FAX

NOVA Women's Healthcare
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Confidential

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RECEIVED
MAR 22 2013
VDH/OLC

TO:

Name Darlene Rose

Company VDH

Fax Number 804-527-4502

FROM:

Name Penny Smith - Nova

Date 3-22-13 Time 4:20 am/pm

TRANSMISSION:

This cover letter plus _____ pages attached.

COMMENTS:

Please give to Brenda
Let me know if
there is a problem

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

PRINTED: 12/13/2012
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State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FTAF-0017	A. BUILDING _____ B. WING _____	12/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVA WOMEN'S HEALTHCARE	10400 EATON PLACE, SUITE 515 FAIRFAX, VA 22030

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	12 VAC 5- 412 Initial comments Two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted an unannounced Licensure Revisit survey to the Initial survey performed July 24, 2012 through July 26, 2012. The Revisit survey was conducted December 4, 2012 through December 5, 2012. The following are citations from the Initial survey, which were not corrected and therefore repeat citations: 12 VAC 5-412-140 (A) [Organization and management] 12 VAC 5-412-180 (A) [Clinical Staff] 12 VAC 5-412-220 (B) (8), (C) (3) (9) (12) [Infection prevention] 12 VAC 5-412-250 (A) [Anesthesia service] 12 VAC 5-412-260 (A) (C) [Administration, storage and dispensing of drugs] 12 VAC 5-412-300 (A) (B) (D) (E) [Quality assurance] 12 VAC 5-412-360 (A) (B) [Maintenance]. The following citation is a new finding 12 VAC 5-412-70 [Posting of license]. The agency was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Clinics. (Effective 12/29/2011)	T 000	RECEIVED MAR 22 2013 VDH/OLC	
T 005	12 VAC 5-412-70 Posting of license The abortion facility license issued by the commissioner shall at all times be posted in a place readily visible and accessible to the public. This RULE: is not met as evidenced by: Based on observations and staff interview the facility failed to post their license in a readily visible and accessible manner.	T 005	Facility license posted on the wall of the waiting room next to the reception area, readily visible and accessible to the public. Business administrator will be responsible for the posting.	2-5-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 2-19-2013

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T 005	Continued From Page 1 The findings included: An observation conducted on December 4, 2012 at 7:59 a.m. in the facility's lobby did not reveal a visible posting of the facility's license. An observation conducted on December 4, 2012 at 9:25 a.m. while standing at the check-in window revealed the facility's license was in a plastic holder on the top of a file cabinet inside the receptionist area. The license was not visible to the public, if staff within the receptionist area were standing between the check-in window and the file cabinet. The facility's license was not visible when files or other materials were placed in front of the plastic holder. An interview was conducted on December 4, 2012 at 9:27 a.m., with Staff #2. Staff #2 was informed the facility's license needed to be posted in a manner that was "readily visible and accessible to the public."	T 005		
T 010	12 VAC 5-412-140 A Organization and management A. Each abortion facility shall have a governing body responsible for the management and control of the operation of the facility. This RULE: is not met as evidenced by: Based on record review, facility document review, and staff interview, the governing body failed to monitor and ensure policies/procedures and processes were implemented related to: (1) Delineation of privileges for 3 (three) of 4 (four) physicians (Physician's #1 through 3), (2) ensure Quality Assurance/Performance Improvement meetings were held to monitor facility quality and	T 010	RECEIVED MAR 22 2013 VDH/OLC	

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T 010	Continued From Page 2 safety, (3) failed to notify the State licensing office related to a change in administrators. The findings included: (1) During the personnel record review for physician's credentialing on 12/4/12, the survey team was unable to locate evidence the Governing Body had approved the privileges for Physician's #1 through 3. Documents were present in the physician's files which included a description of privileges, however, there was no evidence of approval by the Governing Body. Employee #7 stated on 12/5/12 at 3:30 p.m., "I haven't done those yet. I had to get something else done, so these (physician privileges) were not done..." (2) On 12/5/12 at 9:00 a.m. 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 vacations, we just couldn't have a meeting..." 3. An interview conducted on December 4, 2012 at 7:59 a.m., with the facility front desk staff revealed a change in Administrators. An interview was conducted on December 4, 2012 at 11:01 a.m. with Staff # 7. Staff #7 reported the previous administrator had left in November 2012 and Staff #8 was "Acting Administrator." A request was made for a copy of the letter sent to the State licensing office related to the change in administrators. An interview was conducted on December 5, 2012 at 9:22 a.m. with Staff #7 and Staff #8. Staff #7 reported the facility had thirty-days to report a change and the letter had not been sent. The surveyor requested Staff #7 review the regulation at 12 VAC 5-412-160 (B), which indicates an	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 quarterly scheduling of QA meetings.	1-30-2013 12-28-2012

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T 010	Continued From Page 3 "immediate" reporting to the State licensing office. Staff #7 and Staff #8 reported they had failed to read the regulation correctly and had failed to immediately notify the State licensing office of the change in administrators. Staff #8 reported the governing body had not been aware of the need to immediately report the change.	T 010	The Business Administrator will be responsible for immediately reporting any change in the administration to VDH.	
T 050	12 VAC 5-412-160 B Administrator B. Any change in the position of the administrator shall be reported immediately by the licensee to the department in writing. This RULE: is not met as evidenced by: Based on observation and interview the facility failed to notify State licensing office regarding a change in administrators. The findings included: An interview conducted on December 4, 2012 at 7:59 a.m., with the facility front desk staff revealed a change in Administrators. An interview was conducted on December 4, 2012 at 11:01 a.m. with Staff # 7. Staff #7 reported the previous administrator had left in November 2012 and Staff #8 was "Acting Administrator." A request was made for a copy of the letter sent to the State licensing office related to the change in administrators. An interview was conducted on December 5, 2012 at 9:22 a.m. with Staff #7 and Staff #8. Staff #7 reported the facility had Thirty-days to report a change and the letter had not been sent. The surveyor requested Staff #7 review the regulation at 12 VAC 5-412-160 (B), which indicates an immediate reporting to the State licensing office.	T 050	The state licensing office was notified in writing of the new administrator effective January 2013. Any changes will be promptly reported.	1-5-2013

