

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 biennial licensure survey was conducted November 3 - 4, 2014 by three Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health. The agency was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Clinics (Effective 08/20/2013). Deficiencies were cited	T 000	<i>See Attached responses.</i>	
T 080	12 VAC 5-412-170 E Personnel E. The facility shall develop, implement and maintain policies and procedures to document that its staff participates in initial and ongoing training and education that is directly related to staff duties, and appropriate to the level, intensity and scope of services provided. This shall include documentation of annual participation in fire safety and infection prevention in-service training. This RULE: is not met as evidenced by: Based on personnel file review and staff interview it was determined the agency failed to show evidence documenting ongoing education and annual participation in fire safety and infection prevention in-service training for one (1) of twelve (12) employees in the survey sample (Employee #8). The findings include: A review of twelve (12) personnel files was conducted on November 3, 2014, between the hours of 3:00 PM and 3:30 PM. The personnel file for Employee #8 failed to show documentation of ongoing education including	T 080		

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

TITLE

(X6) DATE

FORM

Administrator

12-29-14

021102

5SY211

If continuation sheet 1 of 15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 080	Continued From Page 1 annual participation in fire safety and infection prevention in-service training. An interview was conducted with Staff Member #2 on November 4, 2014 between the hours of 3:15 and 4:00 PM, acknowledging that this facility failed to ensure ongoing education including annual participation in fire safety and infection prevention in-service training for Employee #8.	T 080		
T 095	12 VAC 5-412-170 H Personnel H. Personnel policies and procedures shall include, but not be limited to: 1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification; 2. Process for verifying current professional licensing or certification and training of employees or independent contractors; 3. Process for annually evaluating employee performance and competency; 4. Process for verifying that contractors and their employees meet the personnel qualifications of the facility; and 5. Process for reporting licensed and certified health care practitioners for violations of their licensing or certification standards to the appropriate board within the Department of Health Professions. This RULE: is not met as evidenced by: Based on personnel file review and staff interview it was determined the facility failed to have documented evidence for verifying current professional licensing and/or certification and training of employees or independent contractors for two (2) of twelve (12) employees in the survey sample (Employee #2 and 4).	T 095		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 095	<p>Continued From Page 2</p> <p>The findings include:</p> <p>A review of twelve (12) personnel files was conducted on November 3, 2014, between the hours of 3:00 PM and 3:30 PM. The files for Employees #2 and #4 failed to contain all the required components for licensure as stated in the regulations governing the licensure of Nurse Practitioners.</p> <p>The personnel file for Employee #2 contained a current license for Registered Nurse (RN) and a current license for Nurse Practitioner with the specialty - Anesthesia, but failed to contain evidence of his/her Professional certification consistent with his/her specialty area, Certified Registered Nurse Anesthetist (CRNA).</p> <p>The personnel file for Employee #4 contained a current license for Registered Nurse and a expired license for Nurse Practitioner with the specialty of Anesthesia. The file also contained an expired Professional certification for Certified Registered Nurse Anesthetist (CRNA).</p> <p>An interview was conducted with Staff #2 on November 4, 2014 between the hours of 3:15 and 4:00 PM. Staff #2 acknowledged that this facility failed to obtain the current license for Nurse Practitioner specialty - Anesthesia and professional certification - Certified Registered Nurse Anesthetist (CRNA).</p>	T 095		
T 135	<p>12 VAC 5-412-210 A Patients' rights</p> <p>A. Each abortion facility shall establish a protocol relating to the rights and responsibilities of patients consistent with the current edition of the Joint Commission Standards of Ambulatory</p>	T 135		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 135	<p>Continued From Page 3</p> <p>Care. The protocol shall include a process reasonably designed to inform patients of their rights and responsibilities, in a language or manner they understand. Patients shall be given a copy of their rights and responsibilities upon admission.