

JACKSON
**WOMEN'S
HEALTH**
ORGANIZATION

*Approved
with new
data submitted
11/5/2009/*

October 29, 2009

Mr. Steve Edgar
Licensure & Certification
MS State Dept. of Health
Post Office Box 1700
Jackson, Ms39215-1700

Dear Mr. Edgar:

Pursuant to our conversation on October 28, 2009. regarding the deficiencies, here are the restated portions of the plan of correction in question...

M008 105.2

An Acting Administrator has been appointed as of March 20, 2009. The appointee has been approved by the Board of Directors as reflected in the Board's meeting minutes of October 7, 2009

M 058

A Medical Director was officially appointed effected March1, 2008-March 1, 2011. The appointment letter was issued by the CEO and approved by the governing Authority. Appointment letter is on file. The Governing Authority minutes reflects the appointment.

M 058

The Governing Authority reviewed the policies and procedures of Jackson women's Health Organization in its annual meeting held on October 7, 2009. The Governing Authority will continue to review all policies and its changes annually.

M 070

All facility employees providing direct patient care will be trained in emergency resuscitation no less than once a year. All medical staff has a current CPR card on file and staff training for recertification will be out sourced.

M076

All Medical waste will be stored in a freezer located in the bio-hazard room. The freezer temperature will be kept at or below 32degrees Fahrenheit or 0 degrees Celsius. The waste materials will be released to the bio-hazard disposal service company every two weeks.

M 079

All Medical waste will be stored in a freezer located in the bio-hazard room. The freezer tempature will be kept at or below 32degrees Fahrenhrit or 0 degrees Celsius. The waste materials will be released to the bio-hazard disposal service company every two weeks.

M 097

All medical staff have read, reviewed, and sighed a document stating that the policies and procedures manuals have been read. Furthermore all medical staff will continue to read and review the policy and procedure manuals annually. A signed statement will be on file in the staff's personnel files.

M 083

A make-up fire drill has been conducted and is on file. We have scheduled two (2) subsequent dates for fire drills through December 2009. We are currently working with the Department of Health of revise our current Fire safety policy along with Disaster preparedness policy to bring them up to the required standard.

We are further working with the Department of Health to reestablish monitoring of our emergency lighting source (Generator) and documents that will list our maintenance records. We will utilize the check list provided to us by the Department of Health to ensure compliance to the required standard. An example of a test for the generator is to operate it for 30 minutes in load to meet the required standard.

If you need any further information, I am available at the JWHO Office, phone number, 601-366-2261 or my cellular number, 601-209-6697.

Sincerely,



Betty Thompson
Acting Administrator

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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
M 138	<p>130.14 Emergency Power</p> <p>Emergency Power. Emergency generator shall be provided to make life sustaining equipment operable in case of power failure. Emergency failure outlets shall be provided in all patient care areas.</p> <p>This Statute is not met as evidenced by: The facility failed to perform the required test of the emergency electrical system.</p> <p>Findings include:</p> <p>At 11:30 a.m., on August 27, 2009 while testing the emergency generator set with the maintenance contractor and later during a records review the facility failed to provide documentation of an annual 20 minute load test.</p>	M 138	<p>M138 130.14</p> <p>An Operable Type I emergency electrical generating system is provided. The Type I EES test will be exercised for 30 minutes each month, under load, in accordance with manufacturer's recommendations and standard applicable to such equipment. A periodic maintenance and inspection schedule has been developed and implemented to assure the operational readiness of the EES.</p> <p><i>State Agency</i> <i>11/06/09</i> <i>DMachison</i></p>	Nov. 10, 2009
M 147	<p>130.23 Disaster Preparedness Plan</p> <p>Disaster Preparedness Plan</p> <p>The facility shall maintain a written disaster preparedness plan that includes procedures to be followed in the event of fire, train derailment, explosions, severe weather, and other possible disasters as appropriate for the specific geographic location. The plan shall include:</p> <p>1. Written evidence that the plan has been reviewed and coordinated with the licensing agency's local emergency response coordinator and the local emergency manager,</p>	M 147	<p>M147 130.23</p> <p>A Disaster Preparedness Plan is presently being formulated with the assistance of the Office of Emergency Planning and Response through the emergency planners which will meet the requirements of the Mississippi State Department of Health for ambulatory surgical centers, as well as the general requirements of the Mississippi Emergency Management Agency.</p>	Nov. 10, 2009

Mississippi State Department of Health

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

STATE FORM

TITLE

Acting Administrator

(X6) DATE

11/6/09

If continuation sheet 1 of 3

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M 147	Continued From page 1 2. Description of the facility's chain of command during emergency management, including 24-hour contact information and the facility's primary mode of emergency communication system; 3. Written and signed agreements that describe how essential goods and services, such as water, electricity, fuel for generators, laundry, medications, medical equipment, and supplies, will be provided; 4. Shelter or relocation arrangements, including transportation arrangements, in the event of evacuation; and 5. Description of recovery, i.e. return of operations following an emergency. This Statute is not met as evidenced by: The facility failed to provide an approved disaster preparedness plan for external emergencies. Findings include: At 12:30 a.m., on August 27, 2009, records and policy review revealed the absence of an MSDH approved facility emergency operations plan.	M 147			
M 149	130.25 Fire Drills Fire drills shall be conducted quarterly. Disaster drills shall be conducted at least annually.	M 149			

