

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AB0032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2012
NAME OF PROVIDER OR SUPPLIER A PREFERRED WOMENS' HEALTH CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 3320 LATROBE DRIVE CHARLOTTE, NC 28211		
(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
E 106	.0108 POSTING 10A-14E .0108 Certificates shall be posted in a conspicuous place on the premises. This Rule is not met as evidenced by: Based on observation and staff interview, the clinic failed to post Division of Health Services Regulation licensure certificate on the premises. Observation on 12/11/12 at 9:30 am revealed no evidence of a License, issued by the Division of Health Services Regulation, was posted on the premises. Interview with the administrative staff on 12/11/12 at 12:00 pm revealed the certificate was in the "call center building." Staff confirmed the license was not posted in the building for public display.	E 106	E 106 A copy of the 2012 DFS license for APWHC has been posted per request. The 2013 DFS license will be posted in its place by 1/2/2013.	12/12/2012
E 147	.0306(B) PERSONNEL RECORDS 10A-14E .0306 (b) Job Descriptions: (1) The facility shall have a written description which describes the duties of every position. (2) Each job description shall include position title, authority, specific responsibilities and minimum qualifications. Qualifications shall include education, training, experience, special abilities and license or certification required. (3) The facility shall review annually and update all job descriptions, and shall provide a current copy to each employee or contractual employee assigned to the position.	E 147	APWHC has added a job description addendum for those who perform gestational sizing ultrasounds for the physician. This employee file document includes the job requirements and duties of this position. It specifies the required training and provides for training verification of each requirement listed and attestation of approval for duties from the physician and administrator The employees currently performing ultrasounds for our physicians with previous training will only have to complete sections III and IV for a skills review.	

Division of Health Service Regulation

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

TITLE: *Nachal J. Lee* Administrator
DATE: 12/26/2012

STATE FORM

7FF911

If continuation sheet 1 of 11

12/13/12

Division of Health Service Regulation

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E 147	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on personnel record review of job descriptions, staff and administrative staff interviews, the agency failed to ensure job descriptions included utrasonography for 3 of 3 personnel identified as providing ultrasound services (Employee #3, 1, and 2). Findings include:</p> <p>Review of job description for PCA (Patient Care Advocate) revealed "Ultrasound Room," the only entry that addressed ultrasound services, which stated, "A female must be in the ultrasound exam room with the doctor and patient at all times. If no pregnancy is visible during the ultrasound examination, the CNA/CMA/PATIENT ADVOCATE must run an ... pregnancy test and counsel the patient on the possibility of an ectopic pregnancy. Make sure you give the patient the Early Pregnancy and Ectopic Pregnancy Warning patient handout. After the ultrasound, any patients that are Rh negative must be counseled and taken to the front office to make arrangements for RhoGam or sign the form declining the medication. Any patient over 12 weeks must be taken to the front office to pay any additional charges. All patients' charts are to be checked for completion of all patient data and appropriate patient signatures."</p> <p>1. Review of personnel file for Employee #3 revealed a hire date of 4/13/05 as a Patient Care Advocate. There was no evidence in the job description this employee was to perform ultrasound services.</p> <p>Interview with Employee #3 on 12/11/12 at 2:30 PM revealed the employee had been performing ultrasound services "for about a year." Employee</p>	E 147	<p>Annual review and revisions of the APWHC job descriptions will be completed and available for use on 12/15 each year. Every employee file will be updated and evaluations completed by 12/31 of each year. This is the responsibility of the clinic manager on site.</p> <p>Reminders for completion will be automatically sent via office calendar notification in the Google Office Docs Program.</p> <p>Verification of task completion will be documented through the Monthly Manager's Checklist and randomly audited by administrative staff via site visits.</p>	1/31/2013	

