Annandale
Women and Family Center
2839 Duke Street, Bldg III, Alexandria, VA 22314 • (703) 751-4702 • Fax : (703) 751-2983 • www.awfc.net

Ms. Ruthanne Risser
Department of Health
Office of Licensure and Certification
9960 Mayland Drive suite 401
Henrico, VA 23233-4502

January 13, 2015

RE: Abortion Facility AF0019

Dear Ms Risser,

We have enclosed our plan of correction for deficiencies found at the time of inspection. Item T 265 as described on pages 8-9 is somewhat confusing. It appears that the description of finding prescription pads in an unsecure drawer was missing from the narrative. The last paragraph on page 8 does not follow with the first sentence on page 9. However, it was pointed out to us that the prescription pads were not secure; and so we addressed this deficiency.

We are hopeful that our response is complete and that our license will remain intact. Please let us know if you need any further clarification or information regarding our plan.

Thank you for your help in this manner.

Sincerely,

Gail Frances, MSN, NP
Practice Administrator

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AF-0019	A. BUILDING _____ B. WING _____	12/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNANDALE WOMEN & FAMILY CENTER	2839 DUKE STREET ALEXANDRIA, VA 22314

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T 000	12 VAC 5- 412 Initial comments An announced Biennial Licensure Abortion Facility inspection was conducted at the above referenced facility on December 16, 2014 and December 17, 2014 by two (2) Medical Facility Inspectors from the Virginia Department of Health Office of Licensure and Certification. The facility was not in compliance with the State Board of Health 12 VAC 5-412, Regulations for Abortion Facility's effective December 29, 2011. Deficient practices are cited within this report.	T 000	~~ABBREVIATION~~: QA - Quality Assurance	
T 005	12 VAC 5-412-70 Posting of license The abortion facility license issued by the commissioner shall at all times be posted in a place readily visible and accessible to the public. This RULE: is not met as evidenced by: Based on observation and staff interview, the facility staff failed to post a copy of the license in a conspicuous place accessible to the public. The findings included: During the tour of the facility on 12/16/14 at 1:30 p.m., the survey team did not observe the license posted in the waiting area of the facility or in an area conspicuous to the public view.. The license was observed to be posted in the "Recovery Room 2", in the back of the facility. When interviewed as to the posting of the license, Staff #1 stated, "We were told we could keep it back there. Only the abortion patients go back there..." When asked if anyone from the public/other patients who visit the clinic would see the posting, Staff #1 stated, "Only the abortion patients go back to that area and see it..."	T 005	T 005: The facility license has been re-hung in another public spot in the office effective Dec 18, 2014. This is monitored by Practice Administrator	T005 12/18/14

RECEIVED
JAN 20 2015
VDH/OLC

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Practice Administrator 1/13/15

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T 055	12 VAC 5-412-160 C Administrator C. A qualified individual shall be appointed in writing to act in the absence of the administrator. This RULE: is not met as evidenced by: Based on staff interview and facility document review, the Governing Body failed to ensure the alternate administrator was appointed in writing. The findings included: Upon entrance to the agency on December 16, 2014 at 1:00 p.m., Staff #1 indicated Staff #2 was the alternate administrator. During a review of the facility Governing Body information, the survey team was not able to locate in writing, the appointment of Staff #2 as the Alternate Administrator. On 12/16/14 at 2:40 p.m., Staff #1 stated, I guess it's not in there..." (Referring to the written appointment in the Governing Body minutes).	T 055	T 055: The Board of Directors has added an amendment to the By-Laws authorizing the Practice Administrator to appoint an Alternate Administrator. The staff appointee was designated in writing. By-Laws were signed 1/2/2015 and a copy is kept in the facility manual. This is maintained by T055 Practice Administrator 1/2/15	
T 065	12 VAC 5-412-170 B Personnel B. The licensee shall obtain written applications for employment from all staff. The licensee shall obtain and verify information on the application as to education, training, experience, appropriate professional licensure, if applicable, and the health and personal background of each staff member. This RULE: is not met as evidenced by: Based on the review of eight (8) staff records between 12/16/2014 and 12/17/2014 by two Medical Facility Inspectors (MFI's), the facility failed to ensure that complete applications were obtained for five (5) of 8 employees.	T 065		

