PRINTED: 06/21/2015 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		- (X	COMPLETED	
		AB0004	B. WING		-	06/17/2015	
	PROVIDER OR SUPPLIER	421 WENI	DRESS, CITY, S DOVER ROA ITE, NC 282	D	1110/15m	·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED			
E 136	10A-14E .0304 (d) and prior to obtaining surgery required by this Section, repressionic's management each patient the folinformation: (1) A fee schedule and charges routinely and (2) The name of the physician(s) and hoprivileges, if any. In admitting privileges that effect shall be (3) Instructions for emergencies as our .0313(d) of this Section (4) Grievance proceed follow if dissatisfied and services render (5) The telephone in the services in the surgery of the services in the surgery of the services render (5) The telephone in the surgery of the services in the surgery of the s	Rule .0305(a) of entatives of the of shall provide to dowing and any extra pplied, e attending espital admitting the absence of a statement to discluded; post-procedure tlined in Rule cition; edures a patient may with the care red; and	E 136	Please Dec anclosed	accompany u	i 6/22/15	
Division of H	interview, credential record reviews, the prior to obtaining at the facility physicial admitting privileges reviewed (Patients The findings includ Review of facility per no policy or proced patients prior to obtain abortion procedure ealth Service Regulation	d procedure review, staff aling file review and medical facility failed to notify patients consent for a procedure that in (MD #2), had no hospital in 6 of 20 medical records # 3, 10, 9, 13, 17 and 18). e: Dicicies on 06/16/2015 revealed ure regarding notification to taining a consent for an that a facility physician that		·			
LABORATOR'	eaith Service Regulation y director's or provided the services of the services	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	Clinicia.	~	(X6) DATE	
STATE FOR		13 TY	6899 7	rLKG11	lf ·	continuation sheet 1 of 13	

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING AB0004 06/17/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 421 WENDOVER ROAD CAROLINA WOMEN'S CLINIC CHARLOTTE, NC 28211 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 136 | Continued From page 1 E 136 was performing the procedure had no hospital admitting priviliges. Interview with Physician's Assistant (PA #3) on 06/16/2015 at 1430 revealed that no policy was available to ensure patients were notified that MD #2 did not have hospital admitting priviliges. Review of credentialing file for MD#2 revealed this physician had no hospital admitting privileges. Interview with PA #3 on 06/16/2015 at 1430 confirmed MD #2 had no hospital admitting priviliges. 1. Medical record review on 06/16/2015 for Patient #3 revealed a 21 year old female with a diagnosis of pregnancy of 10 weeks gestation. The patient was admitted for a surgical abortion (SAB) on 05/26/2015 at 0810 and discharged at 1210. The SAB began at 0948 and ended at 0954. The facility "Surgery Screening Sheet" is a patient signed form used to collect personal medical history, document information items provided and determine appointment date. The information item line which states: "our physicians have privileges at hospitals within 30 minutes of our facility that offer OB care", {OB (pregnancy care)) was checked and the form signed by Patient #3. The Surgery Report form revealed that MD#2 without admitting privileges performed the SAB procedure. Interview with the PA #3 on 06/16/2015 at 1600 stated that the check mark indicated that the

patient had been given the information checked and that no statement regarding MD #2's lack of admitting privileges was provided to the patient.

7LKG11

PRINTED: 06/21/2015 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING AB0004 06/17/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **421 WENDOVER ROAD** CAROLINA WOMEN'S CLINIC CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) E 136 | Continued From page 2 E 136 Medical record review on 06/16/2015 for Patient #10 revealed a 30 year old female with the diagnosis of pregnancy of 6 weeks 4 days gestation who was admitted to the facility for a SAB on 01/17/2015 at 1025 and was discharged at 1545. The facility "Surgery Screening Sheet" is a patient signed form used to collect personal medical history, document information items provided and determine appointment date. The information item line which states: "our physicians have privileges at hospitals within 30 minutes of our facility that offer OB care", {OB (pregnancy care)) was checked and the form signed by Patient #10. The Surgery Report form indicated that MD #2 without admitting privileges performed the SAB procedure. Interview with PA #3 on 06/16/2015 at 1600 stated that the check mark indicated that the patient had been given the information checked and that no statement regarding MD #2's lack of admitting privileges was provided to the patient. 3. Medical record review on 06/16/2015 for Patient #9 revealed a 27 year old female with the diagnosis of pregnancy of 8 weeks 6 days gestation who was admitted to the facility for a SAB on 02/17/2015 and was discharged at 1415. The SAB began at 1310 and ended at 1315. The facility "Surgery Screening Sheet" is a patient signed form used to collect personal medical