Division of Health Service Regulation

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E 147	Continued From page 2 #3 confirmed the job description she had signed did not include performing ultrasound services. Interview with the clinic administrator on 12/11/12 at 2:40 PM confirmed the job description did not include performing ultrasound services. 2. Review of personnel file for Employee #1 revealed a hire date of 8/12/08 as a Patient Care Advocate. There was no evidence in the job description this employee was to perform ultrasound services. Interview with the clinic administrator on 12/11/12 at 2:40 PM confirmed the job description did not include performing ultrasound services. The administrator revealed Employee #1 performs ultrasound services 3. Review of personnel file for Employee #2 revealed a hire date of 12/27/11 as a Patient Care Advocate. There was no evidence in the job description this employee was to perform ultrasound services. Interview with the clinic administrator on 12/11/12 at 2:40 PM confirmed the job description did not include performing ultrasound services. The administrator revealed Employee #2 performs ultrasound services.	E 147			
E 150	.0306(E) PERSONNEL RECORDS 10A-14E .0306 (e) Employee and contractual employee records for health screening, education, training and verification of professional certification shall be available for	E 150	See previous response to E 147		

Division of Health Service Regulation

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E 150	<p>Continued From page 3</p> <p>review by the Division.</p> <p>This Rule is not met as evidenced by: Based on personnel file review, staff and administrative staff interviews, the agency failed to ensure competency in performing ultrasonography services was documented for 3 of 3 personnel identified as providing ultrasound services (Employee #3, 1, and 2). Findings include:</p> <p>1. Review of personnel file for Employee #3 revealed a hire date of 4/13/05 as a Patient Care Advocate. There was no evidence in the personnel file this employee was competent to perform ultrasound services.</p> <p>Interview with Employee #3 on 12/11/12 at 2:30 PM revealed the employee had been performing ultrasound services "for about a year." Employee #3 stated she had followed the physician for "a while" to learn how to perform an ultrasound. Employee #3 stated she had also read a booklet and taken a test to ensure competency.</p> <p>Interview with the agency administrator on 12/11/12 at 3:00 PM confirmed the personnel file did not contain documentation of competency to perform ultrasound services.</p> <p>2. Review of personnel file for Employee #1 revealed a hire date of 8/12/08 as a Patient Care Advocate. There was no evidence in the personnel file this employee was competent to perform ultrasound services.</p> <p>Interview with the agency administrator on 12/11/12 at 3:00 PM confirmed the personnel file did not contain documentation of competency to perform ultrasound services. The administrator</p>	E 150		

Division of Health Service Regulation

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E 150	Continued From page 4 revealed Employee #1 performs ultrasound services 3. Review of personnel file for Employee #2 revealed a hire date of 12/27/11 as a Patient Care Advocate. There was no evidence in the personnel file this employee was competent to perform ultrasound services. Interview with the agency administrator on 12/11/12 at 3:00 PM confirmed the personnel file did not contain documentation of competency to perform ultrasound services. The administrator revealed Employee #2 performs ultrasound services	E 150		
E 159	.0312(A) MEDICATIONS AND ANESTHESIA 10A-14E .0312 (a) Medication (1) No medication or treatment shall be given except on written order of a physician. (2) Medications must be administered in accordance with the Nurse Practice Act of the State of North Carolina, and must be recorded in the patient's permanent record. This Rule is not met as evidenced by: Based on policy manual review, observation, and administrative interview, the clinic failed to ensure A. nitrous oxide and oxygen were properly secured; B. medications were properly secured, and C. medications with an expired usage date were not available for use. Findings include: Policy manual review on 12/11/12 revealed, "XII	E 159	Locks have been installed on the room door for area of nitrous tank storage and on the cabinet doors containing contraceptive samples. Keys to these locks will be held by the RN and clinic manager on duty. With regards to medication expiration dates, the 'Clinic Operations Checklist' has been revised to include quarterly medications inspection requirement, including documentation of inspection of Banyon supplies by clinic manager, and copy of the inspection report sent to administrative office. Report will include any medications that are to expire within the next 6 months. Replacements will be ordered prior to expiration. →	1/24/2013

