

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2016
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NAME OF PROVIDER OR SUPPLIER A TIDEWATER WOMEN'S HEALTH CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 891 NORFOLK SQUARE NORFOLK, VA 23502
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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	12VAC5-412 Initial Comments An unannounced First Trimester Abortion Facility (FTAF) biennial licensure inspection was conducted on August 08, 2016. Two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the inspection. The facility was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Clinics. (Effective 06/20/2013)	T 000	<p style="text-align: center;">RECEIVED AUG 31 2016 VDH/OLC</p> <p>A safety meeting was performed with the physician to reiterate the signing of the patient's medical history to prove it has been reviewed. A safety meeting was performed w/ all Recovery personnel to reiterate the importance of documenting date time & employee initials. The surgical AB Recovery & Discharge Record has also been</p>	
T 355	12VAC5-412-300 Health Information 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 be limited to the following: 1. Patient identification; 2. Admitting information, including patient history and physical examination; 3. Signed consent; 4. Confirmation of pregnancy; 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; 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	T 355		8/16/16

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

TITLE

(X6) DATE

[Signature]
021199
revised by 09/11/16

Admin Director 8/18/16
BV8R11

State of Virginia

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T 355	Continued From Page 1 j. Names of referral physicians or agencies. 6. Any other information required by law to be maintained in the health information record. This RULE: is not met as evidenced by: Based on document review and interview, it was determined the facility failed to ensure the health information for four (4) of twenty (20) patients (Patients #5, 10, 12 and 13) were accurate and complete; one record did not have the H&P (history and physical) signed by the physician and did not have the initials of the employee who completed the recovery room assessment and three additional records did not have the initials of the employee who completed the recovery room assessment documented. The findings include: On August 08, 2016 the medical records of twenty (20) patients were reviewed and the following information was noted to not be present: Patient #5's medical record did not have a physician's signature on the H&P noting it had been reviewed by the physician and there were no initials next to the date and time for the recovery room attendant. Patient #10's medical record did not have initials next to the date and time for the recovery room attendant. Patient #12's medical record did not have initials next to the date and time for the recovery room attendant. Patient #13's medical record did not have initials next to the date and time for the recovery room	T 355	so there is a designated line for the Recovery Room Attendant to Initial, date & time. We are conducting an audit of charts one day a week for 4 weeks to ensure the physician's signature is present & to ensure the Recovery Room Attendant's initials are present. We will also add these to the Medical Records Evaluation Tool which is a part of quarterly Quality Assurance to monitor to make sure physician is signing medical history & Recovery Room Attendant is initialing the Surgical AB Recovery & discharge Record. The admin director is in charge of Quality Assurance	

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T 355 Continued From Page 2

attendant.

During interview on August 08, 2016 at approximately 3:15 P.M., Staff Member #1 stated, "Yes I see we need to do some more inservicing."

T 355

T 410 12VAC5-412-350 A Maintenance

The abortion facility's structure, its component parts, and all equipment such as elevators, heating, cooling, ventilation and emergency lighting, shall be kept in good repair and operating condition. Areas used by patients shall be maintained in good repair and kept free of hazards. All wooden surfaces shall be sealed with non-lead-based paint, lacquer, varnish, or shellac that will allow sanitization.

This RULE: is not met as evidenced by:
Based on observation and interview, it was determined that the facility failed to maintain all areas used by patients in good repair and free of hazards. All wooden surfaces shall be sealed with non-lead-based paint, lacquer, varnish, or shellac that will allow sanitization.

T 410

The countertops in the two procedure rooms have been removed & replaced. The countertop in central sterile has been repaired. The nurses desk in the Recovery Room has been replaced. The doctor's desk has been repaired. The ultrasound room floor has been repaired & resealed at the seam. The wheelchair arms have been replaced. We have added each item to our Deficiency Checklist. 9/1/16

The findings include:

On Monday, August 08, 2016 during facility tour the following was observed:

The countertops in the two (2) procedure rooms and central sterile had exposed wood. The nurse's desk in the recovery room and the doctor's desk, used for medication preparation, had exposed wood. The floor in the ultrasound room had cracks

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T 410 Continued From Page 3

in the tile. The wheelchair used to transport patients had one cracked arm on the right and the arm on left was broken with a piece missing from the arm. These areas will not allow for sanitization.

