

Health Standards Section

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: BO0004641 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 09/12/2016 |
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| NAME OF PROVIDER OR SUPPLIER WOMEN'S HEALTH CARE CENTER INC | STREET ADDRESS, CITY, STATE, ZIP CODE 2701 GENERAL PERSHING STREET NEW ORLEANS, LA 70115 |
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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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| {S 000} | Initial Comments 3rd Follow-Up to Relicensing Survey , in conjunction with (new) Complaint # LA00043389. Two deficiencies were cited related to the complaint. Abbreviations ADM Administrator DON Director of Nursing ITOP Induced Termination of Pregnancy (Reports) LEERS Louisiana Electronic Event Registration System MA Medical Assistant SFM State Fire Marshall U/S Ultrasound | {S 000} | S 169 A new policy has been written requiring the "Report of Induced Termination of Pregnancy" to be Completed online in the LEERS system within thirty (30) days of the date of the termination procedure. After the ITOP is entered into the LEERS system, the physician must log in and use a private four-digit pin to certify the record. Once the record is certified, the LEERS system will give it the registration number and forward it to LDH. One copy is printed for the patient's record. The record is e-signed by the physician so a stamped signature is no longer required. See Exhibit: Policy Leers Documentation/ Certification, Policy Number 2412 Our policy manual Patient Care, has been edited, and is in the process of being reviewed by the Medical Director. All old, new, edited and revised policies will be signed-off by the Medical Director and Administrator. <i>implemented</i> | |
| S 107 | 4421 A-B Governing Body A. The outpatient abortion facility shall be in compliance with all applicable federal, state, and local statutes, laws, rules, regulations, and ordinances. B. The outpatient abortion facility shall have a governing body that assumes full responsibility for the total operation of the outpatient abortion facility. 1. The governing body shall consist of at least one individual who will assume full responsibility. 2. The outpatient abortion facility shall maintain documentation on the licensed premises identifying the following information for each member of the governing body: a. Name; b. contact information; c. address; and d. terms of membership. 3. The governing body shall develop and | S 107 | | |

*Received 12/1/16
SFM/ADM*

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| DHH/Health Standards Section LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Luna Kawash</i> | TITLE Administrator | (X6) DATE 11-17-16 |
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| {S 000} | <p>Initial Comments</p> <p>3rd Follow-Up to Relicensing Survey , in conjunction with (new) Complaint # LA00043389. Two deficiencies were cited related to the complaint.</p> <p>Abbreviations</p> <p>ADM Administrator DON Director of Nursing ITOP Induced Termination of Pregnancy (Reports) LEERS Louisiana Electronic Event Registration System MA Medical Assistant SFM State Fire Marshall U/S Ultrasound</p> | {S 000} | | |
| S 107 | <p>4421 A-B Governing Body</p> <p>A. The outpatient abortion facility shall be in compliance with all applicable federal, state, and local statutes, laws, rules, regulations, and ordinances.</p> <p>B. The outpatient abortion facility shall have a governing body that assumes full responsibility for the total operation of the outpatient abortion facility.</p> <p>1. The governing body shall consist of at least one individual who will assume full responsibility.</p> <p>2. The outpatient abortion facility shall maintain documentation on the licensed premises identifying the following information for each member of the governing body:</p> <p>a. Name; b. contact information; c. address; and d. terms of membership.</p> <p>3. The governing body shall develop and</p> | S 107 | <p>RECEIVED NOV 09 2016 HEALTH STANDARDS</p> | |

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| DHH/Health Standards Section LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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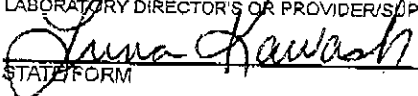
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NAME OF PROVIDER OR SUPPLIER
WOMEN'S HEALTH CARE CENTER INC