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T 050	Continued From Page 4 Staff #7 and Staff #8 reported they had failed to read the regulation correctly and had failed to immediately notify the State licensing office of the change in administrators.	T 050		
T 105	12 VAC 5-412-180 A Clinical staff A. Physicians and non-physician health care practitioners shall constitute the clinical staff. Clinical privileges of physicians and non-physician health care practitioners shall be clearly defined. This RULE: is not met as evidenced by: Based on record review, facility document review, and staff interview, the facility staff failed to ensure physician privileges were documented for 3 (three) of 4 (four) physicians, Physician #'s 1 through 3. The findings included: During the personnel record review for physician's credentialing on 12/4/12, the survey team was unable to locate evidence the Governing Body had approved the privileges for Physician's #1 through 3. Documents were present in the physician's files which included a description of privileges, however, there was no evidence of approval by the Governing Body. Employee #7 stated on 12/5/12 at 3:30 p.m., "I haven't done those yet. I had to get something else done, so these (physician privileges) were not done..."	T 105	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. Delineation of privileges for all physicians have been completed and approved by the Governing Board. The DON will assure this is done annually.	1-30-2013
T 170	12 VAC 5-412-220 B Infection prevention B. Written infection prevention policies and procedures shall include, but not be limited to: 1. Procedures for screening incoming patients and visitors for acute infectious illnesses and	T 170		

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T 170	Continued From Page 5 applying appropriate measures to prevent transmission of community acquired infection within the facility; 2. Training of all personnel in proper infection prevention techniques; 3. Correct hand-washing technique, including indications for use of soap and water and use of alcohol-based hand rubs; 4. Use of standard precautions; 5. Compliance with blood-bourne pathogen requirements of the U.S. Occupational Safety & Health Administration. 6. Use of personal protective equipment; 7. Use of safe injection practices; 8. Plans for annual retraining of all personnel in infection prevention methods; 9. Procedures for monitoring staff adherence to recommended infection prevention practices; and 10. Procedures for documenting annual retraining of all staff in recommended infection prevention practices. This RULE: is not met as evidenced by: Based on observations and interview the facility failed to correct and maintain safe injection practices. The facility had opened medication vials accessed with an open needle in the vial's rubber septum, expired medications, opened undated medications, opened single use vials stored, expired intravenous (IV) solutions, and medications opened after its expiration date available for administration to patients. The findings included: 1. Observations conducted in the facility's unlocked 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	T 170	Annual training of all medical and nursing staff is done by the Director of Nursing for safe injection practices. An investigation of all medications in the office was done by the Director of Nursing to ensure there were no expired drugs, all single dose vials were discarded and all vials had an opened on date. This will be monitored monthly by the RN who checks the crash cart medications.	12-12

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T 170	Continued From Page 6 anesthesiologist medication box. The 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 rubber septum. Two Midazolam 50 mg (milligram/10 ml vials opened undated. One of the vials was accessed with an open needle in the vials rubber septum. Ketamine Hydrochloride 500 mg/10 ml 50 ml vial opened and undated. Observations conducted and verified by with Staff #2 revealed the following expired medications were located in the facility's "Red Cart" within the procedure room available for patient use in an emergency: One vial of Dobutamine 250 mg/ml expired "July 2012" One 8.4 % Sodium Bicarb 50 meq (milliequivalents) 50 ml vial expired "21 Sept 2012" One vial of 50% Dextrose expired "10/1/12" Observations conducted and verified by with Staff #2 revealed the following expired medications were located in the facility's procedure room available for patient use: Hydralazine Hydrochloride 20 mg/ ml one opened vial dated "7/25/12" Twenty-four (24) vials of Benadryl 50 mg/ml 1 ml vials expired "11/12" An interview was conducted on December 4, 2012 at 8:20 a.m., with Staff #2. Staff #2 stated, "Single use vials should be thrown away after opening and a needle should never be left in the stopper." Staff #2 verified the open vials did not have an opened on date. An interview was conducted on December 4, 2012	T 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. 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. The emergency crash cart is checked daily and the emergency medications expiration 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.	12-6-12 12-6-12

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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 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 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 antihistamine. 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	Safe injection practices have been reviewed with the medical and nursing staff. The anesthesiologist will use a sterile needle for each withdrawal of medication. Each needle will be discarded. The medication portal on the IV extension sets used is needle free. Annual training of all medical and nursing staff is done by 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 care is reported to the Quality Assurance committee and immediately reviewed by the Governing Body.	12-6-12 12-28-12

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T 170	Continued From Page 8 and other symptoms of allergies and the common cold.] 2. Observations were conducted on December 4, 2012 at 9:06 a.m., with Staff #2 in the facility's recovery room. The observation revealed two 1000 ml bags of 5% Dextrose in Lactated Ringers IV solutions, which had expired September,2012, were available for administration to patients. Staff #2 verified the finding and reported the IV solutions should not be kept past the expiration date. Staff #2 reported the IV solutions have been thrown away when they expired in September 2012. 3. Observations conducted in the "Medication room" on December 4, 2012 at 12:20 p.m. with Staff #3 revealed two sets of locked medication boxes. Staff #3 explained the smaller locked boxes contained medications, which had been opened and used during procedures. Staff #3 reported any unused portions in the vials after completion of the day's procedures were returned to the smaller locked boxes. Staff #3 explained the opened and partially used vials were then retrieved on the next day procedures were conducted. Staff #3 explained the large locked box contained "stock medications." [Stock medications are medications kept on hand for administration to patients as part of the facility's inventory of medications.] Staff #3 and the surveyor observed the following findings in the smaller locked boxes: One vial of Ondansetron 40 mg/ml 30 ml vial with a opened date documented as "10/26/2012" One "single use" vial of Midazolam 2 mg/2 ml opened undated Two vials of Fentanyl Citrate 100 mcg/2 ml: One with approximate 1 ml left in vial with a opened date documented as "12/4/12" the vial had expired "1 NOV 12." The second vial, which was unopened had and expiration date of "1 NOV 12." One vial of Flumazenil 1 mg/10 ml (0.1 mg/ml) 10	T 170	IV fluids are checked for an expiration date monthly by the RN. Any expired IV fluids are discarded. All medication vials will be dated upon opening and discarded within 28 days of use. Single dose vials of any medicine will be discarded after a single use.	12-6-12 12-6-12

