STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
		A. BLDG: 00 B. WING:	04/08/2014

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE STATE LICENSE NUMBER: **N4HF8701**	**1348 BAINBRIDGE STREET PHILADELPHIA, PA 19147**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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	(X5) COMPLETE DATE
M 0000	INITIAL COMMENT This report is the result of an Annual Registration survey conducted on April 8, 2014, at The Mazzoni Center. 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.	M 0000		
M 0006		M 0006		

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

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M 0006	Continued from page 1 29.33(6) Requirements for Abortion 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. This REGULATION is not met as evidenced by:	M 0006	1. *What corrective action will be accomplished for those residents/patients found to have been affected by the deficient practice? Response: Nine patients did not have urine checked for protein and glucose at the time of abortion visit(s). Of those 9 patients, there are no known complications that have arisen from the deficient practice of not checking urine for protein or glucose. These 9 patients will be contacted by phone by attending physician of record and notified that the urine check for protein and glucose was not completed. Three (3) attempts to contact patient will be made. If contact is made, MD will explain deficiency and offer patient opportunity to come to Mazzoni for urine test. If patient chooses to return, record of urine protein and glucose will be documented in the patient's EMR. If the patient declines, record of decline will be recorded in the EMR.	Completion Date: **06/01/2014** Status: **APPROVED** Date: **06/09/2014**

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M 0006	Continued from page 2	M 0006	2.*How you will identify other residents/patients having the potential to be affected by the same deficient practice and what corrective action will be taken. Response: All patients who had potential to be affected were identified; no other potential patients affected. 3. *What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? Response: The medication abortion protocol at Mazzoni has been updated to include checking of urine for protein and glucose at either the 1st (counseling) or 2nd (mifepristone administration) visit. All staff and clinicians are aware that this included as part of the visit. Attending clinicians will ensure that this action is completed and documented in the EMR and will perform a chart audit at the time of	

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M 0006	Continued from page 3	M 0006	the patient encounter. 4.*How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Response: The medication abortion protocol at Mazzoni has been updated to include checking of urine for protein and glucose at either the 1st (counseling) or 2nd (mifepristone administration) visit. All staff and clinicians have been educated that this should be included as part of the visit. Attending clinicians will ensure that this action is completed and documented in the EMR and will perform a chart audit at the time of the patient encounter. 5.*The plan must include the title of the person responsible for implementing the acceptable plan of correction. Response: Dr. Rob Winn will be responsible for implementing the plan of correction.	

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M 0006	Continued from page 4	M 0006	6.*Include date(s) when the corrective action(s) will be completed. The corrective action completion date(s) must be acceptable. Response: Corrective action date: The new protocol in place as 5/20/2014	

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M 0006	Continued from page 5 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 10 out of 11 medical records reviewed (MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, and MR10). Findings include: A request was made on April 8, 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 MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, and MR10, revealed no documentation that prior to the performance of the abortion, the attending physician insured that the	M 0006		

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M 0006	Continued from page 6 patient has had tests for urine protein and sugar and entered the laboratory results in the medical record An interview on April 8, 2014, at 11:00 AM, with EMP1 confirmed that MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, and MR10, 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

MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE

STATE LICENSE NUMBER: N4HF8701

SURVEY EXIT DATE: 04/08/2014

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

Nancy J. Lescavage
Deputy Secretary for Quality Assurance

Rachel L. Levine, MD
Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

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