AMETHYST HEALTH CENTER FOR WOMEN
9380 Forrestwood Lane
Manassas, VA 20110
703-335-2779

FAX

To:	**Ms. Kathaleen Creegan-Tedeschi**	From:	[redacted]
Fax:	804-527-4502	Pages:	8 incl Cover Sheet
Phone:	804-367-2156	Date:	1 April 2013
Re:	Resubmittal request	cc:	

Comments:

Attached are the changes requested to the Amethyst Health Center for Women Plan of Correction.

Please substitute the enclosed pages (5,6,8,9,11,12) into our Plan of Correction as requested by Ms. Mary Berryman to complete our submittal.

Many Thanks

M. Elisabeth Beurskens
Administrator,

Amethyst Health Center for Women, Inc.

9380 Forestwood Lane
Manassas, VA 20110
703.335.2779

30 March 2013

Ms. Kathaleen Creegan-Tedeschi, Supervisor
Acute Care, Home Health and Hospice Services
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Suite 401
Henrico, VA 23233

Dear Ms. Creegan-Tedeschi,

Amethyst Health Center for Women Inc., re-resubmits the following Plan of Correction in response to the inspection conducted on 10 and 11 December 2013 and your "Statement of Deficiencies and Plan of Correction " Inspection Report dated 30 January 2013.

On approximately 8 March 2013, Ms. Debbie Wintermantel notified AHCW that modifications were required. The previously submitted Plan of Correction was modified and resubmitted via Certified Mail on 10 March 2013.

On approximately 25 March 2013, Ms. Mary Berryman advised that modifications were required to the AHCW Plan of Correction (15 February 2013 version – Original submittal). Ms. Berryman was unaware of previous submittal requested by Ms. Wintermantel.

Subsequently, AHCW has further modified its Plan of Correction as advised and re-resubmits our Plan of Correction. This submittal contains only the changed pages after the 10 March version. Further, AHCW requests that VDH/OLC substitute these pages into the Plan of Correction, as requested by Ms. Berryman.

Please contact me should you or your inspectors have any questions / concerns regarding this Plan of Correction.

Submitted:

M.E. Beurskens

Maria Elisabeth Beurskens
Owner and Administrator
Amethyst Health Center for Women, Inc.

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State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FTAF 012	A. BUILDING _____ B. WING _____	12/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMETHYST HEALTH CENTER FOR WOMEN, INC	9380-B FORESTWOOD LANE MANASSAS, VA 20110

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T 170	Continued From Page 4 gauge needles expired on June 30, 2010, twelve (#12) five cc syringes expired on June 30, 2010 within the drawers on the exam table within the Ultrasound room. Three ammonia inhalants could not be matched back to a bottle that contained the expiration dates resulting in the Surveyor being unable to determine if the inhalants had expired or not. No documentation of the daily temperatures on the refrigerator that keeps the Ginger Ale cold for the patients post procedures was observed by the Surveyors during the initial tour in the Recovery Room. This observation was reveled by staff member #2 during the initial tour on December 10, 2012, at approximately 2:45 p.m., one egg was found along with one-half of a green pepper. Staff Member #2 acknowledged that the eggs and pepper were for her lunch, during interview, on December 10, 201 2, at approximately 2:55 p.m. All of the above documentaries were verified by Employee #2, during the initial tour. Employee #3 stated that she use one (#1) Tablespoon (TSP) of Alconox (A powdered precision cleaner for surgical instruments) per a gallon of water in the dirty utility room, on December 10, 2012, at 3:00 p.m. The Surveyor read the instructions on the bottle label of Alconox which instructed on the bottle's label that two and one half (#2 and 1/2) TBS were diluted with one (#1) gallon water. Staff #2 failed to have a means of measuring the gallon of water precisely. During interview, Staff #2 stated that she/he knew from experience how much water to put in the sink. No permanent line was outlined in the sink to reflect the amount to equal one gallon. A bag of 1000 cc of Ringer's Lactate (IV) was noted hanging from an IV pole, on a stretcher in the agency's hall, that had no plastic outside	T 170	As a corrective action, following the monthly inventory, an independent check will be conducted to confirm compliance. The independent check will be done by a WHNP for four months to determine compliance, auditing 25% of the monthly inventory. Regarding T 170-2, a thermometer has been added to the Recovery Room refrigerator with a record sheet to document daily the temperature of this refrigerator by the CNA. A staff refrigerator has been purchased and resides in the Doctor's office. It also has a thermometer and record sheet to document daily the temperature of the refrigerator. AHCW has modified the instrument cleaning P&P Manual and added a permanent mark to the sink to show the 1 gallon sink line.(AHCW P&P Manual 2.4.3.7.b section A.1.c) The Alconox dilution instructions were posted above the sink. Present at the time of inspection was a 1 gallon measuring device which Staff #3 failed to bring to the inspectors' attention. The procedure implemented has been verified and spot audits (conducted at least twice per week) by the Administrator are being done.	2/14/13 2/16/13

