

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/17/2014</b>
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NAME OF PROVIDER OR SUPPLIER: <b>DREXEL OB/GYN ASSOCIATES AT FEINSTEIN</b>  STATE LICENSE NUMBER: <b>89LC8701</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>216 N. BROAD STREET</b> <b>4th floor</b> <b>PHILA, PA 19102</b>
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M 0000	INITIAL COMMENT	M 0000		
M 0006	<p>This report is the result of an Annual Registration survey conducted on April 17, 2014, at Drexel OB/GYN Associates at Feinstein. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.</p>	M 0006		

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

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M 0006	<p>Continued from page 1</p> <p>29.33(6) Requirements for Abortion</p> <p>Prior to the performance of an abortion, the attending physician shall insure that the patient has had tests for hemoglobin or hematocrit, blood group and RH type, and urine protein and sugar. All of the foregoing laboratory results shall be entered into the medical record of the patient.</p> <p>This REGULATION is not met as evidenced by:</p>	M 0006	<p>This facility does have an existing written policy to perform urine protein and sugar prior to an abortion. Upon a qualitative review of said medical records- it was determined that those patients were evaluated during a vacation period where substitute staff were utilized. The policy is again reviewed with all staff and oversight by program directors will be ensured.</p> <p>Correction 6/2/2014: Two patients who sought an elective medical abortion did not have a urine screen for glucose and protein. This error was due to the use of a replacement patient care assistant for vacation coverage at the same time as the program coordinator. A new consent form that includes a checklist added to the final page has been developed and has been put into practice. A monthly review of random charts will assure quality assurance. The program coordinator will oversee the quality review and the review of all filed consent forms prior</p>	<p>Completion Date: <b>06/02/2014</b> Status: <b>APPROVED</b> Date: <b>06/09/2014</b></p>

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M 0006	Continued from page 2	M 0006	to the administration of medications by the physician as well as their being scanned into the electronic record.	

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M 0006	Continued from page 3  Based on review of medical records (MR) and interview with staff (EMP), it was determined that the facility failed to insure that patients had tests for urine protein and sugar prior to an abortion; and that the laboratory results were entered in each patient's medical record for 2 out of 14 medical records reviewed (MR1 and MR8).  Findings include:  A request was made on April 17, 2014, to EMP1 for a policy to indicate that prior to an abortion urine protein and sugar laboratory tests are to be completed and the results entered into the patient's medical record. EMP1 revealed that the facility did not have a policy.  A review of MR 1 and MR8, revealed no documentation that prior to the performance of the abortion, the attending physician insured that the patient has had tests for urine protein and sugar and entered the laboratory results in the medical record	M 0006		

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M 0006	Continued from page 4  An interview on April 17, 2014, at 10:00 AM, with EMP1 confirmed that MR1 and MR8 had no documentation that prior to the performance of the abortion, the attending physician insured that the patient has had tests for urine protein and sugar.	M 0006		



# Certified End Page

**DREXEL OB/GYN ASSOCIATES AT FEINSTEIN**

**STATE LICENSE NUMBER: 89LC8701**

**SURVEY EXIT DATE: 04/17/2014**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

Handwritten signature of Nancy J. Lescavage in black ink on a light gray background.

*Nancy J. Lescavage*  
*Deputy Secretary for Quality Assurance*

Handwritten signature of Rachel L. Levine, MD in black ink on a light gray background.

*Rachel L. Levine, MD*  
*Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY