MB

COMMONWEALTH of VIRGINIA

Department of Health

Maureen E. Dempsey, M.D., F.A.A.P.
Acting State Health Commissioner

Office of Licensure and Certification

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January 30, 2012

Certified Mail Delivery

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MAR 12 2013
VDH/OLC

Marie Elisabeth Beurskens, Administrator
Amethyst Medical Center for Women, Inc.
9380-B Forestwood Lane
Manassas, VA 20110

Dear Administrator:

An unannounced Revisit to the initial licensure survey conducted May 31, 2012 through June 01, 2012, was conducted at the above referenced facility December 10, 2012 through December 11, 2012 by two (2) Medical Facility Inspectors from the Virginia Department of Health's Office of Licensure and Certification. Complaint #2012-AC018 was investigated at the time of the Revisit survey.

The following citation was not corrected by the facility, and therefore was re-cited:
12 VAC 5-412-260 C - Administration, storage and dispensing of drugs

The following citations are new findings:
12VAC5-412-170 C - Personnel
12VAC5-412-220-B - Infection Prevention
12VAC5-412-240 D - Medical Testing, patient counseling, & lab services
12VAC5-412-260E Administration, storage and dispensing of drugs
12VAC5-412-310 - Medical Records

The facility was found out of compliance with the State Board of Health 12 VAC 5-412, Regulations for Abortion Facility's effective December 29, 2011. Deficiencies of new findings and one non corrected finding were identified and will follow in this report.

The Complaint #2012-AC018 was unsubstantiated due to a lack of sufficient evidence.

I am enclosing a "provider copy" of the "Statement of Deficiencies and Plan of Correction" Report which states that **deficiencies were cited at the time of the** unannounced Licensure Revisit survey conducted December 10, 2012 through December 11, 2012 to the Initial Licensure survey conducted May 31, 2012 through June 01, 2012.

You are required to submit a plan for correcting the deficiencies cited. Your statements should reflect the specific detailed actions you will take to correct each deficiency and prevent its recurrence, and measures that will be implemented to maintain compliance.

You must also give the specific calendar date on which correction of each deficiency will be completed. (Completion dates should be within thirty (30) days from the date of the inspection.)

After signing and dating the Plan of Correction, retain a copy for your files and return the original to this office within 15 (fifteen) working days of receiving this certified letter. The Administrator shall be notified whenever any item in the plan of correction is determined to be unacceptable. Failure to submit an acceptable plan of correction may result in a penalty in accordance with the Virginia Code § 32.1-27 or in denial, revocation or suspension of a license in accordance with 12VAC5-412-130.

A copy of the completed form will be kept on file in this office and will be available for public view. This Division is required to make copies of this report available to other Federal and State regulatory or reimbursement agencies upon request.

I would like to thank you and your staff for the cooperation and assistance that was extended to the surveyors. Should you have any questions, please do not hesitate to call me at (804) 367-2156.

Sincerely,

Kathaleen Creegan-Tedeschi

Kathaleen Creegan-Tedeschi, Supervisor
Acute Care, Home Health and Hospice Services
Office of Licensure and Certification

Enclosure

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

(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	12 VAC 5- 412 Initial comments An unannounced Revisit to the initial licensure survey conducted conducted May 31, 2012 through June 01, 2012, was conducted at the above referenced facility December 10, 2012 through December 11, 2012 by two (2) Medical Facility Inspectors from the Virginia Department of Health's Office of Licensure and Certification. Complaint #2012-AC018 was investigated at the time of the Revisit survey. The following citation was not corrected by the facility, and therefore was re-cited: 12 VAC 5-412-260 C Administration, storage and dispensing of drugs The following citations are new findings: 12VAC5-412-170 C - Personnel 12VAC5-412-220-B - Infection Prevention 12VAC5-412-240 D - Medical Testing, patient counseling, & lab services 12VAC5-412-260E Administration, storage and dispensing of drugs 12VAC5-412-310 - Medical Records The facility was found out of compliance with the State Board of Health 12 VAC 5-412, Regulations for Abortion Facility's effective December 29, 2011. Deficiencies of new findings and one non corrected finding were identified and will follow in this report. The Complaint #2012-AC018 was unsubstantiated due to a lack of sufficient evidence.	T 000	Regarding T 000, AHCW has thoroughly investigated all items identified during the unannounced VDH/OLC inspection conducted on 12/10-11/2012. The fact that your inspectors found an uncorrected citation and re-cited AHCW was troubling and has been given serious review to establish the root cause of this item. As a result of our investigation, we have corrected the items, where applicable, have modified our policies and procedures and if appropriate issued letters of discipline to the appropriate employees / consultants. RECEIVED VDH/OLC	2/19/13
T 070	12 VAC 5-412-170 C Personnel C. Each abortion facility shall obtain a criminal history record check pursuant to 32.1-126.02 of the Code of Virginia on any compensated	T 070		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: x [signature] TITLE: x President (X6) DATE: x 2-10-13

