

AMETHYST HEALTH CENTER FOR WOMEN

9380 Forrestwood Lane Manassas, VA 20110 703-335-2779

FAX

To:	Ms. Kathaleen Creegan- Tedeschi	EF/CRAS			
Fax:	804-527-4502	Pages;	8 incl Cover Sheet		
Phone:	804-367-2156	Date:	1 April 2013		
Re:	Resubmittal request	cc:	7 ASSA		

Comments:

Attached are the changes requested to the Amethyst Health Center for Women Plan of Correction.

Please substitute the enclosed pages (5,6,8,9,11,12) into our Plan of Correction as requested by Ms. Mary Berryman to complete our submittal.

Many Thanks

M. Elisabeth Beurskens Administrator,

APR 0.2 2013
VDH/OLC

Amethyst Health Center for Women, Inc.

9380 Forestwood Lane Manassas, VA 20110 703.335.2779

30 March 2013

Ms. Kathaleen Creegan-Tedeschi, Supervisor Acute Care, Home Health and Hospice Services Office of Licensure and Certification Virginia Department of Health 9960 Mayland Drive, Suite 401 Henrico, VA 23233

Dear Ms. Creegan-Tedeschi,

Amethyst Health Center for Women Inc., re-resubmits the following Plan of Correction in response to the inspection conducted on 10 and 11 December 2013 and your "Statement of Deficiencies and Plan of Correction" Inspection Report dated 30 January 2013.

On approximately 8 March 2013, Ms. Debbie Wintermantel notified AHCW that modifications were required. The previously submitted Plan of Correction was modified and resubmitted via Certified Mail on 10 March 2013.

On approximately 25 March 2013, Ms. Mary Berryman advised that modifications were required to the AHCW Plan of Correction (15 February 2013 version – Original submittal). Ms. Berryman was unaware of previous submittal requested by Ms. Wintermantel.

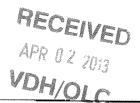
Subsequently, AHCW has further modified its Plan of Correction as advised and re-resubmits our Plan of Correction. This submittal contains only the changed pages after the 10 March version. Further, AHCW requests that VDH/OLC substitute these pages into the Plan of Correction, as requested by Ms. Berryman.

Please contact me should you or your inspectors have any questions / concerns regarding this Plan of Correction.

Submitted:

M. & Benshers

Maria Elisabeth Beurskens
Owner and Administrator
Amethyst Health Center for Women, Inc.



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
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AMETHYST HEALTH CENTER FOR WOMEN, INC 9380-B FORESTWOOD LANE MANASSAS, VA 20110										
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE	ŝ !	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)			
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY .SC IDENTIFYING INFORM	FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPRIDE DEFICIENCY)	SHOULD BE COM				
T 170	gauge needles expired on June 30, 2010, twelve (#12) five cc syringes expired on June 30, 2010 within the drawers on the exam table within the Ultrasound room. Three ammonia inhalants could not be matched back to a bottle that contained the expiration dates resulting in the Surveyor being unable to determine if the inhalants had expired or not. No documentation of the daily temperatures on the refrigerator that keeps the Ginger Ale cold for the patients post procedures was observed by the Surveyors during the initial tour in the Recovery Room. This observation was reveled by staff member #2 during the initial tour on December 10, 2012, at approximately 2:45 p.m., one egg was found along with one-half of a green pepper. Staff Member #2 acknowledged that the eggs and pepper were for her lunch, during interview, on December 10, 2012, at approximately 2:55 p.m.				As a corrective action, following the monthly inventory, an independent check will be conducted to confirm compliance. The independent check will be done by a WHNP for four months to determine compliance, auditing 25% of the monthly inventory. Regarding T 170-2, a thermometer has been added to the Recovery Room refrigerator with a record sheet to document daily the temperature of this refrigerator by the CNA. A staff refrigerator has been purchased and resides in the Doctor's office. It also has a thermometer and record sheet to document daily the temperature of the		2/14/13			
STATE FOR	All of the above documentaries were verified by Employee #2, during the initial tour. Employee #3 stated that she use one (#1) Tablespoon (TSP) of Alconox (A powdered precision cleaner for surgical instruments) per a gation of water in the dirty utility room, on December 10, 2012, at 3:00 p.m. The Surveyor read the instructions on the bottle label of Alconox which instructed on the bottle's label that two and one half (#2 and 1/2) TBS were diluted with one (#1) gallon water. Staff #2 failed to have a means of measuring the gallon of water precisely. During interview, Staff #2 stated that she/he knew from experience how much water to put in the sink. No permanent line was outlined in the sink to reflect the amount to equal one gallon. A bag of 1000 cc of Ringer's Lactate (IV) was noted hanging from an IV pole, on a stretcher in the agency's hall, that had no plastic outside				AHCW has modified the instrict cleaning P&P Manual and adepermanent mark to the sink to the 1 gallon sink line.(AHCW Manual 2.4.3.7.b section A.1. Alconox dilution instructions posted above the sink. Present time of inspection was a 1 gal measuring device which Staff failed to bring to the inspector attention. The procedure implehas been verified and spot aud (conducted at least twice per with Administrator are being do	led a show P&P c) The were at the lon #3 s' emented lits veek) by one.	2/16/13			
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APR 0.2 2013 VDH/OLC