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T 065	Continued From Page 2 The findings included: 1. Review of the personnel record for Staff Person #1, date of hire 1/22/2014, revealed the employment application did not include references, and the I-9 form dated 1/22/2014 had not been signed by Staff Person #1. 2. Review of the personnel record for Staff Person #2, date of hire 11/9/2012, revealed the employment application had not been signed and dated, and did not include references. The I-9 form was not complete. 3. Review of the personnel record for Staff Person #3, date of hire 6/30/2004, revealed the employment application did not include references, and the I-9 form was not complete. 4. Review of the personnel record for Staff Person #4, date of hire 9/10/2003, revealed the record lacked an employment application, and the I-9 form was not complete. 5. Review of the personnel record for Staff Person #5, date of hire 5/15/2014 revealed the employment application had not been signed, and did not include education information. The policy and procedure which addressed personnel files, included the following statement, "Employee application and all required documentation would be completed". Staff #1 was made aware of the findings on 12/17/14 at 6:30 p.m.	T 065	T065: All employee records will be updated to include full application records, including signed 1-9, references, and educational information. This will be completed by 1/23/2015 This will be monitored by the QA coordinator T065 1/23/15	
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 employee not licensed by the Board of Pharmacy, whose job duties provide access to	T 070		

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T 070	Continued From Page 3 controlled substances within the abortion facility. This RULE: is not met as evidenced by: Based on a review of eight (8) employee records between 12/16/2014 and 12/17/2014 by two (2) Medical Facility Inspectors (MFI's), the facility staff failed to ensure that Criminal History Record Checks (CRC's) were obtained on three (3) employees as required by section 32.1-126.02 of the Code of Virginia (COV). This findings included: The COV section 32.1-126.02 requires a CRC be obtained on any compensated employee not licensed by the Board of Pharmacy, whose job duties provide access to controlled substances within the facility. CRC checks had not been obtained for Staff Person #1, a Registered Nurse (RN), Staff Person #7, a physician, and Staff Person #8, a physician. Staff #1 was made aware of the findings on 12/17/14 at 6:30 p.m.	T 070	T070: The Criminal History Record Checks were in the files of two of the cited personnel. The third physician had just been retained and the CRC was applied for but not yet obtained. This physician works at other abortion facilities and has had a cleared CRC. We were not made aware of this deficiency or it would have been resolved at the the inspection. All records are within regulations effective 1/15/2015 This will be monitored by the QA Coordinator	T070 1/15/15
T 085	12 VAC 5-412-170 F Personnel F. Job descriptions. 1. Written job descriptions that adequately describe the duties of every position shall be maintained. 2. Each job description shall include: position title, authority, specific responsibilities and minimum qualifications. 3. Job descriptions shall be reviewed at least annually, kept current and given to each employee and volunteer when assigned to the position and when revised.	T 085		

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T 085	Continued From Page 4 This RULE: is not met as evidenced by: Based on employee record review and staff interview, the facility staff failed to ensure each personnel file contained a current job description that reflected the individuals responsibilities and work assignments for 3 (three) of 8 (eight) employee records reviewed. Record #'s 1, 5 and Staff #2. Three employee records did not contain a current job description. The findings included: Review of employee personal files revealed no current job description for Employee Record #1, a Registered Nurse, Employee Record #5, a Receptionist, and Staff # 2, the Alternate Administrator. Staff # 1 stated on 12/17/14 at 4:30 p.m., the job descriptions would be placed in the records.	T 085	T085: All employee records have appropriate job descriptions in their files. Effective 12/30/2014 This will be monitored by QA coordinator	T085 12/30/14
T 100	12 VAC 5-412-170 I Personnel I. A personnel file shall be maintained for each staff member. Personnel record information shall be safeguarded against loss and unauthorized use. Employee health-related information shall be maintained separately within the employee's personnel file. This RULE: is not met as evidenced by: Based on the review of eight (8) employee records between 12/16/2014 and 12/17/2014 by two (2) Medical Facility Inspectors (MFI's), the facility failed to ensure that the employee health-related information was maintained separately within the employee's personnel file in 8 (eight) of 8 records reviewed. (Employee Records 1 through 8)	T 100		

