or remove equip if not reparable)</p> <p>Staff has been reminded of need to observe equipment &amp; report to administrator any need for repair.</p> <p>Administrator &amp; compliance officer will include inspection of equipment in quarterly surveys. Administrator is responsible for ensuring that equipment is properly maintained.</p> <p>11-8-14</p>	
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{T 275}	Continued From Page 3  properly stored in enclosures of sufficient size with restricted access to authorized personnel only. Drugs shall be maintained at appropriate temperatures in accordance with definitions in 18 VAC 110-20-10  This RULE: is not met as evidenced by: Based on observations, interviews and document review the facility failed to ensure two multidose vials of Lidocaine were stored properly and that one bottle of normal saline was discarded after being opened for thirty (30) days.  The findings included:  1. Observations were conducted in the facility's laboratory area on October 8, 2014 at approximately 5:08 p.m., with Staff #2 and two surveyors. The observation revealed a bottle of Normal Saline USP with an opened date documented as "9/13/14."  Review of the facility's policy titled "Administration, Storage and Dispensing of Drugs- Overall policy; Use of multi-dose vials; Disposition of Expired Drugs" read in part "Procedure: All components of State regulations shall be followed. In addition the following 3 components are delineated. 1. B) Unless contamination of the multi-dose vials is apparent or suspected, the vial may be used for 30 days for opened or entered vials provided this is in accordance with manufacturer's recommendations [Sic] ... E) Discard times for: 3. Irrigating solutions 24 hours ..."  An interview was conducted on October 8, 2014 at 5:10 p.m., with Staff #2. Staff #2 verified the date on the opened bottle of Normal Saline USP. Staff #2 stated, "It should have been discarded within thirty days of being opened."	{T 275}		

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{T 275}	<p>Continued From Page 4</p> <p>An interview conducted on October 8, 2014 at 8:24 p.m., with Staff #3. Staff #3 reported the opened bottle of Normal Saline USP was used in the laboratory area only. A second observation was conducted in the laboratory area with Staff #3 and two surveyors. Staff #3 verified the opened bottle of Normal Saline USP was dated "9/13/14" with the indication for use "wound irrigation ..." Staff #3 verified the opened bottle of Normal Saline USP did not have a designation of use in laboratory area only and was available for potential patient use.</p> <p>[According to www.drugs.com: Sodium Chloride, USP is chemically designated NaCl, a white crystalline powder freely soluble in water. This irrigation solution contains no bacteriostat, antimicrobial agent or added buffer and is intended only for use as a single-dose, short procedure irrigation, or cell washing fluid. When smaller volumes are required the unused portion should be discarded. It may be classified as a sterile irrigant, rinse, diluent, cell wash and pharmaceutical vehicle.]</p> <p>2. Observations were conducted in the facility's autoclave area on October 8, 2014 at approximately 5:31 p.m., with Staff #2 and two surveyors. The observation revealed two 50 milliliter (ml) multidose vials of Lidocaine 1% inside an unlocked cabinet near the autoclave. The two multidose vials of Lidocaine were accessible to any individual or staff on the second floor.</p> <p>An interview was conducted on October 8, 2014 at 5:33 p.m., with Staff #2. Staff #2 verified the observation. Staff #2 stated, "There is no reason these (the two multidose vials of Lidocaine 1%) should be here." Staff #2 acknowledged the two multidose vials of Lidocaine should have been in</p>	{T 275}	<p>T 275</p> <p>The saline is for laboratory use only. Staff has been re-trained to label the saline as "lab use only." Other forms (i.e. IV bags) of saline are available for patient use.</p> <p>Lab Director is responsible for ensuring that opened bottles of saline are properly designated 10-9-14</p>

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{T 275} Continued From Page 5

the locked medication cabinet and not freely accessible to any staff or other individuals on the second floor.

Review of the facility's policy titled "Administration, Storage and Dispensing of Drugs- Overall policy; Use of multi-dose vials; Disposition of Expired Drugs" read in part "C. Drugs maintained in the abortion facility for daily administration shall not be expired and shall be properly stored in enclosures of sufficient size with restricted access to authorized personnel only ..."

[According to www.drugs.com: Lidocaine is a local anesthetic (numbing medication). It works by blocking nerve signals in your body. Lidocaine injection is used to numb an area of your body to help reduce pain or discomfort caused by invasive medical procedures such as surgery, needle punctures, or insertion of a catheter or breathing tube.]

This is a re-citing of deficient practice.

