

State of Virginia

PRINTED: 05/18/2012  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FTAF-003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/10/2012
NAME OF PROVIDER OR SUPPLIER  A TIDEWATER WOMEN'S HEALTH CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 801 NORFOLK SQUARE NORFOLK, VA 23502		
(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	T 000		
	<p>An announced Initial Licensure Abortion Facility inspection was conducted at the above referenced facility on May 10, 2012 by four (4) Medical Facility Inspectors from the Virginia Department of Health's, Office of Licensure and Certification.</p> <p>A Tidewater Women's Health Clinic which is located in Norfolk, was found out of compliance with the State Board of Health 12 VAC 5-412, Regulations for Abortion Facility's effective December 29, 2011. Deficiencies were identified and cited, and will follow in this report.</p>			
T 070	12 VAC 5-412-170 C Personnel	T 070	<p>Doctor is only employee with access to narcotics. Criminal History Search request through the Criminal Records Exchange via the Virginia State Police mailed on June 1, 2012. Awaiting results of inquiry.</p> <p>Measures/changes to prevent recurrence:</p> <ul style="list-style-type: none"><li>Anytime that an employee is hired that will have access to controlled substances, A CRIMINAL History Record Request shall be submitted to Virginia State Police, Central Criminal Records Exchange. The Policy + Procedure Manual has been updated to include a Criminal History Record check policy, as well as an employee checklist for employees that have access to narcotics to ensure criminal history checked.</li><li>We will identify other areas that have potential for problems by completing an Employee File Required Paperwork Checklist for each active employee.</li><li>Plan to monitor to prevent recurrence includes checklist for employees with narcotic access. This includes Name, Title, Date of Current Criminal History Check &amp;</li></ul>	
	<p>C. Each abortion facility shall obtain a criminal history record check pursuant to 32.1-126.02 of the Code of Virginia on any compensated employee not licensed by the Board of Pharmacy, whose job duties provide access to controlled substances within the abortion facility.</p> <p>This RULE: is not met as evidenced by: During the survey the facility was assessed for compliance with the provisions of the Code of Virginia, 1950 as amended and Section 32.1-162.9:1 as amended. The Code Section requires that licensed home care organizations or home care organizations exempt under 32.1-162.8:3 (a) (b) (c) of the Code of Virginia conduct criminal records check for compensated employees hired after July 1, 1992.</p> <p>These same Code sections also prohibit the employment, by abortion facility's, of persons convicted of certain crimes that are specified in Section 32.1-126.02. That same Section requires employees not licensed by the Board of Pharmacy, whose job duties provide access to</p>			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				
STATE FORM		02199	Admin Director	6/13/12
		G40811		05/18/2012
If continuation sheet 1 of 18				

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T 070	Continued From Page 1  controlled substances within the abortion facility have a criminal record report obtained through the Virginia State Police.  The above Statute was not met as evidenced by:  Based on the review of personnel files, and interview with the Administrator, it was determined that one (#7) of eight (#1 - #8) personnel that had the potential to dispense narcotics, failed to have a criminal record check in their file for the Surveyor to review as required in Section 12 VAC 5-412-170. C.  The Surveyors reviewed all personnel files at various times on 5/10/12 in the facility. The staff included:  1. Personnel #1 was hired on 12/22/08.  The Administrator verified that the results of one criminal record check was not available for the Surveyor to review. This interview occurred on 5/10/12, in the facility's office at 10:03 a.m.		T 070	Notes + Findings. Completion Date: 6/1/12 We are awaiting results of the inquiry from Virginia State Police. Documentation attached with ID Prefix Tag: T070.	
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		T 175	#1 ① We have new disposable protective barrier gowns as of 5/16/12. We have trained our staff on how to move between the clean and dirty room as of 5/14/12. ② The staff, as of 5/11/12, has maintained the clean room with only clean products that belong in the room. ③ Changes have been made with the PPE for both the clean and Dirty rooms. Protective barrier gowns are being worn, as of 5/16/12, to prevent any penetration to clothing under the gown. All PPE will be removed before moving between the	



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T 175	Continued From Page 2  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 or required by the department.  This RULE: is not met as evidenced by: Based on observations, interviews and record review it was determined that the facility's staff failed to ensure infection control prevention as		T 175 T175 #1 ③ cont. clean and dirty rooms. Staff measures the enzymatic cleaner with a 1 ounce measuring cup and measures the water with a 1 gallon container that measures one gallon. ④ A plan has been put into place and added to our Policy + Procedure Manual on 5/11/12 to properly monitor + train employees on Dirty and Clean Room techniques. Proper measuring equipment was purchased on 5/11/12 to ensure correct measuring of enzymatic cleaner according to manufacturers instructions. ⑤ Completion Dates: - New disposable protective barrier gowns received + put into use 5/14/12. - Measuring equipment purchased + put into use as of 5/11/12 → Documentation attached with ID PREFIX tag T175(41) T175 #2 ① Paper towel dispensers using a pull style design were purchased 5/30/12 and installed 6/4/12 to prevent contact with possible germs during handwashing on surfaces after cleaning hands. ② All sinks in facility now have a Pull style paper towel dispenser as of 6/4/12. ③ changes have been made to all paper towel dispensers on 6/4/12 to prevent contact with dispenser handles on dispenser style paper towel dispensers	

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If continuation sheet 3 of 19

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T 175	Continued From Page 3  evidenced by:  1. Staff moving between clean and dirty areas without having or changing personal protective outerwear and staff did not follow manufacturer's recommendation for enzymatic cleaner.  2. The design of the paper towel dispensers facilitated the spread of infection.  3. The cleaning supplies and mops were stored in a manner to promote cross contamination.  4. The freezer which is used to store the collected conception material, had blood and un-bagged conception material frozen to the inner bottom surface. The air vents in the clean utility room had a thick dust build up. A small portable fan with thick dust on the fan blades, front grill and back grill sat on the counter with opened clean supplies. Five of six recovery room recliners had torn surfaces, which could not be disinfected between patients. Six of six recovery room recliners had clear tape over the identification numbers and old adhesive on the wooden arms of the recliners, which prevented disinfection of the surface between patients.  5. A bucket that held water to rinse the suction pump lines after procedures was turbid with floating black particles. Supplies scheduled for the day's procedures were open and left uncovered on the treatment/procedure room counter exposed to contamination.  6. The suction pump and portable lamps utilized during procedures did not have proof of preventative maintenance according to manufacturer's recommendations.  The findings included:	T 175	T 175 #2 cont. ④ Pull paper towel dispensers are monitored daily by employees assigned to each area to ensure they are well stocked + functional. ⑤ Completion Date: Pull style paper towel holders installed 6/4/12 → Documentation attached with ID Prefix Tag: T 175 (#2)  T 175 #3 ① We corrected this action by purchasing new mop head replacements and new mop bucket, as well as relocating mops, mop bucket and cleaning supplies, as of 5/11/12. ② It is important that all cleaning supplies and all other products are stored in their designated area to ensure NO cross contamination to the clean room. ③ Staff was properly trained on 5/12/12 on the difference between the clean + dirty room, so they are now knowledgeable where to store cleaning supplies and why the mop/bucket belongs in the dirty room. ④ The Soiled Room Attendant Job Description was updated 5/11/12 + Clean Room Attendant Job Description was updated 5/11/12 so recurrence will not happen. <del>Ena</del> SRA + CLA aware + trained on 5/12/12. ⑤ Completion Date: 5/11/12 Mops were removed from clean room to the dirty room on 5/11/12.		





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T 175	Continued From Page 4  1. Observations and interviews were conducted on May 10, 2012 from 3:10 p.m. to 5:15 p.m. during the post procedure handling of collected conception materials. Staff #3 was assigned to the back lab that included the "Soiled" and "Clean" Utility rooms. Staff #3 wore gloves and was dressed with hair and shoe covers. Staff #3 wore a blue cloth gown over his/her scrubs. Staff #7 wore gloves and dressed in scrubs with hair and shoe covers. Staff #7 carried dirty supplies, instruments and the container with the collected conception material from the procedure room to the back lab's "Soiled" utility room. Staff #7 poured the conception material into a strainer and vigorously rinsed the material under running water swirling the strainer. Staff #7 poured the conception material into an approximate eight inch by twelve-inch glass dish and inspected the contents. Staff #7 left the back lab and proceeded to the next procedure. Staff #7 did not wear an impervious cover over his/her scrubs while working in the "Soiled" utility room.  Staff #3 placed the dirty instruments in the sink under running water scrubbing and taking apart the instruments. Staff #3 placed the instruments in a bucket with disinfectant. Staff #3 performed the required second inspection of the conception material prior to pouring the contents from the glass dish into a plastic storage bag. Staff #3 carried the bucket with the instruments from the "Soiled" utility room and placed the instruments in the clean utility sink. Staff #3 did not change the blue gown worn in the "Soiled" utility room during the initial cleaning of the instruments; the blue gown had wet splash areas from cleaning the instruments in the "Soiled" utility room.  Staff #7 returned to the back lab carrying the dirty supplies, instruments and the container with the		T175 T175 #3 cont. Documentation attached with ID Prefix Tag: T175 (#3)  T175 #4 ① Freezer will be disposed of on 6/15/12. All air vents have been properly cleaned on 5/11/12. All portable fans have been removed from all rooms on 5/11/12. Recovery room chairs will be repaired/replaced by 6/22/12 to make smooth and flat. All tape was removed & sanitized 5/11/12. ② As of 5/11/12, we check furniture daily, that our patients use, to ensure it is properly sealed so it can be cleaned properly. The air vents throughout the facility are checked daily to ensure no dust build up. ③ Repairs to recovery room chairs are being attempted as of 6/13/12. A vinyl repair kit was purchased on 6/11/12. If repairs are unsatisfactory, an outside vinyl repair company will be contacted. If repairs cannot be accomplished by outside repair company, new chairs will be purchased. Sticky residue was removed on 5/11/12 that was remnants of clear tape & old remnants were cleaned & disinfected.	

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If continuation sheet 5 of 18

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T 175	<p>Continued From Page 5</p> <p>collected conception material from another procedure. Staff #7 followed his/her previous steps of pouring the conception material into a strainer and vigorously rinsing the material under running water while swirling the strainer. Staff #7 had a blood splatter under the pocket of his/her scrub top. After inspecting and verifying the conception material's contents, Staff #7 left the back lab area and proceeded to the next procedure. Staff #3 left the clean utility room entered the "Soiled" utility room processed the dirty instruments and performed the second inspection of the conception material before pouring the contents into the plastic storage bag.</p> <p>Staff #3 reported the enzymatic soaking time for the dirty instruments correctly. However, Staff #3 did not have a timer or clock available to ensure the following of the manufacturer's recommendations. Staff #3 reported the concentration of enzymatic cleanser was one (1) ounce to one (1) gallon of water. Staff #3 did not have measuring devices and could not state how much water or enzymatic cleaner had been placed in the sink. Staff #3 prepared to wrap the first load of instruments and used the top of the freezer to place the paper used in wrapping the instrument prior to the autoclaving. The collection basket to transport the wrapped instruments was also on the top of the freezer. The freezer had been designated a dirty area.</p> <p>Staff #7 returned to the back lab carrying a third set of dirty supplies, instruments and the container with the collected conception material. Staff #7's scrub top had an approximate two inch wet spot, which encompassed the lower edge of his/her scrub pocket, the previously noted blood splatter was not visible.</p> <p>An interview was conducted on May 10, 2012 at approximately 5:18 p.m. with Staff #1, Staff #3,</p>	T 175	<p>T175 (#4) cont.</p> <p>④ All equipment &amp; furniture is checked on a daily basis. Each employee has an assigned area.</p> <p>⑤ Completion Dates:</p> <ul style="list-style-type: none"> <li>• Freezer is being removed by 6/5/12.</li> <li>• Recovery Room chairs will be repaired or replaced by 6/22/12.</li> <li>• All air vents were cleaned on 5/11/12 &amp; are being monitored daily.</li> </ul> <p>Documentation attached with ID PREFIX TAG: T175 (#4)</p> <p>T175 (#5)</p> <p>① New buckets were purchased 5/11/12 that are used to hold water to rinse the suction pump lines. Water is added "fresh" each day before we see patients and <del>changed</del> checked/changed if necessary, between patients to prevent particulates floating in water.</p> <p>② Supplies are no longer set out on procedure room counter prior to the days procedures. Supplies are taken out &amp; opened on an as-needed basis to comply with patient need.</p> <p>③ Buckets are now, as of 5/12/12, filled each day prior to patients &amp; checked in between patients for floating debris &amp; replaced as necessary. All staff checks areas containing water &amp; makes sure they are dumped &amp; cleaned properly. No supplies for patients are taken out &amp; opened before patient is</p>