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T 170	Continued From Page 9 ml vial with an opened date documented as "10/5/2012." Staff #3 reported the vials of Flumazenil and 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 reviewed the expiration dates for Fentanyl Citrate. Staff #3 verified both vials expired on "1 NOV 12" and that one vial had been opened and administered on December 4, 2012, thirty-four (34) days after expiration. Staff #3 verified the Midazolam was a single dose vial, which should have been discarded after use during the procedure. Staff #3 verified the Midazolam did not have an opened on date. Staff #3 and the surveyor observed the following findings in the large locked box: Eight full boxes with twenty-five (25) vials/box for a total of 200 vials of Fentanyl Citrate 100 mcg/2 ml, which had expired on "1 NOV 12" available for administration to patients. In addition to the expired Fentanyl Citrate 100 mcg/2 ml, there were 250 vials, which had not expired. An interview was conducted on December 4, 2012 at 1:01 p.m., with Staff #4 in the presence of Staff #2. Staff #4 verified the 200 vials of Fentanyl Citrate 100 mcg/2 ml had expired on "1 NOV 12." Staff #4 reported the medications used during the procedures were returned to the smaller locked boxes. Staff #4 verified the expiration date of "1 NOV 12" on the two vials of Fentanyl Citrate 100 mcg/2 ml. Staff #4 verified one expired vial of Fentanyl Citrate 100 mcg/2 ml had an opened on date of "12/4/12" and administered to patient(s). The following medications were observed in the Medication room refrigerator: One vial of PPD Tuberlin purified protein 1 ml opened on "10-3-12" One vial of Influenza Virus Vac Fluvirin 5 ml found open without an opened on date.	T 170	Any expired medication in the small locked box is to be discarded by the RN. This waste is recorded daily in the narcotic log book. The large locked stock medication box is accessible only by the DON. The eight boxes of expired Fentanyl with 25 vials each were not available for administration to patients. These were to be returned with the appropriate DEA paperwork. The non -expired Fentanyl was for patient use and only the DON or anesthesiologist had access to the stock medications locked box. All the narcotics used are recorded daily and signed by two RNs.	12-6-12 12-6-12

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 170	Continued From Page 10 Staff #3 verified the findings and reported the vials of PPD had been opened longer than the 28 day storage policy for opened medications and the Fluvirin did not have an opened on date. [According to Drugs.com Ondansetron (Zofran) blocks the actions of chemicals in the body that can trigger nausea and vomiting. Ondansetron is used to prevent nausea and vomiting that may be caused by surgery or other medications.] [According to Drugs.com Flumazenil reverses the effects of certain types of sedatives from the benzodiazepine (ben-zo-dye-AYZ-e-peen) group of drugs.] [PPD Tuberlin purified protein is used for detecting tuberculosis (TB) infection. Tuberculin purified protein derivative (PPD) is a diagnostic agent. It works by causing a mild, delayed allergic reaction in patients infected with TB or who have had a past infection, which allows for detection of TB.] [Influenza virus vaccine is used for protecting against certain strains of influenza (flu) in patients. It works by stimulating the body to produce antibodies.]	T 170	Use of safe injection practices were reviewed with the recovery room RNs who access medication from the small locked medication box. All single dose vials will be discarded after each use. Each medication will be dated upon opening and discarded within 28 days. Medications that require refrigeration expiration dates will be checked monthly by the RN on the day the crash cart meds are checked and recorded.	12-6-12 12-13-12
T 175	12 VAC 5-412-220 C Infection prevention C. Written policies and procedures for the management of the facility, equipment and supplies shall address the following: 1. Access to hand-washing equipment and adequate supplies (e.g., soap, alcohol-based hand rubs, disposable towels or hot air dryers); 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 or rooms for chemicals used for cleaning) and product-specific instructions for use of cleaning agents (e.g., dilution, contact time, management of accidental exposures);	T 175		

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	FTAF-0017	A. BUILDING _____ B. WING _____	12/05/2012

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T 175	Continued From Page 11 4. Procedures for handling, storing and transporting clean linens, clean/sterile supplies and equipment; 5. Procedures for handling/temporary storage/transport of soiled linens; 6. Procedures for handling, storing, processing and transporting regulated medical waste in accordance with applicable regulations; 7. Procedures for the processing of each type of reusable medical equipment between uses on different patients. The procedure shall address: (i) the level of cleaning/disinfection/sterilization to be used for each type of equipment, (ii) the process (e.g., cleaning, chemical disinfection, heat sterilization); and (iii) the method for verifying that the recommended level of disinfection/sterilization has been achieved. The procedure shall reference the manufacturer's recommendations and any applicable state or national infection control guidelines; 8. Procedures for appropriate disposal of non-reusable equipment; 9. Policies and procedures for maintenance/repair of equipment in accordance with manufacturer recommendations; 10. Procedures for cleaning of environmental surfaces with appropriate cleaning products; 11. An effective pest control program, managed in accordance with local health and environmental regulations; and 12. Other infection prevention procedures necessary to prevent/control transmission of an infectious agent in the facility as recommended or required by the department. This RULE: is not met as evidenced by: Based on observation and staff interview, the facility staff failed to ensure the proper cleaning and disinfection of equipment between patients.	T 175	A monthly walk through by the Director of Nursing will occur to ensure staff adherence to infection control and prevention. A review of cleaning/disinfecting surfaces like the recovery room reclining chairs in between patients, including the collapsible tray. Infection control training for all staff is scheduled for 3/2013. Procedures for cleaning/disinfecting environmental surfaces have been reviewed with the medical assistants .All equipment will be wiped down /disinfected between surgical cases.	12-15-13 12-3-13