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procedure.

history, document information items provided and determine appointment date. The information item line which states:"our physicians have privileges at hospitals within 30 minutes of our facility that offer OB care", {OB (pregnancy care)} was checked and the form signed by Patient #9. The Surgery Report form indicated that MD #2 without admitting privileges performed the SAB

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		AB0004	B. WING		06/1	7/2015
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(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
E 136	Continued From pa	ge 3	E 136			
	stated that the chec patient had been gi and that no stateme admitting privileges 4. Medical record of Patient #13 revealed the diagnosis of prewho was admitted of Abortion Procedure was discharged at Screening Sheet" is collect personal meinformation items pappointment date. Which states: "our phospitals within 30 OB care", {OB (preand the form signer Report form indicate admitting privileges	3 on 06/16/2015 at 1600 ck mark indicated that the ven the information checked ent regarding MD #2's lack of was provided to the patient. Teview on 06/16/2015 for ed a 30 year old female with egnancy of 7 weeks gestation to the facility for a Medical (MAB) on 05/26/2015 and 1145. The facility "Medical AB is a patient signed form used to edical history, document rovided and determine The information item line hysicians have privileges at minutes of our facility that offer egnancy care) was checked d by Patient #13. The Surgery ed that MD #2 without was the supervising physician				
	stated that the chec patient had been gi and that no statement admitting privileges 5. Medical record in Patient #17 revealed the diagnosis of pre- gestation who was SAB on 05/23/2015 at 1700. The SAB 1557. The facility "S (spanish version) is	3 on 06/16/2015 at 1600 ck mark indicated that the ven the information checked ent regarding MD #2's lack of was provided to the patient. Teview on 06/16/2015 for ed a 28 year old female with egnancy of 6 weeks 5 days admitted to the facility for a stat 1245 and was discharged began at 1550 and ended at Surgery Screening Sheet" a patient signed form used to edical history, document				

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: __ B. WING AB0004 06/17/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **421 WENDOVER ROAD** CAROLINA WOMEN'S CLINIC CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) E 136 E 136 Continued From page 4 information items provided and determine appointment date. The information item line which states in spanish: "our physicians have privileges at hospitals within 30 minutes of our facility that offer OB care", {OB (pregnancy care)} was checked and the form signed by Patient #17. The Surgery Report form indicated that MD #2 without admitting privileges performed the SAB procedure. Interview with PA #3 on 06/16/2015 at 1600 stated that the check mark indicated that the patient had been given the information checked and that no statement regarding MD #2's lack of admitting privileges was provided to the patient. 6. Medical record review on 06/16/2015 for Patient #18 revealed a 27 year old female with the diagnosis of pregnancy of 13 weeks 1 days gestation who was admitted to the facility for a SAB on 05/22/2015 at 0906 and was discharged at 1310. The SAB began at 1202 and ended at 1310. The facility "Surgery Screening Sheet" is a patient signed form used to collect personal medical history, document information items provided and determine appointment date. The information item line which states: "our physicians have privileges at hospitals within 30 minutes of our facility that offer OB care", {OB (pregnancy care)) was checked and the form signed by Patient #18. The Surgery Report form indicated that MD #2 without admitting privileges performed the SAB procedure. Interview with PA #3 on 06/16/2015 at 1600 stated that the check mark indicated that the patient had been given the information checked and that no statement regarding MD #2's lack of admitting privileges was provided to the patient.