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M 149	Continued From page 2 This Statute is not met as evidenced by: At 10:30 a.m., on August 27, 2009, a review of records revealed the facility failed to conduct the required compliment of fire drills. The facility did not produce documentation of fire drills for: 1) The second quarter of 2008 2) The first quarter of 2009 3) The second quarter of 2009	M 149	M149 130.25 The Administrator will be responsible for scheduling and supervising fire drills each quarter. Reports of each fire drill will be reported to NWHO upon completion to include all names of people who participated. Monitor- ing by observation and auditing shall be performed quarterly by management representatives of the governing authority of JWHO. A makeup fire drill has been conducted and is on file. We have scheduled two (2) subsequent dates for fire drills through December 2009. JWHO has re- established policy that the fire drills are completed and documented four (4) times per year. JWHO provided an in-service to ensure all staff members are capable of implementing proper escape routes and precautionary measures. We are also currently working with the Department of Health to revise our current Fire Safety Policy along with Disaster Preparedness Policy to bring them up to required standard.	Nov. 10, 2009

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M 008	<p>105.02 Administrator</p> <p>Administrator. The term "administrator" shall mean a person who is delegated the responsibility for the implementation and proper application of policies and programs established by the governing authority of the facility and is delegated responsibility for the establishment of safe and effective administrative management, control and operation of the services provided. This definition applies to a person designated as Chief Executive Officer or other similar title.</p> <p>This Statute is not met as evidenced by: Based on review of the facility policy and procedure manual, documentation from the governing body meeting minutes and staff interview, the facility failed to designate, in writing, an individual who was delegated responsibility for the implementation and proper application of policies and programs established by the governing authority of the facility. Findings indicated that the last documented administrator for the facility resigned in March 2009. Although, upon the surveyor's entrance the date of survey, one individual stated that she was managing the facility, the facility had no documented evidence that the governing body had delegated such authority to this individual. According to staff interview, this in-charge individual proceeded to get her purse and left the facility immediately after introductions of the survey team.</p>	M 008	<p>M 008 105.2 ADMINISTRATOR</p> <p>An acting Administrator has been appointed effective March 20, 2009. An independent contract had been retained for a temporary period by NWHO and is no longer being retained. All information is available for inspection in the facility.</p>		
M 012	<p>105.06 Abortion Facility Charge Nurse</p> <p>Abortion Facility Charge Nurse. The "charge nurse" means a Registered Nurse, who is currently licensed by the Mississippi Board of</p>	M 012			

Mississippi State Department of Health

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

STATE FORM

TITLE

(X6) DATE

OUM11

If completed on 1 of 26

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M 012	<p>Continued From page 1</p> <p>Nursing, with supervisory and administrative ability who is responsible to the Governing Authority of the facility.</p> <p>This statute is not met as evidenced by: Based on staff interview, review of job descriptions and review of the governing body minutes, the facility failed to designate a registered nurse as "charge nurse" for the abortion facility. Review did reveal that the facility did list several registered nurses as being on staff. However, the facility lacked documented evidence that any of the nurses had been designated "charge nurse" or that one had been designated supervisory authority responsible for the operations of nursing service and the quality of care administered within the facility. Review of the job descriptions for the employed registered nurses revealed that the facility had failed to delegate responsibility for any of the nurses to serve as director of nursing services or charge nurse. Interview with nursing staff confirmed that they did not have a supervisory nurse or a charge nurse.</p>	M 012	<p>M 012 105.06 ABORTION FACILITY CHARGE NURSE</p> <p>The abortion facility charge nurse (Director of Nursing/DON) has been appointed effective August 28, 2009 and has been given the Director of Nursing/Clinical Staff job description and responsibilities. The Director of Nursing/Clinical Staff was approved by the Governing Authority on October 7, 2009.</p>		
M 058	<p>112.01 Governing Authority</p> <p>Each facility shall be under the ultimate responsibility and control of an identifiable governing body, person or persons.</p> <p>1. The facility's governing authority shall adopt bylaws, rules and regulations which shall:</p> <p>a. Specify by name the person to whom responsibility for operation and maintenance.</p>	M 058			

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M 058	<p>Continued From page 2</p> <p>of the facility is delegated and methods established by the governing authority for holding such individuals responsible.</p> <p>b. Provide for at least annual meetings of the governing authority if the governing authority consists of two or more individuals. Minutes shall be maintained of such meetings.</p> <p>c. Require policies and procedures which includes provisions for administration and use of the facility, compliance, personnel, quality assurance, procurement of outside services and consultations, patient care policies and services offered.</p> <p>2. When services such as laundry, or therapy services are purchased from others, the governing authority shall be responsible to assure the supplier(s) meets the same local and state standards the facility would have to meet if it were providing those services itself using its own staff.</p> <p>3. The governing authority shall provide for the selection and appointment of the medical staff and shall be responsible for the professional conduct of these persons.</p> <p>This Statute is not met as evidenced by: Based on a review of the Governing Body</p>	M 058			