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T 175	Continued From Page 6  and Staff #7. Staff #1 reported the purpose of separating clean from soiled was to prevent cross-contamination. Staff #1 was informed of Staff #3 and Staff #7 working in the "Soiled" utility and returning to designated clean areas, without having or changing personal protective outerwear to prevent cross-contamination. Staff #1 and Staff #7 acknowledged without the use of protective outerwear, contaminants from the "Soiled" utility room processes were entering the clean utility room and the clean treatment/procedure rooms. 2) Observations and interviews were conducted on May 10, 2012 from 9:18 a.m. to 11:08 a.m., with Staff #2. The observation revealed the front lab paper towel dispenser had a handle crank, to access the paper towels. The front lab restroom's paper towel dispenser had a lever, which needed to be pushed up and down to access paper towels. The clean utility room did not have a paper towel dispenser and the paper towel roll was on the shelf above the sink. One edge of that paper towel roll had evidence of contact with liquids. Staff #2 acknowledged the increased opportunity to re-contaminate hands and spread infection related to having to either crank out or use the lever to obtain paper towels. Staff #2 reported the building was old and the facility did not have motion detecting paper towel dispensers.  ③ Observations and interviews were conducted on May 10, 2012 from 9:18 a.m. to 11:08 a.m., with Staff #2. An observation of the under the sink cabinet in the front lab revealed storage of cleaning supplies (i.e. disinfectant wipes, drain opener and spray disinfectant), a small plunger and an unlabeled spray bottle with liquid. Staff #2 reported not having knowledge that items could not be kept under the sink. An observation of the under the sink cabinet in the physician's desk area revealed: two centrifuges,				
T 175	T 175 (#5) cont. roomed. ③ changes have been made to the job description pertaining to Job Duties & Cleaning Duties via Exam Rooms/Assist MD with Machine. Employees are trained & aware to check water after each patient, change if necessary, & dump water plus sterilize buck at the end of each day. We no longer open & sit out supplies ahead of time. We wait until needed i.e. patient roomed/there is a supply need. ④ As of 5/11/12, buckets are emptied as needed between patients & at the end of each day. Buckets are sterilized at the end of each day. Buckets are filled each day with "fresh" water before patients. As off 6/13/12, a log consisting of Date, Time Bucket was Filled, Time Bucket was Emptied, Staff Initial & Room #. This will be filled out daily, as completed. A daily check of counter in treatment rooms by employees to ensure no supplies are pre-opened before patient is roomed. If this is done, supplies will be discarded.				

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T 175	Continued From Page 7  an open 1200 cc (cubic centimeter) plastic container, two rolls of paper towels, a gallon jug of window cleaner and three containers of disinfectant wipes. An observation conducted in the clean utility room of the cabinet beneath the sink revealed the bottom of the cabinet was swollen and mis-shapen; a five-gallon container was wedged beneath the plumbing, two metal trays filled with multiple surgical instruments and a can of insect killer. Staff #2 reported the clean utility sink's previous plumbing problems caused water damage to the cabinet's bottom.  4. Observations and interviews were conducted on May 10, 2012 from 9:18 a.m. to 11:06 a.m., with Staff #2 in the clean utility room. An observation was conducted of the freezer kept in the clean utility room. Staff #2 reported after inspection of the conception material, it was poured into plastic storage bags and the bags are stored in the freezer until the next weekly medical waste pick up. The observation revealed that some of the plastic bags were open and had spilled their contents onto the bottom of the freezer. Approximately three-fourth's of the freezer's bottom and shelf was covered with frozen blood and conception material. Staff #2 reported that if staff did not close the bags correctly the contents would spill into the freezer. The observation revealed the air vents had thick gray material within the vent slots. The thick gray material within the vent slots also had trails of various lengths streaming in the airflow. A small portable fan was on the counter next to opened clean supplies (four suction pump lines). The fan blade, front and back grill was covered in a thick gray material. Staff #2 identified the gray material in the air vents and on the fans as dust. Staff #2 reported the clean supplies should not be opened and exposed to contaminants.	T 175	T 175 (#5) cont.  ⑤ completion Dates: • New water buckets purchased 5/11/12 • Daily monitor, daily refresh & renewed, & renewed between patients as necessary 5/11/12 • Bucket Fill/Emptied Log 6/13/12 • No longer pre-open supplies 5/11/12  Documentation Attached with ID Prefix Tag: T 175 (#5). T 175 (#6). ① Equipment, including suction pump & lamps in both rooms, now have completed preventative maintenance with records on file, as of 6/11/12. ② Preventative Maintenance book is kept up to date so we can keep up with our equipment & know when PM is due. ③ Changes have been made with Merco Medical Equipment Repair Co., our PM provider, to include all electrical equipment. All items have been added to annual PM service. ④ We have a PM book to store PM records. Annual PM maintenance is performed in December of each year.		





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T 175	Continued From Page 8  The observation revealed the mop bucket with two mops, which had been used for floor cleaning were stored in the clean utility room. The lip of the mop bucket had a gray substance on it and the attached mop wringer had the gray substance on its inner surface. Staff #2 verified the mop bucket, mop wringer, and the two mops inside the bucket had been used and were not clean. Staff #2 acknowledged the "dirty" mop bucket, mop wringer and mops were opportunities to cross-contaminate the clean utility room. Staff #2 reported dirty items should not be stored in the clean utility room.  Observations in the patient's Recovery Room revealed five of the six-recovery recliner had tears in their surfaces. Six of six recovery recliners had a taped identification numbers affixed to the wooden arm. Two of the six taped identification numbers were loose and only partially attached to the recliner arm. The recliner arms had adhesive residue. Staff #2 was informed the taped numbers, the adhesive residue and the non-intact surfaces prevented disinfection of the recovery room recliners between patients.  5. Observations and interviews were conducted on May 10, 2012 from 9:59 a.m. to 11:08 a.m., with Staff #2 in the treatment/procedure rooms. An observation in Treatment/Procedure Room #1 revealed a bucket of liquid sat next to the suction pump. The liquid within the bucket was turbid with multiple floating black substances. Staff #2 reported the liquid was water used to flush the suction lines after each procedure. Staff #2 reported the bucket should have been emptied at the end of the last procedure day. Staff #2 poured the water from the bucket and inspected the black substance. Staff #2 reported the substance was sticky. Staff #2 was not able to identify the substance.	T 175	T175(#6) cont. ⑤ Completion Dates: PM performed 5/23/12 Lamps done 5/23/12 Suction pumps 12/30/11 Documentation Attached with ID PREFIX TAG: T175(#6)	

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NAME OF PROVIDER OR SUPPLIER  A TIDEWATER WOMEN'S HEALTH CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 891 NORFOLK SQUARE NORFOLK, VA 23502		
(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 175	Continued From Page 9  An observation in Treatment/Procedure Room #2 revealed on the counter top: five opened band-aids each placed on a 2 x 2 gauze pad laid on top of a alcohol pad package. There were four open 2 x 2-gauze pads, each on an alcohol pad. The items were uncovered and had been placed directly on the countertop. Staff #2 acknowledged the band-aids and the gauze set ups were for all the procedures scheduled for the day in Treatment/Procedure Room #2. Staff #2 acknowledged the set-ups were exposed to contamination by staff if gathering other supplies from the cabinet above, if the staff or patients touched the counter area or supplies and between patient procedures.  6. An Observation on May 10, 2012 at 10:09 a.m. in Treatment/Procedure Room #1 revealed the suction pump did not have a preventive maintenance (PM) sticker. An observation on May 10, 2012 at approximately 3:45 p.m. revealed two portable lamps (one per treatment/procedure room) did not have a preventative maintenance sticker. A request was made to Staff #1 and Staff #2 for proof of preventive maintenance service for the suction pump and two portable lamps. The information was not provided prior to exit.  Reference citation 0290.	T 205	1. our facility's patients have a choice between local anesthesia and "MILD" IV sedation. Per 18 VAC 85-20-210 definitions "minimal sedation/anxiolysis" means a drug-induced state during which a patient responds normally to verbal commands. Although cognitive function and coordination may be impaired ventilatory and cardiovascular functions are usually not affected. Staff #7 was misquoted/misunderstood during the interview conducted on May 10, 2012 @ 15:45pm. Our facility does not administer "conscious" sedation, which by definition means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are usually required to maintain a patent airway, and spontaneous ventilation is usually adequate cardiovascular function is usually maintained. we have ordered and recieved Fentanyl Citrate single dose vials from RxB compounding pharmacy. Midazolam: The 5mg/10mL vials we currently have in facility inventory that are not clearly marked on vial - single dose or multi-dose. called sales representative at Smith medical partners where inventory was purchased. Recalled manufacturer and verified that item ordered; Midazolam 5mg/10mL was a multi dose vial. All Fentanyl 50mL vials that are		
T 285	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	T 285	vials we currently have in facility inventory that are not clearly marked on vial - single dose or multi-dose. called sales representative at Smith medical partners where inventory was purchased. Recalled manufacturer and verified that item ordered; Midazolam 5mg/10mL was a multi dose vial. All Fentanyl 50mL vials that are		



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NAME OF PROVIDER OR SUPPLIER  A TIDEWATER WOMEN'S HEALTH CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 891 NORFOLK SQUARE NORFOLK, VA 23502		
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T 175	Continued From Page 9  An observation in Treatment/Procedure Room #2 revealed on the counter top: five opened band-aids each placed on a 2 x 2 gauze pad laid on top of a alcohol pad package. There were four open 2 x 2-gauze pads, each on an alcohol pad. The items were uncovered and had been placed directly on the countertop. Staff #2 acknowledged the band-aids and the gauze set ups were for all the procedures scheduled for the day in Treatment/Procedure Room #2. Staff #2 acknowledged the set-ups were exposed to contamination by staff if gathering other supplies from the cabinet above, if the staff or patients touched the counter area or supplies and between patient procedures.  6. An Observation on May 10, 2012 at 10:09 a.m. in Treatment/Procedure Room #1 revealed the suction pump did not have a preventive maintenance (PM) sticker. An observation on May 10, 2012 at approximately 3:45 p.m. revealed two portable lamps (one per treatment/procedure room) did not have a preventative maintenance sticker. A request was made to Staff #1 and Staff #2 for proof of preventive maintenance service for the suction pump and two portable lamps. The information was not provided prior to exit.  Reference citation 0290.	T 215	Our facility's patients have a choice between "local anesthesia" and "Mile" IV sedation. For 15 VAC 55-20-300 definitions: mild sedation (anxiolysis) means a drug-induced state during which a patient responds normally to verbal commands. A thorough cognitive function and coordination may be impaired. Ventilatory and cardiovascular functions are usually not affected. Staff #7 was instructed, instructed during the interview conducted on May 10, 2012 at 1:45 p.m. that facility does not administer conscious sedation which by definition means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are usually required to maintain a patient in a state of spontaneous ventilation. Adequate cardiovascular function is usually maintained. We have orders and received Fentanyl, Orotate, Bupivacaine, Midazolam, Propofol, and others. We currently have in stock inventory that are not clearly marked on vial: single dose or multi dose. Called Sales Representative for similar medical cartons where inventory was purchased, recalled manufacturer and verified each item ordered: Midazolam 5mg/10mL - single dose vial. All Fentanyl 50m vials that are	
T 265	12 VAC 5-412-260 A Administration, storage and dispensing of drug  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	T 265		

We only administer "mild" sedation. We do NOT administer "Moderate" Sedation. K. Finley 4/20/12 Kim Finley