Division of Health Service Regulation

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E 159	<p>Continued From page 5</p> <p>Medications and Anesthesia" which stated, "b. Nitrous Oxide, Oxygen and inhalation apparatus shall be locked in a cabinet when not in use."</p> <p>A. A tour of the clinic on 12/11/12 at 10:15 AM revealed a nitrous oxide and oxygen set-up for self-administered anesthesia had been left unattended and unsecured in Exam Rooms 1 and 2. Upon further examination of the clinic it was discovered that 3 containers of unopened nitrous oxide and 5 bottles of unopened oxygen were stored in the Patient Counseling Room without a lock or any type of security.</p> <p>Interview with the clinic administrator on 12/11/12 at 10:30 AM confirmed the nitrous oxide and oxygen should be stored in a secured area when not in use per agency policy.</p> <p>B. A tour of the clinic on 12/11/12 at 10:15 AM revealed an unsecured cabinet in the Patient Counseling Room that contained approximately 50 packs of prescription birth control pills.</p> <p>Interview with the clinic administrator on 12/11/12 at 10:30 AM confirmed the birth control pills should be stored in a secured location.</p> <p>C. A review of the clinic's emergency kit on 12/11/12 revealed expired medications as follows:</p> <ul style="list-style-type: none"> - Lidocaine (used as an anesthetic) 2% 100 mg/ml (milligrams per milliliter) a 5 ml injection expired 9/12, - Flumazenil (used for overdose of benzodiazapine) injection 0.5 mg/ 5 ml a 5ml vial expired 11/12. - 0.9% Sodium Chloride intravenous solution 1000 ml expired 12/1/12 	E 159	<p>The first quarterly inspection using the "Clinic Operations Checklist" is scheduled for January 24, 2013. Automatic reminder notifications for staff have been set up for all 4 inspection events in 201.</p>	

Division of Health Service Regulation

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E 159	Continued From page 6 Interview with the clinic administrator on 12/11/12 at 3:10 PM confirmed the emergency kit medications listed above had expired and should have been replaced prior to expiration.	E 159		
E 163	.0313(C) POST-OPERATIVE CARE 10A-14E .0313 (c) Any non-ambulatory patient shall be accompanied by an attending medical or nursing staff member during any transfer within or outside the facility. This Rule is not met as evidenced by: Based on review of clinic record, transfers to the hospital reports, and staff and physician interviews, the clinic failed to ensure non-ambulatory patients were accompanied by medical or nursing staff members during transfer outside of the clinic for 2 of 2 sampled patients that were transferred (#8 and 10). The findings include: 1. Clinic record review of Patient #8 on 12/11/12 revealed a 38 year old female who presented to the clinic on 10/1/12 for completion of a surgical abortion procedure. The review revealed the patient was 12 weeks gestation, confirmed by ultrasound. Review of the record revealed the patient developed complications following the procedure and required emergency transport to a local hospital. Further review of the record revealed emergency medical services transported the patient. The review revealed no evidence that a clinic medical or nursing staff member accompanied the patient during transfer.	E 163	The APWHC Policy and Procedure Manual has been reviewed and revised to include the specific requirement of medical personnel to accompany transfer patients to the hospital due to a patient transfer. Documentation shall include the employee's name on the patient transfer log and the patient medical record. This information will be available on google docs for administrative review.	12/15/ 2012

Division of Health Service Regulation

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E 163	Continued From page 7 Interview on 12/11/12 at 14:30 with RN #1 revealed "I can not leave, I am the only nurse here." Interview with the physician on 12/11/12 revealed he did not accompany the patient. The staff member confirmed no clinic physician or staff member accompanied the patient during transfer. 2. Clinic record review of Patient #10 on 12/11/12 revealed a 33 year old female who presented to the clinic on 8/21/12 for completion of a surgical abortion procedure. The review revealed the patient was 16.5 weeks gestation, confirmed by ultrasound. Review of the record revealed the patient developed complications following the procedure and required emergency transport to a local hospital. Further review of the record revealed emergency medical services transported the patient. The review revealed no evidence that a clinic medical or nursing staff member accompanied the patient during transfer. Interview on 12/11/12 at 14:30 with RN #1 revealed "I can not leave, I am the only nurse here." Interview with the physician on 12/11/12 revealed he did not accompany the patient. The staff member confirmed no clinic physician or staff member accompanied the patient during transfer.	E 163			
E 165	.0314 CLEANING OF MATERIALS AND EQUIPMENT 10A-14E .0314 (a) All supplies and equipment used in patient care shall be properly cleaned or sterilized between use for different patients.	E 165		→	