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 12/11/2012 **FTAF 012** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 9380-B FORESTWOOD LANE AMETHYST HEALTH CENTER FOR WOMEN, INC. MANASSAS, VA 20110 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LISC (DENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) T 170 T 170 Continued From Page 5 It is noted that all IV bags shall be 2/16/13 dated upon opening. The staff was protective covering, without a date written on the made aware of this in a facility IV to state when the Ringer's Lactate had been in-service meeting, and an entry is opened, on December 111, 2012, at 10:00 a.m. The Administrator surmised that the Ringer's noted in the AHCW P&P Manual Lactate had been opened on December 8, 2012. (3.8.2.B Section B.2). the date of the last procedure, during interview in the agency's hall on December 11, 2012, at 10:15 Following this review and reporting, a a.m. During interview at 10:03, the Administrator Facility in-service will be conducted acknowledged that it could not be determined when the IV bag had the plastics covering was by an independent evaluator. removed due to it being undated. The Administrator received a Letter of 2/14/13 The Administrator verified during interview that Reprimand for this item. This will no infection control issues had not been resolved longer be an issue since AHCW no from the initial survey. This interview occurred in longer offers IV sedation. the agency's office, on December 10, 2012, at 16:15. T 210 12 VAC 5-412-240 D Medical testing, patient T 210 The Medical Director has verbally 2/12/13 counseling and labor cautioned the Consultant Physicians to maintain vigilance regarding their D. All tissues removed resulting from the abortion procedure shall be examined to verify examinations of products of that villi or fetal parts are present; if villi or fetal conception, fetal parts or villi, as well parts cannot be identified with certainty, the as ensuring that their findings are tissue specimen shall be sent for further adequately documented in the future. pathologic examination and the patient alerted to Each procedure day the LPN and CNA the possibility of an ectopic pregnancy, and referred appropriately. audit 50% of the patient records to insure physicians have documented This RULE: is not met as evidenced by: their findings completely. Based on record review and interview, it was determined that's three (#18,#12 and #15) Patients of eleven Patients (#1-#5, #7-#9 #12 and #14-#15) physicians failed to document adequately, the complete examination of the products of conception for all patients. Patient #8 (Clinical record #8) had the procedure

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j	ROWDER OR SUPPLIER ST HEALTH CENTER	FOR WOMEN, INC	9380-B F	DRESTWO AS, VA 201	DD LANE		
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T 285	C. Drugs maintain administration shall properly stored in elevith restricted accessory. Drugs shall be temperatures in accord. This RULE: Is not Based on observat determined that the vials of Diphenhydraltergy and itching) expriation date of Findings: During the initial too 12/10/12, at 3:00 pone (1) ml (milliliter HCL (Benadryl) 50 on the second shell Diphenhydramine Had an expriation davallable for use. These expired vial #2. The Administrator strey were expired at they were expired at This interview occur the Patient's waiting 12 VAC 5-412-260 dispensing of dru E. Records of all dispensing of all dispensions.	ed in the facility for dil not be expired and anciosures of sufficients to authorized pension and state of a evidenced by ion and staff interviewe (#1-#3) of three (#1-#3). OB//31/12 was available of Diphenhydor of the laboratory row, in the refrigerator of mag (milligrams) was f. The three (#1-#3) of three of the three (#1-#3) of three of three (#1-#3) of three	shall be nt size sonnel corrlate tons in 18 w, it was #1-#3) yt for with an ole for use. com, on r, three amine s found vials of 18) which re ware that rd them. 16:15, in grage and	T 275	The investigation revealed the expired vials were placed into refrigerator by the Administration was not in compliance with the AHCW P&P Manual. A Letter Reprimand was issued to the Administrator. The P&P Manual is modified Section A) to specifically exprounder of AHCW employees involved when an expired drumedical device is identified with facility. This policy requires actions by employees to be ta regarding the separation and of the expired item. As a corrective action, follow monthly inventory and weekl conducted by the LPN and Clindependent check will be comouthly by the clinic consultations where discrepancies occurred previously. Also incomplete the clinic locations and focus locations where discrepancies occurred previously. Also incomplete the Quality Assurance Commissisfied that the issue has become satisfied that the issue has become solved and reflected within	o the ator. This he er of (3.5.4 band the sug or within the specific ken control ving the y audit NA, an inducted tant, a se random y 25% of on se have cluded in interess JA inue until aittee is en	2/14/13
	received, sold, adm	inistered, dispensed of shall be maintaine	or		Committee minutes.		