State of Virginia

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T 285	Continued From Page 10  Virginia, Regulations Governing the Practice of Pharmacy (18 VAC 110-30).  This RULE: is not met as evidenced by: Based on observations while reviewing medications and interview with Staff member #7, it was determined that the narcotic Fentanyl 2,500 mcg (micrograms) per 50 ml (milliliters) was used as a multiuse vial when the label stated that it was for single use only as required in 12 VAC- 412-260. A.  The findings included:  An observation and interview conducted on May 10, 2012 at 15:45 p.m. with Staff #7 during the review of the facility's system for controlled substances. Staff #7 reported the facility's patient had a choice between local anesthesia and conscious sedation (moderate sedation). Staff #7 reported the facility used an injection of Fentanyl and Midazolam (Versed). Staff #7 opened the locked box and on inspection, the box contained: an opened vial of Fentanyl 2500 mcg (micrograms)/50 ml (milliliters). The staff had not documented the opened date on the vial. Staff #7 reported the vial was last used on May 8, 2012. Staff #7 reported that he/she could draw up to twenty-five (25) doses from a fifty (50) ml vial. Staff #7 reported that each dose drawn would be used for a different patient. When asked, Staff #7 read the vial label, which read: "Single dose vial." Staff #7 threw the partially used vial of Fentanyl into the biohazard box. The observation revealed one vials of Midazolam 5 mg (milligrams)/5 ml. One vial was opened without a documented opened on date. The vial label read "Single use vial. Discard unused portion." Staff #7 reported that each Midazolam and Fentanyl vials were used for multiple patients. [Fentanyl is a short duration analgesic. Midazolam is a preoperative sedative.]	T 285	<p>→ single dose have been wasted and discarded.</p> <p>2. Identifying other areas for potential problems: Doctor will identify vial as single or multi dose have been and use/discard accordingly.</p> <p>3. Measures/changes to be put in place: Fentanyl is now single dose vials. Midazolam multi-dose vials will be labeled once accordingly to meet regulation standards. SDU disposed of after each use.</p> <p>4. Monitoring: Future ordering will ensure that single dose vials, i.e. vials will be ordered accordingly to meet regulation standards by size to ensure compliance.</p> <p>5. Completion date: 6/12/12 Documentation attached with ID Prefix Tag: T285.</p>	

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State of Virginia

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NAME OF PROVIDER OR SUPPLIER  A TIDEWATER WOMEN'S HEALTH CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 891 NORFOLK SQUARE NORFOLK, VA 23502		
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T 285	Continued From Page 11	T 285			
	<p>Review of the controlled substance log was conducted on May 10, 2012 at 15:46 p.m. with Staff #7. Review of the package insert for Fentanyl indicated the medication "Contained no preservatives" and listed the 50 ml vial as a single dose vial. The package insert for Midazolam indicated the vial was for single use and unused portions of the vial were to be discarded.</p>				
T 280	<p>12 VAC 5-412-260 D Administration, storage and dispensing of dru</p> <p>D. The mixing, diluting or reconstituting of drugs for administration shall be in accordance with regulations of the Board of Medicine (18 VAC 85-20-400 et seq).</p> <p>This RULE: Is not met as evidenced by: Based on observations made during the initial tour of the facility and interviews, it was determined that the facility's staff failed to ensure that eleven (#1 - #11) of eleven (#1 - #11) opened injectable medications were mixed and labeled in accordance with the regulations for the Board of Medicine, 18 VAC 85-20-400.</p> <p>The findings were:</p> <p>An initial tour of the facility was conducted on May 10, 2012 beginning at 3:07 p.m. The Procedure Room #2 for patients to recover from their procedure in, contained a large locked metal cabinet. Staff #7 unlocked the cabinet for two Surveyors to review the content with one staff member in observance. The cabinet contained various types of injectable and oral medications. Medications that were opened and unlabeled included:</p>	T 280	<p>1. accomplished by: all noted open vials disposed of. All mixing diluting or reconstituting of drugs for administration will only be completed by physician. All mixing, diluting @ narcotics + medication stored in locked cabinet will be labeled by physician to ensure compliance and in accordance w/ manufactures instructions.</p> <p>2. Identify other areas: All medications, including but not limited to, will receive a label containing open date and the proper staff initials.</p> <p>3. measures/changes: Policy and procedure manual has been updated w/ new policy "medication labeling and dating policy". Physician job description created that includes label + mix all injectable medications in accordance w/ the Board of medicine. medication check to be conducted by Director/Office manager at beginning of month with physician</p>		



State of Virginia

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T 280	Continued From Page 12 → continued (1) vial of Fentanyl 2,500 mcg (micrograms)/50 ml (millimeter) (A Single dose vial used for multidosages. (1) vial of Versed Midazolam 10 mg/ml 10 ml (amount). (2) vials of "1% Lidocaine with Epinephrine 1:100,000 50 ml (amount)." (1) vial of Medroprogesterone Acetyl 150 mg/Folic Acid 1 mg in 30 ml (amount). (3) vials of Naloxone HCL 0.4 mg/ml in 1 ml (amount) (1) vial of Flumazenil 1 mg/10 ml in 10 ml (amount) (2) vials of Testosterone Cypionate Injections 200 mg/ml in 1 ml (amount)  Part IX. of the Virginia Board of Medicine, reads in part: "Mixing, Diluting or Reconstituting of Drugs for Administration. 18 VAC 85-20-400. Requirements for immediate-use sterile mixing, diluting or reconstituting.  A. For the purposes of this chapter, the mixing, diluting or reconstituting of sterile manufactured drug products when there is no direct contact contamination and administration begins within 10 hours of the completion time of preparation shall be considered immediate-use. If manufacturers' instructions or any other accepted standard specifies or indicates an appropriate time between preparation and administration of less than 10 hours, the mixing, diluting or reconstituting shall be in accordance with the lesser time. No direct contact contamination means that there is no contamination from touch, gloves, bare skin or secretions from mouth or nose. Emergency drugs used in the practice of anesthesiology and administration of allergens may exceed 10 hours after the completion of the preparation, provided	T 280	to ensure proper procedures in service w/ employees on labeling meds. 4. monitor: medication check, a chart used to list all meds opened to ensure proper labeling/dating is being performed. Dates: completed 5/24/12 5. in service w/ employees physician job description medication check u/12/12 ID Prefix Tag: T280	

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State of Virginia

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T 280	Continued From Page 13		T 280		
	<p>administration does not exceed the specified expiration date of a multiple use vial and there is compliance with all other requirements of this section.</p> <p>B. Doctors of medicine or osteopathic medicine who engage in immediate-use mixing, diluting or reconstituting shall...</p> <p>3. Establish and implement procedures for verification of the accuracy of the product that has been mixed, diluted, or reconstituted to include a second check performed by a doctor of medicine or osteopathic medicine or a pharmacist, or by a physician assistant or a registered nurse who has been specifically trained pursuant to subdivision 2 of this subsection in immediate-use mixing, diluting or reconstituting..."</p> <p>4. Provide a designated, sanitary work space and equipment appropriate for aseptic manipulations;"</p> <p>Staff #7 acknowledged on 5/10/12 at 4:15 p.m., that the vials were unlabeled as to the date opened.</p>				
T 290	12 VAC 5-412-270 Equipment and supplies		T 290		
	<p>An abortion facility shall maintain medical equipment and supplies appropriate and adequate to care for patients based on the level, scope and intensity of services provided, to include:</p> <ol style="list-style-type: none"> <li>1. A bed or recliner suitable for recovery;</li> <li>2. Oxygen with flow meters and masks or equivalent;</li> <li>3. Mechanical suction;</li> <li>4. Resuscitation equipment to include, as a minimum, resuscitation bags and oral airways;</li> <li>5. Emergency medications, intravenous fluids,</li> </ol>			<p>1. The suction machine has been repaired, 6-11-12 with rust removed and the machine painted. sticky residue was removed 5-11-12. The three oxygen tanks will be secured 6-15-12 in a stand.</p> <p>The recovery chairs will be repaired with a vinyl repair kit received on 6-11-12. If repairs with the vinyl repair kit are not satisfactory in ensuring proper sanitization then an outside vinyl repair company will be contacted.</p> <p>2. we have identified other areas that may not be properly sanitized by checking</p>	

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If continuation sheet 14 of 19



State of Virginia

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NAME OF PROVIDER OR SUPPLIER  A TIDEWATER WOMEN'S HEALTH CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 891 NORFOLK SQUARE NORFOLK, VA 23602		
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T 290	Continued From Page 14 T290 continued → all furniture for tears and/or holes and related supplies and equipment; 6. Sterile suturing equipment and supplies; 7. Adjustable examination light; 8. Containers for soiled linen and waste materials with covers; and 9. Refrigerator.  This RULE: is not met as evidenced by: Based on observations made during the initial tour of the facility and interview, it was determined that the facility failed to maintain medical equipment and supplies in a safe operating condition. Specifically, during the tour it was observed that the suction machine in procedure/treatment room #1 had multiple areas of rust; three (3) oxygen tanks in the storage room were not secured and five (5) of six (6) recliners in the Recovery room had tears in their surfaces and a sticky residue on the arms of the chairs.  The findings were:  An initial tour of the facility was conducted with the Alternate to the Administrator on May 10, 2012 beginning at or about 9:30 AM. While conducting the tour, the following observations were made.  Procedure/Treatment room #1: A large suction machine was noted to be sitting on the floor behind a curtain. On the top of the machine around the pressure gauge and in several other areas were what appeared to be rusted areas. When those areas were touched, the surface felt rough. This inspector pointed to the rusted areas and asked "What is this?" The Alternate to the Administrator stated, that's rust, we've had them a long time.  Storage area: Three oxygen tanks were found sitting on the floor. The tanks were not secured with any type device to keep them from falling or	T 290	all furniture for tears and/or holes during daily cleaning. 3. we have changed the suction machine by properly getting all the rust removed and having it painted so it can be properly cleaned. Oxygen tanks will be properly stored and secured in the proper holder ordered on 10.4.12. Awaiting arrival of holder on 10.15.12. 4. we now check/monitor furniture daily. 5. Suction machine was fixed on 10.11.12 6. attached are invoices marked #10 Tag number: T290		

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State of Virginia

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T 290	Continued From Page 15  being knocked over.  Recovery room: Five of six chairs had breaks or tears in their surfaces, the chairs also had a sticky residue on each arm of the chairs. The Alternate to the Administrator commented after touching the arm surfaces, "That's from tape."  Cross reference to 12 VAC 5-412-220 C Infection Control	T 290	
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 observations and interview the facility failed to maintain the wallpaper in the recovery room to prevent the development of mold growth.  The findings included:  An observation and interview was conducted on May 10, 2012 at approximately 10:15 a.m., with Staff # 2. The observation of the patient's Recovery Room revealed the wallpaper under the back window had been cut. The wallpaper had been reattached to the wall with two-inch wide clear tape. The tape and the edges of the wallpaper had multiple irregular shaped black spots. Staff #2 reported the sheet rock beneath the window had been repaired related to water	T 375	1. We will correct this action by having Serv Pro come out and remove the mold. 6.18.12 2. We will check wallpaper throughout the clinic to make sure no water damage has caused any more mold. 3. Changes will be made to the area where the mold was found by properly removing all mold and installing new wallpaper 6.18.12 4. We will monitor this by checking wallpaper daily during cleaning for signs of mold. 5. Serv Pro will be at our clinic on 6.18.12 Removal & repair will be complete by 6/22/12



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T 375	Continued From Page 16  damage. Staff #2 identified the irregular shaped black spots as "mold".	T 375			
T 400	12 VAC 5-412-380 Local and state codes and standards  Abortion facilities shall comply with state and local codes, zoning and building ordinances, and the Uniform Statewide Building Code. In addition, abortion facilities shall comply with Part 1 and sections 3.1-1 through 3.1-8 and section 3.7 of Part 3 of the 2010 Guidelines for Design and Construction of Health Care Facilities of the Facilities Guidelines Institute, which shall take precedence over Uniform Statewide Building Code pursuant to Virginia Code 32.1-127.001. Entities operating as of the effective date of these regulations as identified by the department through submission of Reports of Induced Termination of Pregnancy pursuant to 12 VAC 5-550-120 or other means and that are now subject to licensure may be licensed in their current buildings if such entities submit a plan with the application for licensure that will bring them into full compliance with this provision within two years from the date of licensure. Refer to Abortion Regulation Facility Requirements Survey workbook for detailed facility requirements.  This RULE: is not met as evidenced by: Based on observations, select document review and interview, it was determined that the facility failed to ensure that they are in full compliance with state and local codes, building ordinances as well as the Uniform Statewide Building Code. Additionally, the facility failed to comply with Part 1 and sections 3.1-1 through 3.1-8 and section 3.7 of Part 3 of the 2010 Guidelines for Design and Construction of Health Care Facilities of the	T 400	Per application, a plan signed by the Administration (Director) describing how the facility will come into full compliance with 12 VAC 5-412-380 within two years from the date of licensure was submitted with application. This was titled "Plan Description for Compliance with the Virginia Temporary Regulations for Licensure of Abortion Facilities, 12 VAC 5-412-380. A letter dated March 2, 2012 to Administrator of ATWHC noted that the office of Licensure & Certification was in receipt of ATWHC application & furthermore that the application & supported documentation were complete. Since filing application, we are now in receipt of a completed feasibility study that includes a plan of upgrades that will bring ATWHC into compliance within two years as well as proposed floor plan. These plans include required upgrades for separate clean utility, soiled holding including provisions made for separate collection, storage and disposal of soiled materials, a separate sterilization area for cleaning & decontamination of instruments prior to sterilization located in a semi-restricted area, on site linen service (if needed,		