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T 175	Continued From Page 12 The findings included: During the tour of the facility on 12/4/12 at 8:10 a.m., the following observations were made: (1) The stretcher in the "gurney room: had multiple cracks and gouges in the rubber coating of the side/hand rails on both sides. The areas were deep and would not be able to be appropriately disinfected. (2) In the "Specimen Room" it was observed that various chemicals and cleaning agents were stored: enzymatic cleansers, disinfecting solution, vinyl gloves, betadine solution and a bulb syringe in a plastic container. (There were twelve (12) bottles of the solutions total stored under the sink.) (3) On the "red cart" in the procedure room was a large plastic container which was identified by Employee # 2 as an "emergency supply" box. This plastic container was observed to contain an open nasal cannula, a black "fanny pack" (personal item belonging to staff), a pair of eyeglasses (personal staff article) and a sedation stethoscope. Employee #2 stated, "Those things should not be in there..." (4) The floor vacuum/suction machine was observed to have duct tape on the shelf and dried residue on either side. (5) In Exam Room 2, the foot covers/pads were observed to be torn with the cotton batting showing through. (6) In the "Recovery Room" Chair #3 had what appeared to be a dried reddish brown residue on the tray on the right side. Employee #2 stated, "It could be blood..." Employee #2 was present and aware of the observations/findings of the survey team. *On 12/5/12 at 9:00 a.m., the observations were* discussed with Employee # 8. No further information was provided.	T 175	The side and hand rails on the gurney/stretcher are operated only by the medical transport staff. The gurney is disinfected between patients. Replacement rubber coating for the side and hand rails will be ordered from the manufacturer. Infection prevention was reviewed with the staff .All chemical and cleaning agents were removed from the specimen room and are stored in a locked room. The DON will do a monthly walk through to ensure proper storage of chemicals. All personal items have been removed from the container holding the ambu bag. The open cannula has been discarded. The foot covers are replaced in exam room #2. Disinfection of surfaces is done between every patient. *The duct tape* has been removed from the *suction machine.*	1-25-13 1-28-13 1-25-13 1-28-13

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T 220	12 VAC 5-412-250 A Anesthesia service A. The anesthesia service shall be managed in accordance with the Office-Based Anesthesia provisions of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry and Chiropractic (18 VAC 85-20-310 et seq.). This RULE: Is not met as evidenced by: Based on observations, interview and record review the anesthesiologist failed to store medications used for anesthesia in a manner that restricted access to unauthorized staff. In addition, the anesthesiologist stored anesthesia medications in the lock box with open needles penetrating the septum of the vials. The findings included: On arrival, on 12/4/12 at 8 a.m., the two Medical Facilities Inspectors were informed the administrator and charge nurses were not available. Observations conducted December 4, 2012 at 8:11 a.m., by two Medical Facilities Inspectors in the Procedure room revealed multiple boxes of Propofol and Brevital stored in an unlocked cabinet. The observations revealed in a lower cabinet a yellow lanyard with a key attached. The key had a similar shape as the locked medication 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. Observations conducted in the facility's unlocked	T 220	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. 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. All anesthesia drugs/medications will be stored with restricted access to authorized personnel only.	12-6-12 12-6-12

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T 220	Continued From Page 14 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 anesthesiologist medication box. The 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 rubber septum. Two Midazolam 50 mg (milligram/10 ml vials opened undated. One of the vials was accessed with an open needle in the vials rubber septum. Ketamine Hydrochloride 500 mg/10 ml 50 ml vial opened and undated. Observations within the unlocked cabinets revealed the following: One vial Propofol 1% 10 mg/ml 20 ml single use vials without a cover over the vial's septum 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 of thirty (30) vials) One opened box with sixteen vials of Propofol 1% 10 mg/ml 50 ml single use vials Two opened boxes with twenty (20) vials each of Propofol 1% 10 mg/ml 50 ml single use vials 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	T 220	All controlled substances are stored, administered and dispensed in accordance with federal and state laws. All medication used for anesthesia is locked and restricted to unauthorized staff. No open needles penetrating the septum in vials are acceptable. All needles are single use and to be discarded after a single use. All medications are to be dated upon opening and discarded in 28 days. Propofol injectable emulsion is a single dose parental product and will be discarded after use.	12-6-12 12-6-12 12-6-12 12-6-12

FAX

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TO:

Name Darlene Rose

Company VDH

Fax Number 804-527-4502

FROM:

Name Penny Smith - Nova

Date 3-22-13 Time 4:20 am/pm

TRANSMISSION:

This cover letter plus _____ pages attached.