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING AB0004 06/17/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **421 WENDOVER ROAD** CAROLINA WOMEN'S CLINIC CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) E 146 | Continued From page 5 E 146 E 146 E 146 .0306(A) PERSONNEL RECORDS 10A-14E .0306 (a) Application. Each prospective employee or contractual employee must submit an application for employment which includes education, training, experience, and references. This Rule is not met as evidenced by: Based on personnel file review and staff interview, the facility failed to ensure a Licensed Practical Nurse (LPN #1) had a current, active license to practice as an LPN in North Carolina for 1 of 3 licensed staff reviewed. The findings include: Review of LPN #1's personnel file revealed the staff member had worked at the facility since November 23, 2013. Review of the LPN's job description revealed her job responsibilities included "Recovery Charge." Review of "Recovery Charge Duties" revealed "...4. Give post-op meds prescribed by MD and document time given, explaining to the patient the name and reason for the administration. ... " Review of LPN #1's personnel file revealed she had an active and current LPN license in a non-compact licensure State that expires on 01/31/2016. Review revealed there was no active and current

North Carolina.

LPN license available for the LPN to practice in

Interview with PA #3 revealed LPN #1 did not have a current, active LPN license for North Carolina available. The PA stated she had checked the NC Board of Nursing and verified

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Review of facility policies on 06/16/2015 revealed no policy or procedure regarding ensuring the clinic was to be staffed with a registered nurse (RN) at all times while patients are in the facility.

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were documented by the MD after the procedure. No complications were documented. Review of the Surgery Record form (used to document the recovery course of each patient and medications

non-licensed staff. Review of the medical record

administered) revealed it was signed by

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: AB0004 B. WING 06/17/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 421 WENDOVER ROAD CAROLINA WOMEN'S CLINIC CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 151 E 151 Continued.From page 8 revealed no RN was present during Patient #16's encounter with this facility. The record revealed that non licensed staff (confirmed by the personnel record review) was assigned to the recovery charge role while the patient was in the recovery room. Record also revealed an Emergency Department (ED) visit occurred the next day which revealed an incomplete abortion (a possible outcome that each patient is advised of prior to the procedure and verified by a signed consent form in the medical record). Interview on 06/16/2015 at 1630 with PA #3 revealed the PA was in the facility on the day of the procedure and confirmed that no RN was present in the facility during this encounter. 2. Medical record review of Pateint #15 revealed a 25 year old female with diagnosis of pregnancy of 6 weeks 6 days gestation admitted on 04/17/2015 at 0821 and discharged at 1210. A surgical abortion procedure (SAB) was performed with chorionic villi and fetal parts-10 grams were noted by medical doctor (MD). Review of the Surgery Record form (used to document the recovery course of each patient and medications administered) revealed it was signed by non-licensed staff. Review of the medical record revealed no RN was present during Patient #15's

encounter with this facility. The record revealed that non licensed staff (confirmed by the personnel record review) was assigned to the recovery charge role while the patient was in the recovery room. Record review revealed an Emergency Department (ED) visit occurred the next day which revealed an incomplete abortion (a possible outcome that each patient is advised of prior to the procedure and verified by a signed

consent form in the medical record).

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING AB0004 06/17/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 421 WENDOVER ROAD CAROLINA WOMEN'S CLINIC CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX: **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) E 151 Continued From page 9 E 151 Interview on 06/16/2015 at 1630 with PA #3 revealed the PA was in the facility on the day of the procedure and confirmed that no RN was present in the facility during this encounter. Medical record review of Patient #20 revealed a 19 year old female with a diagnosis of pregnancy of 9 weeks gestation admitted on 06/09/2015 at 0930 for a SAB and was discharged at 1309. The MD noted the chorionic villi and fetal parts weighed 6 grams. Review of the Surgery Record form (used to document the recovery course of each patient and medications administered) revealed it was signed by non-licensed staff. Review of the medical record revealed no RN was present during Patient #20's encounter with this facility. The record revealed that non licensed staff (confirmed by the personnel record review) was assigned to the recovery charge role while the patient was in the recovery room. Interview on 06/16/2015 at 1630 with PA #3 revealed the PA was in the facility on the day of the procedure and confirmed that no RN was present in the facility during this encounter. 4. Medical record review of Patient #3 revealed a 22 year old female with a diagnosis of pregnancy of 10 weeks gestation admitted on 05/26/2015 at 0810 and discharged at 1210. A SAB was performed and the MD documented chorionic villi and fetal parts weighing 68 grams. No complications were noted. Review of the Surgery Record form (used to document the recovery course of each patient and medications administered) revealed it was signed by non-licensed staff. Review of the medical record revealed no RN was present during Patient #3's encounter with this facility. The record revealed