Division of Health Service Regulation

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E 165	Continued From page 8 (b) Methods of cleaning, handling, and storing all supplies and equipment shall be such as to prevent the transmission of infection through their use. This Rule is not met as evidenced by: Based on policy review, observation and staff interview, the clinic failed to maintain properly sterilized instruments. The findings include: Review of the policy "Surgical Services" on 12/11/12 revealed "Instruments: After each procedure the surgical instruments shall be cleaned, wrapped and sterilized. Only sterile instruments, gloves and materials will be used for a pregnancy termination procedure." A tour was conducted of the clinic on 12/11/12 at 10:00am. Surgical procedures were scheduled to begin around 11:30 am. During tour of procedure room #2, observation revealed a plastic storage bin containing vaginal speculums, the bin contained debris and the drawer liner was soiled. Observation revealed 4 surgical packs were torn with exposed instruments. Interview with the administrative staff on 12/11/12 at 10:15am revealed the vaginal speculums and instruments were available for surgical procedures. Staff confirmed surgical instruments were not properly stored and maintained for sterility.	E 165	Pursuant to the policy as stated in the APWHC policy and procedure manual. Surgical instruments are to be properly cleaned, sterilized and wrapped in surgical paper. Clean but non sterile equipment is to be maintained in a clean environment. It is the responsibility of the staff to maintain sterile instruments in a sterile environment and clean instruments in a clean environment. It is the Clinic manager's responsibility to monitor and enforce these regulations. In order to correct these deficiencies the staff will undergo an in service training review with regard to the correct handling and storage of sterile and clean equipment. They will be instructed to monitor this equipment each day. A sign out sheet will be filled out each day by the staff member who has checked the equipment. Signed and dated. The clinic manger has been informed of these deficiencies. It is the manager's responsibility to review the sign out sheet for the equipment and counter sign the validity of the equipment review each day. Furthermore, all drawers, containers and storage areas are to be maintained for cleanliness each day by the staff. It is the manager's responsibility to assure the cleanliness of all areas in the clinic, including and especially the surgical areas, surgical equipment and recovery areas	1/31/2013	
E 166	.0315 HOUSEKEEPING 10A-14E .0315 Abortion clinics shall meet the standards for sanitation as required by the Division of Environmental Health	E 166			

Division of Health Service Regulation
STATE FORM

5999

7FF911

If continuation sheet 9 of 11

Division of Health Service Regulation

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E 166	<p>Continued From page 9</p> <p>in the rules and regulations governing the sanitation of private hospitals, nursing and rest homes, sanitariums, sanatoriums, and educational and other institutions, 10 NCAC 10A, with special emphasis on the following:</p> <p>(1) There must be cleaning of such a frequency as to maintain the floors, walls, woodwork and windows in a manner to minimize the spread of dust particles in the atmosphere. Accumulated waste material must be removed at least daily.</p> <p>(2) The premises must be kept free from rodents and insect infestation.</p> <p>(3) Bath and toilet facilities must be maintained in a clean and sanitary condition at all times.</p> <p>(4) Linen which comes directly in contact with the patient shall be provided as needed for each individual patient. No such linen shall be interchangeable from one patient to another before being properly cleaned, sterilized, or laundered.</p> <p>This Rule is not met as evidenced by: Based on policy manual review, observation, and administrative interview, the clinic failed to ensure the premise was maintained in a clean and sanitary condition. The findings include:</p> <p>Review of the policy "Cleaning of Materials and Equipment" revealed "After each procedure the operation room shall be completely cleaned using antiseptic cleanser. Particular attention shall be made to any blood or tissue products. The operating table will be cleaned. ..."</p> <p>A tour was conducted of the clinic on 12/11/12 at</p>	E 166	<p>E 166</p> <p>Immediately following the DFS survey, the clinic staff had a meeting prior to the scheduled clinic time on Wednesday, 12/12/2012. Housekeeping protocols and responsibilities were reviewed and discussed by all present. Immediate housekeeping concerns that had been identified on the previous day were re-inspected by manager. All housekeeping issues had been eliminated.</p> <p>Job descriptions for clinical employees were revised to reflect specific housekeeping tasks that are mandatory for maintaining employment at APWHC.</p> <p>In order to promote accountability, guarantee individual compliance and successful completion of cleaning tasks, specific areas or rooms will be assigned to a specific employee scheduled to work on that day. The cleaning roster will be posted on a monthly calendar in the staff break room. A scanned copy of the schedule will be emailed to the administrative office in Charlotte (currently, R.Hales and A. Looper) and filed electronically. A hard copy will be kept on file in the front office for back up information, if needed.</p>	1/31/2013

