		IDENTIFICATION NUMBER: A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 02/03/2011		
AME OF PROVIDER OR SUPPLIER S			STREET ADDF	RESS, CITY, STATE	, ZIP CODE		
DELTA CL	INIC OF BATON ROUGE	E, INC	756 COLON BATON RO	IIAL DRIVE UGE, LA 70806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
S 000	Explicit Statements-0	1		S 000			
	Annual Unannounced	Licensing Survey.					
S4405	GOVERNING BODY			S4405			
	This Rule is not met as evidenced by: §4405. Governing Body						
	A. The abortion facility must have a governing body which meets at least annually. The governing						
	body is the ultimate authority of the facility, and as such, it shall						
	approve and adopt all bylaws, rules, policies, and procedures formulated in accordance with these licensing						
	standards. All bylaws, rules, policies		.5				
		e licensing standards	shall				
	be in writing, revised as necessary due to type	, and reviewed annual	y. If,				
	of ownership or other reasons, it is not possible or practical						
	to establish a governing body, as such, then documents shall reveal the person(s) who are legally responsible						
	for the conduct of the facility and are also responsible for						
	carrying out the functions and pertaining	obligations contained	herein				
	to the governing body	1.					
	Based on record revie governing body failed						

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

6899

	andards Section						MAPPROVEL
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	BO0004642			B. WING	· · · · · · · · · · · · · · · · · · ·	02/	03/2011
NAME OF PF	ROVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STAT	TE, ZIP CODE		
DELTA CI	LINIC OF BATON ROUG	E, INC		IIAL DRIVE UGE, LA 7080	16		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMAT	I	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S4405	Continued From page	e 1		S4405			
	 their policy for "Minor Patients" and the law (Louisiana Children's Code Article 603 La. and R.S. 40.80.1) regarding mandatory reporting of carnal knowledge, incest, and rape of minors for 1 of 7 (Patient #3) minor patient records reviewed out a total sample of 13 patients. Findings: Review of La. Children's Code Article 603 provides a definition of mandatory reporters and 						
	abuse. A mandatory following individuals j duties: Health practif surgeons, physical th interns, hospital staff chiropractors, license dental hygienist, eme paramedics, optomet coroners Abuse is following acts which s physical, mental, or e of the child The i any sexual act with a or the aiding or tolera caretaker of the child any other person or t pornographic display of a child in sexual ac under the laws of this	cians, dents, cians, rs, or the afety d in rrson, re vith t in nent					
)HH/Health S	La. R.S. 40.80.1 provides that misdemeanor carnal knowledge of a juvenile is committed wher a person who is seventeen years of age or older has sexual intercourse, with consent, with a person who is thirteen years of age or older but less than seventeen years of age, when the victim is not the spouse of the offender, and wher the difference between age of the victim and age of the offender is greater than two years, but less than four years.						

Health S	andards Section					FUR	M APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB BO0004642		A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPLE	
		000004042		RESS, CITY, STA		02/	03/2011
	ROVIDER OR SUPPLIER	E, INC	756 COLON				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S4405	Continued From page	e 2		S4405			
	presented as the clim part, "Policy: All minor minor investigation for staff to know if the mi consensual, rape, or make the staff aware minor is pregnant for one counseling the ai over the minor invest needs to be made the the police departmen minor patient conceiv state laws on carnal k The medical record for Documentation on the Investigation intake for was born on 07/05/98 Review of the medica was scheduled for an 01/06/11. Further rev Investigation form rev for whom she was pre Further review of the Investigation form rev Louisiana state law e Review of Patient #3' revealed no documer state law enforcemen violation of a juvenile S2, Assistant Clinic M face to face on 02/03 S4, Clinic Office Man typically informed the per telephone when t	molestation. This will a of the age of the perso Procedure: During on ttending physician will g igation form. If a report e Office Manager will co t in the parish in which ved. The clinic will follow knowledge of a juvenile or Patient #3 was revie e Minor Pregnancy orm revealed the patiel 5 and was 15 years of a al record revealed the p n abortion procedure on vealed the age of the per egnant was 18 years of Minor Pregnancy vealed the notification of monor Pregnancy	aled in a a clinic lso on the ie on go ontact the w the arr ewed. ant ancy erson f age. of siana ential ed cated ho icy and red.				

		DF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED 02/03/2011	
AME OF PROVIDER OR SUPPLIER STREET A				ESS, CITY, STATE	E, ZIP CODE		
DELTA CI	LINIC OF BATON ROUG	E, INC	756 COLON BATON ROL	IAL DRIVE JGE, LA 70806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S4405	Continued From page	e 3		S4405			
	did remember the pa (#3) had departed the the entire process on session. S2 indicate clinic, the first step of urine pregnancy test following confirmation would have an ultras session. S2 indicate group counseling by and information whic individual session whi information or ask qui indicated the last step to process the patien the patient's next app chose to proceed wit pregnancy, and, in th patients, the records determine if a police S2 indicated Patient been completely proc Clinic Staff on duty th decided not to proceed pregnancy because as record processing ha that it must have bee patient leaving before completed. S1, MD Medical Dire face interview on 02/ policy was to report juvenile to the state p	the case of minor aged would be reviewed to report needed to be ma #3 left before the chart cessed. S2 indicated th nought Patient #3 must ed with the termination of she left before her medi ad been complete. S2 st en an oversight due to th e the process had been ctor indicated in a face in 03/11 at 2:20pm the clin carnal knowledge of a police when discovered.	ient ng ing to the ve a ed tion an seek v was ed v was ed v de. had have of her cal ated have of her cal ated have S				
	clinic since it's adopti have been an oversig of Patient #3 had not	ad been enforced at the ion. S1 indicated it mus ght that the carnal know been reported to the po ctice at the clinic was the	st /ledge olice.				