{T 275}

*T275 cont'd.  
Lidocaine will be kept in locked cabinet only.  
Administrator is responsible for ensuring proper storage of medications  
10-9-14*

{T 340} 12 VAC 5-412-310 Medical records

An accurate and complete clinical record or chart shall be maintained on each patient. The record or chart shall contain sufficient information to satisfy the diagnosis or need for the medical or surgical service. It shall include, but not limited to the following:

1. Patient identification;
2. Admitting information, including a patient history and physical examination;
3. Signed consent;
4. Confirmation of pregnancy; and
5. Procedure report to include:
  - a. Physician orders;
  - b. Laboratory tests, pathologist's report of tissue, and radiologist's report of x-rays;
  - c. Anesthesia record;

{T 340}

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{T 340}	Continued From Page 6  d. Operative record; e. Surgical medication and medical treatments; f. Recovery room notes; g. Physician and nurses' progress notes, h. Condition at time of discharge, i. Patient instructions, preoperative and postoperative; and j. Names of referral physicians or agencies.  This RULE: is not met as evidenced by: Based on document review and interview the facility failed to ensure physicians and nurses completed details related to the patient's progress and maintained progress notes for six (6) of six (6) patient records reviewed during the revisit survey. (Patients #1 - #6)  The findings included:  The facility provided a list of patients, who had procedures after the facility's allegation of compliance date of August 6, 2014. The surveyors selected six patients from the list to review medical records.  Review of medical records revealed a page titled "Physician Progress Note" and a page titled "Nurse's Progress Note." The "Physician Progress Note" and "Nurse's Progress Note" in all six medical records were blank.  Review of the medical records for Patients #1 - #6 revealed a form titled "Recovery Room Notes." The form contained a section titled ObservaionNote [Sic] the section was blank for all six patients. The recovery room nurse did not document observations of the patient's status.	{T 340}	T 340  Staff has been trained to elaborate on the documentation of pt's progress.  Administrator & Compliance officer will review files for proper documentation.  Administrator is responsible for ensuring proper documentation.	10-22-14

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{T 340}	Continued From Page 7  Review of the medical records for Patients #1 - #6 revealed a form for the physician to document pre-operative through discharge to recovery information. The form contained a section titled "Notes" for all six patients the physician left the section blank.  An interview was conducted on October 8, 2014 at approximately 6:33 p.m., with Staff #3. Staff #3 verified "Physician Progress Note" and "Nurse's Progress Note" pages for the reviewed patients were blank. Staff #3 verified the sections for the physician and recovery room nurses to document patient care or observations were left blank. Staff #3 reported the staff "probably did not see anything they needed to write." Staff #3 agreed the patient's status should change from admission to discharge.  This is a re-citing of deficient practice.	{T 340}			

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Charlottesville Medical Center for Women  
2321 Commonwealth Drive  
Charlottesville, Virginia 22901  
434 973 4888 – phone 434 973 0678 – fax

To: All medical staff  
From: Jill Abbey  
Date: October 20, 2014  
Re: Progress Notes



Our recent survey by the inspectors with the Office of Licensure and Certification revealed a deficiency that we have had trouble with in the past as well. That deficiency is the documenting of a progress note for each patient. After the last survey, we inserted a new progress note form with the intention that it would be present in the event that a note needed to be written. Unfortunately, that was not the spirit of the deficiency. It is not satisfactory to have a form but not have anything written. The space on the procedure and the recovery forms is satisfactory but must have some indication that the patient's progress has been noted. Please review the attached recovery forms for examples of what other staff has written in the observation note section.

The longer form may be needed in the event that there is a longer note needed (for example, if a complication has occurred).

Thank you for taking good care of our patients. Now we must make sure that our documentation reflects that.

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Recovery Room Notes

Date: 10/17/14 Nurse: [Redacted]

Patient's Name: [Redacted]

Allergies: None Rh: (-)

Arrival Time to RR: <u>5:35 p</u>	Received from OR via Stretcher _____ Ambulated from OR with nursing assistance <u>✓</u>
Condition (Pain 0 - 10) <u>0</u>	Measures taken for pain: _____ Ice Pack <u>NA</u> Positioning _____ Relaxation Breathing _____
Blood Pressure: <u>126/84</u> Pulse: <u>84</u>	O2 Sats IF MAC patient: _____
Bleeding: <u>Light</u>	Clots: <u>No Clots</u> Moderate _____ Heavy _____

Prescriptions with Instructions:

Doxycycline 100 mg #14 b.i.d. refill 0 ✓  
 Methergine 0.2 mg #10 t.i.d. refill 0 \_\_\_\_\_  
 Tylenol 3 q 4 hr prn pain #12 refill 1 ✓  
 Ultram 50 mg 1 q 4 h prn pain #12 refill 1 \_\_\_\_\_  
 Other \_\_\_\_\_