</p> <p>This RULE: is not met as evidenced by: Based on observations, select document review and interviews it was determined that this facility failed to implement their policies and procedures related to patient's rights and responsibilities for one (1) of seventeen (17) patients (Patient #16). Specifically the facility failed to provide safe considerate and respectful care; Know the names and roles of Care-givers; Be fully informed of risks, benefits, expected outcomes and alternatives treatments for scheduled procedures and, Confidentiality of your medical record</p> <p>The findings include:</p> <p>1. On 11/4/14 from 12:50 PM to 2:10 PM: Patient #16 was selected as a tracer patient and was observed from admission to discharge. The following observations were made during that time:</p> <p>Patient #16 was directed to the changing room by Staff Member #1. The Surveyor met Staff Member #1 outside the changing room. Staff Member #1 stated that she instructed Patient #16 to remove all her clothing from the waist down and put on the hospital gown provided. Patient #16 opened the changing room door when she was ready. Patient #16 was then escorted to the procedure room by the Surveyor and Employee #1, 2 and 5. Patient #16 attempted to hold the back of the gown closed with her hand, as we</p>	T 135		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN			STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 135	<p>Continued From Page 4</p> <p>walked down the hall but at one point, Patient #16's buttock and tattoo were revealed.</p> <p>Once inside the Procedure Room, Staff Members #1 and 5 assisted Patient #16 onto the exam table. Staff Member #2 did not stay for the procedure. Staff Member #3 arrived and appeared to prepare for the procedure, but did not acknowledge Patient #16. The surveyor introduced herself/himself to Staff Member #5, and asked for their name and title. Staff Member #3 asked that we not talk about who we are at that time.</p> <p>Staff Member #5 was at Patient #16's left side, Staff Member #3, walked up to the patient's right side, did not introduce them self, did not call Patient #16 by name, did not explain what was about to occur, remained silent, took the patient's right arm, and placed an intravenous catheter (IV) into the patient's vein with the assistance of Staff Member #1. Staff Member #3 remained silent while administering medications through the IV. Staff Member #3 then went to the foot of the exam table, spread the patient's legs, and hung them over the stir-ups. Neither foot was placed in the foot rest. No drape was used to cover the patient leaving her completely exposed from the waist down. Staff Member #1 then introduced Staff Member #3 to the patient and provided a brief medical history to Staff #3. Patient #16 appeared to be falling asleep during these introductions.</p> <p>The procedure was complete at 1:20 PM. the patient had been exposed from the waist down for 30 minutes. Staff Member #3 left the room. Staff Members #1 and 5 prepared the patient for transfer to the recovery room by removing the patient's legs from the stir-ups and placing them on the foot of the exam table and pulling her gown down from over her waist. A stretcher was</p>	T 135			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 135	<p>Continued From Page 5</p> <p>wheeled into the procedure room but the wheels were not locked. Staff Members #1 and 5 woke the patient up and asked her to move from the exam table to the stretcher. Once the patient was on the stretcher, Staff Member #5 took the sheet that was under the patient on the exam table and used it to cover her on the stretcher, and then wheeled her into the recovery room.</p> <p>Staff Member #1 was asked if the wheels on the stretcher are able to lock. Staff Member #1 stated, "Yes, but I never lock them. I use my body. I would never let them fall."</p> <p>Best Practices: Evidence-based Nursing Procedures Lippincott, Williams & Wilkins 2007 states, "Place the stretcher parallel to the bed, and lock the wheels of both."</p> <p>On 11/4/14 at 1:45 PM Staff Member #6 was observed in the recovery room assisting Patient #16 in transfer from the stretcher to a chair without locking the wheels of the stretcher. At 1:50 PM Staff Member #6 offered Patient #16 cookies, snacks, and drinks. Patient #16 declined and reminded staff that she has allergies to animal protein. The patient's medical record did reveal a notation of the patient's allergies. The patient was observed explaining her allergies to the staff present. The patient did wear a personalized bracelet on her right wrist that cautioned others of her allergies.</p> <p>On 11/4/14 at 1:55 PM Staff Member #4 was observed in the recovery room discussing with Patient #16, her personal and confidential information related to her procedure, health history, birth control plans, and follow-up care all in the presence of another patient.</p> <p>2. On 11/4/14 at 3:00 PM a review of this facility's</p>	T 135		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 135	Continued From Page 6 Patient's Rights and Responsibilities was conducted which revealed that patients have the right to the following: "Safe considerate and respectful care; Privacy, personal and informational; Be kept well-informed and participate in your healthcare decisions; Know the names and roles of Care-givers; Be fully informed of risks, benefits, expected outcomes and alternatives treatments for scheduled procedures; Confidentiality of your medical record; Review your medical record; Consult with a specialist; Participate in your pain management, treatment to enhance your recovery; Accommodation of special needs for handicapped or sensory impaired persons." 3. On 11/4/14 at 4:15 PM an interview was attempted with Staff Member #3, who declined to participate. 4. On 11/4/14 beginning at 4:14 PM an exit interview was conducted with Staff Members #1 and 2. Staff Member #1 acknowledged having to assist patients, by holding the back of their gowns in the hall, so the patient is not exposed. Staff Member #1 also acknowledged that Patient #16 was exposed from the waist down during the 30 minute procedure and acknowledged that drapes were not used to cover patients during procedures. Staff Member #1 was interviewed regarding the process for the doctor identifying himself to the patient. Staff Member #1 acknowledged that the doctor did not introduce himself to the patient.	T 135		