Health St	andards Section					FUR	RM APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB BO0004642		A. BUILDING	E CONSTRUCTION	(X3) DATE S COMPLI	
		200001012	STREET ADDR	RESS, CITY, STAT		02	00/2011
			756 COLON		ie, zif code		
DELTA CI	LINIC OF BATON ROUG	E, INC	BATON ROU	JGE, LA 7080	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S4405	Continued From page	e 4		S4405			
	in regards to the age the sexual act was fo indicated the office m the police report. Du	as completed by the pa of the father and wheth preed or consensual. S nanager would then ma iring the interview on 2/ nake the call to report to	ner 1 ke 3/11,				
S4415	PATIENT RECORDS	S AND REPORTS		S4415			
	This Rule is not met §4415. Patient Recor B. Content of Medica 1. The following mininall patients: n. authorizations, cor	rds and Reports al Record mum data shall be kept	: on				
	failed to ensure a wri consent was obtained policy for Minor Patie 40:1299.35.5 Minors:	ew and interview, the fa tten notarized parental d in accordance with cli ents and according to La : for 1 of 7 minor patien t of a total of 13 sample 1) Findings:	nic a.R.S. t				
	"A. No physician sha abortion upon any pro- the age of eighteen y emancipated judiciall physician has receive documents. (1) a not the mother, father, le minor in accordance has been informed th	2:1299.35.5 Minors reve Il perform or induce an egnant women who is u years and who is not ly or by marriage unless ed one of the following arized statement signed gal guardian or tutor of to state law that the aff nat the minor intends to the the affiant consents	under s the d by the iant seek				
		ourt order as provided in					
	tandards Section		•				

STATEMENT	andards Section OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME BO0004642		A. BUILDING		(X3) DATE S COMPLE	
NAME OF PR				RESS, CITY, STATE	, ZIP CODE		
DELTA CL	INIC OF BATON ROUGE	E, INC	756 COLON BATON RO	IIAL DRIVE UGE, LA 70806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S4415	presented as the clini part, "Policy: all patie need a school ID (if the parent or legal guardi Procedure: The parent or legal guardi Procedure: The parent or legal guardi vill be given a minor to be notarized by a repatient can return to the The medical record for reviewed. Document Pregnancy Investigat patient was born on of age. Further the patient abortion on 11/13/10. "Consent for Surgical which contained two patient and the other herself as the patient not notarized. A copy and the driver's licens herself as the patient medical record. Revie record revealed no do notarized statement so mother, father, legal g the affiant had been i intended to seek an a consented to the abo allowing the minor patient mother was indeed the	Section." by entitled "Minor Patier ic's current policy revea nts under the age of 18 heir school offers) and ian will need proof of id uardian of the minor pa- consent for which will r notary before the minor the clinic for service." or Patient #11 was tation on the Minor ion intake form reveale 10/01/94 and was 16 y atient was scheduled for . Further review reveal 1 Abortion" dated 11/03 signatures, one of the of the woman identifyin 's mother. This consen y of the patient' school se of the woman identifyin 's mother was located in ew of the entire medical bocumented evidence of signed by the patient's guardian or tutor indical nformed that the minor abortion and that the af- rtion or a court order atient to seek abortion. led no documented evidence of ating she was the patient	aled in 3 will the lentity. atient need the rears or an led a /2010 ng t was ID fying in the al f a ting fiant dence nt's	S4415			
HH/Health St		face interview on 02/03					

			IDENTIFICATION NUMBER: A. I		PLE CONSTRUCTION	(X3) DATE S COMPL	
NAME OF PR	NAME OF PROVIDER OR SUPPLIER STREET			RESS, CITY, ST	ATE, ZIP CODE		
DELTA CL	INIC OF BATON ROUGE	E, INC		NIAL DRIVE DUGE, LA 708	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE
S4415	on 11/03/10. Further locate the notarized st two consent forms for notarized and one that parent and thought the have been misfiled in S2 indicated the proce- obtain the notarized st the mother of the path mother such as the p indicated the process review the notarized of signatures on the fact	d Patient #11 had an ab S2 indicated she could statement (the clinic use r abortions, one that is at is not) signed by the ne notarized statement a another patient's recor- cess required patients to statement and also inclu- ient to prove she was the atient's birth certificate. Is at the facility had beer consent prior to obtaini ility's Consent for Surgi- ed the Notarized Statement	not es could rd. o uded he . S2 n to ng ical	S4415			
) HH/Health St STATE FORM	andards Section			6899	ME6U11		tinuation sheet 7 of 7

Health Standards Section