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NAME OF PROVIDER OR SUPPLIER  A TIDEWATER WOMEN'S HEALTH CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 891 NORFOLK SQUARE NORFOLK, VA 23502			
(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 400	Continued From Page 17  Facilities Guidelines Institute. The facility had no provision for a separate collection, storage or disposal of soiled materials. - No separate room for the storing of clean and sterile supplies that meets ventilation, humidity and temperature control provisions, - Clean and sterile supplies were stored in the same area as office and paper products, - The soiled work room does not have an adequate sink or counter surface, and - The ceilings are not smooth, washable or resistant to chemical cleaning.  The findings were:  An initial tour of the facility was conducted with the Administrator and Alternate to the Administrator on May 10, 2012 beginning at about 9:30 AM. During the tour it was noted that the facility had no provision for a separate collection, storage or disposal of soiled materials, - No separate room for the storing of clean and sterile supplies that meets ventilation, humidity and temperature control provisions, - Clean and sterile supplies were stored in the same area as office and paper products, - The soiled work room does not have an adequate sink or counter surface, and - The ceilings are not smooth, washable or resistant to chemical cleaning.  The Administrator stated during the entrance conference that the facility had contacted an architectural firm who had reviewed the facility's floor plan and structure during an onsite inspection and provided them with a detailed report. That report clearly defined what renovations need to be made to the building to come into compliance with the new regulations. The Administrator also stated that the report was forwarded to the Office of Licensure and	T 400	Cont. ① We are in the process of transitioning to all disposables), A clean clinical storage with no office supplies or environmental paper products, a soiled workroom with clinical sink, within semi-restricted area & all ceilings will be smooth, washable, & resistant to chemical cleaning, as well as all corridor widths will be to required Public Minimum of 5'-0" wide - Staff only minimum of 44" wide Improvements to the HVAC System will also be accomplished to upgrade Temperature/Humidity & air change requirements. As of 6/13/12, all environmental paper products & office supplies have been removed from clean & sterile supply closet to another acceptable location. ② Building code - We will routinely check for updates to continuously comply with state & local codes, zoning & building ordinances, & the Uniform Statewide Building Code. ③ Monitor continuously all necessary state & local codes, zoning & building ordinances, & the Uniform Statewide Building Code & any other requirements to be in compliance.		



State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FTAF-003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/10/2012
NAME OF PROVIDER OR SUPPLIER  A TIDEWATER WOMEN'S HEALTH CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 891 NORFOLK SQUARE NORFOLK, VA 23502		
(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 400	Continued From Page 18  Certification with their application for licensure.	T 400	cont. <p>⑭ As of 2/20/12, we have been actively working with Cornerstone Architects to bring ATWTHC into compliance. We are now in the process of securing funds in order to facilitate the next phase of completion. We are currently in receipt of a feasibility study, required upgrades, &amp; cost analysis.</p> <p>⑮ Completion Date : Cornerstone Architect Firm secured 2/20/12 Feasibility Study complete 3/14/12 Full compliance with T400 → within two years from the date of licensure.  Attached documentation with ID PREFIX TAG: T400</p>	





ID PREFIX TAG T070

A Tidewater Women's Health Clinic  
891 Norfolk Square Norfolk, Virginia 23502  
757-461-0011

**Criminal History Record Check Policy**

Each abortion facility shall obtain a criminal history record check pursuant to § 32.1-126.02 of the Code of Virginia on any compensated employee not licensed by the Board of Pharmacy, whose job duties provide access to controlled substances within the abortion facility.

+++ Within 30 days of hire of any employee that will have access to controlled substances, a Criminal History Record Request shall be submitted to the Virginia State Police, Central Criminal Records Exchange +++



ID PREFIX TAG TD70

A Tidewater Women's Health Clinic  
891 Norfolk Square, Norfolk VA 23502  
(757) 461-0011

**Code § 32.1-126.02 of the Code of Virginia**

Each abortion facility shall obtain a criminal history check on any compensated employee not licensed by the Board of Pharmacy, whose job duties provide access to controlled substances within the abortion facility.

Name	Title	Date of Current Criminal History Check	Notes/Findings

Updated: 5/2012



A Tidewater Women's Health Clinic  
891 Norfolk Square Norfolk, Virginia 23502  
757-461-0011

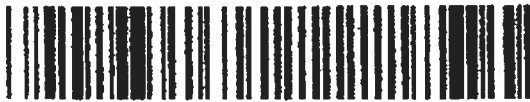
Employee File Required Paperwork Checklist

Required Paperwork	Signed?	Dated?	Update Paperwork Needed?	Notes



ID PREFIX TAG : T175(#1)

**HENRY SCHEIN®**



**BOX CONTENT LIST**

INVOICE DATE	
5/15/12	
BOX	PAGES
1 of 1	1
CUSTOMER PO#	
ORDER DATE	
05/15/12	

LA TIDEWATER WOMEN HLTH CL  
891 NORFOLK SQ  
NORFOLK VA 23502-3209

LA TIDEWATER WOMEN HLTH CL  
891 NORFOLK SQ  
NORFOLK, VA 23502-3209

LOCATION CODE	SHIPPED QTY	EXP. CODE	UNIT SIZE	DESCRIPTION & STRENGTH	ITEM CODE	LINE NO.
[REDACTED]						
[REDACTED]						
-72-12-11	3		10/PK	PROTECTIVE GOWN WHITE XL	1006865	1
[REDACTED]						
[REDACTED]						
[REDACTED]						
M2 - Henry Schein, Inc. distributes this drug product as an Authorized Distributor of Record for the manufacturer.						
[REDACTED]						
HENRY SCHEIN INC. 41 WEAVER ROAD DENVER, PA 17517						

TotQty- 6

Size:# 9

WT - 14

OFFICE USE ONLY

BATCH# 03940-029

FREIGHT INSTRUCTIONS MD3 7637





ID PREFIX 117. 1115641 ) (#3)

**Task: Soiled Room Lab Attendant**

**Positions: CNA, MA, RN, LPN, or Employee**

**Duties Involved:**

1. Attendant must properly sanitize hands.
2. Before entering the soiled room the employer must have ALL PPE already on such as; Gloves, Barrier gown, safety glasses/goggles, face mask, head covers, and shoe covers. All of this gear is found inside of the stock room located in the back of the clinic.
3. Every day before starting \*SRA must stock table located in the hallway with all PPE according to patients for the day and any extra for emergencies.
4. When properly in uniform \*SRA will enter the Soiled Room and properly rinse all the instruments and wipe with sponge that is disposed of at the end of each day or in between the day as need.
5. Bottle runner will bring back bottle that contains the POC. \*SRA or the Doctor will then dump the POC into a strainer and rinse. Following that they will then place it into a clear glass container to examine POC.
6. When the POC confirmed, \*SRA will come to weigh it and check it again and then bag into biohazard.
7. A biohazard bag contains all POC for that day only.
8. If there are any specimens or spontaneous POC they will be sent to Sentara Path Lab.
9. After instruments are rinsed and scrubbed \*SRA will place all of the instruments inside a bucket of cavi cide which has to sit for 3 minutes for proper disinfecting.
10. All trays are rinsed and sprayed with cavi cide that will sit for three min. and then will be transferred over with other instruments that where brought over.
11. At the end of each day the SRA will make fresh water for the mop bucket and ensure that the mop is stored in dirty room and dumped at the end of use.
12. SRA must check all equipment and furniture in the soiled room to make sure it is working and stocked at the end of each day.
13. Once work is complete \*SRA will than remove gown, gloves, shoe covers, and head and eye gear and dispose of accordingly.

\*\*\* Employee \_\_\_\_\_ is aware as of \_\_\_\_\_  
Their job description.

\*Soiled Room Attendant  
Updated: 5/2012



ID PREFIX TAG · T175 (#1), (#3)

Tasks: Clean Room Attendant

Positions: CNA, MA, RN, LPN, Employee

**Duties Involved:**

1. CRA must be in complete PPE such as; gloves, hair cover, barrier gown, safety glasses/goggles, face mask, shoe covers.
2. CRA must have a clean sink and sink filled with 1 gallon water to 1 oz enzymatic cleaner. The gallon of water is determined by a plastic container that measures 1 gallon. Also, there is a small measuring cup that measures up to 2ozs that must be used. All containers are kept above the sink inside the clean room.
3. CRA must be knowledgeable of what objects belong and what cleaning objects are allowed in the clean room.
4. To ensure that all instruments and surfaces are sterile to the correct time the CRA must use timer that is also kept inside the clean room.
5. When the CRA receives all the instruments they will place all the items from inside the red container inside the sink to the left. And rinse and scrub with a sponge that is disposed of at the end of each day or PRN.
6. After rinsing the instruments off they will be placed inside of the right side of the sink which contains the enzymatic cleaner. The instruments must stay inside the cleaner for 1 min. to be considered sterile. CRA must set timer for 1 min.
7. Once it has sat for at least 1 min. they will be placed on 2 sheets of sterile wrapping paper to be wrapped and sent into the autoclave. If there is any instruments that need to be wrapped separate will be separated at that time and wrapped accordingly.
8. Finishing the CRA must properly sanitize all areas used and surrounding the sink or anything used. Cleaning products will be Cavicide which has to stay on the surface for 3 min. (surface must stay wet). If the area is dry before 3 min the CRA will have to wipe the area again and reset the timer.
9. The autoclave is run when there is enough packs to start it. The autoclave is kept inside of the clean room and is checked yearly by Merco.
10. All properly finished packs from the autoclave should have black to brown lines on the pack to ensure that it is complete and ready for use.
11. Each pack is labeled with the date used and the CRA initials.
12. CRA must empty all water in sinks and buckets at the end of each day and clean properly.
13. CRA must check all equipment and furniture in the clean to make sure it is working properly and stocked.
14. Completing all tasks the CRA will then remove all PPE.

\*\*\*\* Employee \_\_\_\_\_ is aware as of \_\_\_\_\_, their job description.

\*CRA means Clean Room Attendant

Updated: 5/2012



ID PREFIX TAG: T175(#2)

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Thank you for ordering from Quill.com!

QUILL CORPORATION

TIDEWATER WOMENS HEALTH CENTER

891 NORFOLK SQ

NORFOLK, VA 235023209

Contact: [REDACTED]

TIDEWATER WOMENS HEALTH CENTER

891 NORFOLK SQ

NORFOLK, VA 235023209

## PACKING LIST

REFER TO THIS ORDER NO. FOR ALL INQUIRIES

ACCOUNT NUMBER	SHIP DATE
[REDACTED]	5/30/12
INVOICE ORDER NO.	[REDACTED]

SHIPPING LOCATION: Lebanon (Harrisburg) PC

CARRIER/ROUTE: QUP/UPQ /U2

TOTAL PACKAGES: 3

PAGE: 1

Elevator: Hours:

\*\*\*\*\* (NO INSTRUCTIONS) \*\*\*\*\*

QUILL NUMBER	ITEM NUMBER	ITEM DESCRIPTION / QUANTITY	UNIT PRICE	QUANTITY ORDERED	QUANTITY SHIPPED
***** 9500123861458, 9500123863472, 9500123863496 The following item will ship and bill separately Item shipping from our MO whae Allow 1-2 extra delivery days ***** Please tell us how we are doing for a chance to win \$1000 in merchandise from Quill! To participate go to www.quill.com/surveytoday and enter Survey Code 44751482. For rules visit www.quill.com/surveyrules. *****	1750TBK/BLACK ULTRAFOLD TOWEL DISPENSER /SANT1750TBKRD	EA	7	7	
	1750TBK/BLACK ULTRAFOLD TOWEL DISPENSER /1750TBK	EA	1	0	

For return information, please contact

Quill.com:

[www.quill.com/returns](http://www.quill.com/returns)

OR

call 1-800-788-1331

ATTN: Returns Department

Order # 44751482

Account # 0007128487

Quill.com

3 Keystone Drive

Lebanon PA 17042

Use the above label for product returns only

Thank You for Your Order!