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T 170	Continued From Page 5 protective covering, without a date written on the IV to state when the Ringer's Lactate had been opened, on December 11`, 2012, at 10:00 a.m. The Administrator surmised that the Ringer's Lactate had been opened on December 8, 2012, the date of the last procedure, during interview in the agency's hall on December 11, 2012, at 10:15 a.m. During interview at 10:03, the Administrator acknowledged that it could not be determined when the IV bag had the plastics covering was removed due to it being undated. The Administrator verified during interview that infection control issues had not been resolved from the initial survey. This interview occurred in the agency's office, on December 10, 2012, at 16:15.	T 170	It is noted that all IV bags shall be dated upon opening. The staff was made aware of this in a facility in-service meeting, and an entry is noted in the AHCW P&P Manual (3.8.2.B Section B.2). Following this review and reporting, a Facility in-service will be conducted by an independent evaluator. The Administrator received a Letter of Reprimand for this item. This will no longer be an issue since AHCW no longer offers IV sedation.	2/16/13 2/14/13
T 210	12 VAC 5-412-240 D Medical testing, patient counseling and labor D. All tissues removed resulting from the abortion procedure shall be examined to verify that villi or fetal parts are present; if villi or fetal parts cannot be identified with certainty, the tissue specimen shall be sent for further pathologic examination and the patient alerted to the possibility of an ectopic pregnancy, and referred appropriately. This RULE: is not met as evidenced by: Based on record review and interview, it was determined that's three (#18,#12 and #15) Patients of eleven Patients (#1-#5, #7-#9 #12 and #14-#15) physicians failed to document adequately, the complete examination of the products of conception for all patients. Patient #8 (Clinical record #8) had the procedure	T 210	The Medical Director has verbally cautioned the Consultant Physicians to maintain vigilance regarding their examinations of products of conception, fetal parts or villi, as well as ensuring that their findings are adequately documented in the future. Each procedure day the LPN and CNA audit 50% of the patient records to insure physicians have documented their findings completely.	2/12/13

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T 275	Continued From Page 7 C. Drugs maintained in the 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. 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 observation and staff interview, it was determined that three (#1-#3) of three (#1-#3) vials of Diphenhydramine HCL (Benadryl for allergy and itching) 50 mg (milligrams) with an expriation date of 08//31/12 was available for use. Findings: During the initial tour of the laboratory room, on 12/10/12, at 3:00 p.m., in the refrigerator, three one (1) ml (milliliter)vials of Diphenhydramine HCL (Benadryl) 50 mg (milligrams) was found on the second shelf. The three (#1-#3) vials of Diphenhydramine HCL 50 mg (milligrams) which had an expriation date of 08//31/12, were available for use. These expired vials were verified by Employee #2. The Administrator stated that she was aware that they were expired and intended to discard them. This interview occurred on 12/10/12, at 16:15, in the Patient's waiting room.	T 275	The investigation revealed that the expired vials were placed into the refrigerator by the Administrator. This was not in compliance with the AHCW P&P Manual. A Letter of Reprimand was issued to the Administrator. The P&P Manual is modified (3.5.4 Section A) to specifically expand the number of AHCW employees involved when an expired drug or medical device is identified within the facility. This policy requires specific actions by employees to be taken regarding the separation and control of the expired item. As a corrective action, following the monthly inventory and weekly audit conducted by the LPN and CNA, an independent check will be conducted monthly by the clinic consultant, a Board Certified WHNP. This random audit will cover approximately 25% of the clinic locations and focus on locations where discrepancies have occurred previously. Also included in the WHNP audit will be any items identified by the LPN and CNA audits. These audits will continue until the Quality Assurance Committee is satisfied that the issue has been resolved and reflected within the Committee minutes.	2/14/13
T 285	12 VAC 5-412-260 E Administration, storage and dispensing of dru E. Records of all drugs in Schedules I-V received, sold, administered, dispensed or otherwise disposed of shall be maintained in	T 285		

