State of Virginia (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 03/11/2014 **FTAF-001** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **515 NEWTOWN ROAD** PLANNED PARENTHOOD OF SOUTHEASTERN VIRGINIA VIRGINIA BEACH, VA 23462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) 12 VAC 5-412 Initial comments T 000 An unannounced, Abortion Facility biennial ticensure inspection was conducted at the above referenced facility on March 10, 2014 - March 11, 2014 by three (3) Medical Facilities Inspectors from the Virginia Department of Health's, Office of Licensure and Certification. Eleven personnel files and ten clinical records were reviewed. A tour of the facility was conducted with staff. A letter attesting the Facilities Guideline Institute (FGI) Guidelines for Construction of Healthcare Facilities, 2006 Edition by the Architect was reviewed. Six staff interviews were conducted. The facility was out of compliance with the State Board of Health 12 VAC RECEIVED 5-412, Regulations for Abortion Facility's effective 06/20/2013. APR 1 4 2014 Deficiencies were identified, cited, and will follow VDH/OLC in this report. T 070 : 12 VAC 5-412-170 C Personnel T 070 04/30/14 T 070: Background Check Policy has been revised to include the following statement: C. Each abortion facility shall obtain a criminal Employees not licensed by the Board of history record check pursuant to 32.1-126.02 of Pharmacy, whose job duties provide access to the Code of Virginia on any compensated controlled substances at PPSEV, must provide employee not licensed by the Board of written affirmation stating they have no Pharmacy, whose job duties provide access to pending charges within or outside the controlled substances within the abortion facility. Commonwealth of Virginia. Written affirmation This RULE: is not met as evidenced by: is included as part of the agreement of the Based on review of two (#6 and #11) of eleven Background Check Policy. All employees are (#1-#11) personnel files, review of the Code of required to sign the policy upon hire. Staff Virginia, and staff interview, it was determined that currently employed at the affiliate with access to two (#6 and #11) of two (#6 and #11) personnel controlled substances are required to sign the that dispensed narcotics failed to contain revised policy no later than 4/30/14. affirmations that stated they had no pending Exhibit A: Background Check Policy charges within or outside the Commonwealth in Exhibit B: Background Check Revision Checklist their personnel files. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE CEO Sarah Meacham:

STATE FORM 021199 M9CI11 If continuation sheet 1 of

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		FTAF-001	ı	B. WING_		03/11	1/2014
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, ST	TATE, ZIP CODE		
PLANNED	PARENTHOOD OF SOUT	THEASTERN VIRGINIA	515 NEWTO\ VIRGINIA BE		3462		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE	(X5) COMPLETE DATE
Т 070	facility's conference ro 11:30 a.m., and 12:15	tel files were reviewed from on 03/11/14, between the surveyors sonnel dispensed narcow of #6 and #11 employees within or or the sworn statements declaring charges within or or affirmation discloses or any pending criminal or affirmation discloses or any pending criminal charges within or without the refacility failed to obtain any criminal charges within the remployees at Employee #6 and #1 ation statements in the interview. This interviews conference room on	in the een s. otics byee aring sutside facility ing inal n within #6	т 070	T 070 Continued: Employment Applic been revised to include screening for of pending criminal charges within or Commonwealth of Virginia. Revision 6 3/31/14. Exhibit C: Employment Application	disclosure outside the effective on	4/30/14
	B. Written infection pre- procedures shall included. Procedures for scre- and visitors for acute in applying appropriate matransmission of commu- within the facility; 2. Training of all perso- prevention techniques; 3. Correct hand-washing.	evention policies and le, but not be limited to ening incoming patient afectious illnesses and leasures to prevent unity acquired infection	ts	170	T 170: Infection Prevention Committee Increated with oversight under the current and Risk Management Committee and Madvisory Committee of the Board to ove infection prevention policies and quality Exhibit D: Infection Prevention Committee PPSEV is currently reviewing quotes from multiple vendors to reupholster or replace furniture with medical grade fabric or other porous material by 5/20/14. Once in place infection prevention policies, including in	t Quality fedical rsee control. ee n ce the her non-	5/20/14