ID PREFIX TAG: T175 (#2)

Order anytime at [www.quill.com](http://www.quill.com)



To contact one of our friendly representatives, please email us at [info@quill.com](mailto:info@quill.com)  
or, call us at 1-800-789-1331.

Thank you for ordering from Quill.com!

QUILL CORPORATION

TIDEWATER WOMENS HEALTH CENTER

891 NORFOLK SQ  
NORFOLK, VA 235023209  
Contact: [REDACTED]

TIDEWATER WOMENS HEALTH CENTER  
891 NORFOLK SQ  
NORFOLK, VA 235023209

PACKING LIST REFER TO THIS ORDER NO. FOR ALL INQUIRIES

ACCOUNT NUMBER	SHIP DATE	ORDER NO.
[REDACTED]	5/30/12	[REDACTED]
PURCHASE ORDER NO.		
[REDACTED]		

SHIPPING LOCATION: Atlanta, GA FC

CARRIER/ROUTE: UPA/UPQ /U3

TOTAL PACKAGES: 1

PAGES: 1

Elevator: Hours:

SPECIAL INSTRUCTIONS

QUANTITY	ITEM NUMBER	ITEM DESCRIPTION	ITEM	QUANTITY	ITEM
6750304393 523	1750TBE/BLACK	ULTRAFOLD TOWEL DISPENSER Item shipping from our GA warehouse Allow 1-2 extra delivery days ***** Please tell us how we are doing for a chance to win \$1000 in merchandise from Quill! To participate go to <a href="http://www.quill.com/surveytoday">www.quill.com/surveytoday</a> and enter Survey Code 44752932. For rules visit <a href="http://www.quill.com/surveyrules">www.quill.com/surveyrules</a> . *****	EA	1	1

For return information, please contact

Quill.com:

[www.quill.com/returns](http://www.quill.com/returns)

or

call 1-800-789-1331

ATTN: Returns Department

Order # 44752932

Account # 0007128497

Quill.com

7701 Staples Drive

Lithia Springs, GA 30122

Use this address label for product returns only





ID prefix Tag: T175(#4)

## Daily Cleaning Schedule

- **BATHROOMS:**    □ Front Waiting Room    □ Staff    □ Front Lab    □ Recovery Room
  - Wipe down sink, faucet, soap container, paper towel dispenser (may use disinfectant wipes)
  - Clean toilet i.e. use toilet bowl cleaner and brush for inside, wipe down rim of toilet seat, both sides, and toilet bowl (use toilet bowl cleaner and may use disinfectant wipes)
  - Clean mirror with Windex
  - Empty trash, put in new trash bag and clean trash can surfaces (May use disinfectant wipes)
  - Renew/replace paper towels or toilet paper
  - Sweep and mop floor
- **WAITING ROOM:**    □ Front    □ Patient
  - Windex inside and outside of glass door, if applicable
  - Wipe down door frame (in and out) (may use disinfectant wipes)
  - Check all furniture for rips or tears
  - Wipe down tables, chair arms and bases (may use disinfectant wipes)
  - Clean glass and counter, clean mirror and picture frames (may use Windex for glass, disinfectant wipes for surfaces)
  - Wipe down doors and door knobs (may use disinfectant wipes and Lysol disinfectant spray for door knobs)
  - Empty trash put in new trash bag and wipe down trash can surfaces (may use disinfectant wipes)
  - Sweep and mop, wipe down baseboards
  - Clean air vents
- **FRONT OFFICE:**
  - Clean glass as fingerprints occur and at end of day (using Windex)
  - Wipe down counters, desk, phones, chair arms and bases, window and window blinds (disinfectant wipes, Windex accordingly)
  - Put away papers and arrange desk clutter
  - Wipe down fax machine, stand and computer desk (may use disinfectant wipes, Windex accordingly)
  - Wipe down doors and door knobs (may use disinfectant wipes and Lysol disinfectant spray for door knobs)
  - Empty trash put in new trash bag and wipe down trash can surfaces (may use disinfectant wipes)



## FD Prefix Tag: T15 (#4)

- Sweep and mop, wipe down baseboards
- Clean air vents and check all furniture.

### □ **FRONT LAB:**

- Wipe down all machines, counters, sink, (using Cavicide where required) soap dispenser, paper towel holder, chair arms and bases (may use disinfectant wipes)
- Put away all papers and lab sheets in their appropriate place
- wipe down doors, door knobs
- Empty trash put in new trash bag and wipe down trash can surfaces (may use disinfectant wipes)
- Sweep and mop, wipe down baseboards and check furniture and all equipment
- Clean air vent

### □ **ULTRASOUND**

- Clean ultrasound machine and table (using Cavicide)
- Wipe down supply shelves, door and door knob (may use disinfectant wipes and Lysol Disinfectant Spray for door knobs)
- Stock supplies
- Wipe down windows and window blinds
- Empty trash put in new trash bag and wipe down trash can surfaces (may use disinfectant wipes)
- Sweep and mop, wipe down baseboards
- Check air vents and all furniture

### □ **COUNSELING**

- Wipe down desk, paper trays, models, chair arms, chair bases (may use disinfectant wipes)
- Stock paperwork
- Put away all papers
- Empty trash put in new trash bag and wipe down trash can surfaces (may use disinfectant wipes)
- Sweep and mop wipe down baseboards and check all furniture



## IO Prefix Tag: T175 (#4)

### □ BACK MAIN ROOM, OR's, HALLS, RECOVERY:

- Put away all paperwork and arrange desk clutter
- Stock all supplies
- Wipe down all machines, lights, counters, sinks, desks, walls (any spots), doors, door knobs, phones, chair arms, chair bases, windows, window blinds, paper towel dispensers (Cavicide where required, disinfectant wipes, Windex and Lysol Disinfectant Spray for door knobs)
- Empty trash put in new trash bag and wipe down trash can surfaces (may use disinfectant wipes)
- Sweep and mop, wipe down baseboards, and check all furniture.
- If bucket water is present in the room make sure the bucket is dumped and clean properly.

### □ CLEAN ROOM

- Put away all paperwork
- Stock all supplies
- Check air vent for any dust, clean accordingly
- Check and clean down all machines, counters, sinks, walls (any spots) (Cavicide where required)
- Empty trash put in new trash bag and wipe down trash can surfaces (may use disinfectant wipes)
- Sweep and mop, wipe down baseboards, and check all furniture.
- Empty anything containing water and make sure it is properly cleaned.

### □ DIRTY ROOM

- put away all paperwork
- Stock all supplies
- Check air vent for any dust, clean accordingly
- Check and clean down all machines, counters, sinks, walls (any spots) (Cavicide where required)
- Empty trash put in new trash bag and wipe down trash can surfaces (may use disinfectant wipes)
- Sweep and mop, wipe down baseboards, and check all furniture and equipment.
- Make sure the mop is kept inside of the dirty room and water is disposed of at the end of each use.



ID Prefix tag: 1175(#4)

□ **STOCKROOM**

- Dust counters, and check expiration dates on products.
- Make sure if the item is opened it has an open sticker that is up to date
- Sweep and mop the floors.
- Clean air vent

□ **OUTSIDE**

- Pick up all trash (big and small) and put in dumpster
- Sweep walkway, if needed
- Clean up any branches leaves, etc. that are in driveway into dumpster
- Empty ash trays into trash cans, empty trash cans, put in new trash bag





LD Prefix Tag: 7115 (25)

A Tidewater Women's Health Clinic  
891 Norfolk Square, Norfolk, VA 23502  
(757) 461-0011

**Tasks: Exam Rooms/Assist MD with Machine**

**Positions: CNA, MA, RN, LPN, Employee**

**Duties Involved:**

1. Assist MD with suction machine.
2. Retrieve tissue sample from collection jar.
3. Rinse and flush suction hose.
4. Decontaminate equipment at end of shift.

**Possible Hazards:**

1. Hand contamination with blood, tissue.
2. Work surfaces, floors and/or equipment contaminated with blood.
3. Blood spray from patient.
4. Contact with chemicals (bleach solution, decontaminant).

**Controls:**

1. Gloves must be worn and changed after each patient.
2. Hands washed with soap and water after each patient or antibacterial wipe if accidental contamination occurs (wash hands ASAP).
3. Chemical containers labeled per protocol.
4. Blood spill kit.
5. Work surface and equipment cleaned entirely with decontaminating solution at end of task as needed (spills), cloth used is put in soiled laundry container (labeled as biohazard).
6. PPE's to protect from possible spray or spill.
7. Labeled biohazard waste containers present.
8. Universal precautions.

**Cleaning Duties:**

1. Each table cleaned and disinfected.
2. Restock meds and supplies.
3. Clean suction machine.
4. Check bucket of water between patients and changes as needed.

**PPE's Required: Gloves**

**Location of PPE's: In exam room**

Updated: 5/2012



---

**Employee Signature**

---

**Director Signature**

**Updated: 5/2012**



TO PREFIX tag : 1115 (#5)

**A Tidewater Women's Health Clinic**  
891 Norfolk Square, Norfolk, VA 23502  
(757) 461-0011

**Tasks:** Exam Rooms/Attend to Patient

**Positions:** CNA, MA, RN, LPN, Employee

**Duties Involved:**

1. Hold patient's hand.
2. Transport patient to recovery room.
3. Clean/decontaminate exam table.

**Possible Hazards:**

1. Hand contamination with blood.
2. Exam table, table paper contaminated with blood.
3. Contact with chemical (decontaminating solution).

**Controls:**

1. Gloves must be worn and changed after each patient.
2. Hands washed with soap and water after each patient or antibacterial wipe if accidental contamination occurs (wash hands ASAP).
3. Chemical (decontaminant) container labeled as hazardous (and with contents).
4. Exam table cleaned entirely with decontaminating solution at end of task and as needed (spills), cloth used is put in soiled laundry container (labeled as biohazard).
5. Labeled biohazard waste containers present for soiled table paper.

**Cleaning Duties:**

1. Decontaminate tables.
2. Sweep and mop rooms.
3. Restock meds and supplies.
4. Check air vents and clean properly.
5. Empties all buckets of water at the end of each day make sure it is cleaned and dried out. Etc. Room bucket, or mop bucket.
6. Check all furniture in the room
7. Check expiration dates on all open products.

Updated: 5/2012



8. Make sure everything that is opened is labeled with an opened sticker with correct date.

PPE's Required: Gloves and shoe covers

Location of PPE's: In exam room

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Director Signature

Updated: 5/2012





→ Prefix Tag # T175 # (5)

**A Tidewater Women's Health Clinic**  
**891 Norfolk Square Norfolk, Virginia 23502**  
**(757)461-0011**

ROOM: \_\_\_\_\_

[illegible]



ID PREFIX TAG 1115 (#6)

TIDEWATER MEDICAL SALES  
321 CENTER AVENUE  
NEWPORT NEWS, VIRGINIA 23601

Phone : (757) 591-9669

Fax : (757) 591-9669

INVOICE

Date : 06/11/12  
Due Date: 07/11/12

No. : 212504  
Page: 1

TWMC  
TIDEWATER WOMEN'S HEALTH CLINIC  
881 NORFOLK SQUARE  
Attn: Debbie  
NORFOLK VA 23502

Ship To/Remarks

Via	FOB	Terms D/ O/ N30	Your#	Our#	Rep. J3
Description Item Number	Ordered Measure	Shipped Backordered	Unit Price Discount %	Extended	
SERVICE CHARGE Item #: 5004	1.0	1.0	150.0000	150.00	
SAND AND PAINT SUCTION ASPIRATOR AND RETURN.					