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M 058	<p>Continued From page 3</p> <p>Minutes and interview with facility staff, the governing authority failed to provide for the selection and appointment of the Medical Director and the granting of clinical privileges and shall be responsible for the professional conduct of these persons.</p> <p>Based on an interview with the facility staff at the time of the survey, the surveyor was told that the Governing Body for the facility only met once during the past year. The Governing Body met on October 10, 2008. The minutes of the aforementioned meeting failed to indicate that the Governing Body had approved privileges for the attending physicians and that the Governing Body acknowledged responsibility for the professional conduct of these persons.</p> <p>Based on review of the facility's documentation, the facility failed to specify, by name, the person responsible for the operation and maintenance of the facility and methods established by the facility for holding such individuals responsible. Findings revealed the facility lacked documentation reflective that an individual had been designated responsible for the operation and maintenance of the facility.</p> <p>Based on review of the facility policy and procedure manual and review of the past year's governing body minutes, the facility failed to assure that the governing body conducted an annual review and approved the policies and procedures of the facility. Documentation provided revealed that the last governing body meeting was on October 10, 2008. Review of the governing body minutes lacked evidence that the governing body conducted an annual review, addressed concerns through new policy and/or approved the current policies for this facility.</p>	M 058	<p>M 058 112.01 GOVERNING AUTHORITY</p> <p>Appointment letter for the Medical Director is on file and is dated and effective March 1, 2008 ~ March 1, 2011. This appointment letter has been approved by the Governing Authority. This appointment letter is on file and available for review at the facility.</p> <p>Monitoring by observation and auditing shall be performed quarterly by management representatives of Governing Authority of JWGO. A monthly checklist shall be sent to the President monthly by Administrator, and a report sent back evaluating these reports.</p>		

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M 066 M 066	<p>Continued From page 4</p> <p>115.02 Professional Staff</p> <p>Professional Staff. Each facility shall have at all times a designated physician who shall be responsible for the direction and coordination of all medical aspects of facility programs.</p> <p>There shall be a minimum of one licensed registered nurse or physician present at the clinic at all times patients are present. During times when procedures are actually being performed, there shall be a physician and a registered nurse present on the premises.</p> <p>All facility personnel, medical and others, shall be licensed to perform the services they render when such services require licensure under the laws of the State of Mississippi.</p> <p>Anesthetic agents shall be administered by a physician, or a certified registered nurse anesthetist under the supervision of the operating physician, who is actually on the premises. After the administration of an anesthetic, patients shall be constantly attended by an M.D., D.O., R.N., or a L.P.N. supervised directly by an R.N., until sufficiently alert and able to summon aid.</p> <p>All employees of the facility providing direct patient care shall be trained in emergency resuscitation at least annually.</p> <p>This Statute is not met as evidenced by: Based on staff interview and review of the facility's in-service records, the facility failed to ensure</p>	M 066 M 066	<p>M 066 115.02 PROFESSIONAL STAFF</p> <p>Dr. Joseph Booker has been appointed and approved by the Governing Authority to be responsible for all medical aspects of Jackson Women's</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2009
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M 066	Continued From page 5 that all employees of the facility providing direct patient care were trained in emergency resuscitation at least annually. Finding revealed the facility failed to have documented evidence of emergency resuscitation training within the past year for each employee who had direct patient contact. Interview with staff confirmed that they had not received emergency resuscitation training within this past year.	M 066	Health Organization (JWHO). The Medical Director's job description of JWHO indicates all professional requirements for that position. These have been approved by the Governing Authority.	
M 070	117.01 Written Policies and Procedures Written Policies and Procedures. 1. The governing authority shall develop written policies and procedures designed to enhance safety within the facility and on its grounds and minimize hazards to patients, staff and visitors. 2. The policies and procedures shall include establishment of the following: a. Safety rules and practices pertaining to personnel, equipment, gases, liquids, drugs; b. Provisions for reporting and the investigation of accidental events regarding patients, visitors and personnel (incidents) and corrective action taken; c. Provision for dissemination of safety-related information to employees and users of the facility; and d. Provision for syringe and needle storage, handling and disposal.	M 070	All medical personnel receives CPR training and certification before they hired for medical positions. CPR certificates are kept in each employee's personnel file. All Employee files and CPR certificates are checked monthly. Any staff that has not been received CPR training and certification will receive their CPR training and certification no later than October 19, 2009. Monitoring by observation and auditing shall be performed quarterly by management representatives of Governing Authority of JWHO. A monthly checklist shall be sent to the President monthly by Administrator, and a report sent back evaluating these reports.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28NW	(02) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(03) DATE SURVEY COMPLETED 09/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG			STREET ADDRESS, CITY, STATE, ZIP CODE 2803 NORTH STATE STREET JACKSON, MS 39216		
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M 070	Continued From page 6 This Statute is not met as evidenced by: Based on staff interview and observation, the facility failed to enforce their own policies and procedures regarding limiting access to and safe practices for the handling of medications. Findings revealed that the keys for the medication room were kept in the desk drawer in the office of one of the unlicensed personnel. When asked who had the medication room keys, the surveyor observed this unlicensed individual go into her room and retrieve the keys without using any type of unlocking mechanism. Observation revealed that, at the time the keys were retrieved, there was another individual sitting in the room near the desk who could have easily accessed that desk drawer. Further interview revealed that the registered nurse on duty did not hold responsibility to maintain and/or limit access to the medication room.	M 070	M 070 117.01 WRITTEN POLICES AND PROCEDURES JWHO Policy and Procedure manual state that all medications must be locked and access to those medications may only be available to licensed medical personnel. Keys to the storage area may only be available to RNs and the physicians(s)		
M 072	118.01 Cleaning Cleaning. The abortion suite shall be appropriately cleaned in accordance with established written procedures after each operation. Holding rooms shall be maintained in a clean condition. Adequate housekeeping staff shall be employed to fulfill the above requirement.	M 072			

