

Health Standards Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: BO0004728	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2010
NAME OF PROVIDER OR SUPPLIER HOPE MEDICAL GROUP FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 210 KINGS HIGHWAY SHREVEPORT, LA 71104		
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S 000	Explicit Statements-01 A licensing survey was conducted 08/11/2010 through 08/13/2010.	S 000		
S4409	PERSONNEL This Rule is not met as evidenced by: B. Nursing Personnel 5. Nursing care policies and procedures shall be in writing and be consistent with accepted nursing standards. Policies shall be developed for all nursing service procedures provided at the facility. The procedures shall be periodically reviewed and revised as necessary; 6. A formalized program of in-service training shall be developed for all categories of nursing personnel. Training related to required job skills shall be provided to nursing personnel. Based upon review of 12 of 14 medical records of patients who received elective abortions in the facility (#'s 2-5, 7-14), policies and procedures, personnel files, observations on 08/12/10 and 08/13/10, and administrative and staff interviews, the facility failed to develop nursing policies and procedures which addressed the administration of Intravenous (IV) medications and the administration of analgesic gases. The policies also failed to address who could administer the IV medications and inhalation gases and the types of equipment to be used to monitor each patient's level of consciousness, respiratory and cardiovascular status during the administration of the analgesia gases Nitrous Oxide and Oxygen and during and after the administration of Intravenous sedative medications. The facility failed to develop a system which defined the	S4409		

DHH/Health Standards Section

TITLE

(X6) DATE

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

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S4409	Continued From page 1 qualifications, training, and determined competency of the person who administers IV medications and analgesic gases to patients. Findings: Interview with the Clinic Director S1, who is a non licensed person, on 08/12/10, 9:00 AM, revealed on the day of the abortion procedure, the patient initially goes to the lab in order for the Hematocrit and Rh factor to be drawn. During this time, the patient's blood pressure would also be taken. If the patient was less than 16 weeks, they would be taken to the "relaxation room" asked to undress from the waist down and then be given a sheet to wrap around themselves. The Licensed Practical Nurse (LPN) would then administer the Valium, Promethazine and Ibuprofen by mouth and the patient would wait until they were called to the procedure room. If the patient was at 16 weeks gestation, they would be taken to the Recovery Room area where the LPN would start and administer an Intravenous (IV) solution of 500 cc's (cubic centimeters) of Lactate Ringers. Prior to the patient going to the procedure room, Nubain and Promethazine was injected intravenously by the LPN, and the patient would be escorted to the procedure room. S1 further stated all patients who have the abortion procedure receive nitrous oxide/oxygen inhalation analgesia gases in addition to the oral and IV medications. Interview with the "operating room technician" S5, revealed her job duties included assisting the patient to the procedure room, positioning the patient onto the table, placing her legs in the stirrups and adjusting the sheet over the patient's knees. S5 further stated she was also responsible for turning on the nitrous oxide and oxygen tanks. Once the patient was positioned	S4409		

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S4409	Continued From page 2 on the table, she would "push in the knobs to turn on the flow meter and set the nitrous on 6 and the oxygen on 4." S5 stated she would then hand the inhalation mask to the patient to place onto her face. After this was completed, the tubings that extended from each side of the mask would drape down both sides of the patient's face and then she would position the tubings on the bed behind the patient's head. When questioned if the patient's hand fell away from the mask would the mask stay in place, she responded "yes". When asked what was then done, she replied "nothing". When asked if the nurse ever came into the procedure room, S5 responded "only if we have a bleeder". S5 failed to indicate verbally during this demonstration that any devices/equipment were placed on the patient (ie; pulse oximeter, blood pressure cuff) in order to monitor the patient during the administration of the nitrous/oxygen inhalation analgesia gases. Review of the personnel file for "operating room technician" S5 revealed she was hired at the facility in July 2008 and her prior work history was with a portrait studio at a national department store chain and a restaurant. A form titled "Operating Room Training Schedule", dated 07/15/08, included training for operating room and nitrous/oxygen set up. Interview with S5 on 08/12/10 revealed when asked who was the person who trained her, S5 replied S1, the Clinic Director (not a licensed professional), and S6 (another unlicensed non-professional performing duties of an operating room technician). S5 stated that this was the only training that she had received. On 08/13/10, 9:55 AM, further interview with the Clinic Director S1 revealed a pulse oximeter (equipment used to monitor the patient's oxygen	S4409			

