FAX

Confidential

Warning

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately.

Please advise us of any difficulties in receiving this transmission by calling the numbers listed above.

MAR 2.2 2013 VDH/OLC

NOVA Women's Healthcare

10400 Eaton Place, Suite 515 Fairfax, VA 22030

Telephone: (703) 691-4141 Fax: (703) 591-5663

10.
Name Warlene Mase
Company VI) H
Fax Number 804-527-4502
Name Fenny mith - Nova Date 3 22-13 Time 4 20 ampm
Date 3 22-13 Time 20 am/pm
TRANSMISSION:
This cover letter pluspages attached.
comments: Deuxe aire to Renda
LET ME Thow it
there is a problem
<u> </u>
Reply Required? Yes / No Urgent? Yes / No

March 8, 2013

NOVA Women's Healthcare 10400 Eaton Place, STE 515 Fairfax, VA 22030

Commonwealth of Virginia
Acute Care, Home Health, and Hospice Services
Office of Licensure and Certification
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1485

Dear Ms. Kathaleen Creegan-Tedeschi,

I am enclosing the corrections for the plan of care submitted to you on February 19, 2013. I have addressed the 12-VAC-412-120 regulations for our Plan of Corrections.

Thank you for your time and consideration in this matter. Please contact me at 703-691-4141 if you need any further clarification.

Respectfully,

Penny Smith, RN, BSN

Administrator

MAR 2 2 2013 VDH/OLC

State of \	/irginia		·····			· · · · · · · · · · · · · · · · · · ·	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES (DENTIFICATION NUI		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE SUI COMPLET	
		FTAF-001	7	8. WING		12/05/	/2012
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY,	STATE, ZIP CODE	-1	
	OMEN'S HEALTHCAF	RE		TON PLACI VA 22030	E, SUITE 515		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	CULD BE	(X5) COMPLETE DATE
T 000		al comments ties Inspectors from t	he Office	T 000			
	of Licensure and Cof Health conducte Revisit survey to the 24, 2012 through J survey was conduct December 5, 2012 The following are of which were not conditions: 12 VAC 5-412-140 management] 12 VAC 5-412-180 12 VAC 5-412-200 [Infection prevention 12 VAC 5-412-200] 12 VAC 5-412-260 and dispensing of conduction of the conduction of the conduction of the following citation of the following citation of the agency was not the conduction of t	tertification, Virginia Ded an unannounced Lite Initial survey performing 26, 2012. The Rected December 4, 2015. It it it is the content of the Initial rected and therefore (A) [Organization and (A) [Olinical Staff] (B) (B), (C) (3) (9) (1) (B) (B), (C) (B) (B) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	Department icensure med July eviait 12 through all survey, repeat d 2) Ice lon, storage ity		RECEIVE MAR 2.2. 2013 VDH/OLG	None de la constante de la con	
	12 VAC 5-412-70 F The abortion facility commissioner shall place readily visible This RULE: is not r Based on observation	Posting of license I license issued by the I at all times be poste I and accessible to the I met as evidenced by: I ons and staff intervies I their license in a rea	d in a e public.	T 005	Facility license posted on the wall of the waiting room in to the reception area, read visible and accessible to the public. Business administrator will be responsible for the posting	ext díly ne	J-5-1 <u>J</u>
ABORATORY	DIRECTOR'S OR PROVID	ERVSUPPLIER REPRESENT	ATIVE'S SIGN	ATURIE A	TILE	<u> </u>	S) DATE
	1,82	Val. 1			min station	2-10	1-2012
TATE FORM		Mary S	021 190		VFWV11	If continuation	1 0 1 1 1 2 2 4

State of Virginia

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A BUILDI	•)N	(X3) DATE 8 COMPLI	
		FTAF-001	17	B. WING			12/0	5/2012
	ROVIDER OR SUPPLIER		i		STATE, ZIP CODE			
NOVA W	DMEN'S HEALTHCAR]E		TON PLACI VA 22030	E, SUITE 515			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH COR	R'S PLAN OF CORRECT RECTIVE ACTION SHOU RENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
T 005	Continued From Pa	•		T 005				
	An observation conat 7:59 a.m. In the fivisible posting of the An observation conat 9:25 a.m. while strevealed the facility' holder on the top of receptionist area. The public, if staff wistanding between the cabinet. The facility when files or other rof the plastic holder. An interview was coat 9:27 a.m., with State facility's license manner that was "re	ducted on December acility's lobby did not be facility's license, ducted on December tanding at the check is license was in a play a file cabinet inside. The license was not within the receptionist ne check-in window a y's license was not with the reception of the check-in window and the check	r 4, 2012 -in window astic the risible to area were and the file isible d in front					
T 010	the public." 12 VAC 5-412-140 A management	A Organization and		T 010		Indiana, Salanta edition, tracent to on an encountry	U velocus.	
		cility shall have a gov the management ar lon of the facility.				MAR 2.2 2013	S. Aller	
	and staff interview, to monitor and ensure percesses were imported Delineation of privile, obysicians (Physician Quality Assurance/P	net as evidenced by: view, facility docume the governing body fa policies/procedures a emented related to: ges for 3 (three) of 4 n's #1 through 3), (2) erformance Improve to monitor facility qua	ailed to and (1) (four) ensure ment			VDH/OLG		
TATE FORM			021199	<u> </u>	VFWV11		44	1 Sheet 2 of 24

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU FTAF-001	MBER:	A. BUILDING B. WING	1 /	DATE SURVEY COMPLETED
NAME OF F	ROVIDER OR SUPPLIER			DESC CITY D	TATE, ZIP CODE	12/05/2012
	OMEN'S HEALTHCAR	_	10400 EA	TON PLACE, VA 22030		
(X4) FD PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	€) If 1	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETE DATE
ti a	The findings included (1) During the person physician's credentiteam was unable to Governing Body had Physician's #1 throup resent in the physician's #1 throup resent in the physician's factorial description of privile evidence of approvation of privile evidence of approvation of the evidence of the else done, so these done" (2) On 12/5/12 at 9: "We have not had a since May (2012). Veshort staffed, and within vacations, we just in the evealed a change in the evealed a change in the evealed a change in the event of	notify the State licens in administrators. ed: onnel record review saling on 12/4/12, the locate evidence the dapproved the privile ligh 3. Documents with the Governing Bloom 12/5/12 at 3:30 pyet. I had to get som (physician privileges to 12/5/12 at 3:30 pyet. I had to get som (physician privileges 00 a.m. Employee # Quality Assurance Mye have been so bust the doctors schedust couldn't have a militated on December facility front desk state Administrators. Inducted on December aff # 7. Staff #7 report had left in November a copy of the letter fice related to the chaducted on December at a copy of the letter fice related to the chaducted on December and Left in November at the copy of the letter fice related to the chaducted on December at the chaducted on December at the copy of the letter fice related to the chaducted on December at the chadu	for survey eges for ere uded a was no lody, "I ething were not leeting ey and ules and eeting" 4, 2012 aff aff a 4, 2012 aff a 4, 2012 aff a 5 2012 A	T 010	Delineation of privileges for all physicians have been completed and approved by the Governing Board. The DON will assure this is done annually. The Director of Nursing is responsible in verifying the annual delineation of privileges for the medical staff has been done and approved by the Governing Board. A Quality Assurance meeting was held 12/28/2012 and will be scheduled every three months or sooner if safety concerns or facility quality concerns arise. The Business Administrator will be responsible for	1-30-2012
re ci	t 9:22 a.m. with Stafe ported the facility has nange and the letter properties of same and same properties are same and same and same properties are same and same are same and same are same and same are same ar	f #7 and Staff #8. St ad thirty-days to repo had not been sent, laff #7 review the reg (B), which indicates	aff #7 It a The		will be responsible for quarterly scheduling of QA meetings.	

RECEIVED to continuation sheet 3 of 34

MAR 2.2 2013

State of	<u>Virginia</u>					FOR	M APPROVI
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:	(X2) MULTI A. BUILDIN B. WING	, ,		LETED
NAME OF F	ROVIDER OR SUPPLIER	F AF=000		Dácas con c		12/	05/2012
	OMEN'S HEALTHCAR	RE	10400 EA	TON PLACE VA 22030	STATE, ZIP CODE . SUITE 515		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
T 010	Staff #7 and Staff # read the regulation immediately notify to change in administr	ng to the State licens 8 reported they had f correctly and had fail he State licensing off ators. Staff #8 report I not been aware of the	failed to led to fice of the led the	T 010	The Business Admi will be responsible immediately report change in the admi	for ting any	
	the licensee to the d This RULE: is not n Based on observation	ne position of the pereported immediate lepartment in writing, net as evidenced by: on and interview the folicensing office regardators.	acility	T 050	to VDH.		
	An interview conduct 7:59 a.m., with the fact a change in Administration of the Staff #8 was "Act and Staff #8 was "Act and Staff #8 was "Act and Staff #8 was conduct 9:22 a.m. with Staff #9:22 a.m. with Staff #8 was conduct 9:22 a.m. with Staff	ted on December 4, : acility front desk staff trators. aducted on December aff # 7. Staff #7 repor by had left in November ating Administrator." if a copy of the letter fice related to the cha ducted on December f #7 and Staff #8. St ad Thirty-days to repor had not been sent. taff #7 review the record	revealed or 4, 2012 orted the per 2012 A sent to ange in r 5, 2012 aff #7 ort a The		The state licensing office notified in writing of the administrator effective January 2013. Any charwill be promptly report	e new Iges	1-5-2013
; ai	112 VAC 5-412-160	(B), which indicates to the State licensing	an office.			,	
		0.23	190		VEXAL 4		