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(X4) ID PREFIX TAG M 072	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG M 072	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
	Continued From page 7 This Statute is not met as evidenced by: Based on observation of the abortion suite, the facility failed to assure that the abortion suite and holding rooms were maintained in a clean and sanitary manner. Observation revealed: In the two abortion procedure suites, observation revealed a thick build-up of dust and debris on the window sills, anesthesia equipment, emergency resuscitation equipment, procedure floor and ceiling lamps, and on the desk surfaces used for logging procedures/documentation. In procedure room # 1, observation revealed that the vinyl covering on the procedure table had a large 8-10 inch gapping tear, with foam exposed. Observation of the ultrasound equipment in procedure room #2 revealed a thick covering of dust. Observation revealed the facility had a leaking roof in the room designated as the "holding room". Water was observed to be pouring from a leak in the ceiling. Even though the facility staff positioned a bucket to catch the dripping water from the leak, observation revealed that it was still dripping so hard and loud, as it splashed, it was soaking the floor carpet around the bucket. Observation revealed that the constant dripping of the water during the counseling session caused visible distractions of the participants. Observation revealed visible dark stains in the fabric of several chairs in the lobby and hall. Observation revealed two large dark brown-black stains in the carpet near the counselor's desk in the counseling room. The walls in the hall of the procedure suite contained scratches and were in need of cleaning. The floor in the hall of the procedure suite		M 072 118.01 CLEANING A new cleaning company was retained on September 1, 2009 and was given a copy of the JWHO cleaning policies to implement immediately. Contract is on file at JWHO. All OR's (procedure rooms) are now being cleaned and dusted daily. Documentation of this cleaning is available for inspection. The OR table in procedure room # 1 has been recovered and is available for inspection. Invoice for the repair will be available for review in the facility. Ultrasound equipment is to be cleaned in between each patient, by attending nurses and after the clinic day, by the cleaning	