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S4409	<p>Continued From page 3</p> <p>concentration/saturation level) was at the bedside in each procedure room along with an extra oxygen cylinder, Ambu-bag and the associated tubing. S1 also indicated the facility had two blood pressure cuffs, one of which was located in the laboratory area and the other cuff was located in the Recovery Room area, but no blood pressure cuffs were immediately available to staff in the procedure room should a patient show a decline in their condition while undergoing the abortion procedure.</p> <p>An Immediate Jeopardy situation was identified on 08/13/10 at 9:20 AM as a result of the facility's failure to ensure each patient's level of consciousness, respiratory and cardiovascular status was monitored during and after the administration of intravenous medications and during the administration of inhalation gas agents used during the abortion procedure. This was evidenced by:</p> <ol style="list-style-type: none"> 1. Failing to have a qualified professional monitor the patient's level of consciousness, respiratory and cardiovascular status during the administration of the inhalation agents Nitrous Oxide (60%) and Oxygen (40%) that was initiated and regulated by the designated "operating room technician", an unqualified non-licensed person; 2. Failing to have a qualified professional monitor the patient's respiratory and cardiovascular status after the administration of IV medications Nubain 10 milligrams and Phenergan 12.5 milligrams; 3. Failing to have policies and procedures in place for measuring the level of consciousness for patients who have received inhalation gas agents and IV sedative medications. There was no definition of what constituted minimal sedation, moderate sedation, deep sedation and anesthesia; 	S4409			

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S4409	<p>Continued From page 4</p> <p>4. Failing to have policies and procedures in place to administer IV medications and the reversal agents to be used for adverse reactions to the sedative medications and inhalation agents used;</p> <p>5. Failing to have policies and procedures in place for defining the emergency equipment needed to monitor the patient's respiratory and cardiovascular status during the administration of IV sedative medications and inhalation gas agents that are known to cause respiratory depression.</p> <p>The Immediate Jeopardy was removed on 08/13/10 at 10:35 AM after the Clinic Director (S1) submitted a written corrective action plan which stated that effective immediately the abortion clinic "will no longer administer Nubain/Phenergan intravenously to patients" and "will no longer administer nitrous oxide to patients".</p> <p>Included in the policy and procedure manual were forms titled "Standing Orders for Medications". Interview with the Clinic Director S1 revealed these were the physicians orders for administration of medications pre, during, and after the abortion procedure. According to S1, these orders are also posted on the wall of the recovery room. Review of these standing orders revealed the following:</p> <p>If the patient was less than 14 weeks gestation and had a driver they were to receive pre-procedure "Valium 10 mg (milligrams), Promethazine 25 mg and Ibuprofen 400 mg P.O. (by mouth)". If the patient did not have a driver, they would receive "Promethazine 25 mg and Ibuprofen 600 mg P.O. (by mouth)". Also identified was "Do not give ibuprofen if patient is</p>	S4409		

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S4409	Continued From page 5 on Methadone and will be receiving Toradol!" Further review of the standing orders revealed: "Administered In Aftercare: Prior to surgery (at time indicated by the physician on the green sheet), after confirming the patient is not on Methadone, second trimester patients will receive the following: 1. 14-15 weeks - 10 mg (milligrams) Nubain with 12.5 mg Promethazine IM (Intramuscular). 2. 16 weeks - 10 mg Nubain with 12.5 mg Promethazine IV (Intravenously) (500 cc (cubic centimeters) lactated ringer with 18G (Gauge) or 20 G angio cath). 10 units Pitocin should be inserted in the "add a port" to be administered by the physician during the procedure. 3. First trimester surgical patients who request additional medication can be given 10 mg Nubain/12.5 Promethazine IM. Intraoperative Analgesia: 1. Nitrous Oxide administered at a ratio of 60% Nitrous/40% Oxygen via inhalation mask during the procedure." Further review of the facility's policies and procedures revealed in part the following: "F. Assisting the Doctor in Surgery: #8. Tell the patient that she is going to breathe nitrous oxide (or laughing gas) during the procedure and it won't put her to sleep but it will relax her..." "H. Working with Nitrous Oxide: #3. Dosage and Dispensing under Physician's orders: When using nitrous always turn on the oxygen first and then nitrous oxide. Nitrous alone will not flow. This is a built in safety feature. The dosage given should be 40% oxygen and 60% nitrous. At the end of the procedure when the	S4409		