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING AB0004 06/17/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 421 WENDOVER ROAD CAROLINA WOMEN'S CLINIC CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE . REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) E 151 Continued From page 10 E 151 that non licensed staff (confirmed by the personnel record review) was assigned to the recovery charge role while the patient was in the recovery room. Interview on 06/16/2015 at 1630 with PA #3 revealed the PA was in the facility on the day of the procedure and confirmed that no RN was present in the facility during this encounter. 5. Medical record review of Patient #1 revealed a 35 year old female with a diagnosis of pregnancy of 14 weeks duration gestation admitted on 06/02/2015 for a SAB that began at 1206 and ended at 1213. Record review revealed the patient was discharged at 1313. Review revealed Chorionic villi and fetal parts weighing 19 grams were documented by the MD after the procedure. No complications were documented. Review of the Surgery Record form (used to document the recovery course of each patient and medications administered) revealed it was signed by a non-licensed staff. Review of the medical record revealed no RN was present during Patient #1's encounter at this facility. The record revealed that non licensed staff was assigned to the recovery charge role while the patient was in the recovery room. Interview on 06/16/2015 at 1630 with PA #3 revealed the PA was in the facility on the day of the procedure and confirmed that no RN was present in the facility during this encounter. 6. Medical record review of Patient #4 revealed a 23 year old female with a diagnosis of pregnancy of 14 weeks duration gestation admitted on 05/01/2015 for a SAB that began at 1141 and ended at 1146. Record review revealed the patient was discharged at 1246. Review revealed

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room.

charge role while the patient was in the recovery

Interview on 06/16/2015 at 1630 with PA #3 revealed the PA was in the facility on the day of the procedure and confirmed that no RN was

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Carolina Center for Women 421 N. Wendover Rd. Charlotte, NC 28211

Deficiency

E 136 0304 (D) Admission and Discharge

10A-14E (d) Following admission and prior to obtaining the consent for surgery required by Rule 0305(a) of this Section representatives of the clinic's management shall provide to each patient the following:

(2) The name of the attending physician and hospital admitting privileges, if any. In the absence of of admitting privileges a statement to that effect shall be included.

PROVIDER'S PLAN OF CORRECTION

The protocol for "Making Abortion Appointments Surgical and Medical" has been revised. The revision states all patients will be informed if the physician performing the procedure, either medical or surgical, does or does not have hospital admission privileges.

The "Surgery/Medical Appointment Screening Sheet" has been revised to include the ability to circle if the physician does or does not have hospital admission privileges. The "qualified professional" will inform the patient that the physician performing the procedure, medical or surgical, does or does not have hospital admission privileges. The "does" or "does not" have hospital admission privileges... will be circled on the "screening sheet". The "qualified professional" will then sign the "screening sheet" stating that the hospital admission privileges and the remainder of regulated information has been provided to patient.

Until, the new Surgery/Medical Appointment Screening Sheet is implemented. The "qualified professional" will document that the patient has been informed of the hospital admission status of the physician performing the procedure on the current "screening sheet."

Diana T. Ramas, PA-C, reviews and speaks with each patient scheduled. Diana, will be in charge of assuring the documentation is correct.

This Plan of Correction has been implemented since June 22, 2015.

Enclosed are the revised Surgery/Medical Appointment Screening Sheet and Making Abortion Appointments Surgical and Medical forms.

Deficiency

E 146 0306 (A) Personnel Records

10A-14E. 0306 (a) Application. Each prospective employee or contractual employee must submit an application for employment which includes education, training, experience and references.

PLAN OF CORRECTION

The employee stated in this deficiency is no longer assigned to "Recovery Charge". She is no longer administering medications oral or injectable. She has been assigned to non-licensed staff positions such as counselling patients, recovery assist and supporting the patient during surgery.