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M 072	Continued From page 8 had missing tile.	M 072	Ultrasound equipment is to be cleaned in between each patient, by attending nurses and after the clinic day, by the cleaning company. A log will be maintained of all the cleaning and sent to NWHO on a monthly schedule.	
M 076	120.01 Facility Sanitation Facility Sanitation. 1. All parts of the facility, the premises and equipment shall be kept clean and free of insects, rodents, litter and rubbish. 2. All garbage and waste shall be collected, stored and disposed of in a manner designed to prevent the transmission of disease. Containers shall be washed and sanitized before being returned to work areas. Disposable type containers shall not be reused. 3. Disposal of medical waste. "Infectious medical wastes" includes solid or liquid wastes which may contain pathogens with sufficient virulence and quantity such that exposure to the waste by a susceptible host has been proven to result in an infectious disease. For purposes of this Regulation, the following wastes shall be considered to be infectious medical wastes: a. Wastes resulting from the care of patients and animals who have Class I and/or II diseases that are transmitted by blood and body fluid as defined in the rules and regulations governing reportable disease. (See attached) as defined by the Mississippi Department of Health; b. Cultures and stocks of infectious agents; including specimen cultures collected from medical and pathological laboratories, cultures and stocks of infectious agents from research and industrial laboratories, wastes from the production of biologicals, discarded live and attenuated vaccines, and culture dishes	M 076	Repair to the roof is scheduled for repair as soon as the roof is dry. All stained chairs have been cleaned and all stains have been removed by the cleaning company. Carpet is to be replaced after the roof is repaired. This will take place within 30 days from the submission of corrections report. All walls in the facility have been cleaned by the cleaning company. All missing tiles have been replaced.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(02) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(03) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2803 NORTH STATE STREET JACKSON, MS 39218		
(04) 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)	(05) COMPLETE DATE
M 076	<p>Continued From page 9</p> <p>and devices used to transfer, inoculate and mix cultures;</p> <p>c. Blood and blood products such as serum, plasma and other blood components;</p> <p>d. Pathological wastes, such as tissues, organs, body parts and body fluids that are removed during surgery and autopsy;</p> <p>e. Contaminated carcasses, body parts and bedding of animals that were exposed to pathogens in medical research;</p> <p>f. All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades) which have come into contact with infectious agents;</p> <p>g. Other wastes determined infectious by the generator or so classified by the Department of health.</p> <p>"Medical Waste" means all waste generated in direct patient care or in diagnostic or research areas that is non-infectious but aesthetically repugnant if found in the environment.</p> <p>This Statute is not met as evidenced by: Based on observation of the facility, the facility failed to maintain a clean and sanitary environment. Findings were: (Refer to 118.01)</p>	M 076	<p>Monitoring by observation and auditing shall be performed quarterly by management representatives of Governing Authority of JWHO. A monthly checklist shall be sent to the President monthly by Administrator, and a report sent back, evaluating these reports.</p> <p>M 076 120.01 FACILITY SANITATION</p> <p>A new cleaning company was retained on September 1, 2009 to clean the facility four times a week. The cleaning company was given a copy of the JWHO</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2008
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG			STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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	
M 079	Continued From page 10	M 079	cleaning policy to implement immediately. The cleaning company's contract is on file at JWHO. JWHO has a contract with a medical waste disposal service company. The medical waste disposal service company provides complete custody documentation, for accountability and regulatory compliance of bio hazardous materials. The medical waste disposal service company is contracted to pick up all bio hazardous waste and materials every two weeks.		
M 079	<p>120.04 Medical Waste Management Plan</p> <p>Medical Waste Management Plan. All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to the following:</p> <p>1. Storage and Containment of Infectious Medical Waste and Medical Waste</p> <p>a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public.</p> <p>b. Infectious medical waste shall be segregated from other wastes at the point of origin in the producing facility.</p> <p>c. unless approved by the Mississippi Department of Health or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven (7) days above a temperature of 60C (380F). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 00C (320F) for a period of not more than ninety (90) days without specific approval of the Department of Health.</p> <p>d. Containment of infectious medical waste shall be separate from other wastes. Enclosures or containers used for containment of infectious medical waste shall be so secured so</p>	M 079	<p>Monitoring by observation and auditing shall be performed quarterly by management representatives of Governing Authority of JWHO. A monthly checklist shall be sent to the President monthly by Administrator, and a report sent back evaluating these reports.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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
M 079	<p>Continued From page 11</p> <p>as to discourage access by unauthorized persons and shall be marked with prominent warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. Each container shall be prominently labeled with a sign using language to be determined by the Department and legible during daylight hours.</p> <p>e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mils thick) which are impervious to moisture and have a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or exudation of solid or liquid waste during storage, handling, or transport.</p> <p>f. All sharps shall be contained for disposal in leakproof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude loss of the contents.</p> <p>g. All bags used for containment and disposal of infectious medical waste shall be of a distinctive color or display the Universal Symbol for infectious waste. Rigid containers of all sharps waste shall be labeled.</p> <p>h. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered non-infectious. Sharps containers shall not be subject to compaction by any compacting device except in the institution itself and shall not be placed for storage or transport in a portable or mobile trash compactor.</p> <p>i. Infectious medical waste and medical</p>	M 079		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: Z3NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2008
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39218			
(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
M 079	<p>Continued From page 12</p> <p>waste contained in disposable containers as prescribed above, shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leakproof, have tight-fitting covers and be kept clean and in good repair.</p> <p>j. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the Mississippi Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in I.E.</p> <p>Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:</p> <p>i. Exposure to hot water at least 180°F for a minimum of 15 seconds.</p> <p>ii. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of 3 minutes:</p> <p>i. Hypochlorite solution (500 ppm available chlorine).</p> <p>ii. Phenolic solution (500 ppm active agent).</p> <p>iii. Iodoform solution (100 ppm available iodine).</p> <p>iv. Quaternary ammonium solution (400</p>	M 079			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2902 NORTH STATE STREET JACKSON, MS 39216			
(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	
M 079	<p>Continued From page 13 ppm active agent).</p> <p>Reusable pails, drums, or bins used for containment of infectious waste shall not be used for containment of waste to be disposed of as non-infectious waste or for other purposes except after being decontaminated by procedures as described in part (i) of this section.</p> <p>k. Trash chutes shall not be used to transfer infectious medical waste.</p> <p>l. Once treated and rendered non-infectious, previously defined infectious medical waste shall be classified as medical waste and may be landfilled in an approved landfill.</p> <p>2. Treatment or disposal of infectious medical waste shall be by one of the following methods:</p> <p>a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.</p> <p>b. By sterilization by heating in a steam sterilizer, so as to render the waste non-infectious. Infectious medical waste so rendered non-infectious shall be disposable as medical waste. Operating procedures for steam sterilizers shall include, but not be limited to the following:</p> <p>i. Adoption of standard written operating procedures for each steam sterilizer including time, temperature, pressure, type of waste, type of container(s), closure on container(s), pattern of loading, water content, and maximum load quantity.</p> <p>ii. Check or recording and/or indicating</p>	M 079			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ONG			STREET ADDRESS, CITY, STATE, ZIP CODE 2803 NORTH STATE STREET JACKSON, MS 39216		
(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	
