



REPORT OF VISIT (REPRINT)

Facility Information		Audit Information		Other Information	
Permit Number:	AB-0005	Audit Name:	Abortion Clinic ROV 20101001	ID:	HR
Facility Name:	CHARLESTON WOMEN'S MEDICAL CENTER	Type:	L01 Routine	Name:	DHEC-HR1A
Address:	1312 ASHLEY RIVER RD	Start Date:	20 Sep 2012 01:11 PM		Healthcare
City/State/Zip:	CHARLESTON, SC 29407-5365 Charleston	End Date:	20 Sep 2012 03:11 PM		Facilities
Phone 1:	843-571-5161	Inspector:	Thressa M. Hinton	UDF-01:	SC0000088291
		Previous Date:	N/A		
		Previous Score:	N/A		

Report Notice

Question ID	Question	Answer	Percent
NOTICE01	Division of Health Licensing 2600 Bull St Columbia SC 29201-1708 <p style="font-size: small; margin-top: 10px;"> REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended. </p>	Report Notice	N/A
Totals			N/A

Inspection Information

Comments:

A general inspection was conducted today at the above facility, at the time of the inspection, there were no violations found or cited.

Question ID	Question	Answer	Percent
INSP	Select the Type of Inspection to be Performed:	General Inspection	N/A
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES	N/A
VERIFY03	Does the Facility/Activity Address agree with the Address of Record?	YES	N/A
VERIFY04	Does the Facility/Activity Telephone Number agree with the Telephone Number of Record?	YES	N/A
VERIFY05	Does the Facility/Activity E-mail Address agree with the E-mail Address of Record?	YES	N/A

INSP04	Are there any other individuals accompanying the auditor for this visit?	NO	N/A
ONSITE	Is this an On-Site Visit?	YES	N/A
Totals			N/A

Record Retention

Question ID	Question	Answer	Percent
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention	N/A
Totals			N/A

Protected Information

Question ID	Question	Answer	Percent
R-61-12-HIPAA	Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client, resident, or participant, you must check 'YES' by CONFIDENTIAL. Otherwise, check 'NO.' (The names of facility/activity staff members are NOT considered CONFIDENTIAL. If required for the audit, list the names of staff members in the citation.)	NO	N/A
Totals			N/A

Auditor Signature: Thressa M. Hinton

Thressa M Hinton

Account Signature: LEISA BOYLE

X *Janice Nichols*
X *J Nichols*



INSPECTION RESULTS

Facility Information	Audit Information
Permit Number: AB-0005	Audit Name: Abortion Clinic ROV 20121001
Facility Name: CHARLESTON WOMEN'S MEDICAL CENTER	Type: L01 Routine
Address: 1312 ASHLEY RIVER RD	Start Date: 22 Nov 2013 10:15 AM
City/State/Zip: CHARLESTON, SC 29407-5365 Charleston	End Date: 22 Nov 2013 04:13 PM
Phone 1: 843-571-5161	Inspector: Thressa M. Hinton
	Score: 100.0%

Overall Score
100.0%

Report Notice

Question	Answer	Percent
Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708 <small>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</small>	Report Notice	N/A
Totals		N/A

Inspection Information

Comments:

A general inspection was conducted today at the above facility, at the time of the inspection, there were no violations found or cited.

Question	Answer	Percent
Is this an On-Site Visit?	YES	N/A
Select the Type of Inspection to be Performed:	General Inspection	N/A
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES	N/A
Are there any other individuals accompanying the auditor for this visit?	NO	N/A
Totals		N/A

Auditor Signature: Thressa M. Hinton

Thressa M. Hinton

Account Signature: LEISA BOYLE

Leisa Boyle



INSPECTION RESULTS

Facility Information	Audit Information
Permit Number: AB-0005	Audit Name: Abortion Clinic ROV 20140627
Facility Name: CHARLESTON WOMEN'S MEDICAL CENTER	Type: L01 Routine
Address: 1312 ASHLEY RIVER RD	Start Date: 21 Nov 2014 11:40 AM
City/State/Zip: CHARLESTON, SC 29407-5365 Charleston	End Date: 21 Nov 2014 05:00 PM
Phone 1: 843-571-5161	Inspector: Michell Hatcher
Email: JANICEWMC@AIM.COM	Score: 0.0%

Overall Score
0.0%

Report Notice

Question	Answer	Percent
Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708 <small>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</small>	Report Notice	N/A
Totals		N/A

Administrator's Signature - Plan of Correction

Question	Answer	Percent
PLAN OF CORRECTION - Administrator's Certification: I certify that the attached plan of correction describes: (1) the actions taken to correct each cited deficiency, (2) the actions taken to prevent similar recurrences, and (3) the actual or expected completion dates of those actions. PRINT NAME: _____ TITLE: _____ SIGNATURE: _____ DATE: _____ Any violations cited in this report of visit were observed at the time of the inspection. Administrator returns a copy of this report (original signature required) with description of corrective actions to: SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201	POC REQUIRED	N/A

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

Comments

- The date Plan of Correction is due, is to be determined.

