Apopured
With new
data submitted
11/5/2009/00

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.

M083

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

Betty Thompson

STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NO 23NW	JMBER:	A. BUILDIN B. WING _		08/27/2009
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M 138	be provided to make	Power Emergency gener e life sustaining equ power failure. Eme be provided in all pa	rgency	M 138	M138 130.14 An Operable Type I emergelectrical generating system provided. The Type I EES be exercised for 30 minutes month, under load, in account with manufacturer's recommendations and standard applied to such equipment. A perimaintenance and inspection schedule has been developed and implemented to assure operational readiness of the	n is test will s each rdance mend- cable odic n ed
	The facility failed to the emergency electron for the emergency electron for the emergency general maintenance contrasted for the following the following failed to the facility failed to the facility failed for the failed for the facility failed for the f	ugust 27, 2009 while erator set with the ctor and later during acility failed to provi annual 20 minute	e testing	M 147	5t2te 19 cmc7 11/06/09 PMad M147 130.23	
	Disaster Preparedness Plan Disaster Preparedness Plan The facility shall maintain a written disaster preparedness plan that includes procedures to be followed in the event of fire, train derailment, explosions, seyere weather, and other possible disasters as appropriate for the specific geographic location. The plan shall include: 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;			A Disaster Preparedness Plan is presently being formulated with the assistance of the Office of Emergency Planning and Respithrough the emergency planner which will meet the requirement of the Mississippi State Depart of Health for ambulatory surgic centers, as well as the general requirements of the Mississippi Emergency Management Agen	s h	

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

TATEMEN IND PLAN	IT OF DEFICIENCIES OF CORRECTION	ensure and Certifica (X1) PROVIDER/SUPPLIE IDENTIFICATION NU 23NW	R/CLIA .	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE S COMPLE — 08/2	7/2009 :
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М 147	Description of command during entincluding 24-hour facility's primary more communication systems. Written and describe how essert as water, electricity medications,	of the facility's chain mergency managem or contact information ode of emergency stem; signed agreements natial goods and servicy, fuel for generators cal equipment, and sti; elocation arrangements, ation; and	that ces, such s, laundry, upplies, in the	M 147			
M 149	The facility failed to preparedness plan Findings include: At 12:30 a.m., on A policy review reveal approved facility en 130.25 Fire Drills	met as evidenced by provide an approve for external emerged ugust 27, 2009, recolled the absence of an ergency operations onducted quarterly.	ords and n MSDH plan.	M 149			

MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING_ 08/27/2009 23NW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET NATIONAL WOMEN'S HEALTH ORG JACKSON MS 39216 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 149 M149 130.25 Continued From page 2 M 149 Nov. 10, 200. The Administrator will be responsible for scheduling and supervising fire This Statute is not met as evidenced by: drills each quarter. Reports of each At 10:30 a.m., on August 27, 2009, a review of fire drill will be reported to NWHO records revealed the facility failed to conduct the upon completion to include all names required compliment of fire drills. The facility did of people who participated. Monitornot produce documentation of fire drills for: ing by observation and auditing shall 1) The second quarter of 2008 be performed quarterly by management 2) The first quarter of 2009 representatives of the governing 3) The second quarter of 2009 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 reestablished 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.

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M 008	mean a person wheresponsibility for the application of policity the governing sublegated responsibilities and effective to control and operate. This definition applications applications applications applications applications.	term "administrator" o is delegated the simplementation and implementation and its and programs estudies the facility for the establish administrative managon of the services program to a person designation of the services program to the services	d ptoper ablished and is ment of sement, and as and as and as	M COS			
	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 delagated 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 laft the facility immediately after introductions of the survey team.				M 008 105.2 ADMINISTRATOR An acting Administrato appointed effective Mai 2009. An independent of had been retained for a temporary period by N is no longer being retain information is available inspection in the facility	rch 20, contract WHO and ned, All for	
	nursa" means a Re	allity Charge Nurse arge Nurse. The "ch gistered Nurse, who i y the Missiasippi Boa	s	M 012		•	
- 1	its Department of Health	·		attle	data 10-49-06		(XE) DATE

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M 012	Continued From page 1			M 012			
	Nursing, With supervisory and administrative ability who is responsible to the Governing Authority of the facility.						
	This signute is not met as evidenced by: Reced on staff interview, review of job descriptions and review of the governing body minutes, the facility failed to designate it 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 nurses 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.			M 012 105.06 ABORTIC FACILITY CHARGE No. The abortion facility charging has been appointed effection August 28, 2009 and has begiven the Director of Nursing/Clinical Staff job description and responsibile The Director of Nursing/Clinical Staff was approved by the Governing Authority on O 7, 2009.	URSE (DON) ve een lities, linical		
M 058	112.01 Governing A	, pti i prity		M 058			
	governing body, per 1. The facility's adopt bylaws, rules	ontrol of an identifiable	hallalla		-		
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	established by the governing authority for holding such individuals responsible. b. Provide for at least annual meetings of the governing authority if the governing authority if the governing authority consists of two or more individuals. Minutes shall be maintained of such meetings. c. Require policies and procedures which use of the facility, compliance, personnel, quality assurance, procurement of outside services and consultations, patient care policies and services offered.				ı		
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M 058 Ontinued From page 3 Minutes and interview with facility staff, the governing authority failed to provide for the solocion and the granting of clinical privileges and shall be responsible for the professional conduct of these persons. 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 of the professional conduct of these persons. Based on an interview with the facility staff at the time of the survey, the surveyor was told that the Governing Body met one of chiral provided in indicate that the attending physicians and that the Governing Body met on Copose 10, 2008. The minutes of the attending physicians and that the Governing Body acknowledged responsible for the professional conduct of these persons. Based on review of the facility 's documentation infective that an individual he been designated responsible for the operation and maintenance of the facility lacked documentation reflective that an individual he been designated responsible for the operation and maintenance of the facility lacked documentation reflective that an individual he been designated responsible for the operation and maintenance of the facility solded documentation reflective that an individual he been designated responsible for the operation and maintenance of the facility policy and procedure and an operation and maintenance of the facility policy and procedure an anual and review of the past year 'a governing body minutes, the facility policy and procedures of the facility policy and procedures of the facility policy and procedures of the facility commentation provided revealed that the last governing body minutes is acked evidence that the governing body conducted an annual review evidence that the governing body conducted an annual review evidence that the governing body conducted an annual review evidence that the governing body conducted an annual review evidence that the governing body conducted an annual review evidence that the govern			H ORG	2803 NOR	ITH STATE	STREET		
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M 068	Continued From pa	ge 4		M D66	'	,
M 055	Professional Staff. Each facility shall have at all times a designated physician who shall be responsible for the direction and coordination of all medical suspects of facility programs. Them shall be a minimum of one licerand registered nurse or physician present at the clinic at all times periods are present. During times when procedures are actually being performed, there shall be a physician and a registered nurse present on the premises.			W 6\$\$		
	licensed to perform	il, medical and office the services they re- s require licexisme un Mississippi.	nder i	,	·	
•	physician, or a certi- anesthatist under it physician, who is a the administration of be constantly atten- a L.P.N. supervised	shall be administered nurse ined registered nurse re supervision of the crually on the premise of an aneathetic, path ded by an M.D., D.O. I directly by an R.N., I able to summon aid	operating es. After ents shall , R.N., or until		,	
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-	Based on staff inter	met as evidenced by view and review of t , the facility falled to	re facility '		Dr. Joseph Booker has be appointed and approved b Governing Authority to be responsible for all medica aspects of Jackson Wome	y the

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M 066	Continued From path at all employees of patient care were to resuscitation at least the facility failed to least facility research employers for each employers for each employers within this past year within this past year 117.01 Written Policies and proceed safety within the facilities and proceed safety within the facilities and proceed at a safety within the facilities and establishment of the establishment of the establishment of the personnel, equipme b. Provisions for linestigation of accilities action take c. Provision for safety-related informusers of the facilities.	ge 5 If the facility providing alled in emergency is entruelly. Finding a save documented evaluation training within a safe confirmed the nergency resuscitation of the procedures. If procedures a sall incompanies of the same of the sa	g direct revealed idence of line past patient	M 086	Health Organization (JWH) The Medical Director's job description of JWHO indical professional requirement that position. These have that position. These have that position. These have that positions. These have the approved by the Governin Authority. All medical personnel recorded the positions of the certificates before they hired for medical positions. CPR certificates kept in each employee's personnel file. All Employ files and CPR certificates checked monthly. Any states has not been received CPI training and certification or receive their CPR training certification no later than October 19, 2009. Monitoring by observation auditing shall be performed quarterly by management representatives of Govern Authority of JWHO. A mechacklist shall be sent to the President monthly by Administrator, and a reposition, and a reposition of these repositions are presentational training these repositions.	b cates nts for been g eives tion ical s are yee are aff that R will g and ing onthly he rt sent	
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M 072	Based on staff interfacility failed to enforcedures regarding practices for the heart regardings revealed the office of one of the surveyor observation revealed into her room are using any type of u Observation revealed were retrieved, the sitting in the room is easily accessed the interview revealed duty did not hold relimit access to the limit access to the limit access to the appropriately cleaning. The aboat appropriately clean operation. Holding a clean condition.	wition suits shall be ad in accordance with procedures site ear rooms site be main the salidate staff shall be salidate.	in, the in the i	M 072	M 070 117.01 WRITTEN POLICES AND PROCEDURES IWHO Policy and Procedu manual state that all medic must be locked and access those medications may onl available to licensed medic personnel, Keys to the stor area may only be available RNs and the physicians(s)	eations to ly be cal				

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TAG (EACH DEFICIENCY MUST BE PHECEDED BY FULL PREFIX OROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) M 072 M 072 118.01	CO VPLETE MTE
M 072 Continued From page 7 M 072 118.01 CLEANING	
, I I	
This Statute is not met as evidenced by: Seed on observation of the abortion autie, the facility failed to assure that the abortion notice and holding norms were maintained in a clean and sentiary manner. Observation revealed: In the two abortion procedure suites, observation revealed a thick build-up of dust and debris on the window sile, anesthelia equipment, emergency resudcation equipment procedure ficor and celling lamps, and on the deak auriaces used for loging procedures/documentation. In procedure room #1, observation revealed that the viny covering on the procedure table had a large 8-10 inch gapping teat, with foam exposed. Observation of the ultrasound equipment in procedure room #2 revealed a thick covering of just, Observation revealed at the actify had a leaking room in the morn designated as the "holding room ". Water was observed to be pouring from a leak in the celling. Even though the facility staff positioned a bucket to catch the dripping water from the leak, observation revealed in the twas still inplying so hard and touch, as it splashed, it was seaking the floor carpet stround the bucket. Observation revealed inst the constant dripping of the water during the counseling seasion caused visible dark stains in the tabric of several citains in the lobby and hail. Observation revealed visible dark stains in the tabric of several citains in the lobby and hail. Observation revealed wisible dark stains in the tabric of several citains in the lobby and hail. Observation revealed wisible dark stains in the tabric of several citains in the lobby and hail. Observation revealed wisible dark stains in the tabric of several citains in the lobby and hail. Observation revealed visible dark stains in the tabric of several citains in the lobby and hail. Observation revealed visible dark stains in the tabric of several citains in the lobby and hail. Observation revealed wisible dark stains in the stains of several citains in the lobby and hail. Observation revealed wisible dark stains in the tabric of seve	