THANK YOU VERY MUCH FOR YOUR BUSINESS

REMIT TO: TIDEWATER MEDICAL SALES  
321 CENTER AVENUE  
NEWPORT NEWS, VIRGINIA 23601

Sub-Total : 150.00  
Tax : 0.00  
Total : 150.00  
Net To Pay: 150.00



FD Prefix Tag: T175 (#6)



1661 Michigan Ave  
Virginia Beach, VA 23454  
(800) 871-2547

# Invoice

Date	Invoice #
5/24/2012	[REDACTED]

Bill To	Ship To
Tidewater Womens Health Clinic 891 Norfolk Square Norfolk, VA 23502	Tidewater Womens Health Clinic 891 Norfolk Square Norfolk, VA 23502

P.O. No.	Terms	Due Date	Rep	Contact	Job Complete
	[REDACTED]	5/24/2012	[REDACTED]	[REDACTED]	05/23/2012
Equipment/Service	Manufacturer		Model		Serial Number
PM					

Item	Qty	Description	Rate	Amount
Service Req PM		Service Request: Scheduled Maintenance or Service.	0.00	0.00
Service PM		Service: Performed Inspection, Calibration Check, and Electrical Safety on 14 Items.	0.00	0.00
Labor	1.5	Labor Rate per Hour	[REDACTED]	
Trip	1	Trip Charge per Zone	[REDACTED]	

[REDACTED]	[REDACTED]
[REDACTED]	MERCO is SAM Certified.
[REDACTED]	We accept VISA and Mastercard.

Subtotal	[REDACTED]
Sales Tax (5.0%)	\$0.00
Payments/Credits	[REDACTED]
Balance Due	\$0.00



ID Prefix Tag: T175  
(#6)

**MERCO**

**ELECTRICAL SAFETY INSPECTION**

**SUCTION/VACUUM PUMP**

Medical Equipment Repair Co.  
3301 Hartford Street  
Portsmouth, VA 23707  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
MERCO.biz

CUSTOMER INFORMATION

TIDEWATER WOMENS HEALTH CLINIC

MFG: CABOT MEDICAL

MODEL NUMBER: VC-7

S/N: 5A2030

DATE	12-5-08	12-18-09	12-10-10	12/30/11
CHECK POWER CORD AND PLUG	Good	Good	Good	Good
RECEPTACLE CHECK	Good	Good	Good	Good
TEST SWITCHES	Good	Good	Good	Good
CORD GROUND RESISTANCE MOHMS	.23	.14	.14	.27
MAXIMUM LEAKAGE CURRENT uA	11	59	58	61
SUCTION TEST (inHg)	UNIT GAUGE: 70 cmHg ACTUAL: 30	UNIT GAUGE: 70 cmHg ACTUAL: 30	UNIT GAUGE: 55 cmHg ACTUAL: 15 inHg	UNIT GAUGE: 70 cmHg ACTUAL: 30
CERTIFY	✓	YES	YES	YES
COMMENTS				
TECHNICIAN	AK	AK	AK	AK

LOCATION:





IO Prefix Tag 1115 (#10)



## ELECTRICAL SAFETY INSPECTION

Medical Equipment Repair Co.  
1661 Michigan Avenue  
Virginia Beach, VA 23454  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
SERVICE@MERCO.biz

### CUSTOMER INFORMATION

Tidewater women's  
Health Clinic

EQUIPMENT: Lamp

MFG: Welch Allyn

MODEL NUMBER: 48740

S/N:

DATE	5-23-12			
CHECK POWER CORD AND PLUG	Good			
RECEPTACLE CHECK	Good			
TEST SWITCHES	Good			
CORD GROUND RESISTANCE OHMS	.10			
MAXIMUM LEAKAGE CURRENT $\mu$ A	11			
IF APPLICABLE: CHECK BATTERIES				
CERTIFY UNIT	YES			
COMMENTS				
TECHNICIAN	AK			

TESTING BASED ON AAMI AND NFPA-99 STANDARDS

LOCATION:



IN MEMU tag 1175 #4



## ELECTRICAL SAFETY INSPECTION

Medical Equipment Repair Co.  
1661 Michigan Avenue  
Virginia Beach, VA 23454  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
SERVICE@MERCOCO.biz

### CUSTOMER INFORMATION

Tidewater women's  
Health Clinic

EQUIPMENT: Woods Lamp

MFG: Dazor

MODEL NUMBER: 8CB-500

S/N:

DATE	5-23-12			
CHECK POWER CORD AND PLUG	Good			
RECEPTACLE CHECK	Good			
TEST SWITCHES	Good			
CORD GROUND RESISTANCE OHMS	.07			
MAXIMUM LEAKAGE CURRENT $\mu$ A	11			
IF APPLICABLE: CHECK BATTERIES				
CERTIFY UNIT	yes			
COMMENTS				
TECHNICIAN	AK			



FD Prefix Tag T115 #10)

**MERCO**

**ELECTRICAL SAFETY INSPECTION**

Medical Equipment Repair Co.  
3301 Hartford Street  
Portsmouth, VA 23707  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
Email: service@merco.biz

CUSTOMER INFORMATION

TIDEWATER WOMENS HEALTH CLINIC

EQUIPMENT: ULTRASOUND

MFG: GE Medical

MODEL NUMBER: 2205675

S/N: 293155M9

DATE	12-5-08	12-18-09	12-10-10	
CHECK POWER CORD AND PLUG	Good	Good	Good	
RECEPTACLE CHECK	Good	Good	Good	
TEST SWITCHES	Good	Good	Good	
CORD GROUND RESISTANCE OHMS	.10	.10	.12	
MAXIMUM LEAKAGE CURRENT uA	17	22	21	
IF APPLICABLE: CHECK BATTERIES	—			
CERTIFY UNIT	✓	YES	YES	
COMMENTS	Printer NOT working			
TECHNICIAN	AK	AK	AK	



ID Prefix Tag T175#6



## ELECTRICAL SAFETY INSPECTION

Medical Equipment Repair Co.

2981 Michigan Avenue

Virginia Beach, VA 23454

757-367-3251

FAX 757-369-2628

800-871-2547

SERVICE@MERCO.biz

### CUSTOMER INFORMATION

EQUIPMENT: New donor

MFG: 3M

MODEL NUMBER: 110

S/N: 154193

DATE

5-23-12

WIRE & CORD  
INSPECTION

Good

RESISTANCE CHECK

Good

TEST SWITCHES

Good

CORD GROUND  
RESISTANCE OHMS

27

MAXIMUM LEAKAGE  
CURRENT mA

0

IF APPLICABLE  
CHECK SWITCHES

CERTIFY UNIT

Yes

COMMENTS

TECHNICIAN

AK

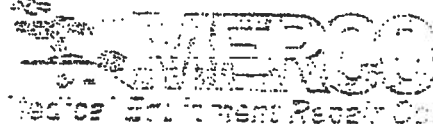
TESTING BASED ON 2008 NFPA 70E STANDARD 400

LOCATION





ID prefix Tag # (lot)



# ELECTRICAL SAFETY INSPECTION

# Medical Equipment Repair Co

1331 Michigan Avenue  
Virginia Beach, VA 23454

22-30-555

76X757-288-9525

00-37-25

SEP 10 1964

### CUSTOMER INFORMATION:

Tideswater Women's  
Health Clinic

EQUIPMENT: Exotic Surgical

WFO: PSS Select

[illegible]

SN: 75110644

242

5-23-12

SECRET

Good

550 925 125 125

Good

75-01-253

2006

1990

3.

12

525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

102774

YES

53-125

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

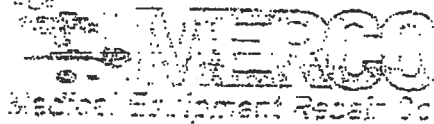
A handwritten signature in dark ink, appearing to be "L. K." or similar, written over a horizontal dotted line.

"I am not a doctor," he said.

1. The first step is to identify the problem.



70 Prefix Tag 7175 #16



## ELECTRICAL SAFETY INSPECTION

Medical Equipment Repair Co.

1921 Midway Avenue  
Virginia Beach, VA 23454  
757-657-3251

FAX 757-657-2526

817-571-2547

SERVICE@MERCO.COM

### CUSTOMER INFORMATION

Tidewater Women's  
Health Clinic

EQUIPMENT: Leip

MFG: Luxar

MODEL NUMBER: SE-20

S/N: 940673

DATE:

5-23-12

LINE / POWER CORD  
SAFETY

Good

REPEATABLE ALARM

Good

TEST SWITCHES

Good

BOTH GROUND  
RESISTANCE OHMS

08

WALL OUTLET LEAKAGE  
CURRENT

3

IF APP. CABLES  
CHECKED AFTER USE

DEPT. TO GOVT

YES

COMMENTS:

TECHNICAL:

ALL

TESTING BASED ON IEEE AND AAMI TEST STANDARDS

LOCATION:



ID Prefix Tag T175 #10



## ELECTRICAL SAFETY INSPECTION

Medical Equipment Repair Co.  
1661 Michigan Avenue  
Virginia Beach, VA 23454  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
SERVICE@MERCO.biz

### CUSTOMER INFORMATION

Tidewater Veterans  
Health Clinic

EQUIPMENT: Table

MFG: Midmark

MODEL NUMBER: 100-025

S/N: BS 044781

DATE	5-23-12			
CHECK POWER CORD AND PLUG	Good			
RECEPTACLE CHECK				
TEST SWITCHES	See Comment			
CORD GROUND RESISTANCE OHMS	.06			
MAXIMUM LEAKAGE CURRENT $\mu$ A	26			
IF APPLICABLE: CHECK BATTERIES				
CERTIFY UNIT	Yes			
	Broken bar			
COMMENTS	lift			
TECHNICIAN	AK			

TESTING BASED ON AAMI AND NFPA-99 STANDARDS

LOCATION:



## ELECTRICAL SAFETY INSPECTION

Medical Equipment Repair Co.  
1661 Michigan Avenue  
Virginia Beach, VA 23454  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
SERVICE@MERCO.biz

### CUSTOMER INFORMATION

Tidewater Women's  
Health Clinic

EQUIPMENT: Table

MFG: Midmark

MODEL NUMBER: 100-025

S/N: BSC44747

DATE	S-23-12			
CHECK POWER CORD AND PLUG	Good			
RECEPTACLE CHECK	Good			
TEST SWITCHES	Good			
CORD GROUND RESISTANCE OHMS	.18			
MAXIMUM LEAKAGE CURRENT $\mu$ A	28			
IF APPLICABLE: CHECK BATTERIES				
CERTIFY UNIT	VCS			
COMMENTS				
TECHNICIAN	AK			





ID Prefix Tag T115 #4



## MICROSCOPE

Medical Equipment Repair Co.  
1661 Michigan Avenue  
Virginia Beach, VA 23454  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
MERCO.biz

### CUSTOMER INFORMATION

Tidewater Women's  
Health Clinic

MFG: cnyomedics

Colposcope

MODEL NUMBER: 150 W

S/N: 1F1064

DATE	5-23-12			
CHECK POWER CORD AND PLUG	Good			
RECEPTACLE CHECK	Good			
TEST SWITCHES AND CONTROLS	Good			
INSPECT ENTIRE UNIT	Good			
CLEAN AND LUBRICATE	YES			
CHECK ALIGNMENT	Good			
TEST WITH FUNCTION SAMPLE SLIDE	YES			
ADJUSTMENTS MADE	NO			
CERTIFY	YES			
COMMENTS	Gravida = 49 Leakage = 9			
TECHNICIAN	AK			



710 prefix Tag T115  
(#6)



## VITAL SIGNS MONITOR

Medical Equipment Repair Co.  
1661 Michigan Avenue  
Virginia Beach, VA 23454  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
service@MERCOCO.biz

### CUSTOMER INFORMATION

Tidewater Waves  
Health Clinic

MFG: Nellcor

Pulse Ox

MODEL NUMBER: N-595

S/N: M5C1

DATE	5-23-12			
CHECK POWER CORD AND PLUG	Good			
RECEPTACLE CHECK	Good			
TEST SWITCHES	Good			
CORD GROUND RESISTANCE OHMS	.30			
MAXIMUM LEAKAGE CURRENT $\mu$ A	20			
ESI NOT POSSIBLE PER MFG				
BLOOD PRESSURE CHECK				
ECG CHECK WITH CALIB ELEC. HEART				
TEMPERATURE CHECK WITH CALIB. THERMOMETER				
PULSE CHECK	Pass			
80% OXYGEN CHECK WITH CALIBRATED FINGER				
90% OXYGEN CHECK WITH CALIBRATED FINGER				
97% OXYGEN CHECK WITH CALIBRATED FINGER				
INSPECT AND CLEAN	✓			
UPDATE STICKER	✓			
IF APPLICABLE: CHECK BATTERIES	6.29 ✓			
COMMENTS/NIST#				
TECHNICIAN	AK			