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S4409	<p>Continued From page 6</p> <p>doctor is beginning to check the specimen, you should turn on 100% oxygen to reverse the sedative effect and prevent possible slight transient diffusion hypoxia (lack of oxygen). Make sure the nose piece is cleaned with an alcohol prep pad between each patient and a fresh liner is inserted. Explain to the patient what nitrous will do. It is important to talk with the patient through out the procedure to reassure her everything is going fine. It will take about two minutes or 10-12 breaths for the patient to begin to feel the effects of the gas.</p> <p>#4. Contraindications to Nitrous Oxide: Pulmonary disease such as tuberculosis, emphysema, upper respiratory infections.</p> <p>J. After the Procedure: After the procedure when the doctor leaves the exam room he will take the chart with him. Immediately after the procedure, the patient will breathe oxygen to flush her system. Remind the woman this is very important because it will help her to avoid nausea after the procedure...While the patient is breathing the oxygen, take the specimen jar into CSR and set it in the sink..."</p> <p>Part I of the policy "Working with a Patient during the Procedure" directed the Operating Room Technician on 1. Building a Rapport, 2. Relaxation, 3. Controlling Nervousness and Anxiety" and "Nitrous Gas Deep Breathing Method Script" which described verbal relaxation breathing techniques to use with the patient during the administration of the nitrous oxide.</p> <p>There was no evidence that a nursing policy and procedure had been developed and implemented on the procedure of administering IV medications, administering nitrous/oxygen gases to patients, or what would be required in order to monitor the</p>	S4409		

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S4409	<p>Continued From page 7</p> <p>status of the patient during sedation when using medications and/or gases. The policy also failed to include the signs and symptoms to be aware of that could indicate the patient was becoming more sedated or was having a problem with the anesthesia gases. There was no definition established to describe what constituted minimal, moderate, and deep sedation when using IV medications and analgesic gases.</p> <p>Review of the medical records for patients #2-5 & 8-10 revealed these patients were less than 14 weeks gestation and received the Valium 10 mg, Promethazine 25 mg, and Ibuprofen 400 mg by mouth. During the abortion procedure, the patients received the nitrous oxide/oxygen inhalation gases. There was no evidence the patient's respiratory or cardiovascular status was monitored during the actual procedure or the amount or length of time the nitrous/oxygen gas was administered.</p> <p>Patients #1 and #6 were at 7 weeks gestation and were given Mifepristone 200 mg (also known as the abortion pill) along with a follow-up visit for Urine Pregnancy Tests and Ultrasounds to ensure the pill was effective and the pregnancy had been terminated.</p> <p>Patient #7 presented to the facility on 03/11/10 and 03/12/10 for the Mifepristone 200 mg pill. After approximately three weeks, the patient's pregnancy test was still positive and since the Mifepristone failed to terminate the pregnancy, she presented to the facility on 04/08/10 for the abortion procedure. At this return visit, the patient received the Valium, Promethazine, and Ibuprofen pre-procedure and nitrous/oxide analgesia inhalation gas during the abortion procedure. There was no evidence the patient's</p>	S4409			

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S4409	<p>Continued From page 8</p> <p>respiratory or cardiovascular status was monitored during the actual procedure or the amount of nitrous/oxygen gas administered or the length of time it was administered.</p> <p>For patients #11-14 who were from 14 to 16 weeks gestation review of the medical record revealed the following:</p> <p>Review of patient #11's medical record revealed the patient presented to the facility for an elective abortion on 07/01/10 for termination of a 16 week pregnancy. At 1:30 PM, the Licensed Practical Nurse (LPN) administered to the patient Valium 10 milligrams, Promethazine 25 milligrams and Ibuprofen 400 milligrams by mouth. At 3:20 PM, another LPN started an Intravenous infusion of 500 cubic centimeters (cc's) of Lactated Ringers and administered Nubain 10 milligrams and Promethazine 12.5 milligrams Intravenously. The only documented vital sign on this patient was a blood pressure (113/74) that was obtained while the patient was in the laboratory area prior to the procedure being performed. Further review of patient #11's medical record revealed for the "Operative Notes" #4, part D the physician designated by check mark the patient received the nitrous/oxygen analgesia; however, the area for documenting the vital signs for oxygen saturation, pulse and blood pressure was blank. The first documented set of vital signs obtained on the patient was in the Recovery Room area at 4:18 PM after the procedure had been completed. There was no documentation of the amount or the length of time the nitrous/oxygen inhalation gas was administered to the patient.</p> <p>Review of patient #12's medical record revealed the patient presented to the facility on 07/15/10 for an elective abortion for termination of a 14</p>	S4409		