T 320	12 VAC 5-412-300 B Quality assurance B. The following shall be evaluated to assure	T 320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 320	Continued From Page 7 adequacy and appropriateness of services, and to identify unacceptable or unexpected trends or occurrences: 1. Staffing patterns and performance; 2. Supervision appropriate to the level of service; 3. Patient records; 4. Patient satisfaction; 5. Complaint resolution; 6. Infections, complications and other adverse events; and 7. Staff concerns regarding patient care. This RULE: is not met as evidenced by: Based on select document review and interview it was determined that the facility failed to ensure staff concerns regarding patient care were included in the annual evaluation of the program. The findings include: On 11/04/14 Staff Member #2 was interviewed regarding the Quality Program. She stated, "We do not have any documentation related to staff concerns regarding patient care."	T 320		
T 325	12 VAC 5-412-300 C Quality assurance C. A quality improvement committee responsible for the oversight and supervision of the program shall be established and at a minimum shall consist of: 1. A physician 2. A non-physician health care practitioner; 3. A member of the administrative staff; and 4. An individual with demonstrated ability to represent the rights and concerns of patients. The individual may be a member of the facility's staff. In selecting members of this committee, consideration shall be given to the candidate's	T 325		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 325	Continued From Page 8 abilities and sensitivity to issues relating to quality of care and services provided to patients. This RULE: is not met as evidenced by: Based on document review and interview it was determined the facility failed to have a quality improvement committee that included a physician, a health care provider and an individual with the demonstrated ability to represent the rights and concerns of the patients. The findings include: On 11/04/14 Staff Member #2 was interviewed regarding the quality improvement committee. She stated, "I think I may have misunderstood how this was suppose to be working. There is only me and I report to the governing board what is going on related to quality. We do not have any meetings about quality."	T 325		
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;	T 340		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 340	<p>Continued From Page 9</p> <p>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.</p> <p>This RULE: is not met as evidenced by: Based on document review and interview, it was determined that the facility failed to maintain accurate and complete medical records. The records contained insufficient information to satisfy the need for medical or surgical services for eleven (11) of seventeen (17) patient's medical records (Patient #1 - 5, 9, 11, 12 and 15 - 17).</p> <p>The findings include:</p> <p>1. On November 4, 2014 seventeen (17) patients' medical records were reviewed. Eleven (11) of seventeen (17) patients' medical records failed to be complete and accurate.</p> <p>a. Patient #3's medical record failed to contain a discharge date and time with a nurse and physician's signature.</p> <p>b. Patient #4's medical record failed to contain a discharge date and time with a nurse's signature</p> <p>c. Patient #11's medical record failed to contain the documented Estimated Date of Conception (EDC) or Gestational age of the fetus and, the documented date and time of pre op teaching, counseling and family planning.</p> <p>2. The following medical records were reviewed on 11/04/14 and the findings were shared with</p>	T 340		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 340	<p>Continued From Page 10</p> <p>Staff Member #2 who audits the medical records for accuracy and completeness.</p> <p>a. Patient #1's medical record did not contain a date and time of discharge noted by the physician.</p> <p>b. Patient #9's counseling note found in the medical record was incomplete. The record did not contain information related to the birth control method discussed, no after care was described and there was no signature or date as to who performed the counseling. In Patient #9's Pre Op Anesthesia record the following information was noted: Tylenol #3 appeared as though 13 tabs were given and also there were no initials, Versed 2 mg was initialed with no time or amount given and Fentanyl 100 mcg IV was checked with no initials, no amount and no time given was noted.</p> <p>c. Patient #10's medical record for Pre Op Anesthesia contained documentation that Versed 2 mg and Fentanyl 100 mcg were given at 4:05 but there was no record of who gave the medication or the results of the medication. Also, the patient's medical record did not contain a condition at the time of discharge.</p> <p>d. Patient #12's operative report noted the following, "The cervix was dilated to a size _____ (left blank) Pratt dilator. The uterus was evacuated with a size _____ (left blank) cannula." Patient #12's medical record did not contain any information related to recovery or any documentation on the progress notes by the nurse or physician.