COMMENTS:

Please give to Brenda
Let me know if
there is a problem

Reply Required? Yes / No **Urgent?** Yes / No

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T 220	Continued From Page 15 mg/ml 50 ml vials Staff #2 verified the cabinet did not contain a log or method to verify the amount, which should be available for either medication. Staff #2 verified any staff could access the procedure room and the unlocked cabinet. Staff #2 verified medication should be dated when opened and "thrown out after 28-days of opening per policy." An interview was conducted on December 4, 2012 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." Staff #5 acknowledged leaving an opened needle in the vial's septum provided a route for the introduction of contaminates. Staff #5 acknowledged the Propofol and Brevital had been kept in an unlocked cabinet easily accessible to any staff. [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 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	T 220	Propofol 1% vials, Midazolam vials, Ketamine Hydrochloride vials, and Brevital Sodium 500mg vials are stored in a locked cabinet 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 cover 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 Nursing is responsible to review the staff training and competency in the future.	12-6-12 12-6-12 12-5-13

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T 220	Continued From Page 16 discomfort during certain medical tests or procedures.] [According to Drugs.com Propofol is a drug that reduces anxiety and tension, and promotes relaxation and sleep or loss of consciousness. Propofol provides loss of awareness for short diagnostic tests and surgical procedures, sleep at the beginning of surgery ... ADMINISTRATION-Strict aseptic technique must always be maintained during handling. Propofol injectable emulsion is a single-use parenteral product ...] [According to MedFacts.com Brevital Sodium is a barbiturate anesthetic. It works by depressing the activity of the brain to inhibit painful sensations and inducing sleep ... Inducing anesthesia (lack of sensation or feeling) prior to surgical procedures ...] [According to Drugs.com Pitocin- Oxytocin is a natural hormone that causes the uterus to contract. Oxytocin is used to induce labor or strengthen labor contractions during childbirth, and to control bleeding after childbirth. Oxytocin is also used to stimulate uterine contractions in a woman with an incomplete or threatened miscarriage.] [According to Drugs.com Labetalol is in a group of drugs called beta-blockers. Beta-blockers affect the heart and circulation (blood flow through arteries and veins). Labetalol is used to treat hypertension (high blood pressure). Labetalol may also be used for the emergent treatment of hypertension (high blood pressure).] [According to Drugs.com Ephedrine is used for temporary relief of shortness of breath, chest tightness, and wheezing due to bronchial asthma. Ephedrine may also be used for other conditions as determined by your doctor. Ephedrine is a decongestant and bronchodilator. It works by	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.	12-6-12 1-8-13

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T 220	Continued From Page 17 reducing swelling and constricting blood vessels in the nasal passages and widening the lung airways, allowing you to breathe more easily.]	T 220		
T 265	12 VAC 5-412-260 A Administration, storage and dispensing of dru A. Controlled substances, as defined in 54.1-3401 of the Drug Control Act of the Code of Virginia, shall be stored, administered and dispensed in accordance with federal and state laws. The dispensing of drugs, excluding manufacturers' samples, shall be in accordance with Chapter 33 of Title 54.1 of the Code of Virginia, Regulations Governing the Practice of Pharmacy (18 VAC 110-30). This RULE: is not met as evidenced by: Based on observations, interview and record review the facility failed to ensure staff stored medications used for anesthesia in a manner that restricted access to unauthorized staff and failed to ensure the anesthesiologist did not store anesthesia medications in the lock box with open needles penetrating the septum of the vials. The findings included: On arrival, on 12/4/12 at 8 a.m., the two Medical Facilities Inspectors were informed the administrator and charge nurses were not available. Observations conducted December 4, 2012 at 8:11 a.m., by two Medical Facilities Inspectors in the Procedure room revealed multiple boxes of Propofol and Brevital stored in an unlocked cabinet. The observations revealed in a lower cabinet a yellow lanyard with a key attached. The key had a similar shape as the locked medication	T 265		

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T 265	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. Observations conducted in the facility's unlocked 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 anesthesiologist medication box. The 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 rubber septum. Two Midazolam 50 mg (milligram/10 ml vials opened undated. One of the vials was accessed with an open needle in the vials rubber septum. Ketamine Hydrochloride 500 mg/10 ml 50 ml vial opened and undated. Observations within the unlocked cabinets revealed the following: One vial Propofol 1% 10 mg/ml 20 ml single use vials without a cover over the vial's septum 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 of thirty (30) vials) One opened box with sixteen vials of Propofol 1% 10 mg/ml 50 ml single use vials Two opened boxes with twenty (20) vials each of	T 265	Propofol 1% vials, Midazolam vials, Ketamine Hydrochloride vials, and Brevital Sodium 500mg vials are stored in a locked cabinet 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 cover 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. No open needles penetrating the septum in vials are acceptable. All needles are single use and to be discarded after a single use.	12-6-12 12-6-12 12-6-12

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T 265	Continued From Page 19 Propofol 1% 10 mg/ml 50 ml single use vials 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 mg/ml 50 ml vials 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 unlocked cabinet. Staff #2 verified medication should be dated when opened and "thrown out after 28-days of opening per policy." An interview was conducted on December 4, 2012 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." Staff #5 acknowledged leaving an opened needle in the vial's septum provided a route for the introduction of contaminates. Staff #5 acknowledged the Propofol and Brevital had been kept in an unlocked cabinet easily accessible to any staff. [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	T 265	All anesthesia drugs/medications will be stored with restricted access to authorized personnel only. All medications are to be dated upon opening and discarded in 28 days. 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. All controlled substances are stored, administered and dispensed in accordance with federal and state laws. All medication used for anesthesia is locked and restricted to unauthorized staff.	12-6-12 12-6-12 12-6-12 12-6-12