State of Virginia

STATEME AND PLAI	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		ER/CLIA MBER:	A. BUILDI	1,0	(X3) DATE COMP	SURVEY LETED
		FTAF-00	17	B, WING	***************************************	12/	05/2012
!	PROVIDER OR SUPPLIER	,	STREET AD	DRESS, CITY,	STATE, ZIP CODE	1 127	70/2012
NOVA V	VOMEN'S HEALTHCAR	₹E	10400 EA FAIRFAX,	TON PLAC	E. SUITE 515		•
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FIII	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ÖVI.D RE	(X5) COMPLETE DATE
T 050	Continued From Pa	ige 4		T 050			<u> </u>
Τ 105	read the regulation immediately notify the change in administration of the change of	A Clinical staff non-physician health postitute the clinical s physicians and n care practitioners s net as evidenced by: view, facility docume the facility staff failed were documented fo	care staff. hall be	T 105	The Director of Nursin responsible in verifying annual delineation of privileges for the medi staff has been done an approved by the Gover Board.	g the cal d	
	(three) of 4 (four) ph through 3. The findings included During the personne- credentialing on 12/4 unable to locate evid approved the privileg 3. Documents were files which included a however, there was not the Governing Body. 12/5/12 at 3:30 p.m., had to get something (physician privileges) 12 VAC 5-412-220 B B. Written infection p procedures shall included. 1. Procedures for scr and visitors for acute	d: I record review for phylogology, the survey team ence the Governing es for Physician's #1 present in the physic description of privile to evidence of approximate the physic estates and the physic estates are not done" Infection prevention prevention prevention policies are de, but not be limited to the prevention policies are de, but not be limited to the prevention policies are designed.	nysician's I was Body had I through San's Bges, val by I on e yet. I	Г 170	Delineation of privilege all physicians have beer completed and approve the Governing Board. To DON will assure this is di annually.	n ed by he-	1-304013
ATE FORM	and visitors for acute	infectious illnesses a	ınd	,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	(X2) MULTI A. BUILDIN B. WING		(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIES	FTAF-001				12/	05/2012
				STATE, ZIP CODE		.,,
NOVA WOMEN'S HEALTHCA	· ,	FAIRFAX,	TON PLACE VA 22030	, SUITE 515		
PREFIX ! (EACH DEFICIENCE	TATEMENT OF DEFICIENCIE DY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	G1 // 1	ID PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
T 170 Continued From F	Page 5		T 170		***************************************	1
transmission of co- within the facility; 2. Training of all p prevention technic 3. Correct hand-w indications for use alcohol-based han 4. Use of standam 5. Compliance with requirements of th Health Administrat 6. Use of persona 7. Use of safe inje 8. Plans for annua infection prevention 9. Procedures for recommended infe- and 10. Procedures for retraining of all star prevention practices This RULE: is not Based on observat failed to correct and practices. The facil vials accessed with rubber septum, exp undated medications stored, expired intra medications opene available for admini The findings include 1. Observations co- unlocked procedure at 8:20 a.m., by two and Staff #2 determ	rashing technique, Include of soap and water and rubs; diprecautions; his blood-bourne pathoge U.S. Occupational Scient I protective equipment action practices; all retraining of all person methods; monitoring staff adheration prevention praction prevention practice of documenting annual of in recommended infers. The service of the s	ection ection luding d use of gen eafety & t; connel in rence to ices; ection facility on ation e vial's ned vials , and ete		Annual training of all and nursing staff is do the Director of Nursing safe injection practice. An investigation of a medications in the of done by the Director Nursing to ensure the no expired drugs, all sidose vials were discardand all vials had an ope on date. This will be monitored monthly by the RN who checks the crass medications.	one by og for os. Il fice was of re were ingle ded	Obia
FATE FORM	d cabinet opened the	7-100				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM FTAF-001	BER:	(X2) MULTIS A. BUILDING B. WING	G	DATE SURVEY COMPLETED
	ROVIDER OR SUPPLIER OMEN'S HEALTHCAP		STREET ADI	TON PLACE	MATE, ZIP CODE . SUITE 515	12/05/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	191	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E (X5) COMPLE
	anesthesiologist methe following was o #2: One Fentanyl Citra mi (milliliter) "single and accessed with rubber septum. Two Midazolam 50 opened undated. O with an open needle Ketamine Hydrochlopened and undate. Observations conductive in the following was a few methods with an open needle following with an open needle fetamine Hydrochlopened and undate.	edication box. The edication box was open bserved and verified to the 1000 mag (micrograph dose" vial opened, upon open needle in the mag (milligram/10 ml vone of the vials was are in the vials rubber sounde 500 mg/10 ml 50 d.	oy Staff ams) 20 Indated Vials Vials Coessed Eptum. O ml vial	Т 170	The Office Based Anesthesia Regulations were reviewed with the anesthesiologist and the nursing staff. The keys to the anesthesiologist medication box are locked up at the end of each surgery session and are not available to unauthorized personnel.	12-6-1
	#2 revealed the folk were located in the procedure room ava emergency: One vial of Dobutan 2012" One 8.4 % Sodium (milliequivalents) 50 2012"	owing expired medica facility's "Red Cart" w allable for patient use nine 250 mg/mt expire	tions ithin the in an ed "July ept		The recovery room nurse for the day will be responsible for the medication/narcotic keys. She will ensure the keys are locked up at the end of each surgery session.	
; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Observations conduited revealed the followere located in the favailable for patient dydralazine Hydrochial dated "7/25/12" [wenty-four (24) vial fals expired "11/12" In Interview was cont 8:20 a.m., with State vials should be to needle should never a date. In interview was continued in the con	opened al 1 ml 4, 2012 , "Single ning and opened by the control of		The emergency crash cart is checked daily and the emergency medications explration dates are checked monthly by an RN. Any emergency medication that will expire in less than 30 days will be reported to the DON. This is recorded on a daily/monthly basis.	12-1-12	