STATE FORM 021199 M9CI11 If continuation sheet 2 of 4



State of Virginia (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING **FTAF-001** B. WING 03/11/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **515 NEWTOWN ROAD** PLANNED PARENTHOOD OF SOUTHEASTERN VIRGINIA VIRGINIA BEACH, VA 23462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) T 170 : Continued From Page 2 T 170 Continued: will be revised to assure T 170 continued compliance. indications for use of soap and water and use of **Exhibit E: Furniture Quotes** 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, document review and interview, the facility failed to implement polices/procedures for the prevention and control of infections as evidenced by not ensuring disinfection between patients occurred for twelve (12) chairs in the waiting room with two (2) couches, one (1) chair in the recovery room, one (1) chair in exam room 6, and one (1) chair in exam room 7 that were upholstered and prevents cleaning between multiple patients usage. The findings include: 1. An observation conducted during a tour of the facility on 03/11/14, between 8:20 a.m. and 10:04 a.m. revealed twelve (12) chairs in the waiting room with two (2) couches, one (1) chair in the recovery room, one (1) chair in exam room 6, and one (1) chair in exam room 7 that were upholstered and prevents cleaning between patient usage. These items are highly touched by the public and has the potential for cross contamination for patients post procedure who

STATE FORM 021199 M9CI11

APR 1 4 2014

VDH/OLG

If continuation sheet 3 of 4

State of Virginia (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING **FTAF-001** 03/11/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **515 NEWTOWN ROAD** PLANNED PARENTHOOD OF SOUTHEASTERN VIRGINIA VIRGINIA BEACH, VA 23462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) T 170 Continued From Page 3 T 170 may be bleeding. 2. Center for Disease Control for Patients for Evaluating Environmental Cleaning, under Introduction states, "In view of the evidence that transmission of may healthcare acquired pathogens is related to contamination of near-patient surfaces and equipment, all hospitals are encouraged to develop programs to optimize the thoroughness of high touch surface cleaning as part of terminal room cleaning at the time of discharge or transfer of patients..." Upholstered seats of chairs and couches can not be cleaned between patient usage. 3. An interview was conducted on 03/11/14, at 1:40 p.m. with Staff #1. Staff #1 acknowledged that the upholster chairs and couches could not be cleaned between high patient usage.

APR 1 4 2014

VDH/OLC

If continuation sheet 4 of 4

Exhibits

Exhibit A: T 070 Background Check Policy

Exhibit B: T 070 Background Check Revision Checklist

Exhibit C: T 070 Employment Application

Exhibit D: T 170 Infection Prevention Committee

Exhibit E: T 170 Furniture Quotes



PLANNED PARENTHOOD® OF SOUTHEASTERN VIRGINIA
POLICIES AND PROCEDURES

PPSEV Plan of Corrective Action ID Prefix Tag: T070 Exhibit: A

BACKGROUND CHECK POLICY

I. PURPOSE

A. FUNCTION

Background checks are conducted to support the safety and security of the organization, patients, employees, trainees, and visitors, and in accordance with PPFA, federal and state rules and regulations. The appropriate background check (s) is determined by the essential duties and responsibilities required by each staff or position at the affiliate

The Vice President of Operations is responsible for implementation of this policy

B. CIRCUMSTANCES

- 1. All employees and volunteers must fill out an application that includes the following question: Have you ever been convicted of a crime other than a traffic misdemeanor?
- 2. All employees and volunteers must undergo a national standard criminal background check, including an OEIE/HHS exclusion list check prior to official hire
- 3. Employees who oversee or have access to financial systems must undergo a financial credit check prior to official hire, in addition to the standard criminal background check
- 4. Employees not licensed by the Board of Pharmacy, whose job duties provide access to controlled substances at PPSEV
 - a. Must undergo a criminal history check by the Virginia State Police through the Virginia Central Criminal Records Exchange, in addition to the standard criminal background check
 - b. Must provide written affirmation stating they have no pending charges within or outside the Commonwealth of Virginia

II. RESPONSIBLE STAFF

- A. The Vice President of Operations or designee provides the appropriate background checks for job applicants and volunteers who have been selected as a candidate for employment or volunteer opportunity
- **B.** The Security Officer is responsible for submitting the paperwork to the external security company, Sterling Infosystems, Inc. and the Va State Police as applicable
- C. All new employees and volunteers must denote their understanding with the Background Check Policy and sign the policy. A copy of the signed signature page is maintained in the personnel file.