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T 265	Continued From Page 20 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 Propofol is a drug that reduces anxiety and tension, and promotes relaxation and sleep or loss of consciousness. Propofol provides loss of awareness for short diagnostic tests and surgical procedures, sleep at the beginning of surgery ... ADMINISTRATION-Strict aseptic technique must always be maintained during handling. Propofol injectable emulsion is a single-use parenteral product ...] [According to MedFacts.com Brevital Sodium is a barbiturate anesthetic. It works by depressing the activity of the brain to inhibit painful sensations and inducing sleep ... Inducing anesthesia (lack of sensation or feeling) prior to surgical procedures ...] [According to Drugs.com Pitocin- Oxytocin is a natural hormone that causes the uterus to contract. Oxytocin is used to induce labor or strengthen labor contractions during childbirth, and to control bleeding after childbirth. Oxytocin is also used to stimulate uterine contractions in a woman with an incomplete or threatened miscarriage.] [According to Drugs.com Labetalol is in a group of drugs called beta-blockers. Beta-blockers affect the heart and circulation (blood flow through arteries and veins). Labetalol is used to treat	T 265	Propofol injectable emulsion is a single dose parental product and will be discarded after use. 12612	

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T 265	Continued From Page 21 hypertension (high blood pressure). Labetalol may also be used for the emergent treatment of hypertension (high blood pressure).] [According to Drugs.com Ephedrine is used for temporary relief of shortness of breath, chest tightness, and wheezing due to bronchial asthma. Ephedrine may also be used for other conditions as determined by your doctor. Ephedrine is a decongestant and bronchodilator. It works by reducing swelling and constricting blood vessels in the nasal passages and widening the lung airways, allowing you to breathe more easily.]	T 265		
T 275	12 VAC 5-412-260 C Administration, storage and dispensing of dru C. Drugs maintained in the facility for daily administration shall not be expired and shall be properly stored in enclosures of sufficient size with restricted access to authorized personnel only. Drugs shall be maintained at appropriate temperatures in accordance with definitions in 18 VAC 110-20-10 This RULE: is not met as evidenced by: Based on observations and interviews the facility failed to store anesthesia medications in a manner to prevent access by unauthorized personnel, failed to ensure expired medications were not available for administration to patients, and medications were stored in a manner to prevent contamination. The findings included: 1. On arrival, on 12/4/12 at 8 a.m., the two Medical Facilities Inspectors were informed the administrator and charge nurses were not available.	T 275	• Medications daily administered will be stored in a restricted area. The RN will be responsible for monitoring the expiration dates daily.	

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T 275	Continued From Page 22 Observations conducted December 4, 2012 at 8:11 a.m., by two Medical Facilities Inspectors in the Procedure room revealed multiple boxes of Propofol and Brevital stored in an unlocked cabinet. The observations revealed in a lower cabinet a yellow lanyard with a key attached. The key had a similar shape as the locked medication 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. Observations conducted in the facility's unlocked 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 anesthesiologist medication box. The 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 rubber septum. Two Midazolam 50 mg (milligram/10 ml vials opened undated. One of the vials was accessed with an open needle in the vials rubber septum. Ketamine Hydrochloride 500 mg/10 ml 50 ml vial opened and undated. Observations conducted and verified by with Staff #2 revealed the following expired medications were located in the facility's "Red Cart" within the procedure room available for patient use in an emergency: One vial of Dobutamine 250 mg/ml expired "July 2012"	T 275	All controlled substances are stored, administered and dispensed in accordance with federal and state laws. All medication used for anesthesia is locked and restricted to unauthorized staff. Safe injection practices have been reviewed with the medical and nursing staff. The anesthesiologist will use a sterile needle for each withdrawal of medication. Each needle will be discarded. The medication portal on the IV extension sets used is needle free. 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.	12-6-12 12-6-12

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T 275	Continued From Page 23 One 8.4 % Sodium Bicarb 50 meq (milliequivalents) 50 ml vial expired "21 Sept 2012" One vial of 50% Dextrose expired "10/1/12" Observations conducted and verified by with Staff #2 revealed the following expired medications were located in the facility's procedure room available for patient use: Hydralazine Hydrochloride 20 mg/ ml one opened vial dated "7/25/12" Twenty-four (24) vials of Benadryl 50 mg/ml 1 ml vials expired "11/12" An interview was conducted on December 4, 2012 at 8:20 a.m., with Staff #2. Staff #2 stated, "Single use vials should be thrown away after opening and a needle should never be left in the stopper." Staff #2 verified the open vials did not have an opened on date. An interview was conducted on December 4, 2012 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." 2. Observations were conducted on December 4, 2012 at 9:06 a.m., with Staff #2 in the facility's recovery room. The observation revealed two 1000 ml bags of 5% Dextrose in Lactated Ringers IV solutions, which had expired September,2012, were available for administration to patients. Staff #2 verified the finding and reported the IV solutions should not be kept past the expiration date. Staff #2 reported the IV solutions have been thrown away when they expired in September 2012. 3. Observations conducted in the "Medication room" on December 4, 2012 at 12:20 p.m. with Staff #3 revealed two sets of locked medication	T 275	All expired drugs will be discarded. All drugs will be dated when opened and discarded in 28 days. IV infusion fluids will be checked monthly by the Rn responsible for crash cart. All expired fluids will be discarded.	12-6-12 12-6-12

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T 275	Continued From Page 24 boxes. Staff #3 explained the smaller locked boxes contained medications, which had been opened and used during procedures. Staff #3 reported any unused portions in the vials after completion of the day's procedures were returned to the smaller locked boxes. Staff #3 explained the opened and partially used vials were then retrieved on the next day procedures were conducted. Staff #3 explained the large locked box contained "stock medications." [Stock medications are medications kept on hand for administration to patients as part of the facility's inventory of medications.] Staff #3 and the surveyor observed the following findings in the smaller locked boxes: One vial of Ondansetron 40 mg/ml 30 ml vial with a opened date documented as "10/26/2012" One "single use" vial of Midazolam 2 mg/2 ml opened undated Two vials of Fentanyl Citrate 100 mcg/2 ml: One with approximate 1 ml left in vial with a opened date documented as "12/4/12" the vial had expired "1 NOV 12." The second vial, which was unopened had and expiration date of "1 NOV 12." One vial of Flumazenil 1 mg/10 ml (0.1 mg/ml) 10 ml vial with an opened date documented as "10/5/2012." Staff #3 reported the vials of Flumazenil and 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 reviewed the expiration dates for Fentanyl Citrate. Staff #3 verified both vials expired on "1 NOV 12" and that one vial had been opened and administered on December 4, 2012, thirty-four (34) days after expiration. Staff #3 verified the Midazolam was a single dose vial, which should have been discarded after use during the procedure. Staff #3 verified the Midazolam did not have an opened on date.	T 275	Any expired medication in the small locked box is to be discarded by the RN. This waste is recorded daily in the narcotic log book. All expired drugs will be discarded. All drugs will be dated when opened and discarded in 28 days. All single dose vials will be discarded after single use.	12-6-12 12-6-12 12-6-12