The findings were discussed during interview with Staff Members #1 and #5 on Monday, August 8, 2016 at 4:00 p.m.

T 410

This checklist is performed during quarterly Quality Assurance. This will ensure surfaces are being maintained & in good repair. The admin director is in charge of Quality Assurance.

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ATWHC
Surgical Abortion Recovery & Discharge Record

Updated: 8/9/16

Patient Name: _____

Date _____

Entered room at: _____ Allergies: _____

Local _____ Twilight _____

Time	Blood Pressure	Pulse
Admission		
am / pm		
am / pm		
am / pm		
Discharge		
am / pm		

Bleeding	Cramping	Nausca and/or Vomiting
Amount: <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Nourishment: Juice: _____ Water: _____

Doctors Note Given: _____ days

Driver's Note Given: _____

Medications:

800 mg of Motrin administered @ _____ by _____

Antibiotics: _____

Contraception: Yes No Lot#: _____ Expiration: _____

Other: _____

Post Abortion Instructions:

- Post-operative instructions, after hours & emergency procedures reviewed verbally & given in writing.
- Other instructions: _____

Date _____ Time: _____ am / pm Recovery Room Attendant Initials _____

Discharge Criteria: Patient may be discharged when all discharge criteria are met:

- Condition: Awake & alert Vital signs stable Bleeding stable
- Adequate pain control Able to ambulate alone, Understands post-operative instructions
- Able to verbally respond appropriately
- Other: _____
- Pt refuses observation; signed A.M.A.

Upon signing Physician is acknowledging that all discharge criteria has been met and patient may be discharged.

Date _____ Time: _____ am / pm Physician Signature _____

Discharge:

- Pt discharged to the care of _____, who will escort her home.

I have received the above information and medications and have been instructed in postoperative care. I have been given an information sheet with emergency numbers and I have been instructed that I may call with any problem that may arise. I have been told of the importance of a 3-week follow up appointment and of the \$40 fee.

Patient Signature & Date: _____

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AUG 9 2017

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T355

Patient History Physician Signature Checklist

Is the physician's signature present at required location on Patient History?

Chart #	Yes	No	Notes

Chart #	Yes	No	Notes

Chart #	Yes	No	Notes

Chart #	Yes	No	Notes

T 355

Surgical Abortion Recovery & Discharge Record

Recovery Room Attendant Initials Checklist

Is the Recovery Room attendant's initials present at required location on?

Chart #	Yes	No	Notes

Chart #	Yes	No	Notes

Chart #	Yes	No	Notes

Chart #	Yes	No	Notes

Deficiencies Checklist

Deficiency	Yes	No	Notes
All cleaning duties are complete and done properly (per daily cleaning schedule)			
Proper sanitizing of equipment and surfaces are complete			
Door to records storage is locked			
Minor log being maintained			
Procedure Room #1 countertop in good repair?			
Procedure Room #2 countertop in good repair?			
Central Sterile countertop in good repair?			
Recovery Room desk in good repair?			
Physician's desk in good repair?			
Ultrasound Room floor seal intact?			
Wheelchair arms in good repair?			

Deficiency	Yes	No	Notes
All cleaning duties are complete and done properly (per daily cleaning schedule)			
Proper sanitizing of equipment and surfaces are complete			
Door to records storage is locked			
Minor log being maintained			
Procedure Room #1 countertop in good repair?			
Procedure Room #2 countertop in good repair?			
Central Sterile countertop in good repair?			
Recovery Room desk in good repair?			
Physician's desk in good repair?			
Ultrasound Room floor seal intact?			
Wheelchair arms in good repair?			