

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FTAF-0014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROANOKE MEDICAL CENTER FOR WOMEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1119 2ND STREET SW ROANOKE, VA 24016</b>		
(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}	<p>12 VAC 5- 412 Initial comments</p> <p>An unannounced Revisit Licensure Abortion Facility inspection were conducted at the above referenced facility on March 27, 2013 by two (2) Medical Facilities Inspectors from the Virginia Department of Health's, Office of Licensure and Certification.</p> <p>The following regulations were not cleared from the December 19, 2012 revisit survey to the initial survey of 7/18/12 and were re-cited: 12 VAC 5-412-170 (H) - Personnel 12 VAC 5-412-220 (C) - Infection Prevention</p> <p>New findings were cited in the following area: 12 VAC 5-412-260 C -Administration, storage and dispensing of drugs</p> <p>The agency was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Clinics (effective 12/29/2011). Deficiencies cited follow in this report.</p>	{T 000}		
{T 095}	<p>12 VAC 5-412-170 H Personnel</p> <p>H. Personnel policies and procedures shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification;</li> <li>2. Process for verifying current professional licensing or certification and training of employees or independent contractors;</li> <li>3. Process for annually evaluating employee performance and competency;</li> <li>4. Process for verifying that contractors and their employees meet the personnel qualifications of the facility; and</li> <li>5. Process for reporting licensed and certified health care practitioners for violations of their</li> </ol>	{T 095}	<p>T-095</p> <p>As per our policy and procedure manual, and the State regulations regarding personnel files (12 VAC 5-412-170) it is absolutely necessary for all employees to have reviewed their job descriptions. As the employee in question had not worked from November through March, she had not had an opportunity to review her job description and sign it. However, this was corrected immediately. The employee in question signed and dated a job description that was placed in her chart. In addition, we will be</p>	3/27/13

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

*W. A. R. Lee*

TITLE

*Administrator*

(X6) DATE

*4/26/13*

State of Virginia

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NAME OF PROVIDER OR SUPPLIER

**ROANOKE MEDICAL CENTER FOR WOMEN**

STREET ADDRESS, CITY, STATE, ZIP CODE

**1119 2ND STREET SW  
ROANOKE, VA 24016**

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{T 095}	Continued From Page 1  licensing or certification standards to the appropriate board within the Department of Health Professions.  This RULE: is not met as evidenced by: Based on personnel files review and interview it was determined that one (1) of nine (9) personnel files reviewed failed to contain evidence that the job description contained in that file was reviewed with the employee, (employee #2). This is a repeat deficient practice.  The findings were:  Personnel files were reviewed in one of the facility's offices on March 27, 2013 beginning at 2:10 PM. The personnel file for employee #2 contained a job description titled, "Recovery Room Staff." The file failed to contain documented evidence that the job description had been reviewed with the employee. There was no date or signature from the employee on the job description demonstrating that the employee had reviewed the job description.  The above finding was presented to the Administrator at or about 3:30 PM that same day. The Administrator commented that this employee only works part-time and wasn't there when they had everyone sign their job descriptions.	{T 095}	conducting biannual chart audits to ensure that all necessary licenses, job descriptions, background checks, and any other pertinent information is contained in each employee's file. This will be done to ensure that we do not fall deficient in this area again.	
{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	{T 175}	Regarding the threat of cross-contamination due to lack of efficiency in repairing the patient chairs in question, immediate action has been taken. A consultation with a repair specialist took place on 4/25/13, and a date was set to have the repairs made for 5/1/13 so that everything will be in pristine condition. This should no longer be a problem. If this happens in the future, we	5/1/13

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{T 175}	Continued From Page 2  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); 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	{T 175}	now are aware of a reliable company who can remedy the situation almost immediately.	

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{T 175}	Continued From Page 3  or required by the department.  This RULE: is not met as evidenced by: Based on observations and interview, the facility failed to ensure that two patient chairs had prevented cross-contamination by repairing tears in the vinyl as required in Section 12 VAC 5-412-220.C.  The findings included:  1. Observations during the initial tour, on March 27, 2013, at 12:56 p.m., in the Laboratory room revealed a blue patient vinyl chair with approximately 36 inches of rubbed, torn area on the back of the chair /measuring from 1/8-14 inches. A black vinyl chair in the Ultrasound room showed approximately one fourth inch tear in the vinyl seat.  Staff #2 verified that the above items and observations from the initial tour was verified. This interview occurred in the agency's office, on March 27, 2013, at 3:35 p.m.	{T 175}			
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 staff interview, it was determined that the facility's staff failed to discard two expired medications and one medication that	T 275	T-275  Due to a repeated deficiency, new steps have been taken to ensure that this does not happen again. The drugs in question (lidocaine 1%- undated, and Methergine .2mg/ml- expired) were immediately disposed of in the correct manner. In addition, the administrator will now police the clinic each week to ensure that all drugs are labeled correctly and that expired drugs are disposed of correctly. This will be double checked by those who administer these drugs. In addition to these precautions,	3/27/13	

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T 275	<p>Continued From Page 4</p> <p>had not been dated when opened as required in Section 12-VAC 5-412-260-C.</p> <p>The findings included:</p> <p>During a tour of the facility, conducted on March 27, 2013, until 1:40 p.m. two drugs were noted as expired. Lidocaine 1% 10 mg/ml was opened without documentation of when it was opened. At 12:56 p.m., two vials of Methergine 0.2 mg/ml contained expirations dates of January 2013, in the medication regenerator located in the Laboratory.</p> <p>Staff #2 verified during interview, on March 27, 2013, at 3:40 p.m. that the Lidocaine was not dated and the methergine had expired.</p>	T 275	<p>we will also have a list of drugs and their expiration dates compiled and placed in drug storage areas. This will be a visual reminder of the dates of expiration. These steps will ensure that our medications are policed more effectively.</p>	

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## State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /  
Identification Number

FTAF-0014

(Y2) Multiple Construction

A. Building

B. Wing

(Y3) Date of Revisit

03/27/2013

Name of Facility

ROANOKE MEDICAL CENTER FOR WOMEN

Street Address, City, State, Zip Code

1119 2ND STREET SW

ROANOKE, VA 24016

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed		Correction Completed	
ID Prefix T0025	03/27/2013	ID Prefix T0035	03/27/2013	ID Prefix T0130	03/27/2013
Reg. # 12 VAC 5-412-140 D		Reg. # 12 VAC 5-412-150		Reg. # 12 VAC 5-412-200	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix T0135	03/27/2013	ID Prefix T0170	03/27/2013	ID Prefix T0190	03/27/2013
Reg. # 12 VAC 5-412-210 A		Reg. # 12 VAC 5-412-220 B		Reg. # 12 VAC 5-412-230	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix T0230	03/27/2013	ID Prefix T0320	03/27/2013	ID Prefix T0335	03/27/2013
Reg. # 12 VAC 5-412-250 C		Reg. # 12 VAC 5-412-300 B		Reg. # 2 VAC 5-412-300 E	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix T0340	03/27/2013	ID Prefix		ID Prefix	
Reg. # 12 VAC 5-412-310		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Reviewed By	Reviewed By	Date:	Signature of Surveyor:		Date:
State Agency					
Reviewed By	Reviewed By	Date:	Signature of Surveyor:		Date:
CMS RO					
Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO				
12/19/2012					