MSOH - Health Facilities Licensure and Certification (03) DATE SURVE ' Statement of Deficiencies and Plan of Correction (X1) PROVIDER/SUPPLIER/CLIA IDENT/PICATION NUMBER: OZZI MULTIPLE CONSTRUCTION A BUILDING B. WING. 08.27/2009 23NW STREET ADDRESS, CITY, STATE, 21P CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON, MS 39216 NATIONAL WOMEN'S HEALTH ORG PROVIDER'S FLAN OF CORRECTION (EACH CONRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE COLAPLETE SUMMARY STATEMENT OF DEFICIENCIES D PREFIX TAG (X4) ID PREFIX (EACH DEFICIENCY (MUST BE FRECHDED BY FULL REQULATORY OR USE IDENTIFYING INFORMATION) TAG DEFICIENCY Ultrasound equipment is M 072 M 072 Continued From page 8 to be cleaned in between had missing tile. each patient, by attending nurses and after the clinic M 070 M 078 120.01 Facility Sanitation day, by the cleaning company. A log will be Pacility Sanitation. maintained of all the 1. All parts of the facility, the premises and cleaning and sent to equipment shall be kept clean and free of insects. NWHO on a monthly rodents, litter and rubbish. schedule. 2. All garbage and wante shall be collected. stored and disposed of in a manner designed to Repair to the roof is prevent the transmission of disease. Containers shall be washed and sanitized before being scheduled for repair as returned to work areas. Disposable type soon as the roof is dry. containers shall not be reused. All stained chairs have Disposal of medical waste. "Infectious medical wastes" includes solid or liquid wastes heen cleaned and all which may contain pathogens with sufficient stains have been removed virulence and quantity such that exposure to the by the cleaning company. waste by a susceptible host has been proven to result in an infectious disease. For purposes of this Regulation, the following weetes shall be Carpet is to be replaced considered to be infectious medical wastes: after the roof is repaired. This will take place a. Wastes resulting from the care of patients and animals who have Class I and/or il diseases within 30 days from the that are transmitted by blood and body fluid submission of corrections as defined in the rules and regulations governing report. reportable disease. (See attached) 89 defined by the Mississippi Department of Health; All walls in the facility b. Cultures and stocks of infectious agents; have been cleaned by the including specimen cultures collected from cleaning company. medical and pathological laboratories. cultures and stocks of infectious agents from and industrial laboratories, wastes research All missing tiles have from the production of biologicals, discarded live been replaced. attenuated vaccines, and culture dishes and

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MSDM - Health Facilities Licensure and Ceruncation		IUI1		56.44	(CS) DATE SU	RVE'	
STATIBAEN' AND PLAN C	L OŁ DĘMCIENCIER	(XX) PROVIDENCEUPPLIE IDENTIFICATION NU	RICLIA MOER:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G	GOMF LETED 08 27/20/19	
		23NW	I		STATE, EF CODE	. <u>. 76</u> 6(1 BW: 1V
NAME OF P	ROVIDER OR SUPPLIER			TH STATE			f
MOTTAN	al women's healt	ti org	JACKSON	MS 3921)		
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M D76	end devices used in cultures; o. Blood and it plasma and other in the content of the content of the content of the content of the content with infection of the content with infection of the content of	to transfer, inequiate blood products such a blood components; and body fluids that a surgery and autops; that were exposed fical research; d sharps (e.g., hypox pasteur pipettes, bridge) which have con	es serum, sues, ale f; parts and to lermic oken ne into lous by the timent of erated in esearch tically	M 076	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 076 120.01 FACILITY SANITATION		
	This Statute is not met as evidenced by: Based on observation of the facility, the facility falled to maintain a clean and sanitary environment. Findings were: (Refer to 118.01)				A new cleaning company retained on September 1, 2 clean the facility four time week. The cleaning compawas given a copy of the JV	2009 to es a any	

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MSDH -	Health Facilities Lice	naure and Centificati	ion	1	A STREET, STRE	(X8) DATE SU	RVE /
 FETELEENT	OF DEFICIENCIES F CORRECTION	(X1) PRÖVIDER/BUPPLIE ROENTIPICATION KUI	RICLIA	(XZ) ARULTIPLE GONSTRUCTION A BUILDING E, WING		08 27/2018	
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HAME OF PH	ROMDER OR SUPPLIER		STREET ADO	ress. City. S	TATE, ZIP CODE		-
KATIONA	L WOMEN'S HEALT	h org	JACKSON	TH STATE S , MS 39216		TON	
(X4) ID PŘEFIX TAG		TEMENT OF DEFICIENCE MUST BE PRECEDED BY SCIDENTLYING INFORM		prefix Prefix TAG	PROVIDERS PLAN OF CORRECT (BACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE APPROPRIES OFFICIENCY)	UNLUDE I	(XS) CO API'KTE ')ATE
M G79	Conditued From pa	igs 10		M 079	cleaning policy to implement	nt	
M 079	M 079 120.04 Medical Waste Management Plan 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:			M 079	immediately. The cleaning company's contract is on fi	le at	
					JWHO. JWHO has a contra with a medical waste dispo- service company. The medi- waste disposal service com- provides complete custody	ict sal ical pany	
	Medical Waste and		j		documentation, for accountability and regulato	ту	
•	and medical waste location which animals, rain and the breading pilice	nt of infectious medic e shall be in a manne effords protection in aind, does not provid or a food source for ninimizes exposure i	r and om, iệ ợ msecie		compliance of bio hazardou materials. The medical was disposal service company i contracted to pick up all bio hazardous waste and mater every two weeks.	ste s o	
,	segregated from o	•	int of origin		Monitoring by observation auditing shall be performed quarterly by management	i	
	Department of He non- infectious (except for sharps not be stored at	oved by the Mississic eith or treated and re infectious medical v in approved contain a waste producing fa	encerca vaste (ers) shall (cility for		representatives of Governic Authority of JWHO. A mo- checklist shall be sent to the President monthly by	nihly	
	more than seven (600 (380F). O medical waste at the	7) days above a termination of infections of infections and a temperature of or not more than not of not not of not not of not not of not of not of not of not of not of not not of not of not not not not of not	iperwille of ious is of DoC		Administrator, and a report back evaluating these report	t sent	
	days without e Department of He	pecific approved of til				•	
	shall be separate	nt of Infectious medi from other wastes.) used for containmen I waste shall be so s	Enciosures It of		,	***************************************	