</p> <p>e. Patient #15's operative report noted, "The cervix was dilated to a size _____ (left blank) Pratt dilator." Patient #15's medical record indicated the received Xanax (a medicine for anxiety), but no amount was documented or who gave the</p>	T 340		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 340	Continued From Page 11 medication. f. Patient #17's medical record indicated that the patient was given Versed 2 mg and Fentanyl 100 mcg but the record did not contain documentation of who gave the medication or the results of the medication. Patient #17's operative report had the following missing information, "The cervix was dilated to a size _____ (left blank) Pratt dilator." The recovery room note did not indicate if Patient #17 was experiencing any bleeding, the type, amount or if the patient was experiencing the passing any clots. g. On 11/04/14 the medical record of Patient #2 was reviewed and revealed the following: The form titled, "24 Hour Informed Consent," was signed by a staff member on 7/25/14 at 3:33 P.M. but the form did not contain the patient's signature indicating that she had received all necessary information at least 24 hours in advance of the procedure. h. On 11/04/14 the medical record of Patient #5 was reviewed and revealed the following: The form titled, "24 Hour Informed Consent," was signed and dated by Patient #5 and a staff member on 6/26/14, except in the top left corner under the heading for, "Today's Date" where it is dated 6/25/14. On 11/4/14, an interview and a review of Patient #5's medical record was conducted with Staff Member #2, who acknowledged Patient #5's medical record indicated an initial visit and procedure was done on 6/26/14. Staff Member #2 stated, "It does look confusing. She may have come in and registered on 6/25/14." i. On 11/04/14 the medical record of Patient #16 was reviewed. The form titled, "24 Hour Informed	T 340		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 340	<p>Continued From Page 12</p> <p>Consent," in the record was dated for 9/10/14, crossed out, and replaced with 11/4 next to the patient's signature. The staff signature and date remained unchanged. The top of the form, where credit card information and ultrasound information is provided was documented in pencil. The form titled, 'Ultrasound Certification Form For Patients who Live Less Than 100 Miles From The Facility Where The Abortion Is To Be Performed,' found in Patient #16's record has three questions requiring an accept/decline answer. Question #2 states, "I was offered an opportunity to receive a printed copy of the image produced by my ultrasound examination, and I accept/decline." The box for accept and the box for decline were checked, and the form was signed and dated by the patient. There was no documented evidence to support the answer to question #2 was reviewed or clarified with the patient.</p> <p>The form titled, "Post operative anesthesia instructions," had the date 9/10/14 crossed out and replaced with 10/9/14 written above it. Then 10/9/14 was crossed out and 11/4/14 was written. There were no initials or notations explaining the changes in the dates.</p> <p>The form titled Consent To Voluntary Abortion was dated for 10/9/14, crossed out and re-dated for 11/4/14. There were no initials or notations explaining the changes in the dates.</p> <p>The Pre-Op note dated for 11/4/14 contained the following documentation: Under the heading for the "Time" of the procedure, the time is crossed out two (2) times and is illegible. Under the heading for Pre-Op Anesthesia, the documentation for Versed and Fentanyl Initial and Time are crossed out and illegible. Under the heading of Operative Procedure, a</p>	T 340		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 340	Continued From Page 13 space is provided to document the area an IV was started, a notation was made in that area, but is illegible. In the space provided for notes, there are two (2) markings that are illegible. Under the heading: Other Medication/Lab Work, next to Pitocin: IM is crossed out there is a scribble and a notation that is illegible. On 11/4/14 at 4:15 PM, an interview was conducted with Staff Members #1 and 3. Staff Member #1 acknowledged that the patient's record failed to be accurate and complete. Staff Member #3 looked at the form titled, " 24 Hour Informed Consent" with the top portion filled out in pencil, turned to Staff Member #1, and said, "She's got a point with that." Staff Member #3 declined to continue with the rest of the interview and left the room.	T 340		
T 375	12 VAC 5-412-360 A Maintenance A. The facility's structure, its component parts, and all equipment such as elevators, heating, cooling, ventilation and emergency lighting, shall be all 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 observations and interview it was determined the facility failed to have a means for a patient to call for help from the recovery room bathroom. The findings include:	T 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2014
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BOULEVARD RICHMOND, VA 23220		
(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 375	Continued From Page 14 An interview and tour was conducted simultaneously with Staff Member #1 on 11/3/14 beginning at 3:00 PM. Staff Member #1 acknowledged that there was no emergency system in place for patients to use to call for help when using the Recovery Room bathroom.	T 375		