State of Virginia

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T 070	Continued From Page 1 employee not licensed by the Board of Pharmacy, whose job duties provide access to controlled substances within the abortion facility. This RULE: is not met as evidenced by: Based on document review and interview the facility staff failed to have criminal record checks performed for staff who have access to controlled substances within the facility. The findings include: On 12/11/12 the personnel files of the CRNA (Certified Registered Nurse Anesthetist), LPN (Licensed Practical Nurse) and 2 physicians were reviewed. The files did not contain a criminal history check pursuant to 32.1-126.02 of the Code of Virginia. The Administrator stated, "They do not have access to where we keep the drugs. They only have access once they are removed from the safe."	T 070	Regarding T 070, AHCW stores all controlled substances within a safe. The keys to this safe are controlled by the Administrator. Access to this safe is limited to AHCW Clinical Staff or those whose job duties require access to remove drugs and put them into service. These individuals are required to have Criminal Background Checks. The LPN was a new employee at the time of inspection and now has a Criminal Background Check in her personnel file. The CRNA is contracted for service as a consultant and not an employee of AHCW. AHCW mistakenly believed that she was licensed by the board of Pharmacy but became aware that she was licensed by the Board of Nursing. The CRNA is no longer contracted by AHCW. In the future, any CRNA practicing at AHCW shall have a criminal Background Check. Physicians at AHCW are contracted consultants, licensed by the Virginia Board of Medicine and Registered by the DEA. These Physicians do not have access to the Controlled Substance Keys or Safe at AHCW. During the preparation of this response, AHCW contacted VDH/OLC on February 11,2013 for clarification regarding Physician's Criminal Background Check.	2/16/13
T 170	12 VAC 5-412-220 B Infection prevention B. Written infection prevention policies and procedures shall include, but not be limited to: 1. Procedures for screening incoming patients and visitors for acute infectious illnesses and applying appropriate measures to prevent transmission of community acquired infection within the facility; 2. Training of all personnel in proper infection prevention techniques; 3. Correct hand-washing technique, including indications for use of soap and water and use of alcohol-based hand rubs; 4. Use of standard precautions; 5. Compliance with blood-bourne pathogen requirements of the U.S. Occupational Safety & Health Administration.	T 170		

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T 170	Continued From Page 2 6. Use of personal protective equipment; 7. Use of safe injection practices; 8. Plans for annual retraining of all personnel in infection prevention methods; 9. Procedures for monitoring staff adherence to recommended infection prevention practices; and 10. Procedures for documenting annual retraining of all staff in recommended infection prevention practices. This RULE: is not met as evidenced by: Based on observations and interviews the facility staff failed to ensure supplies were not expired, that proper cleaning of instruments was done, once removed from it's protective covering IV solution was dated as to when it would expire, proper cleaning of equipment used on patients was done and that proper hand hygiene was preformed following patient care. The findings include: 1. On 12/11/12 at approximately 9:45 A.M. following the observation of a abdominal and vaginal sonogram preformed by the Administrator the probes were cleaned with a disinfectant wipe then dried with a paper towel. The disinfectant wipe states it must be allowed to stay on the equipment to dry for at least 3-5 minutes. The Administrator then pulled off the paper covering from the pillow case and the table. The Administrator then pulled out a new pillow covering and laid it on the pillow. The pillow had not been wiped with a disinfectant wipe. The table was then wiped with a disinfectant wipe but not the table extension which had been pulled out for the patient to place her legs on. At approximately 11:15 A.M. on 12/11/12 the	T 170	AHCW was advised that if the physicians were contracted consultants and they did not have access to the controlled Substance Keys or Safe then No Criminal Background Check was required. Further, this advice has been incorporated within AHCW P&P Manual (Section 3.5.4) Regarding T 170-1, a Sonography Procedure has been added to the AHCW P&P Manual (Section 3.4.2.b). This procedure specifically addresses the disinfection of the probes. This procedure also addresses the disinfection of the exam table and table leg extensions, gloving and hand sanitization. Further, the pillow has been removed from the Sonogram Room with a note in the procedure stating "No Pillows are to be Used in the Sonogram Room." As a result of observed non-compliance with Infection Control P&P, the Administrator has received a Letter of Reprimand, directed to take remedial infection control training on 2/19/2013, and the video player has been disinfected.	2/16/13 2/19/13