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MSDH -	Health Facilities Lice	ensure and Certificati	ion	T		ALL SI	(X3) DATE SURVE!	
RTATEMENT	TOF DEPOSE YOURS	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	RICLIA	A. BUILDING	LE CONSTRUCTION	COMPLE	TEO	
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arrant of the	ROYDER OR SUPPLIER	I BOLVIV	STREET ADD	RESS, CITY, \$	TATE ZIP COOE		ł	
	L WOMEN'S HEALT	H ORG	2903 NOR JACKSON	TH STATE 6	STREET			
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м 079	persons and shall warning signs on entry doors, gates, be prominently later than the prominently later to be determined by the contained of the contained in decreased in the contained contained the contained contained the contained contained the contained contained contained the contained contai	e access by unauthor be marked with prom , or adjacent to, the e or lids. Each contain neled with a sign usin emined by the Depa	ment extenor of ner shall ig irbnent tor , shall be stic begs e strength r bursting The begs eakage or	M 079				
	in laskoroof ribid	hall be contained for puncture-resistant or of closed or tightly lid				•		
	disposal of infection	ed for containment a rue medical waste sh or or display the Univ rus waste. Rigid con shall be labeled,	eren Bride of W					
	to process infection wests has been sharps containers companion by any the institution itself storage of transporter.	s or grinders shall no us medical waste un an rendered non-infect shall not be subject y compacting device f and shall not be pla nort in a portable of n	less the ctions. to except in ced for nobile				,	
	i. Infectious n	nedical waste and me	edical					

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12	NATIONAL WOMEN'S HEALTH ORG JACKSO					· · · · · · · · · · · · · · · · · · ·	
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M 078	Continued From pa	ige 12		M 079			
•	prescribed abo hendling, or transpo palls, certoris, o containment system tight—fitting cove good repair.	disposable contains we, shall be pieced fo ort in disposable or n drums, or portable bi n shall be leakproof, re and be kept dean	or storage, eusable ns. The have and m	,			
	wasis and medical washed and de washed and de are emptied by a m Miscissippi De surfaces of the confine contention contention	ntainers for infectiou waste shall be thorous contaminated each income the state of	ughly Nme they ness the rotected ners,				
	but one not imited t	of decontamination to, epitation to remov one or more of the fo	S AIBICIB			*	
	i. Exposure to minimum of 15 sec	hot water at least 18 onds.	DoF for a				
	ii. Exposure to with or knimersion i minimum of 3 r	a chemicel sanitizer n ane of the following ninules:	by finsing g for a	ı	,		
	i. Hypochic avallable chiofine).	orilla actution (500 pp	vm				
	lî. Phencik agenî).	a solution (500 ppm a	active	į		* .	
,	iii. todofon ladinė).	m solution (10 0 ppm	aldsiiaya				
	iv, Quelen	nary ammonium solu	tion (400				

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M 079	Continued From pa ppm active agant).	ige 13		. M 079		-	
	containment of infe for containment of non-infectious was	drums, or bins used colous waste shall no waste to be dispose to bring purpose ontaminated by process of this section.	ot be used of of se ses except			•	
	k. Trash-chute Infectious medical	s shall not be used t waste.	o iransfer	:			
	benitsb visualverno	j and rendered non- infectious medical w s medical waste and rovad landfill.	este shall			•	
	2. Treatment or di- waste shall be by o	sposal of infectious t one of the following n	nedical jetnods:				
	which provides con	ion in an approved k hbustion of the wask mineralized ash.	ncinerator e to				
	eteritzer, so as to non-infectious. Infectious. Infectious infectious madical wasts. On	ion by heating in a si ender the waste sotious medical was tique shall be dispos serating procedures uda, but not be limite	ie so able as for ataum	,		,	
	procedures for each including time, waste, type of cont	temperature, pressu ainer(a), closure on s), pattern of loading,	ire, type of	,			
	u. Check c	or recording and/or in	idicaling		,		

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	thermometers duri	ng each complete dy	cle to	.			
	ensure the sits	sinment of a tempera one-half hour or long	mis of				
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	I I AND I'M APPLOY ITS SIC	からしょ 水性のは25年10月 リア	81 2 I			•	j
	entire load. Th	nermoniciers shall di	s cuecken.	1			
ļ	for calibration at le	_			1		
İ	m, Use of	neat sensitive tape of	r other				-
	device for each or	ntainer that is proces					1.
	staritzation conditi	tainment of adequate	•	j		•	!
	1	•	ي وفعيله				İ
	iv. Use of	the biological indicator	por pacilies				
	n load reconsta	a placed at the centered under a standard of	ibeieniñ i	}			
	conditions at least	monthly to confirm t	ΠĐ			•	}
	व्यावधारामधार भे र	adequate sterazation	i		· 		
	conditions.		•				
	v. Mainte	nance of records of	stanbecours		'		
	specified in (1), (2)), (3) and (4) above 1	ОГ		•		
	penod of not h	ess than a year.		<u>'</u>			
	c. By discharg	e to the approved se	werage				
	evelon if the Wast	e is liquid or semi-liq	uld, except				
1 .	Ĩ	the Department of H					
}	d. Recognized	ole human anetomica	i remains	1			
	bashnah ad Itada	of by incinemation of '	MENT THE T			•	
١.	BEGING CENTLY	et an approved landfi tized by the Mississip	ומו			ī	
	Department of	f Health.					ļ.
ļ ·			only thous				
	e Chamical	stwilization shall use a recognized by the l	1.8.				1
	Favimannette	al Protection Agency.	Omce or				
	Destrictes and To	vic Substances. Ett	yvene				
	. oxide olutera	idehyde, and hydrod	eu beloxide				
ļ	are examples of	sterilants that used in	· •			*	