LOCATION:



ID Prefix Tag T175#6



## VITAL SIGNS MONITOR

Medical Equipment Repair Co.  
1661 Michigan Avenue  
Virginia Beach, VA 23454  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
service@MERCOCO.biz

### CUSTOMER INFORMATION

Tidewater Women's  
Health Clinic

MFG: Nova Metrix

Pulse Ox

MODEL NUMBER: S15B

S/N: 97-1972

DATE	5-23-12			
CHECK POWER CORD AND PLUG	Good			
RECEPTACLE CHECK	Good			
TEST SWITCHES	Good			
CORD GROUND RESISTANCE OHMS	.44			
MAXIMUM LEAKAGE CURRENT uA	.1			
ESI NOT POSSIBLE PER MFG				
BLOOD PRESSURE CHECK				
ECG CHECK WITH CALIB. ELEC. HEART				
TEMPERATURE CHECK WITH CALIB. THERMOMETER				
PULSE CHECK	255			
80% OXYGEN CHECK WITH CALIBRATED FINGER				
90% OXYGEN CHECK WITH CALIBRATED FINGER	255			
97% OXYGEN CHECK WITH CALIBRATED FINGER				
INSPECT AND CLEAN	✓			
UPDATE STICKER	✓			
IF APPLICABLE: CHECK BATTERIES	N/A			
COMMENTS/NIST#				
TECHNICIAN	AK			

LOCATION:



TO Prefix Tag T115 #4



## VITAL SIGNS MONITOR

Medical Equipment Repair Co.  
1661 Michigan Avenue  
Virginia Beach, VA 23454  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
service@MERCOCO.biz

### CUSTOMER INFORMATION

Tidewater Women's  
Health Clinic

MFG: Critikon

MODEL NUMBER: DinaMap 1846SK

S/N: 8260 L 41019

DATE	5/23/12			
CHECK POWER CORD AND PLUG	Good			
RECEPTACLE CHECK	Good			
TEST SWITCHES	Good			
CORD GROUND RESISTANCE OHMS	.12			
MAXIMUM LEAKAGE CURRENT uA	.17			
ESI NOT POSSIBLE PER MFG	/			
BLOOD PRESSURE CHECK	Good			
ECG CHECK WITH CALIB. ELEC. HEART	/			
TEMPERATURE CHECK WITH CALIB. THERMOMETER	/			
PULSE CHECK	Pass			
80% OXYGEN CHECK WITH CALIBRATED FINGER	N/A			
90% OXYGEN CHECK WITH CALIBRATED FINGER				
97% OXYGEN CHECK WITH CALIBRATED FINGER				
INSPECT AND CLEAN	/			
UPDATE STICKER	/			
IF APPLICABLE: CHECK BATTERIES	N/A			
COMMENTS/NIST#				
TECHNICIAN	AK			

LOCATION:





FD Prefix Tag T175  
#10



A E D

Medical Equipment Repair Co.  
1661 Michigan Avenue  
Virginia Beach, VA 23454  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
MERCO.biz

CUSTOMER INFORMATION

Tidewater  
Health Women's  
Clinic

MFG: Philips

MODEL NUMBER: Heartstart HS2

S/N: A10E-00438

DATE	5-23-12			
TEST SWITCHES	Good			
NUMBER OF PADDLE PACKS	1			
PADDLE EXPIRATION DATE	★ 9/20/12			
TEST CHARGE				
	JOULES	JOULES	JOULES	JOULES
BATTERY EXPIRATION	2/2016			
CHECK BATTERY	9.18 v	___ v	___ v	___ v
CERTIFY	yes			
COMMENTS	pad expires 9/12, will check joule output when we install new pad			
TECHNICIAN	AK			

LOCATION:



ID Prefix Tag T175  
(#6)



## REFRIGERATION/FREEZER

Medical Equipment Repair Co.  
1661 Michigan Avenue  
Virginia Beach, VA 23454  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
MERCO.biz

### CUSTOMER NAME

Tidewater WOMENS  
Health Clinic

EQUIPMENT: Refrigerator

MFG: Absocold

MODEL NUMBER: ARB366MN10R/L

S/N: 980602951

DATE	5-23-12			
CHECK DOOR GASKET	Good			
CHECK HINGES AND LATCHES	Good			
INSPECT FOR ICE BUILDUP & REMOVE	ice buildup			
INSPECT OUTER WALL FOR CONDENSATION OR FROST	Good			
CHECK AND CLEAN CONDENSING COIL	Good			
CHECK TEMP OF LEFT/TOP SIDE	UNIT THERM: 21°F CHART REC: CAL DIG THERM:	UNIT THERM: CHART REC: CAL DIG THERM:	UNIT THERM: CHART REC: CAL DIG THERM:	UNIT THERM: CHART REC: CAL DIG THERM:
CHECK TEMP OF RIGHT/BOTTOM SIDE	UNIT THERM: 40°F CHART REC: CAL DIG THERM:	UNIT THERM: CHART REC: CAL DIG THERM:	UNIT THERM: CHART REC: CAL DIG THERM:	UNIT THERM: CHART REC: CAL DIG THERM:
NIST Traceable #				
IF APPL. TEST ALARM				
	Ground = -0.06 Leakage = 8			
CERTIFY	YES			
IF APPL. Check Battery ____ V	____ V	____ V	____ V	____ V
COMMENTS	per Kim will take outside to defrost unit			
TECHNICIAN	AK			

LOCATION: Recovery



ID Prefix Tag T175(#6)



## REFRIGERATION/FREEZER

Medical Equipment Repair Co.  
1661 Michigan Avenue  
Virginia Beach, VA 23454  
757-397-3251  
FAX 757-399-2526  
800-871-2547  
MERCO.biz

## CUSTOMER NAME

Tidewater WOMENS  
Health Clinic

EQUIPMENT: Refrigerator

MFG: Sanyo

MODEL NUMBER: SR-170X

S/N: 941152877

DATE	5-23-12			
CHECK DOOR GASKET	Good			
CHECK HINGES AND LATCHES	Good			
INSPECT FOR ICE BUILDUP & REMOVE	Good			
INSPECT OUTER WALL FOR CONDENSATION OR FROST	Good			
CHECK AND CLEAN CONDENSING COIL	Good			
CHECK TEMP OF LEFT/TOP SIDE	UNIT THERM: CHART REC: CAL DIG THERM:	UNIT THERM: CHART REC: CAL DIG THERM:	UNIT THERM: CHART REC: CAL DIG THERM:	UNIT THERM: CHART REC: CAL DIG THERM:
CHECK TEMP OF RIGHT/BOTTOM SIDE	UNIT THERM: 42°F CHART REC: CAL DIG THERM: 41.8°F	UNIT THERM: CHART REC: CAL DIG THERM:	UNIT THERM: CHART REC: CAL DIG THERM:	UNIT THERM: CHART REC: CAL DIG THERM:
NIST Traceable #				
IF APPL: TEST ALARM				
CERTIFY	Yes			
IF APPL: Check Battery ___ V	___ V	___ V	___ V	___ V
COMMENTS	Ground = .39 Leakage = 9			
TECHNICIAN	AK			

LOCATION:



ID Prefix Tag: T265

I agree to Pay Above Total Amount  
According to Card Issuer Agreement  
(Merchant Agreement if Credit Voucher)

**Rx Compounding Pharmacy** BR6765107 Receipt  
12230 Ironbridge Rd., Suite C  
Chesapeake, VA 23831 804-717-5000

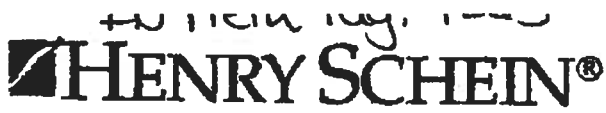
TIDEWATER WOMEN'S HEALTH  
891 NORFOLK SQUARE 6/11/2012  
NORFOLK, VA 23502 757-461-0011

44 ML ☐ 1 day supply ☐ AR Charged ☐  
FENTANYL CITRATE (CMPD) 0.15% INJECTABLE  
CASH CUSTOMERS  
1-757-461-0011 BP6550767 \$235.00

Quality - Reliability - Integrity - Excellence







INVOICE		INVOICE DATE	
[REDACTED]		4/18/12	
CUSTOMER	BOX	PAGE	
[REDACTED]	1 of 1	1	
CUSTOMER PO#			
[REDACTED]			
HS ORDER#		ORDER DATE	
[REDACTED]		04/18/12	



BOX CONTENT LIST

LA TIDEWATER WOMEN HLTH CL  
891 NORFOLK SQ  
NORFOLK VA 23502-3209

LA TIDEWATER WOMEN HLTH CL  
891 NORFOLK SQ  
NORFOLK, VA 23502-3209

LOCATION CODE	SHIPPED QTY	EXP. CODE	UNIT SIZE	DESCRIPTION & STRENGTH	ITEM CODE	LINE NO.
-MS-DS	1		MSDS	MIDAZOLAM HCL INJ MSDS AMEPHA	105-D730	2
3-06-04-42	15	06/12	25/BX	MIDAZOLAM HCL INJ 2ML 1MG/ML 63323041112 NDC#:63323041112 M2 - Pedigree item.  M2 - Henry Schein, Inc. distributes this drug product as an Authorized Distributor of Record for the manufacturer.  [REDACTED]  HENRY SCHEIN INC. 1001 NOLEN DR. #400 GRAPEVINE, TX 76051	104-5801	1

otQty- 15	Size:# 3	WT - 7	OFFICE USE ONLY	BATCH# 38342-006	FREIGHT INSTRUCTIONS TX6 0662
-----------	----------	--------	-----------------	------------------	-------------------------------



7U Prefix tag: T265

## Smith Medical Partners

950 LIVELY BOULEVARD WOOD DALE, IL 60191  
(630) 227-9420 RS0375344

**Invoice Date** 4/04/2012

Ship Date 4/04/2012

Page: 1

**ORIGINAL**

**A TIDEWATER WOMENS HLTH CLINIC**  
**891 NORFOLK SQUARE**  
 [REDACTED]  
**NORFOLK, VA 23502**

**Ship To: SAME**

**\*\*CALL TO ORDER KOGENATE, IVIG  
PRODUCTS & FLU VACC**

**Ship Via: UPS**

**Stop #: 000**

40

[illegible]

**Please Remit To:**  
**21950 NETWORK PLACE**  
**CHICAGO, IL 60673-1219**

Tax &amp; Freight Charges

### Line Charge

Service Charge

**Total Due**

**If paid after 4/19/12 please remit**

### † Controlled Substance Class

N - Item Not Stocked	W - Will Follow (Backordered)
S - Short. Please Reorder	Y - Free Goods
T - Temp Unavailable	Z - Discontinued by Manufacturer

***Thank you for your order!***

This wholesale distributor purchased the specific unit of the prescription drug directly from the manufacturer or an Authorized Distributor of Record.



ID PREFIX TAG: T 280

**A Tidewater Women's Health Clinic**  
**891 Norfolk Square, Norfolk VA 23502**  
**(757) 461-0011**

### Medication Check

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

[illegible]



ID PREFIX TAG: T 280

A Tidewater Women's Health Clinic  
891 Norfolk Square, Norfolk VA 23502  
(757) 461-0011

### **Medication Labeling & Dating Policy**

**ALL** medication will have a label, once opened, consisting of date opened and employee initials. All medications that require mixing, diluting or reconstituting for administration shall be labeled with date opened, mixture and preparation time and employee initials. All medications requiring mixing, diluting or reconstituting for administration will only be done so by physician. All narcotic medication and medication stored in locked cabinet will be labeled by physician with access. **ALL** medications will be checked at the end each month and before use for expiration dates and discarded appropriately. A medication check will be performed at the beginning of each month by Director/Office Manager to ensure proper labeling and dating procedures are being followed by physician.