Any person applying for employment with Carolina Center for Women and are a licensed medical professional will need to provide Carolina Center for Women with the actual North Carolina license prior to being hired. This will ensure that the employee will not be assigned to an area in which she is not qualified.

Diana T. Ramas, PA-C will ensure that employees are only assigned to areas that their license allows. Non-licensed staff will be limited to non-medicating duties, and non pre-op or post-op assessment duties.

Diana T. Ramas, PA-C will ensure that all licenses are provided by prospective employees. Once employed, Diana will ensure licenses are updated as required by the specific North Carolina licensing board.

The corrective action will start July 6, 2015 and continuous monitoring by Diana T. Ramas, PA-C

Deficiency

E 151 0307 Nursing Service

10A-14E .0307 (a) There shall be a minimum of one registered nurse with experience in post-operative or post-partum care who is currently licensed to practice professional nursing in North Carolina on duty in the clinic at all times when Patients are in the facility.

PLAN OF CORRECTION

Amy Nutt has completed the NCLEX-RN on Thursday, June 25, 2015. Amy Nutt is employed by Carolina Center for Women as a part time employee. On July 2, 2015 License Verification/North Carolina Board of Nursing received.

Amy Nutt has post-operative, recovery room experience from previous position with Planned Parenthood of Vermont.

Sandee Champion, RN is employed by Carolina Center for Women as a constant prn RN. Sandee is scheduled every Saturday and wil provides coverage for Amy if needed during the week.

Sandee Champion, RN has post-operative/recovery room experience. Sandee worked in the recovery room with Planned Parenthood of Charlotte 1998 to 1999. Sandee has worked as "Recovery Charge" with Carolina Center for Women since 1999 to present.

Diana T. Ramas, PA-C will assure that either Amy Nuitt, RN or Sandee Champion, RN will be scheduled on Abortion days. Amy Nutt is a part time employee with Carolina Center for Women and will have to ensure coverage by Sandee Champion, RN if she needs to take time off.

The corrective action will be implemented by July 8, 2015.

Enclosed are copies of Sandee Champion, RN and Amy Nutt, RN current RN license verification.

CAROLINA CENTER FOR WOMEN

Making Abortion Appointments Surgical and Medical

When a person calls requesting an appointment, it must be confirmed that the person on the telephone is the actual patient. Ask "is this appointment for you or are you calling for someone else. If the person on the telephone states it is for someone else, they are informed that the appointment must be made with the actual patient because of the legal information that must be provided to the patient prior to the procedure. If the person on the telephone states she is the actual patient then continue making appointment.

LMP (last menstrual period): Obtain LMP from patient. Patient will be informed that we are estimating gestation from LMP and that an ultrasound will be performed to confirm weeks of pregnancy. If a patient is unsure of LMP and no ultrasound has been performed, patient will be informed that we provide surgical services between 6 to 14 weeks and medical abortion 5 to 8 weeks. The cost for the surgical procedure from 6 to 14 weeks will be provided.

> If they want to schedule for the medical abortion they are informed of the cost and informed if they are greater than 8 weeks by ultrasound they will be rescheduled for the surgical procedure.

Weeks:

We provide surgical abortions for patient between 6 and 14 weeks. If they are a minor and this is their first pregnancy do not schedule if they are greater than 12 weeks.

Medical abortion services between 5 and 8 weeks gestation.

Age:

If patient is a minor then she will need parental consent picture i.d., birth certificate, parent will need picture i.d. If patient does not have picture i.d. she may use a recent yearbook picture. If that not available then she must go to the DMV and obtain a picture i.d.

If parent does not have a birth certificate, they may use a recent tax form which claims patient as a Dependent

The patient may obtain a judicial by pass if they do not want to obtain parental consent. Or if they are unable to obtain i.d. or birth certificate prior to appointment

Judicial By pass: 704-686-0620

Medical Abortion

Patients may be scheduled for medical abortion if they are between 5 and 8 weeks gestation by LMP. They must be 18 years or older and live less than 2 hours from the facility.

The Following Information Will be Obtained for Medical and Surgical Abortion

Name:

First and Last **Legal** name

Allergies:

Medicine and latex,

Surgical Hx:

Any surgeries

Medical Conditions:

Diabetes, High Blood Pressure, Stroke, Heart problems, Seizures, etc. Every patient must be asked

if they have been diagnosed with HIV or TB if yes consult Diana

Consult Diana with histories of strokes, seizures, heart problems, blood diseases, blood clots,

etc.