III. POLICY

- **A.** Criminal background checks are performed on all employees, volunteers, trainees, or contractors as applicable, prior to official hire and every 5 years thereafter.
- B. OEIE/HHS exclusion list checks are performed annually and quarterly thereafter
- **C.** PPSEV reserves the right to process supplemental background checks on any employee, volunteer, trainee, and contractors during the course of their relationship with PPSEV.

PLANNED PARENTHOOD® OF SOUTHEASTERN VIRGINIA POLICIES AND PROCEDURES

PPSEV Plan of Corrective Action ID Prefix Tag: T070 Exhibit: A

- D. It is the policy of PPSEV that all employees in who oversee financial systems shall undergo a financial credit check prior to official hire, in addition to the extensive background check
- E. It is the policy of PPSEV that all employees that are not licensed by the Board of Pharmacy and whose job duties provide access to controlled substances at PPSEV shall undergo a criminal history check by the Virginia State Police through the Virginia Central Criminal Records Exchange, in addition to the extensive background check.
- F. Community employees may be subject to criteria set by the venue in which they are hired to work (ex: school systems and educators).
- G. Hiring supervisors shall not extend offer of employment to candidate until the Vice President of Operations has confirmed candidate meets PPSEV hiring standards. If an offer is extended, then it must be contingent upon such confirmation.
- H. Background checks and investigations performed for PPSEV may include the use of consumer reporting agencies, which may gather and report information to PPSEV in the form of consumer or investigative consumer reports. Such reports, if obtained, may contain, but are not limited to, information concerning an applicant's or employee's credit standing, credit capacity, character, or general reputation.
- I. Employees are expected to cooperate fully with the background check policy. Such cooperation includes, among other things, providing truthful and complete information in response to inquiries made by PPSEV or third-party investigations during the course of investigations in a timely manner and providing appropriate written authorizations that may be required by law so that PPSEV may obtain complete investigation reports. Failure to cooperate with these checks or investigations, or any attempt to interfere with PPSEV's attempts to obtain relevant information, will result in disciplinary action, up to and including termination or withdrawal of employment offer. Furthermore, employees are encouraged to notify their supervisor if they expect negative findings.
- J. A copy of all background checks carried out is filed in each employee's personnel record.

IV. PROCEDURE

- A. Each applicant for employment with whom an offer is planned to be extended with the appropriate background check(s) and advise the potential hire to complete the document(s)
- B. Documents are s submit to the external security company, VA State Police, or other agency, as applicable.
 - 1. Hiring supervisors shall not extend offer of employment to candidate until the Vice President of Operations has confirmed candidate meets PPSEV hiring standards. If an offer is extended, then it must be contingent upon such confirmation.

PPSEV Plan of Corrective Action

ID Prefix Tag: T070

Exhibit: A

PLANNED PARENTHOOD® OF SOUTHEASTERN VIRGINIA POLICIES AND PROCEDURES

- 2. Supervisors may request in writing to the Vice President of Operations a request to allow the candidate to begin working while the background check is in process, if not prohibited by law. The Vice President of Operations will make a decision based on risk and PPSEV's needs.
- 3. Negative findings on the background check(s) may result in termination or withdrawal of employment offer if the results indicate a conflict with the individual's ability to meet an essential function of the job
- C. Review the application for omissions and determine the scope of the background check required.
 - Background process will be considered completed if a Memorandum of Understanding or Agreement (MOU or MOA) between PPSEV and a Medical training program is established and the Medical training program has a process for background screenings at the respective institution. Said background screening and background screening process must be successfully completed, evidencing good-standing for all relevant standards.
 - 2. Submit candidate's information to PPSEV's authorized vendor for:
 - a. Social Security verification
 - b. Identify aliases and residential history
 - c. National Criminal, State Criminal
 - d. Motor Vehicle record

the form to:

- e. Credit History (if applicable to position)
- 3. If applicable, verify professional licenses and education. Physicians and other licensed staff that are subject to the processes outlined in the Clinician Credentialing Policy and Non-Clinician Licensing Policy as applicable.
- 4. If applicable (employee not licensed by the Board of Pharmacy and whose job duties provide access to controlled substances), an additional criminal history check must be carried out through criminal history check by the Virginia State Police through the Virginia Central Criminal Records Exchange. The form can be obtained from the Virginia State Police website: http://www.vsp.state.va.us/downloads/SP167.pdf. The applicant fills out part of the form, a notary fills out part of the form, and the Finance Controller fills out the payment portion of the form and encloses the necessary payment on behalf of PPSEV. Once completed the Finance Controller mails

Virginia State Police Central Criminal Records Exchange-NF P.O. Box 85076 Richmond, VA 23261-5076

- 5. The Vice President of Operations or designee conducts an OEIE/HHS exclusion list search prior to hire and quarterly thereafter
- 6. When the returned background check(s) are received, the Vice President of Operations reviews and files in the employee's personnel record.
- 7. In the event of an unfavorable background report, the Vice President of Operations, the CEO, and Vice President of Operations will meet to discuss the report and take appropriate action as necessary.

PLANNED PARENTHOOD® OF SOUTHEASTERN VIRGINIA
POLICIES AND PROCEDURES

PPSEV Plan of Corrective Action ID Prefix Tag: T070 Exhibit: A

- 8. In accordance with the Fair Credit Reporting Act, if the applicant is denied employment based on a report obtained by a consumer reporting agency such as a credit report, the applicant or individual will be given the opportunity to refute the information provided by the credit reporting agency.
- 9. If the candidate does not refute the findings and PSEV takes adverse action based on a consumer report, PPSEV will provide the candidate with:
 - a. A copy of the credit report
 - b. An adverse action letter
 - c. A Summary of Rights

D. Background Check Components

- 1. All Staff
 - a. Social Security Trace/Verification Address and names history to include Aliases, Aka's, and Maiden Names
 - Unlimited County Level Searches
 Going back 7 years based off of the names and addresses developed in the SS Trace
 - c. National and State Criminal Database Search
 - d. Motor Vehicle Record
- 2. Staff who oversee financial systems
 - a. In addition to the above
 - b. Credit Check
- 3. Staff with Access to controlled substances and not licensed by the Board of Pharmacy and Volunteers
 - a. In addition to the above
 - b. Criminal History Check through the Virginia Central Criminal Records Exchange
 - c. Written affirmation stating they have no pending charges within or outside the Commonwealth of Virginia

E. Volunteers

 All internal PPSEV volunteers must have a state criminal background check carried out that is for non-profit volunteers. Additional background checks are required based on responsibility (treated the same as employees)

V. QUALITY CONTROL

- A. The Vice President of Operations is responsible for monitoring compliance, review, and revision of this policy, in consultation with the Quality and Risk Management Committee.
- B. The Quality and Risk Management Committee reviews completion of personnel file review and circulation of missing documents list by the Vice President of Operations on a monthly basis.
- **C.** An annual HR/Personnel audit is performed by the Vice President of Operations and Vice President of Operations as part of the Quality and Risk Management Work Plan.

PLANNED PARENTHOOD® OF SOUTHEASTERN VIRGINIA POLICIES AND PROCEDURES

PPSEV Plan of Corrective Action ID Prefix Tag: T070 Exhibit: A

BACKGROUND CHECK POLICY

I have received a copy of Planned Parenthood of Southeastern Virginia's Background Check Policy. I understand that as a PPSEV employee, it is my responsibility to read and adhere to these guidelines and ask questions I may have regarding this information. Questions should be addressed to my supervisor or Vice President of Operations

Name (print)	Signature	Date	
LICENSED CLINICAL S Do you have pending		tside the Commonwealth of Virginia?	
If yes, please explain			
Signature			



Licensed Clinical Staff ChecklistRevised Background Check Policy

PPSEV Plan of Corrective Action

ID Prefix Tag: T070 Exhibit: B

Staff Name	Date
	4/3/2014
	4/5/2014
	4/3/2014
	4/3/2014
	_
	4/3/2014



PPSEV Plan of Corrective Action ID Prefix Tag: T070 Exhibit: C

APPLICATION FOR EMPLOYMENT

PPSEV is an equal opportunity employer. We do not discriminate against employees or applicants for employment on the basis of race, color, national origin, ancestry, religion, creed, age, income, gender, transgender, gender identification, marital status, medical condition, sexual orientation, physical or mental disability, veteran's status, or any other basis protected by federal, state, or local law