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tissue, and radiolog c. Anesthesia reco d. Operative recon e. Surgical medica f. Recovery room i g. Physician and n h. Condition at tim I. Patient instructio postoperative; and	pregnancy; and it to include: is; s, pathologist's report jist's report of x-rays; ord; id; ation and medical trea notes; jurses' progress note	atments;					
Based on document facility staff falled to was accurate and courate from the analysical of Patient # record where the record where the record which the patient. On Patient was to be checked which the patient. On Patient was to make the couragiver. In an interview stated, "(Name of Patient was accurated to the couragiver.)	not met as evidenced by: Iment review and interview the led to ensure the medical record and complete for 6 patients, Patient and 12.			Regarding T 340-1, The Ma Director and Administrator verbally cautioned the Cons Physicians and clinical staff maintain vigilance regarding patient charting. This is aud LPN and CNA on all process who audit 50% of the charts	have sultant to g their ited by the lure days	2/16/13	
Patient #9 had a con	npleted procedure on	8/24/12.					

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AMETHYST HEALTH CENTER FOR WOMEN, INC (XA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) TAG COntinued From Page 11 The medical record did not include a signature from the admitting physician indicating he performed and or reviewed the history and physical of Patient #4. In the area of the medical record where the recovery of the patient is documented there is a box beside of doxycycline to be checked which would indicate it was given to the patient. On Patient #9 it was checked as given. In an interview with the Administrator she stated, "(Name of Physician) does not order doxycycline. That is an error (the check mark)." Patient #4, 7 and 9 all were administered medications prior to having their procedures. Patient #4 had ibuprofen 800 mg, 400 mg of misoprostol and 0.5 mg of Xanax. Patient #9 had a completed procedure on 11/29/12 and received ibuprofen 800 mg, Vallum 10 mg and Demerol 50 mg. Patient #9 was given 400 mg of misoprostol and 0.5 mg of Xanax. All three patients orders were not signed by the physician and were administered were administered by an unificensed person. 2. Patient #3 (Clinical record #3) completed the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FTAF 012			(X2) MU A. BUILL B. WING			LETED		
AMETHYST HEALTH CENTER FOR WOMEN, INC (M) ID PHETE SUMMARY STATEMENT OF DEFICIENCIES PHECH DEFICIENCY MUST are PRECEDED BY FULL PRECIDIATORY ON LIST DEMITYM MINORMANON) TAXO Continued From Page 11 The medical record did not include a signature from the admitting physician indicating he performed and or reviewed the history and physicial of Patient #4. In the area of the medical record where the recovery of the patient is documented there is a box beside of doxycycline to be checked which would indicate it was given to the patient. On Patient #9 it was checked as given. In an interview with the Administrator she stated, "(Name of Physician) does not order doxycycline. That is an error (the check mark)." Patient #4, 7 and 9 all were administered by and completed procedure on 11/29/12 and received buprofen 800 mg, 400 mg of misoprostol and 0.5 mg of Xanax. Patient #9 had a completed procedure on 11/29/12 and received buprofen 800 mg, Valium 10 mg and Demerol 50 mg. Patient #9 was given 400 mg of misoprostol and 0.5 mg of Xanax. All three patients' orders were not signed by the physician and were administered by an unificensed person. 2. Patient #3 (Clinical record #3) completed the procedure on 11/17/12. Clinical record #3 failed to have preoperative medications documented within clinical record #3 by the nurse administrating the medications. Patient #1 (Clinical record #1) completed the procedure performed on 12/08/12. Clinical record #1 failed to have physicians and nurse 's progress notes documented post procedure. Patient #12 (Clinical record #12) had the procedure performed on 12/08/12. Clinical record #12 failed to have physicians and nurse 's progress notes documented post procedure. The Administrator verified that Patient #8's physician had not ordered doxycycline for any of	NAME OF F	ROVIDER OR SHEPLIER			neces con	V STATE TO CORE	12/	11/2012	