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T 170	Continued From Page 3 Administrator was observed leaving the sonogram room behind a patient with gloves on her hands. The Administrator entered the video/consulting room and placed a video in the player and pushed buttons to turn the television on. While speaking to the patient she removed her gloves. After leaving the room she went to the hallway sink rinsed her fingers in the water for 2-3 seconds and then dried her hands. She did not use any soap products. The Administrator was informed about the observations and stated, "I did not realize I needed to let the disinfectant dry. You are correct about the gloves." 2. Observations conducted December 10, 2012 during the initial tour revealed within the anesthesia chart, in the procedure room, two ten (#10) cc syringes that expired on September 30, 2012. Six (#6) of ten (#10) 25 gauge needles expired on on October 31, 2012, with four (#4) of ten (#10) 25 gauge needles expired on September 30, 2012. Failure to determine the ten (#10) large red top blood tubes vials and one (#1), purple top blood tube were without labels and the Surveyor could not determine the expiration dates. Three (#3) plastic vacutainers (used to obtain blood.) expired on March 31, 2012, in the Ultrasound room, were observed during the initial tour. Observation with the Ultrasound room, within the second drawer of the exam table revealed a small medication cup that contained four pills. Two white pills with a hexagon shapes and with Z088 stamped on the pills, one oval large white pill with the number 5003 imprinted on it, and one white pill with 123 marked on it. Forty seven (#47) twenty gauge needles expired on September 30, 2112, twenty four (#24) twenty	T 170	Regarding T 170-2, the investigation revealed that there was confusion regarding responsibility for conducting inventory of the Procedure Room anesthesia cart between the CRNA and CNA. This responsibility now belongs to the CNA. The investigation revealed and the expiration dates support that the Ultrasound Exam Table had previously been located within the Laboratory. Assertions were made that the expired items were misplaced. Regardless, the monthly inventory and inspection process have been expanded to include checking into all drawers and cabinets. Additionally, a weekly audit will be conducted by the LPN with the CNA for expired medications and the CNA for expired devices to insure that there are no more expired medications or devices. The pills were identified as Misoprostol and Ibuprofen. Clinical staff has been admonished that there shall be no "loose medicine" within the facility. Medicines shall only be given once they are poured from their labeled containers. All medicine is to be consumed as soon as it is poured. (AHCW P&P Manual Section 3.5.4 pg 3) All ammonia inhalants shall be kept in their boxes.	2/08/13 2/08/13 2/16/13 2/16/13

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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. 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. 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.	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 appropriateiy. 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 210	Continued From Page 6 performed on on 09/07/12. Clinical record #8 failed to a physician's documentation of the Decidua (First term trimester bleeding . The Villi (A protuberance that contributes to the formation of the placenta), and the fetal parts. "Tissue volume was moderate and pregnancy tissue was complete with gestational age of nine weeks was documented by the physician for Patient #8. Patient #12 (Clinical record #12) had the procedure performed on on 11/30/12. Clinical record #128 failed to a physician's documentation of the Decidua (First term trimester bleeding). The Villi (A protuberance that contributes to the formation of the placenta), and the fetal parts. "Tissue volume was moderate and pregnancy tissue was complete with gestational age of nine weeks" was documented by the physician for Patient #12. Patient #15 (Clinical record #15) had the procedure performed on on 11/17/12. Clinical record #15 failed to a physician's documentation of the Decidua (First term trimester bleeding). The Villi (A protuberance that contributes to the formation of the placenta), and the fetal parts. "Tissue volume was moderate and estimated blood loss of 20 cc, and with gestational age of seven weeks" was documented by the physician for Patient #12. The Administrator verified that all physicians had not documented well the products of conceptions. This interview occurred in the agency's office, on 12/11/12, at 11:05 a.m.	T 210		
T 275	12 VAC 5-412-260 C Administration, storage and dispensing of dru	T 275		

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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. RECEIVED VDH/OLC	2/16/13 2/16/13

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AMETHYST HEALTH CENTER FOR WOMEN, INC	9380-B FORESTWOOD LANE MANASSAS, VA 20110

(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 285	Continued From Page 9 listings for Propofol (20 cc vial with 10 mg per 1 cc) Propofol 80 mg was given to Patient #1 on 10/27/12 with no documentation of the wastage. Pharmacy Purchasing and Products, Tools to Effectively Manage Controlled Substances January 2011 Vol. 8 No. 1 page 8 by Ira Kurland, RPh and Tim L'Hommedieu,PharmD, MS stated the following: "The process for wasting controlled medications, such as narcotics, requires a witness and includes the following: Two authorized users are required. One user will be designated as witness to the wasting process. ...., whose job description or licensing allows the handling of controlled substances, may serve as a witness in the absence of a second nurse. The witness must view the vial, syringe, tablet, etc, that is used to prepare the medication dose. The witness is required to visualize the solution vial, syringe, tablet, etc, to verify the medication being wasted. The witness must watch the solution ejected from the syringe (preferably in a solid waste/trash receptacle) or watch the destruction of the unused portion (e.g., the tablet). Unplanned wasting (e.g., patient refusal of medication) must be witnessed when the medication is actually wasted using the procedure described above.	T 285		
T 340	12 VAC 5-412-310 Medical 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 limited to the following: 1. Patient identification; 2. Admitting information, including a patient	T 340		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 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. 	2/16/13

State of Virginia

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	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 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

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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T 340	Continued From Page 12 in the agency's office, on 12/11/12, at 11:05 a.m.	T 340		

Amethyst Health Center for Women, Inc.

Drug Name & Strength:_____

Vial Type: Single Usage:_____ Multiple Usage:_____ Vial Initial Quantity : or Balance Forward from Previous Day:_____

Date first Opened:_____

Controlled Substance Dispensing

	Date Dispensed	Client Name (Last, First) (Please Print)	Lot #	Exp. Date	QTY Disp (mg)	QTY Left (mg)	Dispensing Clinician (Signature)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

Controlled Substance Disposal

Wasted (mg)	End Total (mg)	Date	Waster (Signature)	Witness (Signature)	Comments