Medications given in RR:

Micrhogam Lot # MVP110A1 Exp 5/23/15  
 Site given Yam Time 6:00 p Initials [Signature]  
 Ampicillin 1 gr \_\_\_\_\_ PO \_\_\_\_\_ IV \_\_\_\_\_  
 Other \_\_\_\_\_

Birth Control Action/Plan: OC (specify type): Sprintec  
 Nuva Ring (Rx for 1 ring with 5 refills); after procedure insertion by \_\_\_\_\_  
 Depo Provera 150 mg IM (site): \_\_\_\_\_ Clinician Initials \_\_\_\_\_  
 IUD/Implanon at follow up \_\_\_\_\_ Diaphragm at follow up \_\_\_\_\_  
 Sterilization \_\_\_\_\_ Condoms \_\_\_\_\_  
 None \_\_\_\_\_

Observation Notes:

5:45 p PO flet / antibiotics given.  
6:00 p PO taken + refilled  
NO C/O discomfort.

IV d/c: Time NA Site: Bleeding \_\_\_\_\_ redness \_\_\_\_\_ normal \_\_\_\_\_ Action: \_\_\_\_\_

Discharge Criteria:

<u>Yes</u>	No	Alert and oriented	BP & P <u>120/80 81</u>
<u>Yes</u>	No	Vital signs stable	
<u>Yes</u>	No	Dizziness minimal	<u>voided x1</u>
<u>Yes</u>	No	Able to ambulate	
<u>Yes</u>	No <u>NA</u>	Responsible adult to escort home if IV or MAC	
<u>Yes</u>	No	Prescriptions given	
<u>Yes</u>	No	Follow-up instructions given	

Patient verbalizes understanding of discharge medications and instructions Yes

Follow up (2-3 weeks) will be done at: RMCW ✓ PMD \_\_\_\_\_  
 Health Dept \_\_\_\_\_ Other \_\_\_\_\_

Pain scale 0 (none) to 10 (severe) Bleeding 1 Nausea 0

Discharge Time/Date: 10/17/14 6:15 p

Nurse: [Redacted] MD: [Redacted]

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**Recovery Room Notes**

Date: 10/11/14 Nurse: [Redacted]

Patient's Name: [Redacted]

Allergies: \_\_\_\_\_ Rh: (+) 12.6

Arrival Time to RR: <u>4:10pm</u>	Received from OR via Stretcher <input checked="" type="checkbox"/> Ambulated from OR with nursing assistance _____
Condition (Pain 0-10) <u>7/10</u>	Measures taken for pain: _____ Ice Pack <input checked="" type="checkbox"/> Positioning _____ Relaxation Breathing _____
Blood Pressure: <u>93/58, 78</u>	O2 Sats IF MAC patient: _____
Pulse: _____	
Bleeding: _____	Light <input checked="" type="radio"/> Moderate _____ Heavy _____ Clots _____ No Clots <input checked="" type="radio"/>

**Prescriptions with Instructions:**

- Doxycycline 100 mg #14 b.i.d. refill 0
- Methergine 0.2 mg #10 t.i.d. refill 0 \_\_\_\_\_
- Tylenol 3 q 4 hr prn pain #12 refill 1
- Ultram 50 mg 1 q 4 h prn pain #12 refill 1 \_\_\_\_\_
- Other \_\_\_\_\_

**Medications given in RR:**

Micrhogam Lot # \_\_\_\_\_ Exp \_\_\_\_\_  
 Site given \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_  
 Ampicillin 1 gr \_\_\_\_\_ PO \_\_\_\_\_ IV \_\_\_\_\_  
 Other \_\_\_\_\_

Birth Control Action/Plan: OC (specify type): Sprintec  
 Nuva Ring (Rx for 1 ring with 5 refills); after procedure insertion by \_\_\_\_\_  
 Depo Provera 150 mg IM (site): \_\_\_\_\_ Clinician Initials \_\_\_\_\_  
 IUD/Implanon at follow up \_\_\_\_\_ Diaphragm at follow up \_\_\_\_\_  
 Sterilization \_\_\_\_\_ Condoms \_\_\_\_\_  
 None \_\_\_\_\_

Observation Notes: Patient alert and oriented x3. At 4:20pm Patient able to ambulate to chair w/ assistance. Patient then able to tolerate PO fluids and crackers. Reassessed pain, 3/10 on pain scale. Patient able to ambulate to Bathroom and void.