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E 166	<p>Continued From page 10</p> <p>10:00am. Surgical procedures were scheduled to begin around 11:30 am. During the tour, dried blood was observed on the exam light, chair and door jam in procedure room #2. The plastic storage bin containing vaginal speculums revealed debris and the paper drawer liner was soiled. Thick dust was observed on exam table #2. Tour of procedure room #1 revealed dead insects in the window seal and dirty ultrasound equipment.</p> <p>Interview with administrative staff on 12/11/12 at 11:00am revealed procedures are scheduled to be performed in procedure room #2 on this date. Staff confirmed the room was not in a sanitary condition. Interview with the office manager on 12/11/12 at 1:30 pm revealed clinic staff are responsible for the cleaning.</p> <p>NC00084271</p>	E 166	<p>For 6 weeks post-implementation of roster duty assignments, the clinic manager and another staff member will complete a cleaning checklist daily prior to patient check in time. Copies will be kept on file and available for review by administrative staff.</p> <p>Administrative staff will randomly request for these forms and perform unscheduled on-site inspections and off-site inspections via video applications currently available</p>	1/31/2013

[Handwritten Signature]

APWHC Ultrasound Technician v.12.12

Recommended Requirements:

Before commencing with the US training program, an employee must have successfully completed the initial 90 days of their employment with APWHC.

A written evaluation of skills mastered during the basic clinical training and orientation must be done by the clinic manager.

All mandatory documentation that is required in the employee file must be complete.

A request to begin US training must be submitted to the executive administrator in the Charlotte office [currently Rachel Hales].

Once the request is approved, the clinic manager will meet with the employee to discuss the training agenda and coordinate the training schedule per protocol.

Duties:

- Perform abdominal or transvaginal ultrasounds and record the results for each patient presenting to APWHC for medical or surgical abortion (staple picture to pt. chart) .
- Following a patient's ultrasound evaluation, escort them back to the patient waiting area if the patient is less than 12 weeks in gestation. Take their chart to the physician's office for review. Upon physician approval, take the chart to the RN in the Lab for pre-operative medications
 - Following a patient's ultrasound evaluation, any patient that is 12 weeks or greater, escort them to the front office for financial arrangements to be made. Give the patient's chart to the front office manager.
 - NEVER GIVE A PATIENT THEIR CHART TO GO TO THE LAB, FRONT OFFICE, OR ANYWHERE.
 - ALWAYS ESCORT A PATIENT TO AND FROM ULTRASOUND EVALUATIONS.
 - PATIENTS SHOULD NEVER WALK AROUND THE CLINIC UNATTENDED.
 - Gestational age is the only result you can communicate to a patient. Any unusual ultrasound finding must be reported to the physician on duty for further evaluation.
 - The ultrasound probes must be decontaminated after each patient.
 - The ultrasound equipment must be completely wiped down (including the wheels), cords and probes cleaned and secured, turn off machine and unplug the unit.
 - Report any equipment problem to clinic manager immediately.

Orientation and Training Schedule:

- I. Observe and assist the ultrasound technician on duty
(min. 5 clinic shifts)

Dates: _____, _____, _____, _____, _____

Attestation of Supervisor: _____ Date completed: _____

- II. Assist physician during procedures [hold abdominal probe / ultrasound image]
(min. 5 clinic shifts)

Dates: _____, _____, _____, _____.

Attestation of Physician: _____ Date completed: _____

- III. Complete the directed study using **PPRM Ultrasound Training Program** (Written Materials and DVD) 8 chapters (8 hours allowed for study before or after scheduled patients)

Chapter #	Date	Attestation of Supervisor (initials only)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____

- IV. Complete and Pass the PPRM Written Proficiency Exam

Date taken: _____ Score: _____

**Additional study may be required.*

The following signatures are required to employee allow employee to work as an ultrasound technician at APWHC.

Administrative attestation of US training per APWHC protocol:

_____ Date: _____

Physician attestation of US Proficiency:

_____ Date: _____

APWHC Ultrasound Technician v.12.12

Recommended Requirements:

Before commencing with the US training program, an employee must have successfully completed the initial 90 days of their employment with APWHC.

A written evaluation of skills mastered during the basic clinical training and orientation must be done by the clinic manager.

All mandatory documentation that is required in the employee file must be complete.

A request to begin US training must be submitted to the executive administrator in the Charlotte office [currently Rachel Hales].