T 170 Continued From Page 7 at 9:10 a.m., with Staff #5. Staff #5 in the presence of Staff #2 was informed of the finding in the procedure room. Staff #5 reported he/she was "probably in a hurry and left the needles in the vial's septum" and "forgot to date the vials after opening." [According to Healthline.com: FENTANYL (FEN ta nil) is a synthetic opioid narcotic analgosic, a pain reliever. It is used to treat pain before, during, and after surgery. This medicine is also used before, with, and in place of other medicines for sieep during a medical procedure.] [According to Drugs.com Midazolam hydrochloride (midaz/?arm), is a short-acting benzodiazepine central nervous system depressant; a benzodiazepine anxiolytic. It is prescribed for preoperative sedation and impairment of memory of preoperative sedation and impairment of memory of preoperative sevents and for conscious sedation before short diagnostic endoscopic or dental procedures.] [According to Drugs.com Ketamine is used to put you to sleep for surgery and to prevent pain and discomfort during certain medical tests or procedures.] [According to Drugs.com Dobutamine is a vasodilator that works by relaxing the muscles in your blood vessels to help them dilate (widen). This lowers blood pressure and allows blood to flow more easily through your veins and arteries.] [According to Drugs.com Hydralazine is a vasodilator that works by relaxing the muscles in your blood vessels to help them dilate (widen). This lowers blood pressure and allows blood to flow more easily through your veins and arteries.] [According to Drugs.com Hydralazine is procedure of the neutral procedure of the pressure and allows blood to flow more easily through your veins and arteries.] [According to Drugs.com Endanty is an analthristamine. Diphenhydramine blocks the effects of the naturally occurring chemical histamine in	SAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CYT, STATE 2IP CODE 12/05/2012	State of						FOR	MAPPROVE
NOVA WOMEN'S HEALTHCARE SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION PAGE AND PLACE SUITE 515	MOVA WOMEN'S HEALTHCARE SUMMANY STATEMENT OF DEFICIENCE FARFAX, VA 2209 TOO Continued From Page 7 at 9.10 a.m., with Staff #5. Staff #5 in the presence of Staff #2 was informed of the finding in the procedure room. Staff #6 reported he/she was "probably in a hurry and left the needles in the vial's septum" and "forgot to date the vials after opening." [According to Healthline com: FENTANYL (FEN tanil) is a synthetic opioid narcotic analgesic, a pain rollever. It is used to treat pain before, during, and after surgery. This medicine is also used before, with, and in place of other medicines for sleep during a medical procedure.] [According to Drugs.com Midazolam hydrochloride (midaz-Plam), is a short-acting benzodiazepine central nervous system depressant, a benzodiazepine anxiotytic. It is prescribed for preoperative events and for conscious sedation before short disponstore endoscopic or dental procedures.] [According to Drugs.com Dobutamine is a an anesthetic medication. Ketamine is used for short term treatment of patients with cardiac decompensation.] [According to Drugs.com Dobutamine is a vasodilator that works by relaxing the muscles in your blood vessels to help them dilate (widen). This lowers blood pressure and allows blood to flow more easily through your veins and artifies.] [According to Drugs.com Hydralazine is a vasodilator that works by relaxing the muscles in your blood vessels to help them dilate (widen). This lowers blood pressure and allows blood to flow more easily through your veins and artifies.] [According to Drugs.com Hydralazine is an antihistamine. Diphenrydramine blooks the effects of the naturally occurring chemical histamine in the body, Benadyl is used to freat sneezing; runny nose, riching, watery eyes; hives; rashes; liching;	AND PLAN	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NU	MBER;	A. BUILDING		(X3) DATE COMPI	SURVEY LETED
MAY NOMEN'S HEALTHCARE 10400 EATON PLACE, SUITE 515	NOVA WOMEN'S HEALTHCARE MAI ID PREPIX SUMMARY STATEMENT OF DEPCISEOUS FARRAX, VA 22030	NAME OF F	PO/40ED OB SUBDUED	F 1 AF-001				12/(05/2012
PREPRIX TAGS Submary startmeeter or Deficiencies (Sech Deficiency Nust see refected by 1914, REGULATORY OR LISE IDENTIFYING INFORMATION) T170 Continued From Page 7 at 9:10 a.m., with Staff #5. Staff #5 in the presence of Staff #2 was informed of the finding in the procedure room. Staff #5 reported he/she was "probably in a hurry and left the needles in the vials septum" and "forgot to date the vials after opening." [According to Healthline.com: FENTANYL. (FEN ta nil) is a synthetic opioid narcotic analgesic, a pain reliever. It is used to treat pain before, during, and after surgery. This medicine is also used before, with, and in place of other medicines for sleep during a medical procedure.] [According to Drugs.com Midazolam hydrochloride (midaz? 'ami), is a short-acting benzodiazepine central nervous system depressant, a benzodiazepine anxiotytic. It is prescribed for preoperative events and for conscious sedation before short diagnostic endoscopic or dental procedures.] [According to Drugs.com Debutamine is used for short term treatment of patients with cardiac decompensation.] [According to Drugs.com Dobutamine is a vascellator that works by relaxing the muscles in your blood vessels to help them dilate (widen). This lowers blood pressure and allows blood to flow more easily through your veins and arteries.] [According to Drugs.com Bandy is an anathitistamine, Diphenhydrarmine blocks the effects of the naturally occurring chemical instance in an antihitistamine, Diphenhydrarmine blocks the effects of the naturally occurring chemical instance in a complete service week by the	MAND DEPTHEN TABLE STATE STATE OF DEPTICIPACIES (PACH DEPTICIES MESCAPIO PRODUCTION AND SECRET STATE OF DEPTICIES (PACH DEPTICIES OF NUTL PRODUCTION) A LSC IDENTIFYING INFORMATION) T 170 Continued From Page 7 at 9:10 a.m., with Staff #5. Staff #5 in the prosence of Staff #2 was informed of the finding in the procedure room. Staff #5 reported he/she was "probably in a hurry and left the needles in the vairs septum" and "forgot to date the vials after opening." [According to Healthline com: FENTANYL (FEN tand) is a synthetic opioid narcotic analgesic, a pain relever. It is used to treat pain before, during, and after surgery. This mediciane is also used before, with, and in place of other medicianes for sleep during a medical procedure.] [According to Drugs com Midazolam hydrochoride (midaz")'am), is a short-acting benzodiazeping central nervous system depressant, a benzodiazepina anxiolytic. It is prescribed for properative events and for conscious sedation before short diagnostic endoscopic or dental procedures.] [According to Drugs com Ketamine is an anesthetic medication. Ketamine is used for short term treatment of patients with cardiac decompensation.] [According to Drugs com Dobutamine is used for short term treatment of patients with cardiac decompensation.] [According to Drugs com Dobutamine is used for short term treatment of patients with cardiac decompensation.] [According to Drugs com Hydralazine is a vascidilator that works by relaxing the muscles in your blood vessels to help them disate (widen). This lowers blood pressure and allows blood to flow more easily through your veins and arteries.] [According to Drugs com Hydralazine is a artificiatinine.] (pherphydramine) blooks the effects of the naturally occurring chemical histamine in the body. Benadry is used to treat eneezing; runny nose, fiching, watery eyes; hives; rashes; tiching;			RE .	10400 EA	TON PLACE.			
at 9:10 a.m., with Staff #5. Staff #5 in the presence of Staff #2 was informed of the finding in the procedure room. Staff #5 reported he/she was "probably in a hurry and left the needles in the vial's septum" and "forgot to date the vials after opening." [According to Healthline.com: FENTANYL (FEN ta nil) is a synthetic opioid narcotic analgesic, a pain reliever. It is used to treat pain before, during, and after surgery. This medicine is also used before, with, and in place of other medicines for sleep during a medical procedure.] [According to Drugs.com Midazolam hydrochloride (midaz*?lam), is a short-acting benzodiazepine central nervous system depressant, a penzodiazepine anxiolytic. It is prescribed for preoperative sedation and impairment of memory of preoperative events and for conscious sedation before short diagnostic endoscopic or dental procedures.] [According to Drugs.com Ketamine is used to put you to sleep for surgery and to prevent pain and discomfort during certain medical tests or procedures.] [According to Drugs.com Dobutamine is used for short term treatment of patients with cardiac decompensation.] [According to Drugs.com Hydralazine is a vascidilator that works by relaxing the muscles in your blood vessels to help them dilate (widen). This lowers blood pressure and allows blood to flow more easily through your veins and anteries.] [According to Drugs.com Benadry is an antithistamine. Diphenhydramine blooks the effects of the naturally occurring chemical histamine in	at 9:10 a.m., with Staff #5. Staff #5 in the prosence of Staff #2 was informed of the finding in the procedure room. Staff #5 reported he/she was 'probably in a hurry and left the needles in the vial's septum" and "forgot to date the vials after opening." [According to Healthline.com: FENTANYL (FEN tanl) is a synthetic opioid narcotic analgesic, a pain reliever. It is used to treat pain before, during, and after surgery. This medicine is also used before, with, and in piace of other medicines for sleep during a medical procedure.] [According to Drugs.com Midazolam hydrochloride (midaz*Piam), is a short-acting benzodiazepine central nervous system depressant, a benzodiazepine arxicytive. It is prescribed for prooperative events and for conscious sedation before short diagnostic endoscopic or dental procedures.] [According to Drugs.com Ketamine is used to put you to sleep for surgery and to prevent pain and discomfort during certain medical tests or procedures.] [According to Drugs.com Bobutamine is used for short term freatment of patients with cardiac decompensation.] [According to Drugs.com Hydralazine is a vasocillator that works by relaxing the muscles in your blood vessels to help them dilate (widen). This lowers blood pressure and allows blood to flow more easily through your veins and arteries.] [According to Drugs.com Hydralazine is a nantifitistamine. Diphenhydramine blocks the effects of the naturally occurring chemical histamine in the body. Benadryl is used to treat sneezing; runny nose; itching, watery eyes; hives; rashes; itching;	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY	S SIIII	ID PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	OULD BE	(X5) COMPLETE DATE
(midaz*?iam), is a short-acting benzodiazepine central nervous system depressant, a benzodiazepine anxiolytic. It is prescribed for preoperative sedation and impairment of memory of preoperative events and for conscious sedation before short diagnostic endoscopic or dental procedures.] [According to Drugs.com Ketamine is an anesthetic medication. Ketamine is used to put you to sleep for surgery and to prevent pain and discomfort during certain medical tests or procedures.] [According to Drugs.com Dobutamine is used for short term treatment of patients with cardiac decompensation.] [According to Drugs.com Hydralazine is a vasodilator that works by relaxing the muscles in your blood vessels to help them dilate (widen). This lowers blood pressure and allows blood to flow more easily through your veins and arteries.] [According to Drugs.com Benadryl is an antihistamine. Diphenhydramine blocks the effects of the naturally occurring chemical histamine in	(midaz/Plam), is a short-acting benzodiazepine central nervous system depressant, a benzodiazepine anxiolytic. It is prescribed for preoperative sedation and impairment of memory of preoperative events and for conscious sedation before short diagnostic endoscopic or dental procedures.] [According to Drugs.com Ketamine is an anesthetic medication. Ketamine is used to put you to sleep for surgery and to prevent pain and discomfort during certain medical tests or procedures.] [According to Drugs.com Dobutamine is a direct-acting inotropic agent. Dobutamine is used for short term treatment of patients with cardiac decompensation.] [According to Drugs.com Hydralazine is a vasodilator that works by relaxing the muscles in your blood vessels to help them dilate (widen). This lowers blood pressure and allows blood to flow more easily through your veins and arteries.] [According to Drugs.com Benadryl is an antithistamine. Diphenhydramine blocks the effects of the naturally occurring chemical histamine in the body. Benadryl is used to treat sneezing; runny nose; itching, watery eyes; hives; rashes; itching;	T 170	at 9:10 a.m., with Staff #5. Staff #5 in the presence of Staff #2 was informed of the procedure room. Staff #5 reported "probably in a hurry and left the needlet vial's septum" and "forgot to date the violening." [According to Healthline.com: FENTAN nil) is a synthetic opicid narcotic analge reliever. It is used to treat pain before, after surgery. This medicine is also use with, and in place of other medicines for during a medical procedure.] [According to Drugs.com Midazolam hy (midaz*?lam), is a short-acting benzodia.		e finding in te/she was in the als after L (FEN ta sic, a pain uring, and i before.		been reviewed with the medical and nursing staf The anesthesiologist will a sterile needle for each withdrawal of medication Each needle will be discarded. The medication portal on the IV extension	f. use n.	2-1-12
nose; itching, watery eyes; hives; raches; itching;	IATE FORM	f	(midaz'?lam), is a s central nervous systemzodiazepine anx preoperative sedation of preoperative every before short diagnost procedures.] [According to Drugs anesthetic medication you to sleep for surgicial discomfort during comprocedures.] [According to Drugs direct-acting inotrop for short term treatm decompensation.] [According to Drugs avasodilator that work your blood vessels to This lowers blood profour more easily three for more easily three forms antihistamine. Diphe of the naturally occur he body. Benadry! is	hort-acting benzodiaz- tem depressant, a kiolytic. It is prescribe on and impairment of ints and for conscious stic endoscopic or de com Ketamine is an on. Ketamine is used gery and to prevent p ertain medical tests o com Dobutamine is ic agent. Dobutamine ic agent. Dobutamine ic agent between the com Hydralazine is a ss by relaxing the mu or help them dilate (w ressure and allows ble bugh your veins and a com Benadryl is a com Benadryl is a com Benadryl is a com benedical histam is used to treat sneezi	d for f memory sedation ental to put ain and r seles in iden). ood to arteries.]		and nursing staff is done the Director of Nursing for safe injection practices. The Director of Nursing is responsible for maintaining compliance and staff adherence to infection control practice. Any situation that would adversely affect patient of is reported to the Quality Assurance committee and immediately reviewed by	ng are	12-2312

State of \	/irginia						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	MBER:	(X2) MULTI A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE : COMPL	
NAME OF P	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE		
	OMEN'S HEALTHCAF	i i	10400 EA		. SUITE 515		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
Т 170	and other sympton cold.] 2. Observations w 2012 at 9:06 a.m., recovery room. The 1000 ml bags of 59 IV solutions, which were available for #2 verified the find solutions should no date. Staff #2 report thrown away when 2012. 3. Observations of room" on December 120. Staff #3 revealed the boxes. Staff #3 exboxes contained more opened and used of the cold.	were conducted on De, with Staff #2 in the fa he observation reveals % Dextrose in Lactate in had expired Septem administration to patie ling and reported the little to be kept past the exorted the IV solutions in they expired in Septem to the expired in Septem 12:20 p. two sets of locked mexplained the smaller key explained the smaller key explained the smaller key endications, which had during procedures.	ecember 4, scility's led two ed Ringers ober,2012, ents. Staff IV expiration is have been ember dication ocked ad been Staff #3		IV fluids are checked for expiration date monthly the RN. Any expired IV fl are discarded.	by	12-6-12
	completion of the completion of the completion of the conducted. Staff # box contained "stomedications are madministration to pinventory of medications of medications are madministration to pinventory of medications are madministration to pinventory of medicative observed smaller locked box One vial of Ondans a opened date documented Two vials of Fental with approximate 1 date documented a "1 NOV 12." The sunopened had and	ted portions in the vialiday's procedures were ded boxes. Staff #3 exartially used vials were ext day procedures were at day procedures were as explained the large ock medications." [Statements as part of the cations.] Staff #3 and if the following findings exes: use tron 40 mg/ml 30 m can marked as "10/26/2 vial of Midazolam 2 m anyl Citrate 100 mcg/2 1 ml left in vial with a cas "12/4/12" the vial his econd vial, which was executed as "12/4/10" in the vial marked in the portion of the cas "12/4/10" in the vial marked in in the	re returned explained ethen ere elocked ock and for facility's the sin the ml vial with 2012" ag/2 ml: One opened had expired es NOV 12."		All medication vials wind dated upon opening and discarded within 28 dates. Single dose vials of any medicine will be discarded use.	nd ays of	D-V-V-