STREET ADDRESS, CITY, STATE, ZIP CODE
**2701 GENERAL PERSHING STREET
 NEW ORLEANS, LA 70116**

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| S 107 | 4421 A-B Governing Body A. The outpatient abortion facility shall be in compliance with all applicable federal, state, and local statutes, laws, rules, regulations, and ordinances. B. The outpatient abortion facility shall have a governing body that assumes full responsibility for the total operation of the outpatient abortion facility. 1. The governing body shall consist of at least one individual who will assume full responsibility. 2. The outpatient abortion facility shall maintain documentation on the licensed premises identifying the following information for each member of the governing body: a. Name; b. contact information; c. address; and d. terms of membership. 3. The governing body shall develop and | S 107 | | |

DHH/Health Standards Section
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
 Administrator
 TITLE
 11-17-16
 (X5) DATE

Health Standards Section

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| S 107 | <p>Continued From page 1</p> <p>adopt bylaws which address its duties and responsibilities.</p> <p>4. The governing body shall, at minimum, meet annually and maintain minutes of such meetings documenting the discharge of its duties and responsibilities.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview the Governing Body failed to ensure the facility was in compliance with the occupancy requirements for their facility, as per the Office of the State Fire Marshall. This deficient practice was evidenced by 36 persons observed in the facility at one time on the date of 09/09/16, when the SFM inspection report documented the occupancy limit at 26.</p> <p>Findings:</p> <p>In an observation 09/09/16 at 8:50 a.m. revealed a total of 23 persons waiting in waiting rooms. Further observation revealed 8 staff members at work in the facility.</p> <p>Review of the latest Office of the State Fire Marshal, Code Enforcement, and Building Safety Inspection Report dated 12/01/15, provided by FS1ADM and FS2DON as most current, revealed, under "occupancy", "26", with a square footage of 2400 square feet.</p> <p>Review of patient logs and sign-in sheets from 09/09/16 revealed 26 patients had signed in that morning.</p> <p>Review of a surgical procedure/recovery room roster for 05/20/16 revealed 29 procedures were</p> | S 107 | <p>S 107</p> <p>Upon learning from the LDH Surveyors we were not in compliance with the Fire Marshall's occupancy rates (as per our previous Inspection Report), we asked the Fire Marshall for a new inspection. The previous Administrator based our daily operations on an occupancy rate of fifty (50).</p> <p>The Fire Marshall stated, based on our ingress/egress options and the layout and position of chairs in the facility, we could easily have an occupancy of seventy (70).</p> <p>See attached Fire Marshall Inspection Report of 09/26/2016. See Exhibit L.</p> | |

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| S 107 | <p>Continued From page 2</p> <p>performed. Review of sign-in sheets revealed a total of 35 patients signed in for the day. (Included all patients: counseling, follow-up, and procedures)</p> <p>In an interview 09/09/16 at 10:20 a.m. FS2DON reported that the clinic will schedule no more than 40 patients a day, and that at any given time they are in different places, such as counseling, group counseling/education, procedures, U/S, labs, etc. After a review of the recovery room log, the DON verified that 29 procedures were done that day. FS2DON verified that all patients having surgical procedures are scheduled to be at the clinic in the mornings by 9:00 a.m. or 9:30 a.m., and are told to expect to be there for most of the day.</p> <p>In an interview 09/12/16 at 2:20 p.m. FS1ADM, after review of the SFM report, verified the occupancy stated 26. She reported that she had been told by the previous administrator the building occupancy limit was 50. The Administrator verified that there were more than 26 persons in the building when the surveyor entered the building 9/9/16 at 8:50 a.m. FS1ADM verified the sign-in sheet had 26 patients signed in for 09/09/16. FS1ADM verified that besides the patients and 2 surveyors, there were 8 staff working in the facility 9/9/16, which would bring the total occupants to 36 before any surgical patients were discharged. FS2DON, present for the interview, indicated that Fridays are their busiest day, and would be more likely to go beyond 26 people in the building at one time.</p> | S 107 | | |
| S 169 | <p>4425 - E-F Patient Med Records/Reporting Requirements</p> <p>E. Other Reports. The outpatient abortion facility</p> | S 169 | | |