Totals

N/A

Inspection Information

Question	Answer	Percent
Inspection Includes Licensing:	YES	N/A
Inspection Includes Fire & Life Safety:	NO	N/A
Is this an On-Site Visit?	YES	N/A
Select the Type of Inspection to be Performed:	Abortion Clinic Inspection (Licensing and/or FLS)	N/A
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES	N/A
Are there any other individuals accompanying the auditor for this visit?	YES	N/A

Comments

- John Krasalein, Senior Auditor- Legislative Audit Council

Totals

N/A

AC Regulation Parts I-VII 61-12

Question	Answer	Percent
204.A. The licensee shall obtain written applications for employment from all employees. The licensee shall obtain and verify information on the application as to education, training, experience, appropriate licensure, if applicable, and health and personal background of each employee. (Class III Violation)	OUT	N/A
Comments Documentation was not observed in 1 of 3 employee files for an application. Documentation was not observed in 3 of 6 employee files for verification of personal background. Documentation was not observed for verification of health in 4 of 8 employee files.		
204.B.1. Persons with negative tuberculin skin tests who have direct contact with patients shall have an annual tuberculin skin test. (Class III Violation)	OUT	N/A
Comments Documentation was not observed of an 2014 annual tuberculin skin test for an employee who has direct contact with patients.		
204.B.8. A person shall be designated in writing at each facility to coordinate TB screening of personnel and any other TB control activities. (Class III Violation)	OUT	N/A
Comments Documentation was not observed of a person designated in writing to coordinate TB screening of personnel and any other TB control activities.		
204.F.1. In-service training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: infection control; to include as a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as handwashing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members. (Class III Violation)	OUT	N/A
Comments Documentation was not observed in (2) of (3) employee records reviewed, of in-service training for infection control, to include as a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as had washing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members.		

204.F.2. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires: (Class III Violation)

OUT N/A

Comments

- Documentation was not observed in (2) of (5) employee records reviewed for training of fire protection, to include evacuating the patients, proper use of fire extinguishers, and procedures for reporting fires.

204.F.3. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Confidentiality of patient information and records, and protecting patient rights; (Class III Violation)

OUT N/A

Comments

- Documentation was not observed in (2) of (5) employee records reviewed, for confidentiality of patient information and records and patient rights.

303.A.1. Emergency Kit or Emergency Drugs. Each facility shall maintain an emergency kit or stock supply of drugs and medicines for the use of the physician in treating the emergency needs of patients. This kit or medicine shall be stored in such a manner as to prohibit its access by unauthorized personnel. A listing of contents by drawer or shelf shall be placed on the cabinet or emergency cart to allow quick retrieval. Contents shall correspond with the inventory list. Drugs and equipment must be available within the facility to treat, as a minimum, the following conditions: a. Cardiac arrest; b. Seizure; c. Asthmatic attack; d. Allergic reaction; e. Narcotic toxicity; f. Hypovolemic shock; g. Vasovagal shock. (Class I Violation)

OUT N/A

Comments

- The content list did not match the actual contents of the Crash Box. Dextrose 50% was listed on the content list, but was not observed in the Crash box. A Pro Air Inhaler and (2) scalpels were observed in the Crash Box, but were not observed on the contents lists.

303.C. Medicine Storage. Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored and safeguarded in enclosures of sufficient size that are not accessible to unauthorized persons. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications. A thermometer accurate to +3 degrees Fahrenheit shall be maintained in these refrigerators. Only authorized personnel shall have access to storage enclosures. Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws. (Class II Violation)

OUT N/A

Comments

- 1) A thermometer was not observed in a refrigerator being used to store Flu vaccines and RhoGam injections in the Recovery Room. 2) The following expired medications were observed in the crash box: Pitocin 10 Units/Ml (8) Vials Expired 10/14; Flumazenil Injection 0.5mg/5Ml Expired 10/20/14 (2) vials; Naloxone Hcl 0.4mg/Ml Expired 1 Nov 2014 (1) vial. 3) Controlled substances were not observed stored under double locks. The controlled drugs were observed stored in a safe with a number combination.

304.B. Prior to the procedure, laboratory tests shall include a recognized urine pregnancy test unless the physician identifies fetal heart beats or fetal movements on physical examination. If positive, the following additional tests are required. (Class II Violation)

OUT N/A

Comments

- Documentation of a recognized pregnancy test prior to the procedure was not observed on (8) of (8) medical records reviewed.

304.G. All laboratory supplies shall be monitored for expiration dates, if applicable. (Class II Violation)

OUT N/A

Comments

- Numerous UTM-RN specimen kits were observed in the recovery room refrigerator with expiration dates observed on the kits of 2014/8.

401.A.1. The record shall include as a minimum the following information: A face sheet with patient identification data, to include but not be limited to: name, address, telephone number, social security number, date of birth, father's and mother's name, when patient is a minor, husband's name, and name, address and telephone number of person to be notified in the event of an emergency. (Class II Violation)

OUT N/A

Comments

- The father's name was not observed on the face sheet of the medical record in one of one medical record of a minor reviewed.

602.C.1. There must be documentation of each load run daily. A biological test of the autoclave shall be run daily and the results maintained on a log. (Class II Violation)

OUT N/A

Comments

- Documentation was not available and /or observed on the autoclave log for each load run and biological test of the autoclave for November 19, 2014.

Totals		N/A
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AC Regulation Parts VIII-X 61-12

Question	Answer	Percent
807.D.2. There shall be a signal system for each patient bath and toilet that shall include an audible alarm that can be heard and location identified by staff; (Class III Violation)	OUT	N/A
Comments		
<ul style="list-style-type: none"> • An audible alarm could not be heard by the inspector and/or staff when the signal system was activated in the patient bath and toilet located in the recovery room. The location of the activated signal system for patient bath and toilet was unable to be identified. 		
Totals		N/A

Record Retention

Question	Answer	Percent
DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention	N/A
Totals		N/A

Auditor Signature: Michell Hatcher

Michell Hatcher D. B.S.W.

Account Signature: LEISA BOYLE

To be sent via email from office