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T 285	Continued From Page 8 accordance with federal and state laws, to include the inventory and reporting requirements of a theft or loss of drugs found in 54.1-3404 of the Drug Control Act of the Code of Virginia. This RULE: is not met as evidenced by: Based on interviews and document reviews the facility staff failed to ensure all Schedule II-V drugs received, administered and disposed of was done so in accordance with the Drug Control Act found in the Code of Virginia 54.1-3404. Narcotic log book contained documentation of information that had scribbling over dates, patient names and amounts of medications administered and arrows rather than documentation of what and how much of a medication was administered. The narcotics log also did not contain witnessed wastage of narcotics. The facility administered Propofol (unscheduled), Fentanyl (Schedule II), Versed (Schedule III) for conscious sedation and failed to document the medications' wasting. The findings include: On 12/11/12 the narcotic log book was observed. The administrator stated only the CRNA (Certified Registered Nurse Anesthetist) documents in the narcotic log book. The log book had no separate documentation noting the beginning amounts of drugs. All drugs were documented on one page. The dates of 10/27/12 and 11/17/12 were reviewed and the following is noted: Patient #1 on the narcotic list for 10/27/12 received 3 mg of Versed from a 5 mg per cc vial there is no documentation of what happened to the other 2 mg. A total of 7 patients for this date had similar entries. On 11/17/12 there were 7 patients with similar entries and on another listing with no date there were 8 patients with similar listings. All of the above patients had similar	T 285	Letters of Reprimand were issued to the Administrator and the CRNA for this item, specifically, to the CRNA for non-compliance with charting in the Administered Medicine Log Book and to the Administrator for failure to review the charting done by the CRNA. The Administered Medicine Log Sheets have been revised, have been evaluated and are now in service. This single sheet / drug format incorporates a section for wastage with appropriate verifications and signatures. The changed Policy (AHCW 3.5.4.E) has been previously submitted and the current Log Sheet is attached. This log sheet will be monitored monthly by the nursing staff and Administrator for six months.	2/16/13 2/16/13

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T 340	Continued From Page 10 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; 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 staff failed to ensure the medical record was accurate and complete for 6 patients, Patient #1, 3, 4, 7, 9, and 12. The findings include: 1. Patient #4 had a complete procedure on 9/21/12. The medical record did not include a signature from the admitting physician indicating he performed and or reviewed the history and physical of Patient #4. In the area of the medical record where the recovery of the patient is documented there is a box beside of doxycycline to be checked which would indicate it was given to the patient. On Patient #1 it was checked as given. In an interview with the Administrator she stated, " (Name of Physician) does not order doxycycline. That is an error (the check mark). " Patient #9 had a completed procedure on 8/24/12.	T 340	Regarding T 340-1, The Medical Director and Administrator have verbally cautioned the Consultant Physicians and clinical staff to maintain vigilance regarding their patient charting. This is audited by the LPN and CNA on all procedure days who audit 50% of the charts.	2/16/13

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T 340	Continued From Page 11 The medical record did not include a signature from the admitting physician indicating he performed and or reviewed the history and physical of Patient #4. In the area of the medical record where the recovery of the patient is documented there is a box beside of doxycycline to be checked which would indicate it was given to the patient. On Patient #9 it was checked as given. In an interview with the Administrator she stated, " (Name of Physician) does not order doxycycline. That is an error (the check mark). " Patient #4, 7 and 9 all were administered medications prior to having their procedures. Patient #4 had Ibuprofen 800 mg, 400 mg of misoprostol and 0.5 mg of Xanax. Patient #9 had a completed procedure on 11/29/12 and received Ibuprofen 800 mg, Valium 10 mg and Demerol 50 mg. Patient #9 was given 400 mg of misoprostol and 0.5 mg of Xanax. All three patients' orders were not signed by the physician and were administered by an unlicensed person. 2. Patient #3 (Clinical record #3) completed the procedure on 11/17/12. Clinical record #3 failed to have preoperative medications documented within clinical record #3 by the nurse administrating the medications. Patient #1 (Clinical record #1) completed the procedure performed on 12/08/12. Clinical record #1 failed to have physicians and nurse ' s progress notes documented post procedure. Patient #12 (Clinical record #12) had the procedure performed on 12/08/12. Clinical record #12 failed to have physicians and nurse ' s progress notes documented post procedure. The Administrator verified that Patient #8's physician had not ordered doxycycline for any of his patients for discharge. This interview occurred	T 340	Regarding T 340-2, at AHCW all medications shall be administered by an R.N. or LPN. Unlicensed person(s) may NOT administer medications. AHCW P&P Manual (3.5.4 Section A pg 3.) The CNA is in close proximity to the patient medication station and generally aware of medicine being dispensed to patients. She knows who is licensed to give medication and who is not. The CNA will serve as the auditor for unlicensed persons giving medications. Should the CNA become aware of any unlicensed employee administering a medication to a patient, she will intervene, notify the LPN or RN and the Administrator as well as the Medical Director.	2/16/13