Once the request is approved, the clinic manager will meet with the employee to discuss the training agenda and coordinate the training schedule per protocol.

Duties:

Perform abdominal or transvaginal ultrasounds and record the results for each patient presenting to APWHC for medical or surgical abortion (staple picture to pt. chart) .

- **Following a patient's ultrasound evaluation, escort them back to the patient waiting area if the patient is less than 12 weeks in gestation. Take their chart to the physician's office for review. Upon physician approval, take the chart to the RN in the Lab for pre-operative medications**
- **Following a patient's ultrasound evaluation, any patient that is 12 weeks or greater, escort them to the front office for financial arrangements to be made. Give the patient's chart to the front office manager.**
- **NEVER GIVE A PATIENT THEIR CHART TO GO TO THE LAB, FRONT OFFICE, OR ANYWHERE.**
- **ALWAYS ESCORT A PATIENT TO AND FROM ULTRASOUND EVALUATIONS.**
- **PATIENTS SHOULD NEVER WALK AROUND THE CLINIC UNATTENDED.**
- **Gestational age is the only result you can communicate to a patient. Any unusual ultrasound finding must be reported to the physician on duty for further evaluation.**
- **The ultrasound probes must be decontaminated after each patient.**
- **The ultrasound equipment must be completely wiped down (including the wheels), cords and probes cleaned and secured, turn off machine and unplug the unit.**
- **Report any equipment problem to clinic manager immediately.**

Orientation and Training Schedule:

- I. **Observe and assist the ultrasound technician on duty
(min. 5 clinic shifts)**

Dates: _____, _____, _____, _____, _____.

Attestation of Supervisor: _____ **Date completed:** _____

- II. Assist physician during procedures [hold abdominal probe / ultrasound image]
(min. 5 clinic shifts)

Dates: _____, _____, _____, _____, _____.

Attestation of Physician: _____ Date completed: _____

- III. Complete the directed study using PPRM Ultrasound Training Program (Written Materials and DVD) 8 chapters (8 hours allowed for study before or after scheduled patients)

Chapter #	Date	Attestation of Supervisor (initials only)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____

- IV. Complete and Pass the PPRM Written Proficiency Exam

Date taken: _____ Score: _____

**Additional study may be required.*

The following signatures are required to employee allow employee to work as an ultrasound technician at APWHC.

Administrative attestation of US training per APWHC protocol:

_____ Date: _____

Physician attestation of US Proficiency:

_____ Date: _____



CNA/CMA/PATIENT ADVOCATE JOB DESCRIPTION V.12.12

At APWHC, you will be assigned appropriate duties by the registered nurse on duty or the clinic manager on a daily basis. Job assignments will be made to reflect the immediate staffing needs of the clinic to assure quality of care for all patients. These areas include the following: patient laboratory testing, patient counseling, surgical procedure room duties, recovery room duties, and scrub tech duties (equipment sterilization post-procedure). In addition, housekeeping responsibilities are mandatory and must be completed at the end of your scheduled shift and as needed throughout the day. Failure to perform assigned cleaning tasks may result in immediate termination of employment.

RECOMMENDED QUALIFICATIONS

Education/Experience:

- High School Diploma or greater
- Current CNA/CMA Certification
- Minimum one year experience in medical environment

LABORATORY

- Perform urine pregnancy tests as indicated: all urine samples from patients requesting a free pregnancy test, all patients who return for a post procedure examination, as instructed by the physician or nurse, all patients in whom the ultrasound evaluation does not reveal a visible pregnancy. Record all results. Indicate abnormal values on the chart and notify the R.N. of those abnormal values. Record results on the patient's flow sheet.
- Record vital signs on each patient's chart: pulse, respirations, temperature, and blood pressure.
- Review medical history with the patient. Be sure to inquire about any drug allergies and record this information on the chart. Document any past illnesses or medical conditions. Alert the R.N. if there are any problems with the patient's medical history. Confirm that all medical consent forms have been completed and signed.
- Use a lancet to obtain a blood sample from the patient's finger. Draw up a small amount of the blood into a cuvet. Place each cuvet into the hemocue machine. Record this number on the patient's flow sheet in the hemoglobin column for that patient. Document the hemoglobin on the lab log sheet as well as the chart. Next, place a slide on top of the microscope light box for 1-2 minutes. Place 2 drops of the patients' blood on a glass slide. Add one drop of Anti-D and mix well. Rock on the Rh view finder box for two (2) minutes. The patient's blood is **Rh positive** when there is evidence of agglutination or clumping on the slide. **Rh negative** patient's blood samples do not show any agglutination or clumping. Record the results on the patient's flow sheet under Rh type and on the patients' chart. If the patient is Rh negative, give her the Rh negative patient information material.