State of Virginia

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTAND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPP		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		FTAF-001	17	B. WING		12/0	6/2012
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY, S	TATE, ZIP CODE		
	MEN'S HEALTHCAF	RE	10400 EA' FAIRFAX,	TON PLACE, VA 22030	SUITE 515		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL [ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERÊNCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
T 170	Continued From Pi	age 9 ned date documente	d as	T 170	•		
	"10/5/2012." Staff #3 reported ti	he vials of Flumazeni	l and		Any expired medication the small locked box is t		
	Ondansetron had been opened longer than the 28-day storage policy for opened medications. Staff #3 reported both medications should have been discarded in November 2012. Staff #3				discarded by the RN. Th	-	1 h A
					waste is recorded daily	I have the	
	been discarded in reviewed the expir Staff #3 verified bo and that one vial h administered on D	November 2012. Station dates for Fenta of the vials expired on "and been opened and ecember 4, 2012, this	aff #3 nyl Citrate. I NOV 12" rty-four		narcotic log book.	,	
	(34) days after exp	piration. Staff #3 veri	fied the				
		single dose vial, whic led after use during t					
	procedure. Staff #	3 verified the Midazo	olam did no	ŧ l	The large locked stock	(
	have an opened o	n date.	سستنديماليگ		medication box is acco		
	Staff #3 and the s	surveyor observed the	9 TOHOWING		only by the DON. The		
	Eight full boxes wi	th twenty-five (25) vis	els/box for a		boxes of expired Fent		
	total of 200 vials o	f Fentanyl Citrate 10	0 mcg/2 ml		with 25 vials each wer	•	
	which had expired	on "1 NOV 12" avail patients. In addition t	able for		available for administ		
	expired Fentanyl C	Citrate 100 mcg/2 ml,	there were		to patients. These we		
	250 vials, which ha		L 4 0040		be returned with the		
	An interview was o	conducted on Decem Staff #4 in the preser	iber 4, 2012 ice of Staff	ĵ	appropriate DEA pape	rwork	12-6-12
	#2. Staff #4 verific	ed the 200 vials of Fe	entanyl		The non -expired Fent		
		mi had expired on "1 the medications used			was for patient use as	-	-
1		returned to the small			the DON or anesthesi		
	boxes. Staff #4 ve	erified the expiration	date of "1		had access to the stoo	_	
		vo vials of Fentanyl C 4 verified one expired			medications locked be		
	Fentanyl Citrate 1	00 mcg/2 ml had an	opened on		the narcotics used are		
	date of "12/4/12" a	and administered to p	atient(s).		recorded daily and sig	.	
	Medication room	dications were observ refrigerator:	ed in vie		two RNs.		
1	One vial of PPD T	uberlin purified prote	in 1 mi				
	opened on "10-3-1 One vial of Influent	12" za Virus Vac Fluvirin	5 ml found				
	open without an op		t int totalla				
STATE FOR	<u></u>		021199		\/E\N\/44		

TATEMENT ND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NO	IMBER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE (COMPL	
		FTAF-00	17			12/	35/2012
AME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
IOVA WO	MEN'S HEALTHCA	RE	10400 EAT FAIRFAX,	ON PLACE. VA 22030		······································	
(X4) ID PREFIX TAG	FACH DEFICIENC	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED B' LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETI
T 170	Continued From Page 10 Staff #3 verified the findings and reported the vials			T 170	Use of safe injecti	on	
	of PPD had been	opened longer than t	he 28 day		practices were reviewed with		
	storage policy for	opened medications	and the		the recovery room		17-1-1
	Fluvirin did not ha	ve an opened on dat	e.		access medication		12-6-1
	[According to Drug	gs.com Ondansetron	(Zorran)				
	blocks the actions	of chemicals in the a and vomiting. Onde	nsetron is		small locked med		
	used to prevent na	ausea and vomiting t	hat may be		. All single dose via		
	caused by surgery	y or other medication	s.]		discarded after ea	ich use.	
	[According to Drug	gs.com Flumazenii re	everses the		Each medication v	will be	
	effects of certain t	types of sedatives from the second section of sedatives from the second	eu) diona		dated upon openi	ng and	
	of drugs.]	Jen-20-dyo-77, 2 0 pt	sairy give in		discarded within	28 days.	
	IPPD Tuberlin pur	rified protein is used	for detecting		*		
	tuberculosis (TB)	infection. Tuberculin	purified				
	protein derivative	(PPD) is a diagnostic a mild, delayed aller	c agent, it nic reaction			, ilea	
	in patients infecte	d with TB or who have	ve had a		Medications that req	uire datar	13 L
	past infection, whi	ich allows for detecti	on of TB.]		refrigeration expirat	Ou dates	
	[Influenza virus va	accine is used for pro	tecting		will be checked mon	thly by	
	against certain str	rains of influenza (flu ating the body to pro	i) in patients.		the RN on the day th	ie crash	
	it works by sumuli antibodies.]	auce		cart meds are check	ed and		
	antinounde.j				recorded.		
T 175	12 VAC 5-412-22	O C Infection preven	tion	T 175	16001000		
		es and procedures fo			ı		
		he facility, equipmen	t and		,		
	supplies shall add	tress the following:	at and				
	1. Access to nan	d-washing equipmer s (e.g., soap, alcoho	l-based				
	hand rubs, dispos	sable towels or hot a	ir dryers);				
	2. Availability of u	2. Availability of utility sinks, cleaning supplies					
	and other materials for cleaning, disposal, storage and transport of equipment and supplies; 3. Appropriate storage for cleaning agents (e.g.,				,		
					,		
	locked cabinets o	Appropriate storage for cleaning agents (e.g. ked cabinets or rooms for chemicals used for			·		Ì
	cleaning) and pro	duct-specific instruc	tions for				
	use of cleaning ag	gents (e.g., dilution, o	contact				
	time, managemer	nt of accidental expo	sures);				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI FTAF-001	MBER;	BER; A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF P	ROWDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE		0012012
NOVA WOMEN'S HEALTHCARE 10400 E/			10400 EA	TON PLACE VA 22030			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLET DATE
	4. Procedures for transporting clean and equipment; 5. Procedures for storage/transport of transporting reaccordance with approper accordance with approper patients. (i) The level of cleate to be used for each (ii) the process (edisinfection, heat signification, heat signification accordance with appropriate signification agent in the processary to prevent infections agent in the p	handling, storing and linens, clean/sterile s handling/temporary of solled linens; handling, storing, proegulated medical wast oplicable regulations; the processing of each quipment between us The procedure shall a aning/disinfection/sterilization); and or verifying that the allot of disinfection/sterilization; and or verifying that the allot of disinfection/sterilis. The procedure shall affacturer's recommenstate or national infectional infections for of equipment in accommendations; cleaning of environmentate cleaning products control program, miliocal health and lations; and prevention procedure infoortion transmission he facility as recommendations are commendations.	cessing te in characteristics; canaged central cets; canaged central centr	T 175	A monthly walk throu the Director of Nursin occur to ensure staff adherence to infection control and prevention. A review of cleaning/disinfecting surfaces like the recover room reclining chairs in between patients, includ the collapsible tray. Infection training for all state scheduled for 3/2013. Procedures for cleaning/disinfecting environmental surfaces habeen reviewed with the medical assistants. All equipment will be wiped down /disinfected betwee surgical cases.	g will y ing ction iff is	12-15-13 12-0-U
ATE FORM		0:	21190		VFWV11	if continuatio	

State of Virginia STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAIN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 12/05/2012 FTAF-0017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10400 EATON PLACE, SUITE 515 **NOVA WOMEN'S HEALTHCARE** FAIRFAX, VA 22030 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5)(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) T 175 Continued From Page 12 T 175 The side and hand rails on The findings included: the gurney/stretcher are 1-25-13 operated only by the medical During the tour of the facility on 12/4/12 at 8:10 transport staff. The gumey is a.m., the following observations were made: (1) The stretcher in the "gurney room: had disinfected between multiple cracks and gouges in the rubber coating patients. Replacement of the side/hand rails on both sides. The areas rubber coating for the side were deep and would not be able to be. appropriately disinfected. and hand rails will be (2) In the "Specimen Room" it was observed that ordered from the various chemicals and cleaning agents were stored: enzymatic cleansers, disinfecting solution, manufacturer. vinyl gloves, betadine solution and a bulb syringe Infection prevention was in a plastic container. (There were twelve (12) bottles of the solutions total stored under the sink.) reviewed with the staff .All (3) On the "red cart" in the procedure room was a chemical and cleaning agents large plastic container which was identified by were removed from the Employee # 2 as an "emergency supply" box. This plastic container was observed to contain an specimen room and are 17-5517 open nasai cannula, a black "fanny pack" stored in a locked room. The (personal item belonging to staff), a pair of DON will do a monthly walk eyeglasses (personal staff article) and a sedation stethoscope. Employee #2 stated. "Those things through to ensure proper should not be in there..." storage of chemicals. (4) The floor vacuum/suction machine was observed to have duct tape on the shelf and dried All personal items have been residue on either side. removed from the container 1-6-17 (5) In Exam Room 2, the foot covers/pads were observed to be forn with the cotton batting holding the ambu bag. The showing through. open cannula has been (6) In the "Recovery Room" Chair #3 had what discarded. appeared to be a dried reddish brown residue on the tray on the right side. Employee #2 stated. "It The foot covers are replaced could be blood... 1-25-12 in exam room #2. Employee #2 was present and aware of the observations/findings of the survey team. Disinfection of surfaces is done between every patient. On 12/5/12 at 9:00 a.m., the observations were discussed with Employee # 8. The duct tape 13333 has been removed from the No further information was provided. suction machine. STATE FORM VEVEVIE If continuation sheet 13 of 34

State of V	Virginia					FUK	MAPPROV		
STATEMEN AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SL IDENTIFICATION FTAI		MBER;	(X2) MULTI A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED			
NAME OF P	ROVIDER OR SUPPLIER			DRESS CITY	STATE 710 COME	12/	05/2012		
NOVA W	OMEN'S HEALTHCA	RE	10400 EAT FAIRFAX,	ET ADDRESS, CITY, STATE, ZIP CODE 0 EATON PLACE, SUITE 515 FAX, VA 22030					
(X4) IĐ PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DUILD RE	(X5) COMPLET DATE		
	A. The anesthesia accordance with the provisions of the R Practice of Medicin Podiatry and Chirolese.). This RULE: is not Based on observations used for estricted access to addition, the anesthemedications in the I penatrating the sep. The findings include On arrival, on 12/4/Facilities Inspectors administrator and clavallable. Observations conducted the Procedure room Propofol and Brevital		cord estantation sthesia edies Medical stantation stees of setantation stantation stant	T 220	The Office Based Anest Regulations were reviewith the anesthesiolog the nursing staff. The kithe anesthesiologist medication box are lock at the end of each surger session and are not averto a martharized personant the day will be responsified the medication/narokeys. She will ensure the keys are locked up at the of each surgery session.	wed ist and eys to ked up ery rallable nnel. se for ble otic e	8-6-3		
k b fr	abinet a yellow lany ley had a similar show within the wall or acility staff was calle staff #5 a non-licens ledical Facilities Ins ould be found. At 8 acilities Inspectors and-by during obse	vard with a key attach ape as the locked me fithe procedure room. Immediad in the room immediad staff waited with o spectors, until a licens 1:19 a.m., one of the found Staff #2, who as evations.	ed. The dication A liately, one of the sed staff Medical greed to	•	All anesthesia drugs/medications will be stored with restricted acc to authorized personnel of	ess	12-6-12		
	pservations conduc	ted in the facility's un	locked			1			
ATE FORM					·				
		021	1189		VFWV11	If continuation	shoet 14 of 24		