Tag (EACH Deficiency Must be preceded by FULL REGULATORY ON LISC IDENTIFYING INFORMATION) Tag Continued From Page 11 The medical record did not include a signature from the admitting physician indicating he performed and or reviewed the history and physical of Patient #4. In the area of the medical record where the recovery of the patient is documented there is a box beside of doxycycline to be checked which would indicate it was given to the patient. On Patient #9 it was checked as given. In an interview with the Administrator she stated, "(Name of Physician) does not order doxycycline. That is an error (the check mark)." Patient #4, 7 and 9 all were administrator she stated, "(Name of Physician) does not order doxycycline. That is an error (the check mark)." Patient #4, 7 and 9 all were administrator she stated, "(Name of Physician) does not order doxycycline. That is an error (the check mark)." Patient #4, 7 and 9 all were administrator she stated, "(Name of Physician) does not order doxycycline for Mark given to the patient #4, 2 and 11/29/12 and recoived flourorien 800 mg, 400 mg of misoprostol and 0.5 mg of Xanax. Patient #9 and a completed procedure on 11/29/12 and recoived flourorien 800 mg, Valium 10 mg and Demeroi 50 mg. Patient #3 (Clinical record #3 failed to have preoperative medications and were administered by an unicensed person. 2. Patient #3 (Clinical record #3) completed the procedure performed on 12/08/12. Clinical record #1 failed to have physicians and nurse 's progress notes documented post procedure. Patient #12 (Clinical record #12) had the procedure performed on 12/08/12. Clinical record #12 failed to have physicians and nurse 's progress notes documented post procedure. The Administrator verified that Patient #8's physician had not ordered doxycycline for any of the patient and the procedure performed on 12/08/12. Clinical record #1 clinical record #1 failed to have physicians and nurse 's progress notes documented post procedure. The Administrator verified that Patient #8's				9380-B F	DRESTWO	OOD LANE			
The medical record did not include a signature from the admitting physician indicating he performed and or reviewed the history and physical of Patient #4. In the area of the medical record where the recovery of the patient is documented there is a box beside of doxycycline to be checked which would indicate it was given to the patient. On Patient #9 it was checked as given. In an interview with the Administrator she stated, "(Name of Physician) does not order doxycycline. That is an error (the check mark)." Patient #4, 7 and 9 all were administered medications prior to having their procedures. Patient #4 had bluprofen 800 mg, 400 mg of misoporastol and 0.5 mg of Xanax. Patient #9 had a completed procedure on 11/12/12 and received ibuprofen 800 mg, Valium 10 mg and Demerol 50 mg. Patient #9 was given 400 mg of misoprostol and 0.5 mg of Xanax. All three patients orders were not signed by the physician and were administered by an unilicensed person. 2. Patient #3 (Clinical record #3) completed the procedure on 11/12/12. Clinical record #3 fatied to have physicians and nurse 's progress notes documented post procedure. Patient #12 (Clinical record #1) completed the procedure performed on 12/08/12. Clinical record #4 failed to have physicians and nurse 's progress notes documented post procedure. Patient #12 (Clinical record #12) had the procedure performed on 12/08/12. Clinical record #1 failed to have physicians and nurse 's progress notes documented post procedure. Patient #12 (Clinical record #12) had the procedure performed on 12/08/12. Clinical record #12) had the procedure performed on 12/08/12. Clinical record #12 had the procedure performed on 12/08/12. Clinical record #12 had the procedure performed on 12/08/12. Clinical record #12 had the procedure performed on 12/08/12. Clinical record #12 had the procedure performed on 12/08/12. Clinical record #12 had the procedure performed on 12/08/12. Clinical record #12 had the procedure performed on 12/08/12. Clinical record #12 had the procedure performed on	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLET DATE	
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