A Preferred Women's Health Center
(888) 562-7415

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1604 Jones Franklin Road
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Fax: (919) 851-7989

2903 Professional Parkway
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Fax: (706) 228-4088



COUNSELING

- Make sure the patient has a counseling package and reads it carefully. Go through the information contained in the counseling sheets verbally and ask for questions in each section. If you need assistance answering any patient questions, please ask for help from the R.N. or the clinic manager. The handout explains in detail what to expect before and during the procedure.
- Review the options available other than abortion. The patient must be committed to her decision to have an abortion procedure after being informed of all options.
- Discuss the risks and complications associated with abortion procedures. Make sure all questions are addressed and adequately answered.
- Birth control options need to be discussed. Birth control information is included in the patient counseling package.
- Review post-abortion instructions carefully. Make sure every patient is aware of the after-hours emergency number listed in their counseling package.

ULTRASOUND ROOM

- Since a chaperone is required, you may be asked to accompany the physician during US evaluation. A female must be in the ultrasound exam room with the doctor and patient **at all times**.
- If no pregnancy is visible during the ultrasound examination, the CNA/CMA/PATIENT ADVOCATE must run an O.S.O.M. pregnancy test. If you are directed by the physician, give the patient the Early Pregnancy and Ectopic Pregnancy Warning patient handout.
- After the ultrasound, any patients that are Rh negative must be counseled and taken to the front office to make arrangements for RhoGam or sign the form declining the medication.
- Any patient over 12 weeks must be taken to the front office to pay any additional charges.
- All patients' charts are to be checked for completion of all patient data and appropriate patient signatures.

OPERATING ROOM

- A CNA/CMA/PATIENT ADVOCATE is to assist the patient and talk her through the procedure. It is imperative that the patient understand what to do and follow the doctor's instructions. Communicating these directions to the patient and making sure she understands them is essential.
- If a patient wishes to have nitrous oxide during the procedure, a CNA/CMA/PATIENT ADVOCATE will make the nitrous available to the patient for self-administration according to the doctor's instructions.

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- During surgical procedures, A CNA/CMA/PATIENT ADVOCATE will assist the doctor as directed. For each patient, you must prepare a procedure tray. This will include all sterile instruments necessary for the dilation and extraction procedure. All trays will include the following sterilized equipment: a set of eight Pratt dilators, ring forceps with 2x2 gauze, single-toothed tenaculum, 10cc syringe, 18g needle, 22g needle, 4 (4x4) gauze pads and a speculum. A pair of sterile surgical gloves will be placed on top of the sterile barrier. Bring the patient into the procedure room and set her basket on the chair. Ask her to have a seat bare bottomed at the end of the table, put one heel into each stirrup, and lie back. Tell the patient that you are going to put a tray at her feet. Follow any other instructions given by the doctor as he is performing the procedure.
- The procedure room must be cleaned between patients. Collect all the surgical instruments on the tray and carry to the dirty utility room. Collect the extracted products of conception, place on pathology tray for the physician to examine. Label a specimen container for all patient procedures under 8 weeks or as instructed by the physician. Completely clean and disinfect the surgical suite. Change the paper on the table. Clean and disinfect the suction equipment with Clorox.

RECOVERY ROOM

- Vital signs are to be taken and recorded on the patient's chart per protocol (indicated on the patient chart, p.4). Any abnormal vital signs are to be reported to the R.N. or the doctor immediately.
- The patient should remain in the reclining chairs for at least 30 minutes following their procedure. If the patient is doing well after 30 minutes and has been checked by the R.N. or the doctor, she may get dressed. Be sure to stand close by and ask her not to lock the door. After she gets dressed, take her vital signs again and record them.
- Go over all the medication instructions and the birth control instructions once again with the patient. Make sure the patient has her counseling package and is aware of the after-hours emergency number and post-procedure instructions.
- An hour after the patient's procedure, check and record the vital signs. If everything is normal, the patient may be released to go home. Make sure that the patient schedules her follow-up visit with the front desk.