State of Virginia

PRINTED: 12/13/2012 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ 12/05/2012 FTAF-0017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10400 EATON PLACE, SUITE 515 NOVA WOMEN'S HEALTHCARE FAIRFAX, VA 22030 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From Page 14 T 220 procedure room on December 4, 2012 at 8:20 a.m., by two Medical Facilities Inspectors and Staff #2 determined a key on a neck lanyard found in an unlocked cabinet opened the All controlled substances are 12-6-12 anesthesiologist medication box. The anestheslologist medication box was opened and stpred, administered and the following was observed and verified by Staff dispensed in accordance with federal and state laws. All One Fentanyl Citrate 1000 mcg (micrograms) 20 ml (milliliter) "single dose" vial opened, undated medication used for and accessed with an open needle in the vials anesthesia is locked and rubber septum. restricted to unauthorized Two Midazolam 50 mg (milligram/10 ml vials opened undated. One of the vials was accessed staff. with an open needle in the vials rubber septum. ひしひ Ketamine Hydrochloride 500 mg/10 ml 50 ml vial No open needles penetrating opened and undated. the septum in vials are acceptable. All needles are Observations within the unlocked cabinets revealed the following: single use and to be One vial Propofol 1% 10 mg/ml 20 ml single use discarded after a single use. vials without a cover over the vial's septum One opened box with five single use vials of All medications are to be Propofol 1% 10 mg/ml 20 ml 17-10-17 One opened box with ten single use vials of dated upon opening and Propofol 1% 10 mg/ml 20 mi discarded in 28 days. Three unopened box single use vials of Propofol 1% 10 mg/ml 20 ml with 10 vials per box (A total Propofol injectable emulsion of thirty (30) vials) 12-10-12 One opened box with sixteen vials of Propoful 1% is a single dose parental 10 mg/ml 50 ml single use vials product and will be Two opened boxes with twenty (20) vials each of Propofol 1% 10 mg/ml 50 ml single use vials discarded after use. Six vials of Brevital Sodium (Methobrevital Sodium) 500 mg. Twenty-three (29) vials of Pitocin 10 unit/ml 1 ml vials Two vials of Labetalol Hydrochloride 100 mg/20 ml 20 ml vials Five vials of Ephedrine Sulfate 50 mg/ ml Twenty-nine (29) Lidocaine 2% inj (injectable) 20

FAX

Confidential

Warning

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately.

Please advise us of any difficulties in receiving this transmission by calling the numbers listed above.

NOVA Women's Healthcare

10400 Eaton Place, Suite 515 Fairfax, VA 22030

Telephone: (703) 691-4141 Fax: (703) 591-5663

TO:
Name Warlene Mase
Company 11 1
Fax Number 804-527-4502
FROM:
Name TENNY MIN - IVOUa
Date 3 22-12 Time 1 20 am/pm
TRANSMISSION:
This cover letter pluspages attached.
COMMENTS: Devoc aire to the Renda
LET ME Thow if
there is a problem
Reply Required? Yes / No Urgent? Yes / No

State of	Virginia					FORM APPROVE	
	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MBER;	(XZ) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
		FTAF-001				12/05/2012	
	PROVIDER OR SUPPLIER OMEN'S HEALTHCAR	RE	10400 EA	TON PLACE VA 22030	STATE, ZIP CODE SUITE 515		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL .	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
T 220	or method to verify available for either any staff could accept the unlocked cabine should be dated whater 28-days of open An interview was coat 9:10 a.m., with Spresence of Staff # the procedure room "probably in a hurry vial's septum" and opening." Staff #5 opened needle in the route for the introduct acknowledged the likept in an unlocked any staff. [According to Healt nil) is a synthetic opening a medical proceduring a medical proceduring a medical procedures.] [According to Drugs benzodiazepine and preoperative sedation of preoperative events before short diagnor procedures.] [According to Drugs anesthetic medication medication or the procedures.]	cabinet did not contitue amount, which simedication. Staff #2 est the procedure roles the procedure roles the procedure role and "throsening per policy." Inducted on Decembitaff #5. Staff #5 in the conducted on Decembitaff #5. Staff #5 in the conducted of the conducted leaving acknowledged leaving evial's septum provuction of contaminate Proportion and Brevital I cabinet easily access the conducted acknowledged leaving the conducted and proportion of contaminate proportion and before, desired the conduction of the	hould be verified om and medication with out over 4, 2012 ne e finding in ne/she was in the als after ided a es. Staff #5 had been ssible to of before, a seep drochloride izepine ed for memory is sedation ental of to put	-	Propofol 1% vials, Midazolam vials, Ketamine Hydrochloride vials, and Brevital Sodium 500mg vials are stored in a locked cabina and not accessible to unauthorized staff. They are recorded in the anesthesiologist narcotic record book as they are used. The opened single use Propofol vial without a cove over the septum was discarded. A review of the strict aseptic administration technique with single use parental products was conducted with anesthesiology and the nursing staff. Training related to clinical practices will be offered quarterly to ensure competency. The Director of	et 26-12	
	you to sleep for sur	gery and to prevent p	pain and		Nursing is responsible to		
STATE FOR	M	7	QZ1190		review the staff training and competency in the future.	itinuation sheet 16 of 3	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU		R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		FTAF-001	7	B. WING_		12/05/2012		
	ROVIDER OR SUPPLIER				STATE, ZIP CODE			
NOVA W	OMEN'S HEALTHCAR		FAIRFAX,	EATON PLACE, SUITE 515 X, VA 22030				
(X4) [D PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY BC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	(X5) COMPLETE DATE		
Т 220	procedures.] [According to Drugs reduces anxiety and relaxation and sleet Propofol provides to diagnostic tests and the beginning of substitute aseptic technic maintained during hemulsion is a single [According to MedF barbiturate anesthe activity of the brain and inducing sleep of sensation or feeling procedures] [According to Drugs natural hormone that contract. Oxytocin is strengthen labor co and to control bleed also used to stimulate woman with an incomiscarriage.] [According to Drugs drugs called beta-bit the heart and circular arteries and veins), hypertension (high laso be used for the hy	ertain medical tests of a com Propofol is a did tension, and promoto or loss of conscious per or loss of awareness for disurgical procedures regery ADMINISTR ique must always be landling. Propofol injudes parenteral products. Com Brevital Social tests works by depreto inhibit painful sension. Inducing anestheing) prior to surgical sused to induce laborate at causes the uterus is used to induce laborate or threatened at causes the uterus in the contractions during chilling after childbirth. Cate uterine contractions mplete or threatened acom Labetalol is instockers. Beta-blockers in the contraction in the contr	rug that otes sness. short s, sleep at tATION- ectable uct] dium is a ssing the sations sia (lack cin is a to or or dbirth, oxytocin is ns in a 1 a group of rs affect ugh treat etalol may is of sed for chest if asthma. onditions	T 220	Pitocin, Labetalol, and Ephedrine are emergency drugs that are kept in the crash cart. These medications are returned to the crash cart daily and locked up. An annual training of personnel on proper infection prevention techniques will be provided the Director of Nursing is responsible to maintain compliance and staff adherence to infection control practices.	c ,	3-12-12	

State of V	irginia			1	<u> </u>		****		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA MBER;	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE S COMPL			
		FTAF-001	7	B. WING_		12/0	5/2012		
NAME OF P	ROVIDER OR SUPPLIER	7 174 .00		RESS, CITY,	STATE, ZIP CODE				
	OMEN'S HEALTHCA	RE	10400 EAT	ATON PLACE, SUITE 515 X, VA 22030					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL !	ID PREFIX TAG	PROVIDER'S PLAN OF G (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
T 2 2 0	reducing swelling and constricting blood vessels in the nasal passages and widening the lung								
T 2 6 5	airways, allowing you to breathe more easily.] 12 VAC 5-412-250 A Administration, storage and dispensing of dru			T 265					
	54,1-3401 of the Virginia, shall be dispensed in accordance. The dispensed manufacturers' sawith Chapter 33 of the Virginia of	estances, as defined in Drug Control Act of the stored, administered a produce with federal a sing of drugs, excluding amples, shall be in according to the Corons Governing the Product 110-30).	e Code of sand and state ing cordance de of						
	Based on observerview the facility medications used restricted access to ensure the analysthesia medications anesthesia medication of the facility of the faci	ot met as evidenced by ations, interview and it failed to ensure staffed for anesthesia in a risk to unauthorized staffesthesiologist did not cations in the lock boxing the septum of the	record stored nanner that and failed store with open						
	; Facilities Inspect	uded: /4/12 at 8 a.m., the tw fors were informed the d charge nurses were	8						
	Observations co 8:11 a.m., by two the Procedure ro Propofol and Bre cabinet. The observation	nducted December 4, o Medical Facilities Insome revealed multiple evital stored in an unk servations revealed in lanyard with a key atter shape as the locked	spectors in boxes of ocked a lower ached. The	4	•				
STATE FO	D) A		021199	1	VFWV11	If contin	uation sheet 18 of 3		