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| S 169 | <p>Continued From page 3</p> <p>shall maintain a daily patient roster of all patients receiving a surgical or chemically induced abortion. Patients may be identified corresponding to the patient's medical record. This daily patient roster shall be retained for a period of three years</p> <p>F. Reporting Requirements</p> <ol style="list-style-type: none"> 1. The outpatient abortion facility shall maintain documentation to support that the outpatient abortion facility is compliant with all reporting requirements, including, but not limited to, the induced termination of pregnancy (ITOP) form and other documentation as required by federal, state, and local statutes, laws, ordinances, and department rules and regulations. 2. The outpatient abortion facility shall report in accordance with all applicable state laws for the reporting of crimes against a child that include but are not limited to: <ol style="list-style-type: none"> a. rape; b. sexual battery; c. incest; and d. carnal knowledge of a juvenile <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure all reporting requirements were met, as required by state statutes as evidenced by having induced termination of pregnancy reported documented greater than 30 days for 4 (F#3, F#4, F#5, F#6) of 4 induced termination of pregnancy reports reviewed out of a total sample of 7 patient records reviewed. Based on record review and interview the facility failed to ensure documentation was maintained to support compliance with all reporting requirements. This failed practice was evidenced</p> | S 169 | | |

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| S 169 | <p>Continued From page 4</p> <p>by:</p> <p>1) failure to provide documentation of ITOP reports certified (signed by physician) and submitted (registered) to the Office of Vital Records within 15 days, as per their policy and procedure;</p> <p>2) failure to provide documentation of ITOP reports certified and submitted to the Office of Vital Records within 30 days, as required by law;</p> <p>3) ITOPs with the stamped name of the certifying physician, in the place of the actual physician's signature.</p> <p>Findings:</p> <p>Review of LA RS 40:1299.35.10 Reports, revealed, in part "A. An individual abortion report for each abortion performed or induced shall be completed by the attending physician ... The report shall include:...(25) Signature of the attending physician... C. All abortion reports shall be signed by the attending physician and submitted to the Department of Health and Hospitals within thirty days after the date of the abortion.</p> <p>Review of the facility's Policy & Procedure title "Vital Records Abortion Reporting Form", presented on 09/12/16 at 4:30 p.m. by FS2DON as current, read in part: Procedure: Effective August 29, 2011 the "Report of Induced Termination of Pregnancy" is completed online in the LEERS (Louisiana Electronic Event Registration System) using the web address provided by DHH (https://leers.opd.dhh.la.gov). This form is to be completed within 15 days of the procedure. Upon completion of the report the report is to be submitted to the state using the</p> | S 169 | | |
