

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  011133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/14/2017	
NAME OF PROVIDER OR SUPPLIER  CLINIC FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 3607 W 16TH ST STE 2B INDIANAPOLIS, IN 46222		
(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
T 000	INITIAL COMMENTS  This visit was for a state licensure survey.  Facility Number: 011133  Survey Date: 03-13-2017 to 03-14-2017  QA: 3/17/17 jlh	T 000		
T 084	410 IAC 26-5-1 ADMINISTRATION AND POLICIES  410 IAC 26-5-1(3)  The clinic administrator is responsible for day-to-day operations of the abortion clinic to include, but not be limited to, the following functions: (3) Implementation of internal and external disaster and emergency preparedness plans with documentation of outcome.  This RULE is not met as evidenced by: Based on document review and interview, the facility failed to implement internal and external disaster and emergency preparedness plans with documentation of outcome for 1 facility.  Findings included:  1. Review of facility documents indicated there was no documentation of implementation of internal and external disaster and emergency preparedness plans with documentation of outcome.  2. In interview on 03-14-2017 at 2:45 pm,	T 084		4/19/17

Indiana State Department of Health

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

TITLE

(X6) DATE

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T 084	Continued From page 1  employee #A1, Director, confirmed the above and no other documentation was provided prior to exit.	T 084		
T 126	<p>410 IAC 26-7-1 MEDICAL RECORDS</p> <p>410 IAC 26-7-1(b)(7)</p> <p>(b) A medical record must be maintained with documentation of service rendered for each surgical abortion patient of the clinic as follows: (7) The clinic shall ensure the confidentiality of patient records. The clinic must develop, implement, and maintain the following: (A) A procedure for releasing information or copies of records only to authorized individuals in accordance with federal and state laws. (B) A procedure that ensures that unauthorized individuals cannot gain access to medical records.</p> <p>This ELEMENT is not met as evidenced by: Based on document review and interview, the facility failed to develop a procedure (policy) that ensured that unauthorized individuals cannot gain access to medical records for 1 clinic.</p> <p>Findings included:</p> <p>1. Review of facility documents and policies indicated there was no procedure (policy) that ensured that unauthorized individuals cannot gain access to medical records.</p> <p>2. In interview on 3-14-2017 at 2:50 pm, employee #A1, Director, confirmed the above and</p>	T 126		4/19/17

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T 126	Continued From page 2  no other documentation was provided prior to exit.	T 126		
T 252	<p>410 IAC 26-11-3 INFECTION CONTROL PROGRAM</p> <p>410 IAC 26-11-3(1)</p> <p>The clinic, whether it operates its own laundry or uses outside laundry service, must ensure that the laundry process complies with a recognized laundry standard as follows:</p> <p>(1) Clean linen must be separated from soiled linen at all times.</p> <p>This RULE is not met as evidenced by: Based on observation and interview, the facility failed to ensure that clean linen is separated from soiled linens for 1 laundry area toured.</p> <p>1. While touring the facility on 3/13/2017 at 1140 a.m. it was observed that the clean linens were stored in the laundry room. Soiled linens are also kept in the same room, until they are laundered.</p> <p>2. In interview on 03/13/2017 at 1145 a.m. staff member #1, Director, indicated that soiled linens and clean linens have been kept in the same room.</p>	T 252		4/19/17