1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER IDENTIFICA		ABER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING B, WING		(X3) DATE SURVEY COMPLETED	
	FTAF-001		DECC CITY C	TATE, ZIP CODE	141/444	
AME OF PROVIDER OR SUPPLIER IOVA WOMEN'S HEALTHCA	1	10400 EA	TON PLACE. VA 22030	•		
PREFIX (EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLET	
box within the wa facility staff was of Staff #5 a non-lice Medical Facilities could be found. A Facilities Inspector	Continued From Page 18 box within the wall of the procedure room. A facility staff was called in the room immediately, Staff #5 a non-licensed staff waited with one of the Medical Facilities Inspectors, until a licensed staff could be found. At 8:19 a.m., one of the Medical Facilities Inspectors found Staff #2, who agreed to stand-by during observations.			Propofol 1% vials, Midazolam vials, Ketamine Hydrochloride vials, and Brevital Sodium 500mg vials are stored in a locked cabine	;	
Observations con procedure room of a.m., by two Med Staff #2 determing in an unlocked ca anesthesiologist is	iducted in the facility's on December 4, 2012 a ical Facilities Inspector ed a key on a neck land ibinet opened the medication box. The	at 8:20 's and lyard found		unauthorized staff. They are recorded in the anesthesiologist narcotic record book as they are used.	e	
#2: One Fentanyl City ml (milliliter) "sing and accessed with rubber septum. Two Midazolam 5 opened undated.	anesthesiologist medication box was opened and the following was observed and verified by Staff #2: One Fentanyl Citrate 1000 mcg (micrograms) 20 ml (milliliter) "single dose" vial opened, undated and accessed with an open needle in the vials			The opened single use Proposol vial without a cove over the septum was discarded. A review of the strict aseptic administration technique with single use	1	
	dle in the vials rubber : hloride 500 mg/10 ml : ited.			parental products was conducted with		
revealed the follo One vial Propofol vials without a co	1% 10 mg/ml 20 ml si ver over the vial's sept	ingle use um		anesthesiology and the nursing staff.		
One opened box with five single use vials of Propofol 1% 10 mg/ml 20 ml One opened box with ten single use vials of Propofol 1% 10 mg/ml 20 ml Three unopened box single use vials of Propofol 1% 10 mg/ml 20 ml with 10 vials per box (A total		ls of Propofol		No open needles penetra the septum in vials are acceptable. All needles a single use and to be	re 2-612	
10 mg/ml 50 ml si	with sixteen vials of Pr	' '		discarded after a single u ,	ise.	

State of Virginia (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 12/05/2012 FTAF-0017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10400 EATON PLACE, SUITE 515 **NOVA WOMEN'S HEALTHCARE** FAIRFAX, VA 22030 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) T 265 T 265 Continued From Page 19 All anesthesia J-6-11 Propofol 1% 10 mg/ml 50 ml single use vials drugs/medications will be Six vials of Brevital Sodium (Methobrevital stored with restricted access Sodium) 500 mg. to authorized personnel only. Twenty-three (29) vials of Pitocin 10 unit/ml 1 ml Two vials of Labetalol Hydrochloride 100 mg/20 ml 20 ml vials All medications are to be Five vials of Ephedrine Sulfate 50 mg/ ml 2-64 Twenty-nine (29) Lidocaine 2% inj (injectable) 20 dated upon opening and mg/ml 50 ml vials discarded in 28 days. Staff #2 verified the cabinet did not contain a log or method to verify the amount, which should be available of either medication. Staff #2 verified any staff could access the procedure room and The Office Based Anesthesia the unlocked cabinet. Staff #2 verified medication Regulations were reviewed should be dated when opened and "thrown out with the anesthesiologist and after 28-days of opening per policy." 2-6-17 the nursing staff. The keys to An interview was conducted on December 4, 2012 the anesthesiologist at 9:10 a.m., with Staff #5. Staff #5 in the presence of Staff #2 was informed of the finding in medication box are locked up the procedure room. Staff #5 reported he/she was at the end of each surgery "probably in a hurry and left the needles in the vial's septum" and "forgot to date the vials after session and are not available opening." Staff #5 acknowledged leaving an opened needle in the vial's septum provided a to unauthorized personnel, route for the introduction of contaminates, Staff #5 acknowledged the Propofol and Brevital had been kept in an unlocked cabinet easily accessible to All controlled substances are any staff. stored, administered and [According to Healthline.com FENTANYL (FEN ta BY 1-1 P dispensed in accordance with nil) is a synthetic opioid narcotic analgesic, a pain federal and state laws, All reliever. It is used to treat pain before, during, and after surgery. This medicine is also used before, medication used for with, and in place of other medicines for sleep anesthesia is locked and during a medical procedure.] restricted to unauthorized [According to Drugs.com Midazolam hydrochloride staff. (mldaz'?lam), is a short-acting benzodiazepine

State of Virginia				# .t
	PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED
	FTAF-0017			12/05/2012
NAME OF PROVIDER OR SUPPLIER	į.		TATE, ZIP CODE	
NOVA WOMEN'S HEALTHCARE	FAIRFAX,	TON PLACE VA 22030		
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEN	BE PRECEDED BY FULL	ID PREFIX TAG	FROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
of preoperative events are before short diagnostic exprocedures.) [According to Drugs.com anesthetic medication. Knyou to sleep for surgery a discomfort during certain procedures.] [According to Drugs.com reduces anxiety and tensor relaxation and sleep or lost Propofol provides loss of diagnostic tests and surgethe beginning of surgery Strict aseptic technique in maintained during handline emulsion is a single-use [According to MedFacts.of barbiturate anesthetic. It activity of the brain to inhand inducing sleep Incof sensation or feeling) perocedures) [According to Drugs.com natural hormone that cause contract. Oxytocin is used strengthen labor contract and to control bleeding a also used to stimulate utowoman with an incomple miscarriage.]	depressant, a ic. It is prescribed for and impairment of memory and for conscious sedation endoscopic or dental and Ketamine is used to put and to prevent pain and a medical tests or a Propofol is a drug that sion, and promotes oss of consciousness. If awareness for short gical procedures, sleep at ADMINISTRATION-must always be ing. Propofol injectable parenteral product]		Propofol injectable emu is a single dose parental product and will be discarded after use.	Ision W. W. 2