IV d/c: Time 4:36p Site: bleeding  redness  normal  Action: \_\_\_\_\_

**Discharge Criteria:**

<input checked="" type="radio"/> Yes	No	Alert and oriented	
<input checked="" type="radio"/> Yes	No	Vital signs stable	BP & P _____
<input checked="" type="radio"/> Yes	No	Dizziness minimal	
<input checked="" type="radio"/> Yes	No	Able to ambulate	
<input checked="" type="radio"/> Yes	No	Responsible adult to escort home if IV or MAC	
<input checked="" type="radio"/> Yes	No	Prescriptions given	
<input checked="" type="radio"/> Yes	No	Follow-up instructions given	

Patient verbalizes understanding of discharge medications and instructions \_\_\_\_\_  
 Follow up (2-3 weeks) will be done at: RMCW  PMD \_\_\_\_\_  
 Health Dept \_\_\_\_\_ Other \_\_\_\_\_

Pain scale 0/10 Bleeding  Nausea   
0 (none) to 10 (severe)

Discharge Time/Date: Patient verbalizes o/c instructions upon d/c 10/11/14 4:40p

Nurse: [Redacted] MD: [Redacted]

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Recovery Room Notes

Date: 10/18/2014 Nurse: [Redacted]  
 Patient's Name: [Redacted]  
 Allergies: NKA Rh: (I)

*Rhogam  
needs  
full  
dose*

Arrival Time to RR: <u>4:00 pm</u>	Received from OR via Stretcher <input checked="" type="checkbox"/> Ambulated from OR with nursing assistance
Condition (Pain 0-10) <u>2/10</u>	Measures taken for pain: _____ Ice Pack <input checked="" type="checkbox"/> Positioning _____ Relaxation Breathing _____
Blood Pressure: <u>97/53</u>	O2 Sats IF MAC patient: _____
Pulse: <u>68</u>	
Bleeding: <u>(Light)</u>	Clots Moderate Heavy No Clots

Prescriptions with Instructions:

Doxycycline 100 mg #14 b.i.d. refill 0   
 Methergine 0.2 mg #10 t.i.d. refill 0   
 Tylenol 3 q 4 hr prn pain #12 refill 1   
 Ultram 50 mg 1 q 4 h prn pain #12 refill 1   
 Other \_\_\_\_\_

Medications given in RR:

Microhogam Lot # \_\_\_\_\_ Exp \_\_\_\_\_  
 Site given \_\_\_\_\_ Time \_\_\_\_\_ Initials JF  
 Ampicillin 1 gr  PO \_\_\_\_\_  
 Other \_\_\_\_\_

*117 @ upper arm*

Rhogam = ~~lot #~~ lot # 4345400018

Birth Control Action/Plan: OC (specify type): Springer 1 pr 5 refills Exp 9/11/16  
 Nuva Ring (Rx for 1 ring with 5 refills); after procedure insertion by   
 Depo Provera 150 mg IM (site):  Clinician Initials \_\_\_\_\_  
 IUD/Implanon at follow up  Diaphragm at follow up   
 Sterilization  Condoms   
 None \_\_\_\_\_

Observation Notes: 4:00 pm: Arrived via stretcher, placed ice packs for cramps, 4:10 pm BP=97/53 HR=68 = 4:15 pm = BP=99/70 HR=73  
4:20 pm: BP=117/68 HR=69. Vomited. 4:25 pm - pt ambulated to chair. 4:35 pm - offered P.O. Liquid Analgesic. Fulfilled.  
7:55 pm - pt verbalized understanding of D/C instructions.

IV d/c: Time 4:40 Site: bleeding \_\_\_\_\_ redness \_\_\_\_\_ normal  Action: \_\_\_\_\_

Discharge Criteria:

<input checked="" type="checkbox"/> Yes	No	Alert and oriented	
<input checked="" type="checkbox"/> Yes	No	Vital signs stable	BP & P <u>117/68 HR=69</u>
<input checked="" type="checkbox"/> Yes	No	Dizziness minimal	
<input checked="" type="checkbox"/> Yes	No	Able to ambulate	
<input checked="" type="checkbox"/> Yes	No	Responsible adult to escort home if IV or MAC	
<input checked="" type="checkbox"/> Yes	No	Prescriptions given	
<input checked="" type="checkbox"/> Yes	No	Follow-up instructions given	

Patient verbalizes understanding of discharge medications and instructions \_\_\_\_\_  
 Follow up (2-3 weeks) will be done at: RMCW in 3 wks  PMD \_\_\_\_\_  
 Health Dept \_\_\_\_\_ Other \_\_\_\_\_

Pain scale 2/10 Bleeding None Nausea None  
 0 (none) to 10 (severe)

Discharge Time/Date: 10/18/2014 @ 5:00 pm  
 Nurse: [Redacted] MD: [Redacted]

RECEIVED  
 OCT 20 2014  
 VDH/OLC