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S4409	Continued From page 9 week twin pregnancy. At 1:04 PM, the LPN administered to the patient Valium 10 milligrams, Promethazine 25 milligrams and Ibuprofen 400 milligrams by mouth. At 3:15 PM, the LPN started an IV infusion of 500 cc's Lactated Ringers and administered Nubain 10 milligrams and Promethazine 12.5 milligrams Intravenously. According to the operative notes an oxygen saturation was documented as being obtained at 3:35 PM; however, there failed to be further documentation the patient was monitored during the administration of the nitrous/oxygen gas agent during the abortion procedure. The next documented set of vital signs was not obtained on the patient until she was in the Recovery Room at 3:55 PM. There was no documentation of the amount or the length of time the nitrous/oxygen inhalation gas was administered to the patient. Review of patient #13's medical record revealed the patient presented to the facility on 07/15/10 for an elective abortion for termination of a 16 week pregnancy. A blood pressure of 110/74 was obtained and documented while the patient was in the laboratory area. At 2:20 PM, the LPN documented the patient was administered by mouth Valium 10 milligrams, Promethazine 25 milligrams and Ibuprofen 400 milligrams. At 3:20 PM an IV infusion of 500 cc's of Lactated Ringers was started. Nubain 10 milligrams and Promethazine 12.5 milligrams then given intravenously. According to the "Operative Notes" an oxygen saturation of 100% was documented as being obtained at 2:41 PM; however, there failed to be evidence the patient was continuously monitored while receiving the nitrous/oxygen gas. The first documented vital signs obtained on the patient was when she presented to the Recovery Room area at 4:15	S4409			

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S4409	<p>Continued From page 10</p> <p>PM. There was no documentation of the amount or the length of time the nitrous/oxygen inhalation gas was administered to the patient.</p> <p>Review of patient #14's medical record revealed the patient presented to the facility on 07/22/10 for an elective abortion for termination of a 16 week pregnancy. A blood pressure of 120/74 was obtained and documented while the patient was in the laboratory area. At 1:28 PM the LPN documented the patient was administered by mouth Valium 10 milligrams, Promethazine 25 milligrams and Ibuprofen 400 milligrams. At 2:43 PM, the LPN started an IV infusion of 500 cc's Lactated Ringers and administered intravenously Nubain 10 milligrams and Promethazine 12.5 milligrams. Review of the "Operative Notes" revealed one oxygen saturation was obtained on the patient at 3:30 PM and documented as 99%. The next set of vital signs obtained on the patient was at 4:02 PM when the patient presented to the Recovery Room area. There was no documentation of the amount or the length of time the nitrous/oxygen inhalation gas was administered to the patient.</p> <p>Interview on 08/13/10, 2:05 PM, with the facility's Medical Director, Physician S8 revealed he had not conducted in-services training with any staff personnel for approximately two years.</p> <p>Interview with LPN S2 on 08/12/10, 9:00 AM, revealed her duties included starting the Lactated Ringers IV solution and injecting the Nubain 10 milligrams and Promethazine 12.5 milligrams intravenously while the patient was in the recovery room. According to LPN S2, after this was done, the patient would be ambulated into the procedure room for the abortion procedure when the next available procedure room was</p>	S4409			

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S4409	Continued From page 11 ready. She stated that she is never in the procedure room when the abortion is performed as she is preparing the next patient for the abortion procedure. Review of patient #11, 12, 13, and 14's medical records and policies and procedures revealed the LPN failed to document on any form in the medical record the rate the Nubain and Promethazine was administered Intravenously or what the patient's response was or that the patient was monitored after the administration of the medications. As per the Lippincott's Nursing Drug Guide, 2006 Edition, the adverse effects of Nubain, an analgesic, included sedation, hypotension, hypertension, bradycardia, tachycardia, respiratory depression, dyspnea and asthma. For Promethazine, a medication for nausea, the adverse effects included dizziness, drowsiness, poor coordination, and respiratory depression. Another consideration with Promethazine was that it should infuse no faster than 25 milligrams a minute.	S4409		
S4415	PATIENT RECORDS AND REPORTS This Rule is not met as evidenced by: B. Content of Medical Record 1. The following minimum data shall be kept on all patients: c. medical and social history; d. physical examination, h. physicians orders. Based upon review of 14 of 14 medical records (#'s 1-14) and staff interview, the facility failed to ensure: 1) that the information on a facility form designated for the patient's menstrual, obstetrical, and medical history, which is completed by each patient presenting for an elective abortion, was verified by the physician with documentation that	S4415		