Medications:

Patient may take their blood pressure and/or diabetic medications as even directed morning of procedure. If patient on any antianxiety medications such as, Ativan, valium, Xanax, klonipin

etc. they are not to take the morning of procedure.

No pain medications such as hydrocodone, oxycodone etc. to be taken morning of

nrocedure

If unsure about any medical or surgical history please bring to attention of Clinician or physician prior to completing appointment. If Clinician or physician unavailable, inform patient that the provider will have to be consulted prior to confirming the appointment. If patient unable to be seen here, she will b give names and numbers to other facilities that may be able to accommodate her.

Pregnancy Hx:

Number of previous pregnancies: deliveries, ectopic, SAB and EABs.

Ultrasound:

Enquire if patient has an ultrasound with current pregnancy, date and gestation.

Cost:

Dependent upon gestation. The cost of the surgical procedure are as follows; 6 to 10 weeks \$320, 11 to 12 weeks \$360, 13 weeks \$400, 14 weeks \$450.

Medical Abortion cost is \$500

Funding is available through the National Abortion Federation. The patient has to speak to MJ or Ashley for qualification. The patient will be transferred to them once the appointment has been completed. If not available patient will be informed that they will call her back.

Additional Cost:

If patient has Rh negative blood type then a Rhogam injection is required immediately after the procedure or after taking the Mifeprex if having a medical abortion. The cost is \$50 for medical abortion patients and surgical patients that are between 6 and 12 weeks. For surgical patients 13 to 14 weeks the cost is \$120

Sedation:

(only for surgical ab)

All patient's with a driver are offered valium and ibuprofen prior to the procedure at no additional cost. If a patient feels that additional sedation is needed, Stadol may be offered at an additional \$100 charge. Stadol is an injectable narcotic. It does not put the patient to sleep. Stadol causes increased relaxation and pain management.

Payment:

Cash, Major Credit Cards: Visa, MasterCard, Discover **No American Express, payroll or personal checks**.

Appointment Info:

Please consult calendar for dates and times physicians will be in office. Most weeks it is either Tuesday or /Wednesday most Fridays and Saturdays.

Times are dependent upon which physician working that certain day. Morning clinics, patients may be scheduled between 8am and 9am (in 15 minute increments)

Afternoon appointments are made between 1130 am and 1300.

Dates and times may change dependent on physician schedule. Any changes will be posted on all scheduling calanders ASAP

Patient Instructions:

For Surgical patients: If appointment between 8 am and 9 am: nothing to eat or drink after midnight the night before appointments.. If appointment between 1130 am and 1300 then nothing to eat or drink after 7 am to 8 am. If the patient scheduled with Dr. Pearson the patient **must** have a driver and

the

driver must check in with the patient.

Patient needs to wear or bring socks and a sweater.

No children allowed in the office

Plan to be in the facility approximately 3 to 4 hours.

Patient must bring government issued picture I.D.. If minor see above.

For Medical Abortion patients; They may eat something light prior to their appointment. No children allowed in office. They may drive themselves They must bring government issued picture I.D.

Required Information:

The following information has to be provided to patient scheduling for either the medical or surgical abortions.

The patient will be given the following information by "qualified professional" (PA, RN or MD). If the patient scheduling for a medical abortion she will be given the risks for medical abortion, surgical abortion (in case medical abortion fails) and risks of continuing pregnancy. If patient scheduling for the surgical procedure then risks of surgical abortion and continuing pregnancy provided. The patient will be informed if the physician has malpractice insurance. The patient will be informed if the physician does or does not have hospital admission privileges. The "qualified professional" will document date, time and sign that all of the above has been provided to the patient.

If qualified professional not available at the time the appointment is being made, the patient will be informed that the qualified professional will contact her at least 24 hours prior to the appointment. Patient will be informed if "qualified "professional" is unable to contact her at least 24 hours prior to the appointment date and time, the appointment will have to be rescheduled to the date that coincides with the patient receiving information.