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T 100	Continued From Page 5 The findings included: Employee records reviewed for Staff Persons # 1, 2, 3, 4, 5, 6, 7, and 8 revealed that the health information regarding Tuberculosis (TB) and Hepatitis B (Hep B) were co-mingled with all other personnel information such as the employment application, I-9 form, annual evaluations, and job descriptions. Staff #1 was made aware of the findings at 6:30 p.m. on 12/17/14.	T 100	T100:All employee health records including TB and HepB are kept separate from all other information in the file. This was completed 1/12/2015 This will be maintained by QA coordinator	T100 1/12/15
T 195	12 VAC 5-412-240 A Medical testing, patient counseling and labor A. Prior to the initiation of any abortion, a medical history and physical examination, to include confirmation of pregnancy, shall be completed for each patient. 1. Use of any additional medical testing, including but not limited to ultrasonography shall be based on an assessment of patient risk. The clinical criteria for such additional testing and the actions to be taken if abnormal results are found shall be documented. 2. Medical testing shall include a recognized pregnancy test and determination on Rh factor. 3. The facility shall develop, implement and maintain policies and procedures for screening of sexually transmitted diseases consistent with current guidelines issued by the U.S. Centers for Disease Control and Prevention. The policies and procedures shall address appropriate responses to a positive screening test. 4. A written report of each laboratory test and examination shall be a part of the patient's record.	T 195		

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T 195	Continued From Page 6 This RULE: is not met as evidenced by: Based on staff interview and review of patient records, the facility staff failed to ensure a screening policy and procedure was developed for sexually transmitted diseases (STD) consistent with the current guidelines issued by the Centers for Disease Control and Prevention. There was no policy and procedure for, nor evidence contained in 9 (nine) of 9 (nine) patient records reviewed. Patient #'s 1 (one) through 9 (nine) of an STD screening. The findings included: During a review of the facility policy and procedures, there was no policy and procedure found for the screening of abortion patients for STD. Review of the records for 9 (nine) patient revealed no evidence of STD screening. On 12/17/14, at 5:15 p.m., Staff #1 stated, "We do not do the screenings because it is not the standard of care for abortion patients...we told them the last time we do not do them..."	T 195	T195: The manual contains written Policy and Procedure for STD Testing according to the CDC Guidelines. This was in the Manual at the inspection. We do not perform STD testing on women seeking abortions services. This is not the standard of care in the Northern Virginia region. None of the other abortion facilities in the Northern Virginia area perform STD testing on abortion patients. We have amended our chart to include STD testing documentation. This was completed 1/12/2015.	T195 1/12/15
T 265	12 VAC 5-412-260 A Administration, storage and dispensing of dru A. Controlled substances, as defined in 54.1-3401 of the Drug Control Act of the Code of Virginia, shall be stored, administered and dispensed in accordance with federal and state laws. The dispensing of drugs, excluding manufacturers' samples, shall be in accordance with Chapter 33 of Title 54.1 of the Code of Virginia, Regulations Governing the Practice of Pharmacy (18 VAC 110-30). This RULE: is not met as evidenced by:	T 265	This will be monitored by QA coordinator	

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T 265	Continued From Page 7 Based on observation and staff interview, the facility staff failed to ensure the narcotic keys were not accessible to unauthorized personnel/staff/patients in accordance with Federal Laws. The narcotic keys were placed in an unlocked drawer in the back hallway of the facility in an area accessible to all staff and any patients. There were also blank prescription pads found in the same area. The findings included: On 12/16/14 at approximately 1:30 p.m., the survey team toured the facility. When asked to examine the narcotic storage area, Staff #1 went to a drawer in the back hallway of the facility and removed a set of keys from the drawer. The keys were identified as the narcotic and crash cart keys. Staff #1 used the keys to open the crash cart and then open a locked box containing the narcotics for the facility. After relocking the box and cart, Staff #1 put the keys back in the unlocked rawer in the hallway cabinet. "I will put these back so (they- referring to staff) can find them." On 12/17/14 at 1:35 p.m., the survey team noted the keys to the narcotic medications remained in the same, unsecured drawer in the back hallway. At that time, patients and staff were in the area and could have potentially accessed the keys. The staff present on 12/17/14, included staff whose job responsibilities would not have included access to medications. Staff #1 stated on 12/17/14 at 1:50 p.m., "The keys are kept in my office..." When shown the keys were in the unsecured drawer, Staff #1 removed the keys. Staff #1 stated. "The	T 265	T265 12/18/14 T265: The keys for the crash cart and controlled substance box are always kept in the Practice Admin office. The keys referred to in this paragraph were keys to a supply closet. The personnel who handle controlled substances were reminded that keys must be in secure location. 12/18/2014 This will be monitored by Practice administrator. Prescription pads have been removed from all public places. Staff has been advised to be on alert that prescription pads had been stored in a public place and to ensure that they were secured. Effective 12/18/2014 QA coordinator has been advised to inspect for prescription pads and storage of controlled substance key.	