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S4415	<p>Continued From page 12</p> <p>questions relative to any past complications with anesthesia were obtained prior to the administration of anesthesia gases and performing the elective abortion; 2) that the physician performed and documented a physical examination on each patient who presented to the facility for an elective abortion, and 3) all physician orders which were identified on the form titled "Standing Orders for Medications" were individualized and placed on each patient's medical record, and were signed and dated by the physician.</p> <p>Interview with the Clinic Director S1 on 08/13/10, 11:00 AM revealed when questioned about the physician's documentation of a physical examination of each patient, S1 indicated the patient completed a form and documented her Menstrual, Obstetrical and Medical history. This was used for the patient's medical and social history and the physician's examination.</p> <p>Review of the 14 medical records revealed each patient had completed a 20 question form related to Menstrual, Obstetrical, and Medical history. For the medical history, the patient was to indicate on the form with a check mark whether they had any of the following: 1) any serious illnesses, 2) current medications, 3) medications taken during the pregnancy, 4) medication allergies, 5) psychiatric treatment, 6) prior medical problems including heart trouble, diabetes, high blood pressure, asthma, anemia or other blood disorder, kidney disease, or convulsions. The patient also was to identify by yes/no if she had ever received Novocaine; however, there failed to be evidence of any questions related to prior administration of analgesia gases and if there had been any complications associated with it's use. At the</p>	S4415			

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S4415	<p>Continued From page 13</p> <p>bottom of the form was "This form was completed by me, and is true and accurate to the best of my knowledge." The patient was to then sign the bottom of the form.</p> <p>There failed to be documentation in the medical records that the physician conducted a physical examination of the patient or that questions related to prior complications with anesthesia were obtained from the patient by the physician prior to the performance of the elective abortion procedure .</p> <p>Interview with Clinic Director S1 on 08/13/10, 10:00 AM, revealed when questioned about the physician orders for medications administered in the facility, S1 stated physician S8 had standing orders that the nursing staff followed and the orders were posted on the wall in the recovery room area. The "Standing Orders for Medications" was a pre-printed form that identified physician orders for pre-procedure medications, intraoperative analgesia (nitrous oxide) Heavy Bleeder Protocol, Rhogam Protocol, Depo-Provera, Emergency Contraception, and the medications for the Medical Abortion Patients (abortion pill which indicated this was to be given by the physician). These pre-printed forms, signed by the physician, were posted on the wall of the recovery room area.</p> <p>Review of 14 of 14 medical records revealed each record failed to have a "Standing Orders for Medications" form or any orders written and signed by the physician for the administration of medications and the amount of analgesia gas that was to be administered to the patient during the abortion procedure.</p>	S4415			

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S4423	Continued From page 14	S4423		
S4423	<p>ANESTHESIA SERVICES</p> <p>This Rule is not met as evidenced by: B. Local anesthesia, nitrous oxide, and intravenous sedation shall be administered by the treating physician or by qualified personnel under the orders and supervision of the treating physician, as allowed by law.</p> <p>Based upon observations made during the clinic tour on 08/12/2010, review of 12 of 14 medical records for patients who received nitrous oxide/oxygen inhalation agents during the abortion procedure, clinic policies and procedures, and staff interviews, the facility failed to:</p> <ol style="list-style-type: none"> 1. have a qualified person as allowed by state law to monitor the patient's level of consciousness, respiratory and cardiovascular status during the administration of the inhalation agents Nitrous Oxide (60%) and Oxygen (40%) that was initiated and regulated by the designated "operating room technician", an unqualified non-professional; 2. have a qualified person as allowed by state law to monitor the patient's respiratory and cardiovascular status after the administration of IV medications Nubain 10 milligrams and Phenergan 12.5 milligrams; 3. have policies and procedures in place for measuring the level of consciousness for patients who have received inhalation gas agents and IV sedative medications. There was no definition of what constituted minimal sedation, moderate sedation, deep sedation and anesthesia; 4. have policies and procedures in place to administer IV medications and the reversal agents to be used for adverse reactions to the 	S4423		