First Name	Middle Initial	Last Name		
Address		City, State		Zip
Phone Number		Email Address		
Emorgon su Contact Nama		onship		Phone Number
Emergency Contact Name	Relati	onsnip		Priorie Number
L				
Position Applied For	Availa	ble Start Date	De	sired Salary or Rate of Pay
Are you over 18 years old? ☐ Yes ☐ No				
Are you legally eligible for employment in the	United States	of America?	J No	
Have you ever been employed by a Planned Pa				
Have you ever been convicted of a crime other				
If yes, please explain: (Note: the fact that you h	ave a record of	conviction will not ne	ecess	arily bar you from employment)
Do you have any pending criminal charges with	hin or outside t	rhe Commonwealth o	f Vir	zinia? 🗆 Yes 🗆 No
If yes, please explain:	inition outside t			
, , ,				
How did you learn of this employment opportunity?				
List any friends or relatives working here or if t	this does not a	oply to you, write "no	t ap	olicable"



APPLICATION FOR EMPLOYMENT

PPSEV Plan of Corrective Action ID Prefix Tag: T070 Exhibit: C

Please Note: This application must be filled out in its entirety.

A resume may not be submitted in lieu of completing any of the following sections of this form.

Education History			
List the names of the high school, trade	Location (City, State)	Major/Area of Study	Diploma/ Degree
school, college, and/or university attended			
popular construction of the construction of th			
		//////////////////////////////////////	
Military Service Record			
Have you ever served in the US Armed Forces	? 🗆 Yes 🚨 No		
If yes, which branch?			
If yes, list the dates of duty (month/year to m	onth year)		
If yes, type of discharge?			
If yes, list any applicable skills acquired:			
Employment History (list most recent position	ı first)		
Name of Employer		Dates of Employr	nent (mm/yy-mm/yy)
Address	С	ity, State	Zip
Title of Position Held		Last Salary or Rat	e of Pay
Title Of Football Title			
Summary of Responsibilities/Duties			
Reason or Leaving			***************************************
At an all Title of Loct Companions			
Name and Title of Last Supervisor			
May we contact this employer for a reference	?□Yes□No		
If yes, provide phone number and contact nam	e (if different than supervi	sor)	
1, 100) bi o ciad birano irania.	•	•	



PPSEV Plan of Corrective Action ID Prefix Tag: T070 Exhibit: C

APPLICATION FOR EMPLOYMENT

Employment History (list most recent position first)	
Name of Employer	Dates of Employment (mm/yy-mm/yy)
Address City, St	ate Zip
Address City, St	
	T
Title of Position Held	Last Salary or Rate of Pay
Summary of Responsibilities/Duties	
Reason or Leaving	
Keazou or reasing	
Name and Title of Last Supervisor	
May we contact this employer for a reference? ☐ Yes ☐ No	
If yes, provide phone number and contact name (if different than supervisor)	
Employment History (list most recent position first)	
Employment History (list most recent position first) Name of Employer	Dates of Employment (mm/yy-mm/yy)
	Dates of Employment (mm/yy-mm/yy)
	Dates of Employment (mm/yy-mm/yy)
Name of Employer	
Name of Employer	
Name of Employer	
Address City, St.	ate Zip
Name of Employer	
Address City, St.	ate Zip
Address City, St Title of Position Held	ate Zip
Address City, St.	ate Zip
Address City, St Title of Position Held	ate Zip
Address City, St Title of Position Held	ate Zip
Address City, St. Title of Position Held Summary of Responsibilities/Duties	ate Zip
Address City, St Title of Position Held	ate Zip
Address City, St Title of Position Held Summary of Responsibilities/Duties	ate Zip
Address City, St. Title of Position Held Summary of Responsibilities/Duties Reason or Leaving	ate Zip
Address City, St Title of Position Held Summary of Responsibilities/Duties	ate Zip
Address City, St. Title of Position Held Summary of Responsibilities/Duties Reason or Leaving	ate Zip
Address City, St Title of Position Held Summary of Responsibilities/Duties Reason or Leaving Name and Title of Last Supervisor	ate Zip
Address City, St. Title of Position Held Summary of Responsibilities/Duties Reason or Leaving Name and Title of Last Supervisor May we contact this employer for a reference? \(\text{Yes} \) No	ate Zip
Address City, St Title of Position Held Summary of Responsibilities/Duties Reason or Leaving Name and Title of Last Supervisor	ate Zip