UTILITY WORKROOM

- Scrub tech will clean each patient tray and wash the instruments: 8 dilators, 1 tenaculum, and 1 ring forceps.
- Wrap 2 (2x2) and 2 (4x4) gauze pads inside with the instruments. Autoclave for at least 30 minutes and vent.
- Wrap all POC's and store in freezer. Fill out and place paperwork in bag with the jar.
- Clean the dirty workroom and restock supplies for the next day.

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HOUSEKEEPING

Assignments for cleaning are usually made with regards to the area where you are usually assigned to work. Since there are exceptions to this generalization, check the cleaning roster posted in the break room.

You are responsible for the condition of the area assigned to you. There are no exceptions. This includes the following: clean the floor [mopped or vacuumed daily], dust and clean air vents, wipe down woodwork, window sills, and baseboards, dust furniture, if applicable, equipment cleaned per APWHC protocol, counters cleaned and organized and re-stocked, if indicated.

Please ask your clinic manager if you have questions or concerns about your housekeeping duties.

ACKNOWLEDGEMENT OF JOB DUTIES

By signing this form, you confirm that you understand the information in this document. You also confirm that you understand and will comply with the job duties that are set forth in this document.

Printed Name

Date

Employee Signature

Annual Review Date

Employee Signature

Annual Review Date

Employee Signature

Annual Review Date

Employee Signature

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Task to be completed	Frequency of task	Date task started	Date task completed	Manager initials
Submit RN schedule, Clinic Staff Schedule, and Cleaning Roster (due by the 3rd Monday of each month for following month. Save the schedules in separate folders for future reference.)	Monthly			
Plan and prepare for bi-monthly "Staff In-Service." In addition to the assigned review material to be covered, complete the Clinic Operations Checklist ("COC") with staff. In-service should be scheduled on the 4th THURSDAY every other month. Dates are listed on the Manager's Calendar.	Every 2 months / 6 times a year			
Write corrective action plan for any/all deficiencies identified by the Clinic Operations Checklist (COC). Date implemented?	see task above: COC			
Mail state vital statistics forms for the previous month; all mail received at clinic opened, scanned, emailed, and forwarded to administrative office.	Monthly			
Check and perform maintenance for equipment systems / interior (change filters, check all plumbing for leaks or drainage problems, defrost refrigerators as needed, replace light bulbs as needed, etc) Address problems with COO and schedule repairs as authorized. Send additional documentation as necessary.	Every 2 months / 6 times a year			
Check building exterior and grounds (including gutters, cameras, assess condition of lawn, shrubs and trees, parking area, windows, doors, locks, dumpster, etc.). Report any problems for authorization of repairs. Send documentation as necessary.	Every 2 months / 6 times a year			
Inventory (Includes checking stock of disposable supplies and ordering as needed = date started; receiving ordered supplies = date completed; email duplicate of all supply orders and receipt / packing slip)	Bi-weekly			
Inventory: 1st Event (Tuesday following the 1st paycheck of the month)				
Inventory: 2nd Event (Tuesday following the 2nd paycheck of the month)				
Inventory: 3rd Event (use only if necessary)				
Review all current employee files; are all employee updates completed (includes submitting new employee information to payroll, setting up new employee files, training verification, employee evaluations, vacation approval for staff, employee write-ups completed as indicated, hiring as indicated, etc)?	Quarterly: January, April, July, and October			
All scheduled testing events received and completed (includes API for laboratory, CPR, OSHA semi-annual training, staff inservice and policy reviews as directed, etc.) Check managers shared calendar in Google for events due.	As indicated by Shared Administrative Calendar			

Clinic Location: _____

Date: _____

Areas to Review	Deficiencies Identified	Employee Responsible for problem area	Action taken:	Inspected by:	Manager of the Day
Family Waiting Area					
Family Restroom					
Hallway #1 (entrance)					
Patient Bathroom #1					
Patient Bathroom #2					
Laboratory					
Patient Waiting Area					
Ultrasound Room					
Hallway #2 (middle)					
Procedure Room #1					
Procedure Room #2					
Utility Room					
Hallway #3 (exit)					
Recovery Room					
Recovery Bathroom					