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ALCOUR	Lisellh Carillias Lice	ensure and Certificati	on				
DYNTES ACM	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER(SUPPLIE) IDENTIFICATION NU!	RECLIA	A BUILDING	e construction	(X3) DATE SU COMI LET	uso
		23NW		B. WING		08 27	/2009
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	ROVIDER OR SUPPLIER		2903 NOR	TH STATE S	TREET		1
MATION	IL WOMEN'S HEALT	HORG	JACKSON	MS 38216	•		
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M 079	accordance with recommendation, and infectious. The spores or other equate effectiveness of gas and infectiveness of gas	th manufacturer will render infectious suiting with Becilius suitylatent organisms of the ster is or steem treatmen and disposal of medical steps and disposal ste	hat be illization f. cal waste of the	M 079			
	b. By spritary which shell mean a facility where a land, and which is All the requirement	landfill, in an approva a disposal facility of p medical waste is place not a treatment facility ts of these standards and to the quantity of her month, to any gen	pant or a xed in or on ity. s shall madical			•	
	Based on observatione and contain store and contain Based on interview waste is pickup upon observation at facility's medical whose board boxes located to the contains of the	t met as evidenced be tion the facility failed their infectious media we with facility staff, or every two (2) weeks the time of the surveyed in a room next to the temperature on the temperature on the line hallways outs	to property cal waste. medical a. Based by, the od in card the		M 079 120.04 MEDICAL WASTE MANAGEMEN PLAN JWHO has a contract with medical waste disposal se company. The medical w disposal service company provides complete custod	nt i a arvice aste	

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MSDH-	Health Facilities Lice	ensure and Certificati	ПС	<u> </u>		(X2) DATE SURVE
STATEMENT	•	(X1) PROMIER/BUPPIDE EDENTIFICATION NUM	DICILIA.	A BIGLDING	LE CONSTRUCTION	COMF LETED
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	room, indicated the degrees F). Unkess approved be of Health of treater infectious medical approved contained waste producing for days above a term (38 degrees F). Comedical waste at it permitted at a or begrees Celsius (3 more than ninety (3 approval of the Designation of the	y the Mississippi Der y the Mississippi Der i and randered nonin waste (except for sha re) shall not be store with for more store with the of 6 degrees interment of infection he producing facility in slow a temperature of 12 degree F) for perio 90) days without spe- partment of Health.	partment, ifectious, arps in d st s even (7) codisius is od of not cific rall provids adequate ed nurse(s)	M 079	documentation, for accountability and regulator compliance of bio hazardous materials. The medical was disposal service company is contracted to pick up all bis hazardous waste and mater every two weeks. Monitoring by observations auditing shall be performed quarterly by management representatives of Governit Authority of JWHO. A monochecklist shall be sent to the President monthly by Administrator, and a report back evaluating these report M 094 124.03 STAFFING PATTERN	este este este este este oficials and d este oficials and t este o
	Reset on facility of staffing pattern and failed to provide a all times to plan a patients. Findings failed to ensure the direction of a liquelified registere facility failed to as functioned under the control of the	t met as avidenced be commentation, the fad staff interview, the distaff interview, the afficient nursing staff also nevealed that the at nursing services we againy and profession of nurse. Findings we have that nursing services that nurseng	facility for duty at are to the se facility vas under mally re: The vices lessionally		The Director of Nursing happointed and is responsibilitied and is responsibilities and medical/clinical staffing with the Administrator and Medical Director. She has given the requirements of State of Mississippi to ensurance of Mississippi to ensurance all information after 30 defrom submission of this propertions.	ole for ag along d. been the cure ested on tys

. mari	Lanki Englished I In	ensure and Certificati	on			(X3) De 18 8	us ÆY
e-reconen	Hearth Fections Line If of Deficiencies If correction	WALEST BEING BORE OF THE PLANE	EL/CILA	A BUILDING	LE CONSTRUCTION	- CC APLE	C and
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		Zaniv	STREET ADD	RESS, CITY, B	PATE ZIF CODE		
	ROVIDER OR SUPPLIER		SOUT NOT	tii state s	TREET		
MATION	al women's healt	h org	JACKSON	MS 38216		ADDECTION	(X3)
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	Committee of Charles and	98# 17		M 094			
M 094	Commuea riom p	nye it	(ad		•	•	
,	registered nurse of confirmed that the registered nurse of mursing service.	y did not have a deal esponsible for the op	gnated erations of				
	the post-procedure have a registered during a procedure rop patient and staff in duty registered in the post of procedures. The registered nurse is assist with, and at the procedures.	a room, the recently avanuse in the procedure or immediately avanue. Review of the stanterview revealed that the control of th	ire room ilable to fling at the on ovide care in the date of to plan, re during			•	
	and staff Interview adequate provision care. Observation two post-op recommendation of the staff procedure dates.	v, the recitity telled to the facility represented the facility represented the facility represented the facility had one in the facility had one in the facility had one in the facility had one in the facility had one in the facility had one in the facility had one in the facility for simultaneous the facility for simultaneous the facility for simultaneous the facility for simultaneous the facility facility for simultaneous the facility fac	etoperative maintained lure detes. I that, on ourse wisly				
	procedures and charilty, the facility	of the facility's policial between the facility's policies and proceed in policies and proceed in policies and proceed in policies and proceed in policies and proceed in policies and proceed in policies and proceed in policies and proceed in policies and proceed in policies and proceed in policies and proceed in policies and proceed and policies and policies and policies and policies and proceed and policies and polic	facility tures to				
		of the facility's staffind decired of the process to ensure that the ab					