M 079	<p>Continued From page 14</p> <p>thermometers during each complete cycle to ensure the attainment of a temperature of 121°C (250°F) for one-half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at least annually.</p> <p>iii. Use of heat sensitive tape or other device for each container that is processed to indicate the attainment of adequate sterilization conditions.</p> <p>iv. Use of the biological indicator <i>Bacillus stearothermophilus</i> placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions.</p> <p>v. Maintenance of records of procedures specified in (1), (2), (3) and (4) above for period of not less than a year.</p> <p>a. By discharge to the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the Department of Health.</p> <p>d. Recognizable human anatomical remains shall be disposed of by incineration or interment, unless burial at an approved landfill is specifically authorized by the Mississippi Department of Health.</p> <p>e. Chemical sterilization shall use only those chemical sterilants recognized by the U.S. Environmental Protection Agency, Office of Pesticides and Toxic Substances. Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that used in</p>	M 079			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG			STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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	
M 079	<p>Continued From page 15</p> <p>accordance with manufacturer recommendation, will render infectious waste non-infectious. Testing with <i>Bacillus subtilis</i> spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment.</p> <p>3. Treatment and disposal of medical waste which is not infectious shall be by one of the following methods:</p> <p>a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.</p> <p>b. By sanitary landfill, in an approved landfill which shall mean a disposal facility or part of a facility where medical waste is placed in or on land, and which is not a treatment facility.</p> <p>All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.</p> <p>This Statute is not met as evidenced by: Based on observation the facility failed to properly store and contain their infectious medical waste.</p> <p>Based on interviews with facility staff, medical waste is pickup up every two (2) weeks. Based on observation at the time of the survey, the facility's medical waste was being stored in cardboard boxes located in a room next to the recovery rooms. The temperature on the thermostat located in the hallway outside the</p>	M 079	<p>M 079 120.04 MEDICAL WASTE MANAGEMENT PLAN</p> <p>JWHO has a contract with a medical waste disposal service company. The medical waste disposal service company provides complete custody</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2008
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2803 NORTH STATE STREET JACKSON, MS 39218		
(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
M 079	Continued From page 18 room, indicated that the temperature was (88 degrees F). Unless approved by the Mississippi Department of Health or treated and rendered noninfectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven (7) days above a temperature of 6 degrees celsius (38 degrees F). Containment of infectious medical waste at the producing facility is permitted at a or below a temperature of 0 degrees Celsius (32 degree F) for period of not more than ninety (90) days without specific approval of the Department of Health.	M 079	documentation, for accountability and regulatory compliance of bio hazardous materials. The medical waste disposal service company is contracted to pick up all bio hazardous waste and materials every two weeks. Monitoring by observation and auditing shall be performed quarterly by management representatives of Governing Authority of JWHO. A monthly checklist shall be sent to the President monthly by Administrator, and a report sent back evaluating these reports.	
M 094	124.03 Staffing Pattern Staffing Pattern. The work schedule shall provide for sufficient nursing personnel and for adequate supervision and direction by a registered nurse(s) consistent with the size and complexity of the abortion facility. This Statute is not met as evidenced by: Based on facility documentation, the facility's staffing pattern and staff interview, the facility failed to provide sufficient nursing staff on duty at all times to plan and provide nursing care to the patients. Findings also revealed that the facility failed to ensure that nursing services was under the direction of a legally and professionally qualified registered nurse. Findings were: The facility failed to assure that nursing services functioned under the direction of a professionally qualified registered nurse. The facility failed to	M 094	M 094 124.03 STAFFING PATTERN The Director of Nursing has been appointed and is responsible for all medical/clinical staffing along with the Administrator and Medical Director. She has been given the requirements of the State of Mississippi to ensure compliance. She will be tested on all information after 30 days from submission of this plan of corrections.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 1/8/27/2000
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 38216			
(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
M 094	<p>Continued From page 17</p> <p>provide documentation of such a qualified registered nurse being designated. Staff interview confirmed that they did not have a designated registered nurse responsible for the operations of nursing service.</p> <p>Based on review of the procedure room log and the post-procedure room, the facility failed to have a registered nurse in the procedure room during a procedure or immediately available to the procedure room. Review of the staffing pattern and staff interview revealed that the on duty registered nurse functioned to provide care to both of the post-procedure rooms on the date of procedures. Therefore, there was no registered nurse immediately available to plan, assist with, and assure appropriate care during the procedures.</p> <p>Based on review of the facility's staffing pattern and staff interview, the facility failed to provide adequate provisions for immediate postoperative care. Observation revealed the facility maintained two post-op recovery rooms on procedure dates. Review of the staffing pattern revealed that, on procedure dates, the facility had one nurse assigned responsibility for simultaneously providing and evaluating the care in both recovery rooms.</p> <p>Based on review of the facility's policies and procedures and observations during tour of the facility, the facility failed to assure the facility followed their own policies and procedures to maintain a sanitary environment. Findings were: Refer to 115.01.</p> <p>Based on review of the facility's staffing pattern, staff interview and review of the procedure log, the facility failed to ensure that the abortion</p>	M 094			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X4) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216			
(X6) 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) COMPLETION DATE
M 094	Continued From page 18 rooms were supervised by an experienced registered nurse. Findings were: Review of the staffing pattern revealed the facility had one registered nurse on duty per day. On all dates of the staffing pattern, this registered nurse was assigned responsibility for the recovery care and evaluation of the patients post-procedure. There was no nurse on schedule to be immediately available to plan patient care and to assist and supervise the abortion procedure rooms. Based on observation during tour, the facility failed to maintain an operational call system in one of the two recovery rooms. Observation revealed the call light/system in post-op room #2 would not function when activated.	M 094			
M 095	124.04 Nursing Care Nursing Care. A registered nurse must plan, supervise and evaluate the nursing care of each patient from admission to discharge. This statute is not met as evidenced by: According to the regulations, the facility must staff adequate registered nurses to plan, supervise and evaluate the care of each patient from admission to discharge. Review of the staffing pattern for August 3-7, 2009, August 10-14, 2009, and August 17-21, 2009, the facility functioned with one registered nurse on duty each day. The staffing pattern indicated that registered nurses was the only individual assigned to "recovery". (This recovery area was observed to be two rooms parallel across from each other with three recliners in one of the rooms and four recliner	M 095	M 095 124.04 NURSING CARE Recovery Room #2 is no longer being used as a recovery room. All recovery will be done in Recovery Room # 1 with a Registered Nurse in charge of Recovery. The Director of Nursing is the circulating nurse and is responsible for the supervision of patients from admission to discharge.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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
M 085	Continued From page 19 chairs in the second room.) Therefore, according to the presented staffing pattern, the facility did not have adequate registered nurse coverage to ensure that care was planned and to be able to supervise and provide care to each patient in the holding area, the procedure suite and in the two recovery rooms.	M 085		
M 097	124.06 Policies and Procedures Policies and Procedures. Written nursing care and administrative policies and procedures shall be developed to provide the nursing staff with acceptable methods of meeting its responsibilities and achieving projected goals through realistic, attainable goals. In planning, decision making, and formulation of policies that affect the operation of nursing service, the nursing care of patients, or the patient's environment, the recommendations of representatives of nursing service shall be considered. Nursing care policies and procedures shall be consistent with professionally recognized standards of nursing practice and shall be in accordance with Nurse Practice Act of the State of Mississippi and AORN Standards of Practice. Policies shall include statements relating to at least the following: 1. Noting diagnostic and therapeutic orders. 2. Assignment of preoperative and postoperative care of patients. 3. Administration of medications.	M 097		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23HW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 NORTH STATE STREET JACKSON, MS 39216		
(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
M 097	Continued From page 20 4. Charting of nursing personnel. 5. Infection Control. 6. Patient and personnel safety. Written copies of the procedure manual shall be available to the nursing staff and service area and to other services and departments in the abortion facility. The abortion facility nursing policies and procedures shall be developed, periodically reviewed and revised as necessary. This Statute is not met as evidenced by: Based on review of the facility's policy and procedure manual and the facility's governing body minutes, the facility failed to ensure that nursing service and medical staff participated in the annual review of the facility's policies and procedures and failed to ensure that their policies and procedures were review and updated annually. Findings revealed that the facility lacked documented evidence that medical and nursing staff had conducted a review of their policies and procedures.	M 097		