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| S 169 | <p>Continued From page 5</p> <p>"drop to paper" function. Further review revealed no procedure to provide evidence of the submission of the ITOP reports in the time required by facility policy and time required by state law. No procedure was noted that would ensure the physician signed the ITOP report, instead of using a stamp.</p> <p>Patient #F3 Review of #F3's Induced Termination of Pregnancy report revealed that her procedure was performed on 05/20/16. A hand written date (7/7/16) appeared in the box entitled "date registered." Under Physician Signature was a stamped name of FS4MD, but no signature. Date Certified (signed by Physician) was blank. Further review revealed no documented evidence that the report was submitted to the Louisiana Department of Health within 15 days, as per the facility policy and procedure or within thirty days, as required by law.</p> <p>Patient #F4 Review of #F4's Induced Termination of Pregnancy report revealed that her procedure was performed on 05/24/16. A hand written date (7/17/16) appeared in the box entitled "date registered." Under "Physician Signature" was a stamped name of FS5MD, but no signature. Date Certified (signed by Physician) was blank. Further review revealed no documented evidence that the report was submitted to the Louisiana Department of Health within 15 days, as per the facility policy and procedure or within thirty days, as required by law.</p> <p>Patient #F5 Review of #F5's Induced Termination of Pregnancy report revealed that her procedure</p> | S 169 | | |
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| S 169 | <p>Continued From page 6</p> <p>was performed on 05/20/16. The box entitled "date registered" was noted to be blank. Under "Physician Signature" was a stamped name of FS4MD, but no signature. Date Certified (signed by Physician) was blank. Further review revealed no documented evidence that the report was submitted to the Louisiana Department of Health within 15 days, as per the facility policy and procedure or within thirty days, as required by law.</p> <p>Patient #F6 Review of #F6's Induced Termination of Pregnancy report revealed that her procedure was performed on 06/01/16. A hand written date (7/26/16) appeared in the box entitled "date registered." Under "Physician Signature" was a stamped name of FS4MD, but no signature. Date Certified (signed by Physician) was blank. Further review revealed no documented evidence that the report was submitted to the Louisiana Department of Health within 15 days, as per the facility policy and procedure or within thirty days, as required by law.</p> <p>In an interview on 09/12/16 at 1:30 p.m., FS3MA indicated that she is responsible for entering the Induced Termination of Pregnancy into the LEERS system. FS3MA indicated that once she inputs the data into the LEERS system a report is generated. FS3MA indicated that the date (at the bottom of the report) was the date that the form was printed. FS3MA indicated she (hand writes) enters this date in the box titled "date registered." FS3MA indicated that she was not familiar with the way the LEERS system would provide the date of submission. FS3MA reported she was not</p> | S 169 | | |
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| S 169 | <p>Continued From page 7</p> <p>certain that the printed date was the date of submission.</p> <p>In an interview 09/12/16 at 3:00 p.m., FS2DON indicated that she was not aware that the clinic had a policy which stated the submission date was 15 days for the report. FS2DON indicated that she was not certain how to determine if the Induced Termination of Pregnancy reports were being submitted within 30 days to Louisiana Department of Health.</p> <p>In an interview on on 09/12/16 at 3:05 p.m., FS1ADM and FS2DON indicated that the clinic had no documented evidence that the Induced Termination of Pregnancy Report for #F3, #F4, #F5 and #F6 had been signed by the physician and submitted within 15 days as required by the facility policy or within 30 days as required by law.</p> | S 169 | | |