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STATEMEN AND PLAN	T OF DEFICIENCIES OF ODRRECTION	DENTIFICATION NV	erkelva MBER:	A. BUILDI	HPUE CONSTRUCTION	COMF LETED
		29NW		R. WING_		08.27/20(19
NAME OF	ROVIDER OR SUPPLIER				STATE, ZIP CODE	
***	AL WOMEN'S HEALTI	H ORG	JACKSON	ith state 1, Mb 3821	5 .	
(XA) ED PREFIX YAG	ELIMANY STA (RACH DEFICIENCY REGULATORY OR U	Tement of Depresence MUST BE PRECEDED BY BO DON'T IFYM & INFORMA	5 FULL TKIN)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (FACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION X5) LLD SE COPLETA LOPRIATE I AYE
M 094	rooms were supervive registered nurse. Fi staffing pattern reverse on the staffing pattern, assigned responsible evaluation of the pattern on nurse on supervice the short supervice the short failed to maintain at one of the two records.	ised by an experience of the facility had be led the facility had duty per day. On all this registered nurse lifty for the recovery strents post-procedule to be immedition; care and to esseen procedure rooms on during tour, the far operational call system in post-op	of the one dates of ewas care and re. There ist and in still the s	M 094		
' м 095	124.04 Nursing Car Nursing Care, A re- supervise and evalu- petiant from admiss	gistered hurse must are the nursing care	plan, of each	M 095		
	This Statute is not a According to the reg adequate registered and evaluate the care admission to discharge for August 3 and August 17-21, 2 with one registered a staffing pattern indicates the only individual (This recovery area rooms parallel acres	met as evidenced by utations, the facility in nurses to plan, supre of each patient from the state of the facility functions, the facility functions on duty each cated that registered is assigned to "recover other was observed to be a from each other we rooms and four re-	must staff ervise em laffing 14, 2009, tioned lay. The nurse covery*. two ith three		M 095 124.04 NURSING CARE Recovery Room #2 is no lobeing used as a recovery roall recovery will be done it Recovery Room #1 with a Registered Nurse in charge Recovery. The Director of Nursing is the circulating mand is responsible for the supervision of patients from admission to discharge.	om. of urse

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STATIFUEN	rof déficiencies of correction	(X1) PROMIDERSUFFITS DENTIFICATION NO. 25NW	ERVOLIA	Q(2) MULTI A. BUILDIN B. WING	· · · · · · · · · · · · · · · · · · ·	(XS) DATE 8 CONFLIC	URVE (5780 7/2009
	ROVIDER OR SUPPLIER		2903 NOF	TH STATE	STATE ZIF CODE STREET	· · · · · · · · ·	
MATION	L WOMEN'S HEALT	1		i, 103 38216	·		
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₩ OBS	to the presented stands to the presented standard to the care with the care with the province and province an	ige 19 d room.) Therefore, affing pattern, the faregistered nurse cores planned and to be ide care to each pat rocedure suite and in	cility did verage to able to ient in the	M 095			
M 097	124,08 Policies ark	1 Procedures	•	M 097	. •		
	and administrative be developed to po exceptable mathed	dures. Written nursi polities and procedu wide the nursing sta s of macting it respo acted guals through	ures shall aff with onalbilities				
,	policies that affect service, the nursing patient's environme	on making, and form the operation of nurs g care of patients, or ent, the recommends nursing service shall	sing the atlons of			·	
,	consistent with protestandards of nursing accordance with No.	es and procedures a fessionally recognize g practice and shall trae Practice Act of AORN Standards of	ed be in the State		. .	· ,	
,	Policies shall include the tollowing:	le st atements relatio	g to at				
	1. Noting diagnost	o and therapautic of	ders.		,	•	
	2. Assignment of p care of patients.	reoperative and pos :	evijeredoti				
·	3. Administration o	f medications.					

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STATEMEN AND PLAN	IT OF DEFICIENCIES OF CONFECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 23HW	erocija Publik:	B' Mine V Griti (Ka) Min	The same of the sa	OS) DATE COMF	BURVE / LETTO 27/20 09
	Homder or Audplier AL Women's Healti		2903 NC	DDRESS, CIT ORTH STAT ON, MG 352	Y, STATE 2P CODE E STREET 116		LITZUDS
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED SY IC IDENTIFYING INFORMA	Fiel I.	PREFIX TAS	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCIED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(23) (23) (23) (23)
	Continued From page 4. Charling of nursing of nursing 5. Infection Control. 6. Patient and personalization copies of the ovaliable to the nursing and to other services abortion facility. The abortion facility. The abortion facility is procedured and revised and revised.	ng personnel. Annel safety. I procedure manual ing start and service and departments in tursing policies and developed, periodical	area o the	M OP7			
	This Statute is not more during service and interest of the annual review of the annual review of the annual review of the annual review of the annually. Findings remained acted documented and procedure and procedure officies and procedure officies and procedure officies and procedure officies and procedure.	te facility's policy and the facility's governed the facility's governed to ensure the facility's policies in erisure that their review and updated yealed that the facility widence that medical fucted a review of the	d ning that ated in sind policles by I and	,	M 097 124.06 POLICIE PROCEDURES All medical personnel with read and signed that they read and understand the J Polices and Procedures me within 20 days from submof this plan of corrections	ll have have WHO's anual dission	
E 55	25.01 Environment milionment. The abo are and sanitary envir matructed, equipped a health and safety o	connect, properly and maintained to a	į	M tos			
enippi Steba E FORM	1. An infection cor	nmittee, or compare	ble				