State of \	/irginia	· · · · · · · · · · · · · · · · · · ·		,					
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE. IDENTIFICATION NUI	UBER:				(X3) DATE SURVEY COMPLETED 12/05/2012		
NAME OF P	ROVIDER OR SUPPLIER			DRESS CITY.	STATE, ZIP CODE				
	MEN'S HEALTHCAR	RE	10400 EA	0 EATON PLACE, SUITE 515 FAX, VA 22030					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE				
	also be used for the hypertension (high [According to Drugtemporary relief of tightness, and whe Ephedrine may also as determined by y decongestant and reducing swelling at the nasal passages airways, allowing your 12 VAC 5-412-260 dispensing of dru. C. Drugs maintain administration shall properly stored in ewith restricted according. Drugs shall be temperatures in according to the store anest to prevent access to prevent access the failed to ensure expanding to ensure expanding to the findings including the findings including the facilities in Medical Facilities I	blood pressure). Labe e emergent treatment blood pressure). It is shortness of breath, ezing due to bronchia o be used for other cour doctor. Ephedrina bronchodilator. It works and widening the luriou to breathe more e. C. Administration, stored in the facility for difference of sufficient exists to authorized persone maintained at appropriate medications in the present and interviews the stretch of patients, as stored in a manner to st	t of sed for chest al asthma. conditions e is a ks by vessels in ng asily.] orage and aily shall be at size connel copriate cons in 18 a manner connel, re not and prevent	Т 275	• Medications daily administered will be stin a restricted area. The will be responsible for monitoring the expiratedates daily.	ie RN			
	~~~						<u> </u>		

State of	Virginia					1	FOR	M APPROVED
STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU  FTAF-00	IMBER:	(X2) MULTI A. BUILDIN B. WING		TION	(X3) DATE SURVEY COMPLETED	
NAME OF I	PROVIDER OR SUPPLIER	1 1A1-00		Aprico pro-			12/	05/2012
	OMEN'S HEALTHCAR	RE	10400 EA	DDRESS, CITY, SYATE, ZIP CODE ATON PLACE, SUITE 515 (, VA 22030				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	Fill	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		LO BE	(X5) COMPLETE DATE
	Observations conditions are stressionally and accessed with an unlocked cabine an esthesiologist me the following was of #2:  One Fentanyl Citratem (milliliter) "single and accessed with a rubber septum.  Two Midazolam 50 moderned and undated opened and undated opened and undated observations conduting the following was observations conduting the following was observations conducted opened and undated observations conduting the follower opened in the follower opened and undated opene	ucted December 4, 2 fedical Facilities Inspire revealed multiple bial stored in an unloc vations revealed in a syard with a key attachape as the locked more the procedure roor led in the room immersed staff waited with spectors, until a licel 8:19 a.m., one of the found Staff #2, who servations.  ucted in the facility's December 4, 2012 and Facilities Inspectors at Fac	nectors in loxes of ked lower ched. The nedication m. A ediately, lone of the nsed staff edical agreed to unlocked at 8:20 s and yard found ened and by Staff rams) 20 andated a vials vials accessed eptum. O ml vial with Staff ations vithin the in an	T 275	stored, a dispense federal a medicat anesthed restricted staff.  Safe I been medicat a ster with deach restricted as ter with deach restricted staff.	plead substances are diminible and and din accordance with and state laws. All on used for sia is locked and did to unauthorized in practices has reviewed with the cal and nursing staff, nesthesiologist will usile needle for each rawal of medication, needle will be ded. The medication on the IV extension sed is needle free.  Every room nurse for will be responsible medication/narcotic will ensure the locked up at the endurgery session.	ve se	12-6-12
ATE FORM			77100					

State of \	/irginia							
		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	ATION NUMBER:  A. BUR		E CONSTRUC	rion	(X3) DATE SURVE COMPLETED 12/05/20	
NAME OF PROVIDER OR SUPPLIER		r (AF-00)		RESS, CITY, STA	TE 710 AAD		12/0	1/2012
	DMEN'S HEALTHCAR	E		TON PLACE, S				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH C	DER'S PLAN OF CORRECTI DRRECTIVE ACTION SHOU FERENCED TO THE APPRO DEFIGIENCY)	LD BE	(X5) COMPLETE DATE
	2012" One vial of 50% De Observations condu #2 revealed the followere located in the available for patient Hydralazine Hydroc vial dated "7/25/12" Twenty-four (24) vial vials expired "11/12 An interview was co at 8:20 a.m., with S use vials should be a needle should new #2 verified the oper on date. An interview was co at 9:10 a.m., with S presence of Staff #2 the procedure room "probably in a hurry vial's septum" and " opening."  2. Observations we 2012 at 9:06 a.m., v recovery room. The 1000 ml bags of 5% IV solutions, which I were available for a #2 verified the findir solutions should not date. Staff #2 report	Bicarb 50 meq ) ml vial expired "21 extrose expired "10/1s ucted and verified by owing expired medic facility's procedure not use: ehloride 20 mg/ ml on	with Staff ations oom e opened g/ml 1 mi per 4, 2012 ed, "Single pening and oper." Staff in opened er 4, 2012 e finding in ne/she was in the tils after cember 4, cility's ed two ed Ringers ber, 2012, ents. Staff V piration have been	T 275	disca date disca ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	rusion fluids will be arded. All drugs will be when opened and arded in 28 days.  The consible for crash carried fluids will be arded.	e Rn All	26-12
	Observations col room" on December Staff #3 revealed tw	nducted in the "Medi r 4, 2012 at 12:20 p.r o sets of locked med	n. with					

State of \	/irginia		,,	,		,	<del></del>	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM	IBER:	A. BUILDING		TION	(X3) DATE SURVEY COMPLETED 12/05/2012	
MANUE OF B	ROVIDER OR SUPPLIER			DRESS CITY S	TATE, ZIP CODE	<u> </u>	10.77.17	
	OMEN'S HEALTHCAR	RE	10400 EA	TON PLACE VA 22030				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH O	IDER'S PLAN OF CORRECTIVE ACTION SHO FERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE	
Т 275	boxes contained mopened and used or reported any unuse completion of the dot the smaller locked the opened and paretrieved on the ne conducted. Staff #box contained "stormedications are medications and conducted box. One vial of Ondans a opened date doc. One "single use" violened undated Two vials of Fentar with approximate 1 date documented a "1 NOV 12." The sunopened had and One vial of Flumaz mi vial with an open	plained the smaller id ledications, which had during procedures. Si led portions in the vials lay's procedures were ed boxes. Staff #3 ex rtially used vials were xt day procedures were at explained the large ck medications." [Sto ledications kept on ha attents as part of the lations.] Staff #3 and the following findings	d been taff #3 s after s returned cplained then ere locked not for facility's the in the olyz" g/2 ml ml: One opened ad expired s NOV 12." rng/ml) 10		the s disca wast narco	expired medication small locked box is to arded by the RN. The is recorded daily otic log book.	to be is in the 12 1/2	
	"10/5/2012." Staff #3 reported the Ondansetron had the 28-day storage policy of the Exported by the expired by	ne vials of Flumazenil been opened longer to icy for opened medications should November 2012. State ation dates for Fentar th vials expired on "1 and been opened and ecember 4, 2012, this irration. Staff #3 verified after use during the verified the Midazola	and han the ations. uld have iff #3 nyl Citrate. NOV 12" ty-four ied the n should		dated disca All disc	rded. All drugs will in when opened and rded in 28 days.  Single dose vials will tarded after single to	ll be	
STATE FORM	П		₫21 <b>199</b>		VFWV1	1	If continuation sheet 25 of 34	

State of V	'irginia					· · · · · · · · · · · · · · · · · · ·		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   PROVIDER/SUPPLIER   IDENTIFICATION NUMBER    FTAF-0017			IBER:	(X2) MULTIP A, BUILDING B, WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, \$	TATE, ZIP CODE		****	
NOVA WOMEN'S HEALTHCARE 10400 EA				TON PLACE, VA 22030	SUITE 515			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACHICORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACHICORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
	findings in the large Eight full boxes with total of 200 vials of which had expired administration to pay expired Fentanyl Ci 250 vials, which had an interview was co at 1:01 p.m., with S #2. Staff #4 verified Citrate 100 mcg/2 r Staff #4 reported the procedures were repoxes. Staff #4 verified the procedures were repoxes. Staff #4 verified date of "12/4/12" ar The following medication room recone vial of PPD Tu opened on "10-3-12 One vial of Influenz open without an open without an open staff #3 verified the of PPD had been of storage policy for confident in the policy for confident	urveyor observed the process of the	s/box for a mcg/2 ml, ble for the here were her 4, 2012 be of Staff attanyl NOV 12." during the locked ate of "1 rate 100 vial of bened on attent(s), d in the locked at the vials a 28 day and the locked locked at the locked lo	T 275	The large locked standing and hursing staff is do the Director of Nursin safe injection practices  The large locked standing to patients. These be returned with the appropriate DEA particularly appropriate DEA particularly and access to the standing staff is do the Director of Nursin safe injection practice.	accessible The eight entanyl were not sistration were to ne aperwork, entanyl and only esiologist tock box, All are signed by  s will be ag and a days of  medical one by g for	12-612	
TATE FORM	penzodiazepine anx	iolytic. It is prescribed	i for		APIANA A	——————————————————————————————————————		
		•			VFWV11	If continuatio	n sheet 26 of 34	

State of V	<u>'irginia</u>	1		1				
STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE S	(X3) DATE SURVEY COMPLETED	
AND PLAN	F CORRECTION	IDENTIFICATION	DENTIFICATION NOW DETER			-	1	
		FTAF-001	7	B. WING		12/0	5/2012	
	A DI ADED OD CUDOUED			RESS, CITY, S	TATE, ZIP CODE			
	ROVIDER OR SUPPLIER DMEN'S HEALTHCA	RE	10400 EAT	ON PLACE	, <b>SU</b> IȚE 515		!	
(X4) ID PREFIX TAG	ノビスでは カラミドウドがん	ATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORM	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
T 275	Continued From F	Page 26		T 275				
12/5	preoperative sedal of preoperative evil before short diagraprocedures.] [According to Dru anesthetic medical you to sleep for significant discomfort during procedures.] [According to Dru direct-acting inote for short term tredecompensation. [According to Dru vasodilator that we your blood vesses. This lowers blood flow more easily [According to Dru antihistamine. Die of the naturally of the hody. Benadinose; itching, was and other symptomatic can trigger nausuated to prevent caused by surge [According to Dru effects of certain benzodiazepine of drugs.] [PPD Tuberlin putuberculosis (TE protein derivative works by causing to Dru to the protein derivative works by causing the prot	ation and impairment of vents and for conscious nostic endoscopic or or gs.com Ketamine is a ation. Ketamine is used urgery and to prevent propic agent. Dobutamine repic agent. Dobutamine repic agent. Dobutamine atment of patients with a light com Hydralazine is vorks by relaxing the relation of the disternation of the modern of the mod	an de to put pain and cor is a ine is used in cardiac is a muscles in (widen). Is blood to ind arteries.] an esezing; runn esezing; runn body that lansetron is finat may be ins.] reverses the rem the iseen) group if for detection purified tic agent. It ergic reaction	y y				
	in patients infection, w	ted with TB or who ha hich allows for detect vaccine is used for pr	ive nad a tion of TB.				: }	
STATE	OPM	1	02f198	<u> </u>	VFWV11	If contin	uation sheet 27 of	

State of V	/irginia					<del></del>			
AND PLAN OF CORRECTION IDENTIFICATION I		(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	ABER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/05/2012			
NAME OF B	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE					
NOVA WOMEN'S HEALTHCARE 10400 E				ATON PLACE. SUITE 515 K, VA 22030					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	CULD BE	(X5) COMPLETE DATE		
T 275	against certain stra It works by stimula antibodies.]	ains of influenza (flu) i		T 275	A Quality Assurance m				
	A. The abortion facility shall implement an ongoing, comprehensive, Integrated, self-assessment program of the quality and appropriateness of care or services provided, including services provided under contract or agreement. The program shall include process, design, data collection/analysis, assessment and improvement, and evaluation. The findings shall be used to correct identified problems and revise policies and practices, as necessary.				was held 12/28/2012 will be scheduled ever months or sooner if sa concerns or facility qua concerns arise.	12-28-12			
	This RULE: is not met as evidenced by: Based on staff interview and facility document review, the facility staff failed to ensure a Quality Assurance/Quality Improvement process was carried out. The findings included:				; The Business Admir will be responsible quarterly schedulin meetings.	for			
	12/5/12, multiple a team indicating the not been implement with employee #8 regarding the role improvement team /survey process, Enot had a Quality / (2012). We have and with the docto	survey conducted 12/4 treas were re-cited by a agency plan of corrented followed. In an inconstruction 12/5/12 at 9:00 a.m of the Quality Assurant in the monitoring/imployee #8 stated, "" Assurance Meeting sin been so busy and shors schedules and their couldn't have a meeting	the survey sction had nterview n., nce/Quality provement We have nce May ort staffed, r		Any corrective action documented and revie by the Quality Assuran committee. The Gove Board will be responsite approval.	wed ice rning			