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T 265	Continued From Page 8 prescription pads are blank, I guess they can be removed..."	T 265		T285 12/26/14
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 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 a review of the narcotic log book by two (2) Medical Facility Inspectors (MFI's) on 12/16/2014-12/17/2014, the facility failed to ensure that all Schedule II through V drugs received and administered were documented in the log book in accordance with the Drug Control Act found in the Code of Virginia (COV) 54.1-3404. The findings included: 1. Review of the facility's narcotic log book revealed multiple instances where documentation in the book, including patient names, drug names and amounts, and dates had been scribbled over or marked through making the entry illegible. 2. Columns for quantity of drugs received and quantity on hand were not filled in correctly; the Physician had documented the number on hand in the column for amount received on several pages of the narcotic book, making the drug counts appear incorrect. The Administrator (Staff #1) was shown the narcotic log book on 12/17/14 at 3:00 p.m. and was asked to explain documentation to the MFI's. She stated, " He (Physician's name)	T 285	T285: The Controlled Substance Book and proper way of recording was reviewed with the Anesthesiologist. The correct annotations are being made and the QA coordinator has been advised to review. Effective 12/26/2014	

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T 285	Continued From Page 9 just didn't fill the log out right, but the count is correct". The survey team discussed with Staff #1 the requirements for the maintenance of an accurate and legible narcotic log. Staff #1 stated, "I will speak to (name) about it."	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 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 staff interview and review of patient records, the facility staff failed to maintain a complete and accurate clinical record by ensuring a screening was done for sexually transmitted	T 340		

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T 340	Continued From Page 10 diseases (STD) consistent with the current guidelines issued by the Centers for Disease Control and Prevention. There was no evidence contained in 9 (nine) of 9 (nine) patient records reviewed. Patient #'s 1 (one) through 9 (nine) of an STD screening. The findings included: Review of the records for 9 (nine) patient revealed no evidence of STD screening. On 12/17/14, at 5:15 p.m., Staff #1 stated, "We do not do the screenings because it is not the standard of care for abortion patients...we told them the last time we do not do them..."	T 340	T340: STD testing is not standard of care for abortion patients in this region. Our chart has been amended to include STD testing documentation Completed 1/12/2015 This will be monitored by QA coordinator	T340 1/12/15

TO 55

METRO MEDICAL CENTERS. INC
BOARD OF DIRECTORS
AMENDMENT TO BY-LAWS

THE FACILITY TRADING AS ANNANDALE WOMEN & FAMILY CENTER, IN ORDER TO BE IN COMPLIANCE WITH THE STATE OF VIRGINIA REGULATIONS OVERSEEING ABORTION FACILITIES SPECIFICALLY 12 VAC-5-412-160C ADMINISTRATOR, HEREBY AUTHORIZED THE PRACTICE ADMINISTRATOR TO NAME AN ALTERNATE ADMINISTRATOR IN HER ABSENCE.

FURTHER, THIS BOD AUTHORIZED SAID PRACTICE ADMINISTRATOR TO WRITE A JOB DESCRIPTION FOR THIS ALTERNATE.

EFFECTIVE THIS DATE 1/2/15

GAIL FRANCES PRESIDENT

GENEVIEVE BORELLO DIRECTOR Genevieve Borello

T085

ALTERNATE PRACTICE ADMINISTRATOR

QUALIFICATIONS: EMPLOYMENT WITH PRACTICE FOR A MINIMUM OF TWO YEARS
SUPERVISOR: PRACTICE ADMINISTRATOR

RESPONSIBILITIES: To act on the behalf of the Practice Administrator during periods of her absence due to vacation, illness or other reasons.

All policies and procedures established by the Operating Director and Practice Administrator are to be strictly followed. No new policies or procedures may be established during the absence of the Practice Administrator.

Any violations of policies and procedures noted during the PA absence must be reported in writing and presented at her return.

Any complications or post surgical problems of abortion patients must be documented in the chart and presented to the Gyn attending physician and to the PA upon her return.

T195
T340

SEXUALLY TRANSMITTED DISEASE

The Practice follows the protocol and procedures issued by CDC regarding testing and treatment of all STDs.

Procedures for testing and treatment of patients are reviewed and updated on an annual basis by the Practice Administrator and reviewed by the Quality Assurance Supervisor.

Abortion patients are not routinely tested for STD as it is not the Standard of Care. The abortion chart documentation allows the attending physician to opt for or against STD testing.

Protocol and procedures staff prophylaxis treatment of HIV follow guidelines set by OSHA and CDC.

Procedures for maintaining staff immunizations records are developed and implemented by the Practice Administrator.