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STATEME AND PLAN	nt of deficiencies for correction	ATTELLIFE BITTLE	er/CLIA	(XZ) MU A. BUHL B. WINK		DATE COMIT	8URVE (ETFO 27/2009
İ	Provider or supplier Val Women's Health	H ÖRG	2905 NO		Y, STATE ZIP COOR E STREET 115		MITTERY YO
(XX) ID PREFIX TAG	(EACH DEFICIENCY	Tement of Depotencie Must be preceded by Bo Identifying Miform	'सरा र	PREFIX TAG	PROVIDERS PLAN OF COR (EACH CORRECTIVE ACTION) CROSS-REPERENCED TO THE A DEFICIENCY)	OHOULD BE	(KS) CC MPLETS JATE
M 103	arrangement, comp Nurse and adm and shall be respon controlling and I abortion facility. 2. There shall to govern the use of an procedures in all a 3. Continuing et	cosed of physician, R Inistrator, shall be essible for investigating preventing infections we written procedures replic techniques and press of the abortion ducation shall be pro- tal facility personnel fransitission, previsi-	stablished of, in the star of	M 103			
	This Statute is not make a second on observation the facility shall provide the facility shall provide the facility shall provide the facility shall provide the facility of the facility of the Read washing purposed. (2) Carpet was stained to the facility of the Read of the facility of the Read of the facility of the facility in the facility with the facility with the facility with the facility of the received with the facility with the facility of the received with the facility of the facility with the facility of the fa	n at the time of the a de a sete and sanita y constructed, equipped the health and safet was: p in the bathroom act of Ruom and Laborates. d in Counseling Room and Laborates. a and laboratory, the k water was dripping in garbage on the floremoved. Based on an	urvey, ry ped, and ry of roses story for ms #1 frator's		M 103 125.01 ENVIRONMENT Soap has been stocked and be checked everyday to en that soap is always available. Administrator of JWHO is responsible for making sun all supplies (soap, etc.) are constantly supplied and the areas are clean at all times. The roof repair will be sch as soon as the roof is dry. The carpets have been clean and will be replaced as soon the roof is repaired. The estimated time is 30 days.	isure ple. The re that at all eduled	

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PRINTED: 000, 4/2009 MSDH - Health Facilities Licensure and Certification FORM APPROVED STATEMENT OF DEPLOYMENTES AND PLAN OF CORRECTION (XI) PROVIDERGUPPLIEROLA DEMTHEATION NUMBER: OXO) MIX TIPLE CONSTRUCTION (X3) DATE SURVE A BUILDING COM! (Greo B, WING WHES NAME OF PROVICE R ON HUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 0B 27/20-19 hational women's health org 2903 North State Street Jackson, MS 39216 BUMMARY STATEMENT OF DEPRENCES (CACH DEFICIENCY MART BE PRECEDED BY FULL REGULATORY OR LEC DENTHYING INFORMATION) (X4) II) PRE FIX ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TACE (X5) FOURLETE JATE DOFICIENCY) M 103 Continued From page 22 M 103 caused by the oir conditioning system. Recovery Room #2 is no longer in service as a recovery room. Training on Infection Control blased on review of the facility's policies and will be completed within 30 days procedures and observations during tour of the of submission of this plan of facility, the facility falled to assure the facility followed their own policies and procedures to correction. maintain a conitary environment. Findings were: Refer to 118.01. Monitoring by observation and auditing shall be performed Based on observation during tour, the facility failed to maintain an operational call system in quarterly by management one of the two recovery rooms. Obnervation representatives of Governing revealed the call light/system in post-op room #2 Authority of JWHO. A monthly would not function when activated. checklist shall be sent to the Based on staff interview and review of the President monthly by facility's documentation, the facility felled to Administrator, and a report sent provide continuing education to all abortion back evaluating these reports. parsonnel 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 111 127.05 Records M 111 Records. Records shall be kept of all stock Supplies of controlled substances giving an accounting of all risms received and/or edministered.

Maybedopi Cinic Department of Health

D 02: PRINTED: 09/14/2009 FOR A APPROVED MSDH - Health Facilities I leansure and Certification STATELIENT OF OBTACIONCIES DA) Provider/Bupplier/Clia Identification Rander: AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION DOS DATE SURVEY A MULDING COM USTRO B. WWG 23NW NAME OF PROVIDED OR SUPPLIED STREET ADDRESS CITY, STATE, ZIP CODE 08/27/2009 national women's health org 2903 NORTH STATE STAGET JACKSON, MS 39216 SHAMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
CEGLE ATORY OR LEG IDENTIFYING INFORMATION) (X4) ID PREFIX TAG PREFIX PROVIDERS FLAN OF CONRECTION REACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE AFTROPHISTE. DEFICIENCY M 171 Continued From page 23 M 111 This Statute is not met as evidenced by: Based on staff intervious and review of the facility M 111 127.05 RECORDS medication administration logs/records, the facility failed to ensure that all pertinent information was recorded into the Controlled JWHO does not have any substance (Proof of Use) Record. Findings controlled drugs or narcotics in indicated that the facility failed to maintain the facility or on the premises. necords to reflect the receipt of the nercetics by a RN nursing supervisor and tailed to reflect JWHO does not order any logging of the nercotice into their system in controlled drugs or narcotics. accordance with accepted clandards of practice. The facility had no documentation to reflect who accepted the narcolics, 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 edministration menual. M 114 128.01 Dispensing Controlled Substances M 114 Dispensing Controlled Substances. All controlled substances shall be dispersed to the responsible person (nursing supervisor), designated to handle controlled substances in the abortion room by a registered pharmacist in the aborton 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 aubstance. The date and time controlled substance is dispensed. 4. The name, the atrength and quantity of

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controlled substance dispensed.