PPSEV Plan of Corrective Action ID Prefix Tag: T070 Exhibit: C

APPLICATION FOR EMPLOYMENT

belief. I realize that they will be investigated rejected and my employment terminated fully informed as to my character and question who may have information concerequest and for my benefit, to hold such whatsoever nature on account of furnish	tatements or misrepresentation made herein may be cause for
Applicant Name (printed)	Signature of Applicant
Date	
	OR INTERNAL PURPOSES ONLY
Date Received:	
Additional attachments? 🗖 Yes 📮 No (if	yes, list below)

PPSEV Plan of Corrective Action ID Prefix Tag: T 170 Exhibit: D



INFECTION PREVENTION COMMITTEE

KEY RESPONSIBILITIES

The Infection Prevention Committee is a sub-committee of the Quality and Risk Management Committee and Medical Advisory Committee of the Board composed of key clinical and administrative staff STAFF LEAD Medical Director/Assistant Medical Director Vice President of Operations MEETING FREQUENCY Quarterly or as assigned by the Quality and Risk Management Committee and/or Medical Advisory Committee of the Board

The Infection Prevention Committee provides decision-making, oversight, and communication on the

affiliate's infection prevention program(s) in place to protect patients, employees, and visitors.

The Infection Prevention Committee's specific responsibilities include:

- · Establish, implement, and monitor annual infection prevention goals
- Review infection prevention audits and corrective action plans
- Ensure proper record keeping of infection rates and monitor results
- Develop, evaluate and revise infection control policies to include, but not limited to: daily
 procedure operations, isolation of patients with infectious diseases, staff education and
 proficiency, occupational health program including immunizations, facility and environmental
 requirements
- Provide the Quality and Risk Management Committee and Medical Advisory Committee of the Board reports of all committee activities



Auto Home Marine Office

2428 Virginia Beach Blvd., Virginia Beach, VA 23454 (757) 965-3800 Fax: (757) 965-3849 1318 E. Little Creek Road, Norfolk, VA 23518 (757)480-3660 Fax: (757)588-6427

Estimate

	Estimate #	5144
	Date	4/3/2014
Estimated Due Date		4/3/2014

Name / Address:

Planned Parent Hood 515 Newtown Road Virginia Beach, VA. 23462

Phone 757-499-7526 Fax #

Year	Make & Model			Terms	
Mileage	License #	VII	N#		
	Description		Qty	Rate	Total
exam room area and	·	-	1	5,960.00	5,960.00 3,436.00 ⁻¹
The second secon		1	Subtotal		\$9,396.00
		-	Sales Tax	x (6.0%)	\$206.16
			Total		\$9,602.16

Relectric Company, Inc.

General Contractors

1225 W 26th Street, Norfolk, Virginia 23508 (757) 623-5012/Fax: (757) 623-4344

April 4, 2014

Planned Parenthood of Southeastern Virginia 515 Newtown Road Virginia Beach, VA 23462

RE: PPSEV, Virginia Beach, VA RGE Proposal

Dear

RG Electric Company, Inc. is pleased to supply a proposal for work at Virginia Beach Health Clinic. Our scope of work includes:

- 1. Furnish and install two (2) standalone room pressure monitors.
- 2. Supply labor and materials to reupholster (40) waiting room chairs and (4) waiting room loveseats with vinyl wipe-able material.

Total: \$12,891.00

Notes:

- · Pricing based on pictures of chairs that were provide by email.
- · Price includes pickup and delivery of chairs.
- · Price based on normal working hours.
- No ILSM/ICRA requirements are included.

Thank you for your consideration and if you have any questions or concerns, please feel free to contact me at (757) 623-5012.

Respectfully,

Robert T. Brown Vice President