M 103	125.01 Environment Environment. The abortion facility shall provide a safe and sanitary environment, properly constructed, equipped and maintained to protect the health and safety of patients. 1. An infection committee, or comparable	M 103	M 097 124.06 POLICIES AND PROCEDURES All medical personnel will have read and signed that they have read and understand the JWHS's Policies and Procedures manual within 20 days from submission of this plan of corrections	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216			
(C4) 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) COMPLETION DATE	
M 103	<p>Continued From page 21</p> <p>arrangement, composed of physician, Registered Nurse and administrator, shall be established and shall be responsible for investigating, controlling and preventing infections in the abortion facility.</p> <p>2. There shall be written procedures to govern the use of aseptic techniques and procedures in all areas of the abortion facility.</p> <p>3. Continuing education shall be provided to all ambulatory surgical facility personnel on causes, effects, transmission, prevention and elimination of infection on an annual basis.</p> <p>This Statute is not met as evidenced by: Based on observation at the time of the survey, the facility shall provide a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.</p> <p>Findings were as follows:</p> <p>1.) There was no soap in the bathroom across the hall from the Ready Room and Laboratory for hand washing purposes.</p> <p>2.) Carpet was stained in Counseling Rooms #1 & #2 and in hallway outside of the administrator's office.</p> <p>3.) In the Ready Room and laboratory, the surveyor observed that water was dripping from the ceiling into a plastic garbage on the floor. The ceiling tile had been removed. Based on an interview with the facility staff, the leak was being</p>	M 103	<p>M 103 125.01 ENVIRONMENT</p> <p>Soap has been stocked and will be checked everyday to ensure that soap is always available. The Administrator of JWIO is responsible for making sure that all supplies (soap, etc.) are constantly supplied and that all areas are clean at all times.</p> <p>The roof repair will be scheduled as soon as the roof is dry.</p> <p>The carpets have been cleaned and will be replaced as soon as the roof is repaired. The estimated time is 30 days.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216			
(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	
M 103	Continued From page 22 caused by the air conditioning system. Based on review of the facility's policies and procedures and observations during tour of the facility, the facility failed to assure the facility followed their own policies and procedures to maintain a sanitary environment. Findings were: Refer to 116.01. Based on observation during tour, the facility failed to maintain an operational call system in one of the two recovery rooms. Observation revealed the call light/system in post-op room #2 would not function when activated. Based on staff interview and review of the facility's documentation, the facility failed to provide continuing education to all abortion personnel on causes, effects, transmission, prevention and elimination of infection on an annual basis. Findings revealed the facility had no documentation reflective on any in-service training regarding the causes, effects, infection control and/or preventing the transmission of infection for this past year.	M 103 ✓	Recovery Room #2 is no longer in service as a recovery room. Training on Infection Control will be completed within 30 days of submission of this plan of correction. Monitoring by observation and auditing shall be performed quarterly by management representatives of Governing Authority of JWHO. A monthly checklist shall be sent to the President monthly by Administrator, and a report sent back evaluating these reports.		
M 111	127.05 Records Records. Records shall be kept of all stock supplies of controlled substances giving an accounting of all items received and/or administered.	M 111			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2905 NORTH STATE STREET JACKSON, MS 39216		
(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
M 111	Continued From page 23 This Statute is not met as evidenced by: Based on staff interview and review of the facility medication administration logs/records, the facility failed to ensure that all pertinent information was recorded into the Controlled substance (Proof of Use) Record. Findings indicated that the facility failed to maintain records to reflect the receipt of the narcotics by a RN nursing supervisor and failed to reflect logging of the narcotics into their system in accordance with accepted standards of practice. The facility had no documentation to reflect who accepted the narcotics, any documentation or verification of what was actually accepted and lacked documentation to reflect tracking of the medication on the invoice to the medication logged into the administration manual.	M 111	M 111 127.05 RECORDS JWHO does not have any controlled drugs or narcotics in the facility or on the premises. JWHO does not order any controlled drugs or narcotics.	
M 114	126.01 Dispensing Controlled Substances Dispensing Controlled Substances. All controlled substances shall be dispensed to the responsible person (nursing supervisor), designated to handle controlled substances in the abortion room by a registered pharmacist in the abortion facility. When the controlled substance is dispensed, the following information shall be recorded into the Controlled Substance (proof-of-use) Record. 1. Signature of pharmacist dispensing the controlled substance. 2. Signature of designated licensed person receiving the controlled substance. 3. The date and time controlled substance is dispensed. 4. The name, the strength and quantity of controlled substance dispensed.	M 114		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ZSNW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216			
(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	
M 114	Continued From page 24. 5. The serial number assigned to that particular record, which correspond to same number recorded in the pharmacy's dispensing record. This Statute is not met as evidenced by. Based on observation and staff interview, the facility failed to assure that medications were not accessible to unauthorized persons. Findings were: According to safe practice standards and the facility's policies and procedures, medication must be securely maintained with the registered nurse responsible for maintaining the keys/access to the medication room/narcotic cabinet. Observation during tour revealed the medication/narcotic keys were being kept by unlicensed personnel in an unlocked drawer in the counseling room.	M 114	M 114 128.01 DISPENSING CONTROLLED SUBSTANCES JWHO does not have any controlled drugs or narcotics in the facility or on the premises. JWHO does not order any controlled drugs or narcotics.		
M 115	128.02 Security/Storage of Controlled Substan Security/Storage of Controlled Substances. When not in use, all controlled substances shall be maintained in a securely locked, substantially constructed cabinet or area. All controlled substance storage cabinets shall be permanently affixed. Controlled substances removed from the controlled substance cabinet shall not be left unattended.	M 115			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2802 NORTH STATE STREET JACKSON, MS 39216			
(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	
M 115	Continued From page 25 This Statute is not met as evidenced by: Based on observation during tour, the facility failed to follow their own policy and procedure regarding safety and storage of medications and failed to assure that only authorized persons had access to the medication storage enclosure/room. Refer to 117.01 and 128.01.	M 115	M 115 128.02 SECURITY/STORAGE OF CONTROLLED SUBSTANCES JWHO Policies and Procedures have methods of drug storage but at the present time JWHO does not have any controlled drugs or narcotics in the facility or on the premises. JWHO does not order any controlled drugs or narcotics.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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
M 138	<p>130.14 Emergency Power</p> <p>Emergency Power. Emergency generator shall be provided to make life sustaining equipment operable in case of power failure. Emergency failure outlets shall be provided in all patient care areas.</p> <p>This Statute is not met as evidenced by: The facility failed to perform the required test of the emergency electrical system.</p> <p>Findings include:</p> <p>At 11:30 a.m., on August 27, 2009 while testing the emergency generator set with the maintenance contractor and later during a records review the facility failed to provide documentation of an annual 20 minute load test.</p>	M 138	<p>M138 130.14</p> <p>An Operable Type I emergency electrical generating system is provided. The Type I EES test will be exercised for 30 minutes each month, under load, in accordance with manufacturer's recommendations and standard applicable to such equipment. A periodic maintenance and inspection schedule has been developed and implemented to assure the operational readiness of the EES.</p> <p><i>State Agency</i> <i>11/06/09</i> <i>D MacL...</i></p>	Nov. 10, 2009
M 147	<p>130.23 Disaster Preparedness Plan</p> <p>Disaster Preparedness Plan</p> <p>The facility shall maintain a written disaster preparedness plan that includes procedures to be followed in the event of fire, train derailment, explosions, severe weather, and other possible disasters as appropriate for the specific geographic location. The plan shall include:</p> <p>1. Written evidence that the plan has been reviewed and coordinated with the licensing agency's local emergency response coordinator and the local emergency manager;</p>	M 147	<p>M147 130.23</p> <p>A Disaster Preparedness Plan is presently being formulated with the assistance of the Office of Emergency Planning and Response through the emergency planners which will meet the requirements of the Mississippi State Department of Health for ambulatory surgical centers, as well as the general requirements of the Mississippi Emergency Management Agency.</p>	Nov. 10, 2009