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T 275	Continued From Page 25 Staff #3 and the surveyor observed the following findings in the large locked box: Eight full boxes with twenty-five (25) vials/box for a total of 200 vials of Fentanyl Citrate 100 mcg/2 ml, which had expired on "1 NOV 12" available for administration to patients. In addition to the expired Fentanyl Citrate 100 mcg/2 ml, there were 250 vials, which had not expired. An interview was conducted on December 4, 2012 at 1:01 p.m., with Staff #4 in the presence of Staff #2. Staff #4 verified the 200 vials of Fentanyl Citrate 100 mcg/2 ml had expired on "1 NOV 12." Staff #4 reported the medications used during the procedures were returned to the smaller locked boxes. Staff #4 verified the expiration date of "1 NOV 12" on the two vials of Fentanyl Citrate 100 mcg/2 ml. Staff #4 verified one expired vial of Fentanyl Citrate 100 mcg/2 ml had an opened on date of "12/4/12" and administered to patient(s). The following medications were observed in the Medication room refrigerator: One vial of PPD Tuberlin purified protein 1 ml opened on "10-3-12" One vial of Influenza Virus Vac Fluvirin 5 ml found open without an opened on date. Staff #3 verified the findings and reported the vials of PPD had been opened longer than the 28 day storage policy for opened medications and the Fluvirin did not have an opened on date. [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 benzodiazepine anxiolytic. It is prescribed for	T 275	The large locked stock medication box is accessible only by the DON. The eight boxes of expired Fentanyl with 25 vials each were not available for administration to patients. These were to be returned with the appropriate DEA paperwork. The non -expired Fentanyl was for patient use and only the DON or anesthesiologist had access to the stock medications locked box. All the narcotics used are recorded daily and signed by two RNs. All medication vials will be dated upon opening and discarded within 28 days of use. Annual training of all medical and nursing staff is done by the Director of Nursing for safe injection practices.	12-6-12 12-6-12

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T 275	Continued From Page 26	T 275		

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 antihistamine. 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; and other symptoms of allergies and the common cold.]
[According to Drugs.com Ondansetron (Zofran) blocks the actions of chemicals in the body that can trigger nausea and vomiting. Ondansetron is used to prevent nausea and vomiting that may be caused by surgery or other medications.]
[According to Drugs.com Flumazenil reverses the effects of certain types of sedatives from the benzodiazepine (ben-zo-dye-AYZ-e-peen) group of drugs.]
[PPD Tuberlin purified protein is used for detecting tuberculosis (TB) infection. Tuberculin purified protein derivative (PPD) is a diagnostic agent. It works by causing a mild, delayed allergic reaction in patients infected with TB or who have had a past infection, which allows for detection of TB.]
[Influenza virus vaccine is used for protecting

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T 275	Continued From Page 27 against certain strains of influenza (flu) in patients. It works by stimulating the body to produce antibodies.]	T 275		
T 315	12 VAC 5-412-300 A Quality assurance 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. 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: During the revisit survey conducted 12/4 through 12/5/12, multiple areas were re-cited by the survey team indicating the agency plan of correction had not been implemented/followed. In an interview with employee #8 on 12/5/12 at 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 vacations, we just couldn't have a meeting..."	T 315	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. 12-28-12 The Business Administrator will be responsible for quarterly scheduling of QA meetings. Any corrective action will be documented and reviewed by the Quality Assurance committee. The Governing Board will be responsible for the approval.	

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T 320	Continued From Page 28	T 320		
T 320	12 VAC 5-412-300 B Quality assurance B. The following shall be evaluated to assure adequacy and appropriateness of services, and to identify unacceptable or unexpected trends or occurrences: 1. Staffing patterns and performance; 2. Supervision appropriate to the level of service; 3. Patient records; 4. Patient satisfaction; 5. Complaint resolution; 6. Infections, complications and other adverse events; and 7. Staff concerns regarding patient care. 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 appropriateness of services and identification of trends and occurrences. The findings included: During the revisit survey conducted 12/4 through 12/5/12, multiple areas were re-cited by the survey team indicating the agency plan of correction had not been implemented/followed. There was no evidence of any tracking/trending or evaluations of services. In an interview with employee #8 on 12/5/12 at 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 vacations, we just couldn't have a meeting..."	T 320	The Director of Nursing is responsible for maintaining compliance and staff adherence to Infection control practice. Any situation that would adversely affect patient care is reported to the Quality Assurance committee and immediately reviewed by the Governing Body. The Quality Assurance Committee met on 12-28-2012. Infection control tracking/trends were reviewed and updated. The minutes were sent to the Governing Board for review and comment. A staff meeting was held 1-6-2013 to address and resolve the problems. Corrective action has been taken and the report sent to the governing body.	12-28-12