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AND PLAN	NT OF DEFICIENCES	(XI) Providenzupplie Identricatem mun 23NW	VCLIA IBETI:	(X2) MU A. BUILL B. WING		(XX) DATI (COM)	a,na.
KANES OF	PROVIDER ON SUPPLIER		STREET ADDRE	ERR CIT	r, State, 21P CODE	Og (27 <i>1</i> 2000
**********	AL WOMEN'S HEALTI		2903 HORTH JACKBON, B	i NTAT	e stakey		•
(X4) ID PRETIX TAG	HEGULAYORY ON LE	TEMENT OF DEFICIENCIES MUST DE PRECEDED BY F AC ESTATIFYING DEFORMAT	ULL KIN)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION BHO CROBS-REFERENCED TO THE ACTIVE CETTER OF THE ACTIVE OF THE A	TION ULD BE IOPRIATO	CC Men.
M 174	5. The serial nu particular record, wh	te 24. Index assigned to the ich consupond to ser I in the pharmacy's		114	description of the second of t	arina da da da da da da da da da da da da da	
M 176 1: SW be co	This statute is not me Bosed on observation facility failed to assure accessible to unauthower. According to see the facility is policies and the facility is policies and the facility is policies and the facility is policies and the mese responsible for a septimet. Observation detection/instruction keeps/access to the mese responsible for a capitalism for the counseling morn. 28.02 Security/Storage of Confinen not in use, all confinence of maintained in a security/storage capitalism for a capitalism of controlled substance and attended. Controlled substance attended.	and staff interview, to that medications we that medications we that medications. Finding the practice standards and procedures, med intained with the regis malmaining the election recommenced that the procedure of the procedure of the procedure of Controlled Substances are procedured substances are pro	no net ligs and lication tered core / / in M 11 hall sully s	5	M 114 128.01 DISPENSING CONTROLLED SUBSTANCES JWHO does not have any controlled drugs or narcotics the facility or on the premise. JWHO does not order any controlled drugs or narcotics.	in s.	

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PRINTI: J: 08# 4/2000 FORM APPROVED MSDH - Hunith Facilities Licensure and Certification STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (C2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMP LITED A. DULDING WHEE E. WING NAME OF PROVIDER ON GLEPALICE STREET ADDRESS, CITY, STATE, 219 COOK <u>08 27/2009</u> NATIONAL WOMEN'S HEALTH ORG 2902 NORTH STATE STREET JACKSON, MB 38216 SLAMARY SYATEMENT OF DEFICENCES (EACH HERCIENCY MUSY BE PRECEDED BY PULL RECULATORY OR LSC IDENTIFYENG INFORMATION) (X4) ID PROFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD UC LICUSE-REFRIENCED TO THE APPROPRIATE in PREDIX CONTETE CONTETE CATE DEFICIENCY) M 115 Continued From page 25 M 115 This Statute is not met as evidenced by: M 115 128.02 Based on observation during tour, the facility SECURITY/STORAGE OF failed to follow their own policy and procedure CONTROLLED regarding statisty and storage of medications and SUBSTANCES falled to assure that only authorized persons had access to the medication storage JWHO Policies and Procedures enclosure/room. Refer to 117.01 and 128.01. 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. Like Leading State Department of House STATE FORM

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MSDH - Health Facilities Lice STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/27/2009	
NAME OF P	ROVIDER OR SUPPLIER		1		STATE, ZIP CODE	•	
	AL WOMEN'S HEALT	'H ORG	2903 NOF	RTH STATE N, MS 39216	6		T
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	SHOULD BE COMPLETE	
M 138	130.14 Emergency Power 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.		ipment rgency	M 138	M138 130.14 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 recommenddations 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.		Nov. 10, 20
	The facility failed to the emergency electronic findings include: At 11:30 a.m., on A the emergency gen maintenance contrages review the	ugust 27, 2009 while	testing		State Agencia 11/06/09 PMac		
	Disaster Preparedn The facility shall ma preparedness plan followed in the ever explosions, severe disasters as approp geographic location 1. Written evide reviewed and coord	er Preparedness Plan		M 147	M147 130.23 A Disaster Preparedness Plant presently being formulated with the assistance of the Office of Emergency Planning and Resp through the emergency planner which will meet the requirement of the Mississippi State Depart of Health for ambulatory surgic centers, as well as the general requirements of the Mississippi Emergency Management Agen	is h onse rs nts ment cal	Nov. 10, 2
	ate Department of Health	Jolly of the	TATIVE'S SIGN		Retird Columsta	tu	(X6) DATE

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MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 08/27/2009 23NW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET NATIONAL WOMEN'S HEALTH ORG JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX DATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG M 147 Continued From page 1 M 147 2. Description of the facility's chain of command during emergency management, 24-hour contact information and the facility's primary mode of emergency communication system; 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 evacuation; and event of 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 149 M 149 130.25 Fire Drills Fire drills shall be conducted quarterly. Disaster drills shall be conducted at least annually.

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MSDH -	- Health Facilities Lig	ensure and Certifical	tion						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED			
		23NW		D. WING		08/27/2009			
NAME OF PROVIDER OR SUPPLIER STREET AD					DDRESS, CITY, STATE, ZIP CODE				
					RTH STATE STREET N, MS 39216				
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M 149	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			M 149	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-				
	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				ing by observation and auditing seperformed quarterly by managrepresentatives 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 the December 2009. JWHO has reestablished policy that the fire dril are completed and documented for (4) times per year. JWHO provided an in-service to ensure a members are capable of implement proper escape routes and precaution measures. We are also currently we with the Department of Health to reour current Fire Safety Policy along Disaster Preparedness Policy to britup to required standard.	cough Is staff ting nary orking evise with			