STATE FOR	V		DZT 199		VFWV11	M compaign and a	in check 79 of 24		

RECEIVED
MAR 2.2 2013
VDH/OLC

State of Virginia

PRINTED: 12/13/2012 FORM APPROVED

If continuation sheet 29 of 34

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING FTAF-0017 12/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10400 EATON PLACE, SUITE 515 **NOVA WOMEN'S HEALTHCARE** FAIRFAX, VA 22030 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (XA) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) T 320 Continued From Page 28 T 320 12 VAC 5-412-300 B Quality assurance T 320 T 320 The Director of Nursing is responsible for maintaining B. The following shall be evaluated to assure adequacy and appropriateness of services, and compliance and staff to identify unacceptable or unexpected trends or adherence to Infection occurrences: control practice. Any 1. Staffing patterns and performance: 2. Supervision appropriate to the level of situation that would service: adversely affect patient care Patient records: is reported to the Quality 4. Patient satisfaction: 5. Complaint resolution: Assurance committee and 6. Infections, complications and other adverse immediately reviewed by the events: and 7. Staff concerns regarding patient care. Governing Body. This RULE: is not met as evidenced by: Based on staff interview and facility document review, the facility staff failed to ensure a Quality Assurance/Quality Improvement process was carried out which addressed the adequacy and The Quality Assurance appropriateness of services and identification of Committee met on 12-28trends and occurrences. 2012 Infection control The findings included: tracking/trends were , reviewed and updated. The During the revisit survey conducted 12/4 through J 28-17 minutes were sent to the 12/5/12, multiple areas were re-cited by the survey team indicating the agency plan of correction had Governing Board for review not been implemented/followed. There was no and domment. A staff evidence of any tracking/trending or evaluations of meeting was held 1-6-2013 services. In an interview with employee #8 on 12/5/12 at 9:00 a.m., regarding the role of the to address and resolve the Quality Assurance/Quality Improvement team in problems. Corrective action the monitoring/improvement /survey process, Employee #8 stated, ""We have not had a Quality has been taken and the Assurance Meeting since May (2012). We have report sent to the governing been so busy and short staffed, and with the doctors schedules and their vacations, we just body. couldn't have a meeting..." STATE FORM VFWV11

State of Virginia

PRINTED: 12/13/2012 FORM APPROVED

STATEMEINT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING FTAF-0017 12/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10400 EATON PLACE, SUITE 515 **NOVA WOMEN'S HEALTHCARE** FAIRFAX, VA 22030 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID PREFIX (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) T 330 12 VAC 5-412-300 D Quality assurance T 330 The Quality Assurance D. Measures shall be implemented to resolve Committee met on 12-28problems or concerns that have been identified. 2011. Infection control This RULE: is not met as evidenced by: tracking/trends were Based on staff interview and facility document W28-12 revidwed and updated. The review, the facility staff failed to ensure a Quality Assurance/Quality Improvement process was minutes were sent to the carried out which addressed and resolved Governing Board for review problems and concerns identified during the initial and comment. A staff licensure survey and that an effective plan of correction was implemented. meeting was held 1-6-2013 to address and resolve the The findings included: problems. Corrective action During the revisit survey conducted 12/4 through has been taken and the 12/5/12, multiple areas were re-cited by the survey report sent to the governing team indicating the agency plan of correction had not been implemented/followed. In an interview body. with employee #8 on 12/5/12 ay 9:00 a.m., regarding the role of the Quality Assurance/Quality Improvement team in the monitoring/improvement /survey process, Employee #8 stated, "'We have not had a Quality Assurance Meeting since May (2012). We have been so busy and short staffed, and with the doctors schedules and their The Business Administrator vacations, we just couldn't have a meeting ... " will be responsible for quarterly scheduling of QA T 335 2 VAC 5-412-300 E Quality assurance T 335 meetings. E. Results of the quality improvement program shall be reported to the licensee at least annually and shall include the deficiencies identified and Any corrective action will be recommendations for corrections and improvements. The report shall be acted upon documented and reviewed by the governing body and the facility. All by the Quality Assurance corrective actions shall be documented. Identified deficiencies that jeopardize patient committee. The Governing safety shall be reported immediately in writing to Board will be responsible for the licensee by the quality improvement the approval. committee. STATE FORM 025109 sheet 30 of 34

State of Virginia					<del></del>	1	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCT A. BUILDING B. WING		PTION	(X3) DATE SURVEY COMPLETED	
·	FTAF-001					12/0	5/2012
NAME OF PROVIDER OR SUPPLIER			DRESS, CITY, ST		É		
NOVA WOMEN'S HEALTHCA	RE		TON PLACE, VA 22030				
PREFIX (EACH DEFICIENCE	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH	IDER'S PLAN OF CORRECTIVE ACTION SHO EFERENCED TO THE APP DEFICIENCY)	COMPLETE DATE	
T 335 Continued From P	Continued From Page 30						
Based on staff into review, the facility Assurance/Quality carried out and accorded out accorded out and accorded out and accorded out and with the doctorded out accorded out and accorded out ac	survey conducted 12/areas were re-cited by a agency plan of corrented/followed. In an in on 12/5/12 ay 9:00 a. of the Quality Assurant in the monitoring/immoloyee #8 stated, "Assurance Meeting sibeen so busy and shors schedules and the	cument a Quality as was eming  4 through the survey ection had interview m., ence/Quality eprovement "We have ince May out staffed, eir		Con 201 trac revi min Gov and mee to a prol	Quality Assurance imittee fluction 12-22. Infection control king/trends were ewed and updated. Utes were sent to the eming Board for revious was held 1-6-2 ddress and resolve to been taken and the int sent to the govern.	T'he e riew 013 he tion	2~8-13
A. The facility's si and all equipment cooling, ventilation be all be kept in groundition. Areas a maintained in good hazards. All wood with non-lead-basishellac that will all This RULE: is not Based on observal	vacations, we just couldn't have a meeting"  12 VAC 5-412-360 A Maintenance  A. The facility's structure, its component parts, and all equipment such as elevators, heating, cooling, ventilation and emergency lighting, shall be all be kept in good repair and operating condition. Areas used by patients shall be maintained in good repair and kept free of hazards. All wooden surfaces shall be sealed with non-lead-based paint, lacquer, varnish, or shellac that will allow sanitization.  This RULE: is not met as evidenced by: Based on observation and staff interview, the facility staff failed to ensure all equipment was kept in good repair and operating condition by the			resj info and chai and be n	administrator is consible to update mation in the proceeding manual if procedure manually by ical Director.	cy shall	
TATE FORM		D2†199		VFWV		If continuent	in sheet 31 of 34

IND PLAN OF CORRECTION IDENTIFICATION				3	Co	ATE SURVEY OMPLETED	
		FTAF-0017		<u> </u>			12/05/2012
AME OF P	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, S	TATE, ZIP CODE		
IOVA W	OMEN'S HEALTHCA		10400 EATO FAIRFAX, V		SUITE 515		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	(EACH C	DER'S PLAN OF CORRECTION PRRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIAT DEFICIENCY)	
T 375	Continued From F	age 31		T 375		1	
	implementation ar	nd continued monitoring	g by a		A co	ntract with a local	
	bieseittanse mani	telianue dystem.			teci	nician is established to	1 24
ļ	The findings included:				eva	uate and ensure all	1-30
	The state of the state of	-10:40			pment is in good repair		
	During the tour of a.m., the following	at 8:10-			operating condition. All		
	(1) In the "gurney	l signs	'		ne medical equipment		
	machine) had not	-			be evaluated with PM		
	maintenance (PM	-nitor o			ters, repaired or replaced		
	<li>(2) A puise oxime patients oxygen le</li>				l - '		
	(3) An Omron bloc since 1/26/08.		1	by a	l-30-2013.		
	In the "Procedure (1) A datascope I PM was done.	Room": EKG monitor had no ev	ridence		· •		And the second s
	(2) An oral suction was done.	ence PM				·	
		mated external defibrill	ator used		The pr	eventativ <b>e</b>	
	in the event of a c	ardiac arrest) had no e			mainte	nance policy specifies	
	PM was done.	534			ipment shall be		
	(4) A floor vacuum since 1/21/08.	IIO PIM		•	d/tested annually to	1-3013	
	In Exam Room #1				proper operation.		
	(1) Logio 200 Soi	o			ds will be maintained		
	evidence of PM b	eing done. · fan with no evidence o	of DNA			h piece of equipment	
	In the Recovery R	or rivi.			icate its history of		
		ater in use with no PM	evidence.			i "	
					testin	and maintenance.	
Management of the control of the con	Employee # 2 was present during the four and was aware of the findings and observations. On						4
	12/5/12 at 9:00 a.			A muses	erly check on all		
	of the observations. No further information was provided.				-	ent to determine its	
	•				, ,	function and safety	
T 380	12 VAC 5-412-360	0 8 Maintenance		T 380		•	
	When patient monitoring equipment is		s			he responsibility of tor of Nursing.	
ļ	• • • • • • •					7	

RECEIVED

MAR 2.2 200

State of '	Virginia					<u>L</u>	, 4, 1,11	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBER  FTAF-0017			IBER:	(X2) MULT A. BUILDIN B. WING		ON	(X3) DATE S COMPLE 12/0:	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	STREET ADDRESS, CITY, STATE, ZIP, CODE				
				TON PLACE VA 22030	SUITE 515			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CO	ER'S PLAN OF CORRECTIVE ACTION SHO ERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
↑ 380	program shall be do This equipment shall accordance with manaccordance with manaccordance with manaccordance with manaccordance repair. After repair to any equipment, the thoroughly tested for returned to service, maintained on each indicate its history of this RULE: is not in Based on observatificality staff failed to kept in good repair implementation and preventative maintained.	reventative maintenare eveloped and implementall be checked and/or anufacturer's specification and a state of gration and shall be a piece of equipment of testing and maintenant as evidenced by ion and staff interview or ensure all equipment and operating condition continued monitoring enance program.	ented. tested in ations at to cood re made e afore it is to hance.  t, the at was on by the	T 380	rnaint  all equipment check ensur Recor on eau to ind	reventative enance policy speripment shall be ed/tested annually e proper operation ds will be maintain th piece of equipm cate its history of g and maintenance	/to n. ned nent	1-30-13
	a.m., the following of (1) In the "gurney a machine) had not he maintenance (PM) (2) A pulse oximetric patients oxygen lev (3) An Omron blood since 1/26/08. In the "Procedure F (1) A datascope Et PM was done.  (2) An oral suction of was done.  (3) An AED (automin the event of a car PM was done.  (4) A floor vacuum/s since 1/21/08.	he facility on 12/5/12 was observed: area" a Dynamap (vitilized any preventative done since 1/12/08, ry machine used to mels had no PM since it pressure cuff had no	al signs conitor a 1/21/08. co PM cidence ence PM cator used vidence		techni evalua equipr and op of the will be sticker	ract with a local clan is established te and ensure all nent is in good reperating condition, medical equipmer evaluated with Pfs, repaired or repl 0-2013.	pair All nt VI	1-38-1 <u>3</u>
TATE FOR	A		021100		VFWV11	· · · · · · · · · · · · · · · · · · ·		n eheet 33 of 34

State of V	irolnia	1	<del>                                     </del>	T				
STATEMENT OF DEFICIENCIES (X1) I		(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUC	TION	(X3) DATE SUR COMPLETI	ED ED
		FTAF-0017		B. WING			12/05/	2012
		1 174 -001	STREET ADD	RESS, CITY, S'	TATE, ZIP COD			
	ROVIDER OR SUPPLIER			ON PLACE.				
NOVA WO	MEN'S HEALTHCA	RE	FAIRFAX,	VA 22030				
	SUMMARY ST	ATEMENT OF DEFICIENCIES		מו	PROV	DER'S PLAN OF CORREC DRRECTIVE ACTION SHO	TION	(X5) COMPLETE
(X4) ID PREFIX TAG	ペスペリ へにだいごにんご	Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	ULL I	PREFIX TAG	CROSS-RE	FERENCED TO THE APPR DEFICIENCY)	OPRIATE	DATE
т 380	Continued From P	'age 33		T 380				
ĺ	In Exam Room #1	•			The	administrator is		
	(1) Logio 200 Sor	nogram Machine had n	o		res	onsible to update		
	evidence of PM be	eina done.			infe	rmation in the prod	edure	
	(2) Wind machine In the Recovery R	fan with no evidence o	) [ [V].		and	or policy manual in	f	
	(1) Livart floor Hea	ater in use with no PM	evidence.			nges occur. The po	.	
				,		Procedure manual	1	
	Employee # 2 was	s present during the too findings and observation	urand one On			reviewed annually b	1	
	12/5/12 at 9:00 a	m., Employee #8 was	informed			dical Director.		
	of the observation	is. No preventative ma	aintenance					
	policy/procedure	was provided to the sui	rvey team					
	end of the survey	ormation was provided	Dyuic					
	Gild Of file adives.	•						
					,			
				1				
			1					
			1					
			;					
	s							
					-	RECEIVED		
						MAR 2.2.2019		
	i		1					
			İ			VDH/OLC		
İ			t	779	***************************************			
			•					_
STATE FO	RM .	, , , , , , , , , , , , , , , , , , ,	C21100		VFWV	4	lf continuatio	n sheet 34 of 34