Mississippi State Department of Health

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

TITLE

(X6) DATE

STATE FORM

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MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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
M 147	Continued From page 1 2. Description of the facility's chain of command during emergency management, including 24-hour contact information and the facility's primary mode of emergency communication system; 3. Written and signed agreements that describe how essential goods and services, such as water, electricity, fuel for generators, laundry, medications, medical equipment, and supplies, will be provided; 4. Shelter or relocation arrangements, including transportation arrangements, in the event of evacuation; and 5. Description of recovery, i.e. return of operations following an emergency. This Statute is not met as evidenced by: The facility failed to provide an approved disaster preparedness plan for external emergencies. Findings include: At 12:30 a.m., on August 27, 2009, records and policy review revealed the absence of an MSDH approved facility emergency operations plan.	M 147		
M 149	130.25 Fire Drills Fire drills shall be conducted quarterly. Disaster drills shall be conducted at least annually.	M 149		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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
M 149	Continued From page 2 This Statute is not met as evidenced by: At 10:30 a.m., on August 27, 2009, a review of records revealed the facility failed to conduct the required compliment of fire drills. The facility did not produce documentation of fire drills for: 1) The second quarter of 2008 2) The first quarter of 2009 3) The second quarter of 2009	M 149	M149 130.25 The Administrator will be responsible for scheduling and supervising fire drills each quarter. Reports of each fire drill will be reported to NWHO upon completion to include all names of people who participated. Monitor- ing by observation and auditing shall be performed quarterly by management representatives of the governing authority of JWHO. A makeup fire drill has been conducted and is on file. We have scheduled two (2) subsequent dates for fire drills through December 2009. JWHO has re- established policy that the fire drills are completed and documented four (4) times per year. JWHO provided an in-service to ensure all staff members are capable of implementing proper escape routes and precautionary measures. We are also currently working with the Department of Health to revise our current Fire Safety Policy along with Disaster Preparedness Policy to bring them up to required standard.	Nov. 10, 2009