POLICY AND PROCEDURE
PATIENT CARE MANUAL
LEERS DOCUMENTATION/ CERTIFICATION

POLICY

When the ITOP (Induced Termination of Pregnancy) information is entered into the LEERS system, it will immediately be certified by the physician.

PROCEDURE

After the ITOP is entered into the LEERS system, the physician must log in and use a private four-digit pin to certify the record.

Once the record is certified, the LEERS system will give it the registration number and it is then forwarded to LDH. The Clinic no longer needs to physically mail the form to LDH.

One copy is printed for the patients record.

Policy Number 2412

Exhibit 1



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806
(225) 925-4911 (800) 256-5452 Fax (225) 925-4241



H. "Butch" Browning
FIRE MARSHAL

Inspection Report

Report # GE-16-027085-1

No Deficient/Cautionary Codes cited.

| Location Information | | | | |
|--|-----------------------------|---|-------------------|-----------------------|
| Inspection Type | General Building Inspection | | Inspection Date | 9/26/2016 10:04:20 AM |
| Structure ID | I-138389 | | Facility Code | P-1329 |
| Capacity | Year Built | 1996 | Construction Type | |
| Building/Trade Name | | Address | | |
| WOMEN'S HEALTHCARE CENTER INC | | 2701 GENERAL PERSHING ST, NEW ORLEANS, LA 70115 | | |
| Owner Information | | | | |
| Owner Type | Name | Contact Phone | Contact Email | |
| State Licensed | | (504) 899-6010 | WHCCNO@GMAIL.COM | |
| Address | | | | |
| P.O. BOX 750331, NEW ORLEANS, LA 70175 | | | | |
| Tenant Information | | | | |
| Name | Suite Number | Floor Number | Square Footage | |
| WOMEN'S HEALTH CARE CENTER INC | | | 2400 | |
| Occupancy Details | | | | |
| Occupancy Type | Details | | | |
| Business | | | | |
| Comments | | | | |
| CAPACITY WAS SET BASED OFF OF HAVING TWO JEANS OF EGRESS AND CLEAR FLOOR SPACE. THE SQUARE FOOTAGE ALONG WITH THE NUMBER OF CHAIRS. THE CAPACITY WAS SET FOR 70 PEOPLE WHICH INCLUDES CLIENTS AND STAFF. | | | | |
| NO APPARENT DEFICIENCIES AT TIME OF INSPECTION | | | | |
| ACC | | | | |
| Inspector Information | | | | |
| Name: Deshawn Davenport | Badge Number: 603 | Inspector Signature: | | |
| Person to whom requirements were explained | | | | |
| Name: Lauren Glonek | Title: Director of Nursing | Signature: | | |

For questions regarding the contents of this report, please call: (504) 989 8989

R. S. 40: 1621 Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7, Title 40 of the Louisiana Revised Statutes of 1950, R.S. 40:1569 excepted, shall be fined not more than five hundred dollars or imprisoned, for more than six months or both. Each day's violation of an order constitutes a separate offense and may be punished as such at the discretion of court.



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806
(225) 925-4911 (800) 256-5452 Fax (225) 925-4241

Inspection Report

Report # GE-16-027085-1

No Deficient/Cautiounary Codes cited.

L.R.S. 40:1577 APPEAL FROM ORDER



H. "Butch" Browning
FIRE MARSHAL

When an order is made by one of the deputies or representatives of the Fire Marshal, the owner or occupant of the building or premises may, within three days, appeal to the Fire Marshal. The Fire Marshal shall, within five days, review the order and advise the owner or occupant of his decision thereon. The owner or occupant may, within five days after the making of affirming of any such order of the Fire Marshal, file an application with the Board of Review.

RULES FOR APPEALING TO THE FIRE MARSHAL BOARD OF REVIEW

- I. Any application to the Board of Review shall contain the following basic information set off in organized fashion with captions indication that the paragraph in question contains the following basic informtion.
 1. The name of the applicant.
 2. A brief description of the facts.
 3. A copy of the order of the Fire Marshal which is being appealed.
 4. A reference to the section of the law or code being reviewed.
 5. A brief description of why the applicant feels the requirements of the Fire Marshal is not within the Fire Marshal's authority, or brief description of why the interpretation of the Fire Marshal is incorrect, or what specific relief is required by the applicant.
 6. A list of the individuals who will be appearing before the Board, and a brief description of the testimony or information they will be providing the Board.
 7. A list of all the documents which will be introduced or provided to the Board along with a brief description of the documents, and if possible, a copy of said documents.
 8. A list of each exhibit except for documents, and a brief description of the exhibit.

- II. Whenever possible, a notice of the meeting, date and place, and the agenda will be recored in the Louisiana Register, however, whenever that is not possibel, a copy of the meeting notice including the date, time and place, and agenda of the meeting of the Board will be published in the official notices of the official state journal; furthermore, a press release containing the same information will be mailed to the official journals of the cities of Shreveport, Monroe, Lafayette, Lake Charles, Alexandria, New Orleans, and Baton Rouge and any city or town in which the meeting of the Board is to be held if it is not one of the aforementioned major cities; and the same information shall be mailed to each individual who has notified the Fire Marshal of his desire to receive a notice of such appeal.

- III. A copy of the determination of the Board as prepared by the Chairman will be mailed to each individual who requests a copy of that specific determination as well as to the applicant.

- IV. The time delays for filing an appeal shall be those specified in R.S.40:1577 and 40:1578 1 D.