Patient has to be given the Woman's Right to Know Act website (<u>www.wrtk.ncdhhs.gov</u>) and then transferred to the recording. While patient on phone press transfer key on phone dial 333 and hang up.

If patient is a minor, both the patient and minor must be on the phone to hear all of the above information. The name of the parent, time, and date must be included on scheduling form.

Date, time and initials making appointment must always be included on scheduling sheet.

CAROLINA CENTER FOR WOMEN Surgery/Medical Appointment Screening Sheet

Dateint		4	505	Dum		
Name				Prev. pt		
		StatePt. IDCurrent Meds				
			TB/HIV Treatment completed Blood Type			
Pregnancy Hx: Deliveries	vveeks		_R1000 1 Abe	<u> </u>		
Amt. quoted Rhogam, additiona	· •					
Appt. Day/Date						
R/S Appt. Day/Date		Ime		Price Change		
R/S Appt. Day/Date						
On						
information during an individua						
If a minor (surgical patients only				iven the following		
information						
the physician providing so 30 minutes of our facility all above information pro	ovided by "qualified professiona	intment does/ does no	t have hospital	sed at this time.		
Patient and parent (if minor sch						
telephone.						
Patient given the informa	ition in person/telephone		Date	Time		
Parent (if patient a minor	r) given information in person/to	elephone	Date	Time		
Patient transferred to re	. cording.		Date	Time		
Parent transferred to rec	ording.		Date	Time		
information at least 24 hours printo CCFW for a copy of Inform patient if some reasons rescheduled to a time that is 24 If information mailed - Patient a	have it mailed to her. If mit is not received at least 24 hou hours after the material has be	patient does not have a nailed, it must be maile ars prior to her appoint en received. Mailed o	access to the in ed 72 hours pric ment, the appo	ternet she may come or to the appointment. Dintment will have to be		
I have been given all of the info and all of my questions have be			understand all o	of the information provided		
Patient Signature		Dat	e	Time		
Darant Signature /if nationt a m			Witne			

License Verification



Name: License #:

Confirmation #:

Sandra Massey Champion

128277

Nurse Type: Original Date of Licensure:

RN Permanent License

09/15/1993 HYHUNJB1

LICENSE STATUS

Status:

ACTIVE

Compact Status: Expiration Date: MULTI STATE 08/31/2015

Charges/Discipline Against

NO.

License/Privilege:

Important Notes:

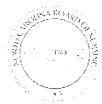
- Multistate Licensure Privilege: Authority to practice as a licensed nurse in a remote state under the current license provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single State License: Authority to practice as a licensed nurse only in the state of North Carolina and the privilege is not otherwise restricted.
- The NC Board of Nursing certifies that it maintains the information for the license verification function of this website and considers it to be a secure, primary source for license verification.
- The database used by this web site was last updated 05/12/2014 08:52:37 AM.

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License Verification



Name:

Amy Elizabeth Nutt

License #:

279828

Nurse Type:

RN Permanent License

Original Date of Licensure:

07/02/2015

Confirmation #:

USO8D384

LICENSE STATUS

Status:

ACTIVE

Compact Status:

MULTI STATE

Expiration Date:

06/30/2017

Charges/Discipline Against

NO

License/Privilege:

Important Notes:

- Multistate Licensure Privilege: Authority to practice as a licensed nurse in a remote state under the current license provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single State License: Authority to practice as a licensed nurse only in the state of North Carolina and the privilege is not otherwise restricted.
- The NC Board of Nursing certifies that it maintains the information for the license verification function of this website and considers it to be a secure, primary source for license verification.
- . The database used by this web site was last updated 07/02/2015 11:54:34 AM.

Print Verification

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North Carolina Board of Nursing



This is to certify that -Amy Elizabeth Nutt

has this day been registered according to the laws relating to nursing in the State of North Carolina and is entitled to practice as and to hold and use the title of

Registered Nurse

In Witness Whereof, we the undersigned have hereunto set our hand and caused the seal of this Board to be affixed this the 2nd of July, 2015

Certificate No. 279828

EXECUTIVE DIRECTOR

Maraga ann M. Hamelo

CHAIR