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T 330	12 VAC 5-412-300 D Quality assurance D. Measures shall be implemented to resolve problems or concerns that have been identified. 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 and resolved problems and concerns identified during the initial licensure survey and that an effective plan of correction was implemented. The findings included: During the revisit survey conducted 12/4 through 12/5/12, multiple areas were re-cited by the survey team indicating the agency plan of correction had not been implemented/followed. In an interview 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 vacations, we just couldn't have a meeting..."	T 330	The Quality Assurance Committee met on 12-28-2012. Infection control tracking/trends were reviewed and updated. The minutes were sent to the Governing Board for review and comment. A staff meeting was held 1-6-2013 to address and resolve the problems. Corrective action has been taken and the report sent to the governing body.	12-28-12
T 335	2 VAC 5-412-300 E Quality assurance E. Results of the quality improvement program shall be reported to the licensee at least annually and shall include the deficiencies identified and recommendations for corrections and improvements. The report shall be acted upon by the governing body and the facility. All corrective actions shall be documented. *Identified deficiencies that jeopardize patient safety shall be reported immediately in writing to* the licensee by the quality improvement committee.	T 335	The Business Administrator will be responsible for quarterly scheduling of QA meetings. Any corrective action will be documented and reviewed by the Quality Assurance committee. *The Governing* Board will be responsible for the approval.	

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T 335	Continued From Page 30 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 and acted upon by the Governing Body. The findings included: During the revisit survey conducted 12/4 through 12/5/12, multiple areas were re-cited by the survey team indicating the agency plan of correction had not been implemented/followed. In an interview 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 vacations, we just couldn't have a meeting..."	T 335	The Quality Assurance Committee met on 12-28-2012. Infection control tracking/trends were reviewed and updated. The minutes were sent to the Governing Board for review and comment. A staff meeting was held 1-6-2013 to address and resolve the problems. Corrective action has been taken and the report sent to the governing body.	2-28-13
T 375	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	T 375	The administrator is responsible to update information in the procedure and/or policy manual if changes occur. The policy and Procedure manuals shall be reviewed annually by the Medical Director.	

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T 375	Continued From Page 31 implementation and continued monitoring by a preventative maintenance system. The findings included: During the tour of the facility on 12/5/12 at 8:10-a.m., the following was observed: (1) In the "gurney area" a Dynamap (vital signs machine) had not had any preventative maintenance (PM) done since 1/12/08. (2) A pulse oximetry machine used to monitor a patients oxygen levels had no PM since 1/21/08. (3) An Omron blood pressure cuff had no PM since 1/26/08. In the "Procedure Room": (1) A datascope EKG monitor had no evidence PM was done. (2) An oral suction machine had no evidence PM was done. (3) An AED (automated external defibrillator used in the event of a cardiac arrest) had no evidence PM was done. (4) A floor vacuum/suction machine had no PM since 1/21/08. In Exam Room #1: (1) Logiq 200 Sonogram Machine had no evidence of PM being done. (2) Wind machine fan with no evidence of PM. In the Recovery Room: (1) Livart floor Heater in use with no PM evidence. Employee # 2 was present during the tour and was aware of the findings and observations. On 12/5/12 at 9:00 a.m., Employee # 8 was informed of the observations. No further information was provided.	T 375	A contract with a local technician is established to evaluate and ensure all equipment is in good repair and operating condition. All of the medical equipment will be evaluated with PM stickers, repaired or replaced by 3-30-2013. The preventative maintenance policy specifies all equipment shall be checked/tested annually to ensure proper operation. Records will be maintained on each piece of equipment to indicate its history of testing and maintenance. A quarterly check on all equipment to determine its proper function and safety will be the responsibility of the Director of Nursing.	1-30-13 1-30-13
T 380	12 VAC 5-412-360 B Maintenance B. When patient monitoring equipment is	T 380		

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State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FTAF-0017	A. BUILDING _____ B. WING _____	12/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVA WOMEN'S HEALTHCARE	10400 EATON PLACE. SUITE 515 FAIRFAX, VA 22030

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 380	Continued From Page 32 utilized, a written preventative maintenance program shall be developed and implemented. This equipment shall be checked and/or tested in accordance with manufacturer's specifications at periodic intervals, no less than annually, to ensure proper operation and a state of good repair. After repairs and/or alterations are made to any equipment, the equipment shall be thoroughly tested for proper operation before it is returned to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance. 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 implementation and continued monitoring by a preventative maintenance program. The findings included: During the tour of the facility on 12/5/12 at 8:10-a.m., the following was observed: (1) In the "gurney area" a Dynamap (vital signs machine) had not had any preventative maintenance (PM) done since 1/12/08. (2) A pulse oximetry machine used to monitor a patients oxygen levels had no PM since 1/21/08. (3) An Omron blood pressure cuff had no PM since 1/26/08. In the "Procedure Room": (1) A datascope EKG monitor had no evidence PM was done. (2) An oral suction machine had no evidence PM was done. (3) An AED (automated external defibrillator used in the event of a cardiac arrest) had no evidence PM was done. (4) A floor vacuum/suction machine had no PM since 1/21/08.	T 380	The preventative maintenance policy specifies all equipment shall be checked/tested annually to ensure proper operation. Records will be maintained on each piece of equipment to indicate its history of testing and maintenance. A contract with a local technician is established to evaluate and ensure all equipment is in good repair and operating condition. All of the medical equipment will be evaluated with PM stickers, repaired or replaced by 3-30-2013.	1-30-13 1-30-13

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T 380	Continued From Page 33 In Exam Room #1: (1) Logiq 200 Sonogram Machine had no evidence of PM being done. (2) Wind machine fan with no evidence of PM. In the Recovery Room: (1) Livart floor Heater in use with no PM evidence. Employee # 2 was present during the tour and was aware of the findings and observations. On 12/5/12 at 9:00 a.m., Employee # 8 was informed of the observations. No preventative maintenance policy/procedure was provided to the survey team and no further information was provided by the end of the survey.	T 380	The administrator is responsible to update information in the procedure and/or policy manual if changes occur. The policy and Procedure manuals shall be reviewed annually by the Medical Director.	