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S4423	Continued From page 15 sedative medications and inhalation agents used; 5. have policies and procedures in place for defining the emergency equipment needed to monitor the patient's respiratory and cardiovascular status during the administration of IV sedative medications and inhalation gas agents that are known to cause respiratory depression. Findings: On 08/12/10, 10:00 AM, interview with the designated "operating room technician" S5, a non licensed person, revealed when asked about the inhalation agents used on the patients, S5 stated the patient was brought into the procedure room from the "relaxation room" placed onto the bed and positioned with the sheet placed over the patient's knees. The Nitrous Oxide and Oxygen tanks would be turned on and she would adjust the flow meter to "6" for the Nitrous and "4" for the oxygen. The mask would then be given to the patient to place onto her face. The tubings that extended from each side of the mask would drape down along the side of the patient's face and the tubings would then be positioned on the bed behind the patient's head. S5 was then questioned if the patient's hand fell away from the mask if the mask would stay in place and she responded "yes". When asked what was then done, she replied "nothing". Further interview with S5 revealed a bowl of ice water was placed at the patient's bedside during the procedure in order to wet a cloth to place over the patient's forehead if she became nauseated. If the patient became nauseated, S5 stated she would turn the Nitrous Oxide off and give the patient 100% oxygen until the nausea subsided. S5 further stated at the end of the procedure, the Nitrous Oxide would be turned off and the patient would	S4423		

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S4423	<p>Continued From page 16</p> <p>received 100% oxygen in order to "help the patient get rid of the Nitrous in her system".</p> <p>Review of the personnel file for S5 revealed a job description for an "O. R. Technician" which addressed "1. Set up the O. R. for procedures including: Trays, Ultrasound Machine, Aspirator, Nitrous/oxygen..." A form titled "Operating Room Training Schedule" dated 07/15/08 revealed the employee was checked off as being proficient in the duties listed on the job description.</p> <p>Review of the personnel file for S5 revealed she was hired at the facility in July 2008 and her prior work history was with a national department store portrait studio and a restaurant. When questioned about the training she received prior to assuming her duties, S5 stated she was trained for one week by another "operating room technician" (S6) and the Clinic Director (S1) prior to being alone during the abortion procedure. It was further found through personnel file review that "operating room technician" S6 and the Clinic Director S1 are non-licensed persons.</p> <p>Review of the facility's policies and procedures revealed the following policies: "Standing Orders for Medications...I. Nitrous Oxide administered at a ratio of 60% Nitrous Oxide/40% Oxygen via inhalation mask during the procedure." "H. Working with Nitrous Oxide: #3. Dosage and Dispensing under Physician' Orders: When using nitrous always turn on the oxygen first and then nitrous oxide. Nitrous alone will not flow. This is a built in safety feature. The dosage given should be 40% oxygen and 60% nitrous. At the end of the procedure when the doctor is beginning to check the specimen, you should turn</p>	S4423		

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S4423	Continued From page 17 on 100% oxygen to reverse the sedative effect and prevent possible slight transient diffusion hypoxia (lack of oxygen). Make sure the nose piece is cleaned with an alcohol prep pad between each patient and a fresh liner is inserted. Explain to the patient what nitrous will do. It is important to talk with the patient through out the procedure to reassure her everything is going fine. It will take about two minutes or 10-12 breaths for the patient to begin to feel the effects of the gas. #4. Contraindications to Nitrous Oxide: Pulmonary disease such as tuberculosis, emphysema, upper respiratory infections." "J. After the Procedure: After the procedure when the doctor leaves the exam room he will take the chart with him. Immediately after the procedure, the patient will breath oxygen to flush her system. Remind the woman this is very important because it will help her to avoid nausea after the procedure...While the patient is breathing the oxygen, take the specimen jar into CSR and sit it in the sink..." Interview with the facility's Medical Director Physician S8 on 08/13/10, 2:05 PM, revealed he had not conducted any in-service training with facility staff in approximately two years.	S4423		