Updated: 6/2012





A Tidewater Women's Health Clinic  
891 Norfolk Square, Norfolk VA 23502  
(757) 461-0011

### Physician Job Description

**The practicing physician of ATWHC is required to:**

- Care for and treat women during and after their abortions
- Care for and treat women for their gynecological needs
- Explain procedures and discuss test results or prescribed treatments with patients.
- Monitor patients' condition and progress and re-evaluate treatments as necessary.
- Prescribe or administer therapy, medication, and other specialized medical care to treat or prevent illness, disease, or injury.
- Analyze records, reports, test results, or examination information to diagnose medical condition of patient.
- Collect, record, and maintain patient information, such as medical histories, reports, and examination results.
- Refer patient to medical specialist or other practitioner when necessary.
- Have sole access to narcotic medications
- Continuously update narcotics inventory and usage logs.
- Label and mix all injectable medications in accordance with the Board of Medicine.
- Obtain a criminal history record check obtained through the Virginia State police to be filled in personnel chart.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



IO prefix 109# T200

TIDEWATER MEDICAL SALES  
321 CENTER AVENUE  
NEWPORT NEWS, VIRGINIA 23601

Phone : (757) 591-9669

Fax : (757) 591-9669

INVOICE

Date : 06/11/12

No. : 212604

Due Date: 07/11/12

Page: 1

TWMC

TIDEWATER WOMEN'S HEALTH CLINIC

891 NORFOLK SQUARE

Attn: Debbie

NORFOLK VA 23502

Ship To/Remarks

Via	FOB	Terms	Your#	Our#	Rep.
		0/ 0/ N30			JB
Description	Ordered	Shipped	Unit Price	Extended	
Item Number	Measure	Backordered	Discount %		
SERVICE CHARGE	1.0	1.0	150.0000	150.00	
Item #: 5004					
SAND AND PAINT SUCTION ASPIRATOR AND RETURN.					

THANK YOU VERY MUCH FOR YOUR BUSINESS

REMIT TO: TIDEWATER MEDICAL SALES  
321 CENTER AVENUE  
NEWPORT NEWS, VIRGINIA 23601

Sub-Total : 150.00  
Tax : 0.00  
Total : 150.00

Net To Pay: 150.00



ID PREFIX TAG: T400



## COMMONWEALTH of VIRGINIA

*Department of Health*

Karen Remley, M.D., M.B.A., F.A.A.P.  
State Health Commissioner

Office of Licensure and Certification

TTY 7-1-1 OR  
1-800-828-1120

9960 Mayland Drive, Suite 401  
Henrico, Virginia 23233-1435  
FAX (804) 527-4532

March 2, 2012

[REDACTED] Administrative Director  
A Tidewater Women's Health Clinic  
891 Norfolk Square  
Norfolk, Virginia 23502

Dear [REDACTED]:

The Office of Licensure and Certification is in receipt of the application for A Tidewater Women's Health Clinic, located at 891 Norfolk Square, Norfolk, Virginia 23502 for Abortion Facility Licensure. The application and supported documentation are complete. Please notify this office by written notification within thirty (30) of the readiness for an on-site survey.

If you have any questions or concerns, please call this office at (804) 367-2107.

Sincerely,

A handwritten signature in black ink, appearing to read "Erik O. Bodin".

Erik O. Bodin, Director  
Office of Licensure and Certification

DIRECTOR  
(804) 367-2102

ACUTE CARE  
(804) 367-2102

COPN  
(804) 367-2102

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
*Protecting You and Your Environment*  
[www.vdh.virginia.gov](http://www.vdh.virginia.gov)

COMPLAINTS  
1-800-956-1219

LONG TERM CARE  
(804) 367-2102



ID PREFIX TAG : T400

A Tidewater Women's Health Clinic, 891 Norfolk Square, Norfolk, VA 23502  
(757) 461-0011

Plan Description for Compliance with the Virginia Temporary Regulations for Licensure of Abortion Facilities, 12VAC5-412-380

Applicable Guidelines, Codes, and Regulations

1. Architectural Consultant, Mr. Richard T. Peterson Jr., AIA with Cornerstone Architects PLC., hired to conduct feasibility study. Legal Consultant, Mr. Daniel D. Santos with Williams Mullen LLC, has been secured.
2. The general and structural facility requirements for licensing of abortion providers set forth in Virginia Department of Health temporary regulation 12 VAC5-412 have been reviewed.
3. Specific local building codes and zoning ordinances, as well as the Uniform Statewide Building Code, will be gathered and reviewed over the next several months.
4. An active campaign to acquire the funds needed to make the facility structural changes identified will be developed and implemented. The campaign may include obtaining governmental grants and funding, soliciting public support from donors, securing credit lines as well as identifying cost containment and staff reduction.

Site Review/Investigation

1. Our medical office providing gynecologic care including abortion will be studied over the next several months by our architect to understand the construction implications of application of the 2010 new construction guidelines for hospitals specified in the temporary regulations.

Architectural Design

1. Feasibility Study being conducted by Cornerstone Architects PLC. Appointment scheduled for site visit to measure the existing conditions.
2. Cornerstone Architects PLC will conduct the following:
  - A.) Prepare a cad floor plan
  - B.) Analyze the requirements to recommend a viable remodeling plan
  - C.) Illustrate the proposed floor plan revisions in a new floor plan
  - D.) Annotate the floor plan with key notes for the required revisions
  - E.) Meet in person to review and revise the plan
  - F.) Prepare project cost model to express opinion of probable construction costs

Site Review/Investigation/Implementation

1. A general contractor will be selected.
2. Construction will begin. The work will likely require phasing in order to safely maintain operation of the facility for providing continuing services to Virginia women and assure continued access to abortion care as constitutionally required.

Compliance

1. Construction completion
2. Inspection and approval by state and local authorities prior to twenty four months after initial licensure.

\_\_\_\_\_  
Administrative Director

2/20/12  
\_\_\_\_\_  
Date





ID PREFIX TAG : T400



March 14, 2012

A Tidewater Women's Health Clinic

██████████  
891 Norfolk Square  
Norfolk Va 23502

RE: Feasibility Study Executive Summary

Dear ██████████

In February 2012 Cornerstone Architects were engaged to Study the Feasibility of meeting the new health care regulations passed by the Commonwealth of Virginia. Essentially the legislation requires all Women's Clinics performing more than 5 first trimester abortions to be classified as a category of a hospital.

In the Commonwealth of Virginia Hospital and all types of health care facilities are regulated by the **Guidelines for Design and Construction of HealthCare Facilities**. The legislation further states that clinics will meet the requirements of Chapter 3.1- Common Elements for Outpatient Facilities and Chapter 3.7-Specific Requirements for Out Patient Surgical Facilities. Specific requirements for Procedure Rooms or Operating Rooms are determined by the level of Anesthesia used in each procedure type. It is our understanding that the requirements are further modified by the Virginia Department of Health – Office of Licensure and Certification's Frequently asked Questions, dated February 2012.

Operating Rooms using only Local Anesthesia and or minimal sedation (Defined as the patient must be still capable of "self preservation") can be performed in a Treatment or Procedure Room.

The use of any other, deeper levels of sedation must be performed in Class "A", "B" or "C" Operating Rooms. Please refer to the Comparison of Operating Room Spaces in Outpatient surgical Facilities.

The physical design upgrades to meet the requirements for a Procedure Room in general will include the following:

120 SF clear floor space for each Procedure Room with 3'-6" clear at both sides and the foot of the table.

Separate facilities for Clean Storage and Soiled Work Rooms.

Separate facilities for Sterilization.

A dedicated "Scrub Station" with "Hands Free Controls"



ID PREFIX TAG: T400



Improvement to the HAVC system to upgrade Temp. / Humid., and air change requirements.

The overall goal of this study is to develop a Plan of upgrades that will bring the facility into compliance within two (2) years. Please refer to the attached Code Comparison Matrix, The Existing and Proposed Floor Plan and keynotes for the specific upgrades required for your clinic. We have used this scope of work to develop our Project Cost Model, which is our opinion of the probable constructions costs to complete this work.

We anticipate the total duration for plans, permits and construction will be 6 months. The anticipated budget for this work is between \$55,600 to \$91,000 depending on the actual scope of the HVAC improvements and the extent of optional new finishes selected.

We have enjoyed this opportunity to help you understand the new regulations and provide you with this Feasibility Study Report.

**Disclaimer:**

Our scope of work is for our interpretations of the Guidelines for Health Care Facilities as they relate to each facility and our opinion of the probable costs for the work to the "Physical Plant" and not the operational side of the regulations.

Further we can make no warranties, guarantees, or certifications that our work will result in obtaining a new License. We will make our best effort and will follow our professional standard of care however given the nature of this work and the conditions in the existing facilities, compliance will be a negotiation. In fact, in many older existing hospitals there are conditions that simply cannot comply with current regulations because they are technically not feasible.

Sincerely,

Principal  
Cornerstone Architects, PLC

cc:



Procedure Room, Class A, Class B OR Class Comparison

Item	Procedure Room	Class A	Class B	
Sedation	Local/Minimal	Minimal	Moderate	
Clear floor area	120 SF	150 sf clear (3.7-3.3.2)	250 sf clear (3.7-3.3.3)	
Min clear dimension	Functional Program	12 ft (3.7-3.3.2)	12 ft (3.7-3.3.3)	
Clearance (table sides, head, foot)	3'-6" min (3.7-3.3.2)	3'-6" min (3.7-3.3.2)	3'-6" min (3.7-3.3.3)	
Location (corridor entered from)	Unrestricted	Unrestricted or semi-restricted (3.7-3.3.2)	Semi-restricted (3.7-3.3.3)	
Ceilings	(2.1-7.2.3.4)			
Oxygen (table 3.1-1)		1	2	
Vacuum (table 3.1-1)		1	2	
Medical Air (table 3.1-1)		-	-	
ASHRAE 170 Table 6-1				
Filter Bank No 1(MERV)	13	13	7	
Filter Bank No 2(MERV)	N/R	N/R	14	
ASHRAE 170 Table 7-1				
Pres relative to adj. area	positive	positive	positive	ach = Air Changes per Hour
Min outdoor ach	3	3	4	ach = Air Changes per Hour
Min total ach	15	15	20	ach = Air Changes per Hour
All air exchange outdoors	N/R	N/R	N/R	
Air recirculated	No	No	No	
RH (k)%	30-60	30-60	30-60	
Design Temp F/C	70-75/21-24	70-75/21-24	68-75/20-24	
Pre-Op Spaces per OR	Determined by Functional	Determined by Functional Program 3.7-3.4.1.1 (2)(a)	One 3.7-3.4.1.1 (2)(b)	80 sf min per cubicle, hand washing station required
Post-Op Spaces per OR	Determined by Functional	One 3.7-3.4.2.2	Two 3.7-3.4.2.2	80 sf min per cubicle, hand washing station required



## Codes Research and Standards

### General Notes:

This facility study is focused on the architectural requirement pursuant to the issuance of Emergency Text released 09/16/2011 updating the Regulations for Licensure of Abortion Facilities.

Article 12VAC5-412-380 Local and state codes standards, states the following:

Abortion facilities shall comply with state and local codes, zoning and building ordinances, and the Uniform Statewide Building Code. In addition, abortion facilities shall comply with Part 1 and sections 3.1-1 through 3.1-8 and section 3.7 of Part 3 of the 2010 Guidelines for the Design and Construction of Health Care Facilities of the Facilities Guidelines Institute, which shall take precedence over the Uniform Statewide Building Code pursuant to Virginia Code 32.1-127.001.

Given this condition we have referenced the following codes and guidelines:

- Guidelines for Design and Construction of Health Care Facilities, The Facilities Guidelines Institute, 2010 Edition, as referenced above. (FCGI)
- NFPA 101: Life Safety Code, as referenced by FGI 2010 edition, article 3.1-1. We have referenced the 2000 edition of NFPA 101 as this the edition currently referenced by CMS and JCAHO. For this research we have referenced Chapter 21 Existing Ambulatory Health Care Occupancies.
- Virginia Uniform Statewide Building Code for reference.
- Virginia Department of Health ~ Office of Licensure and Certification ~ Frequently Asked Questions – 2/10/2012

In general construction type will vary and has not been included we do not see this as being a factor.





REQUIRES UPGRADE	ITEM	FGI 2010	NFPA 101 2009	VUSBC 2009	COMMENTS
	Occupancy	Outpatient Surgical 3.7	B to AHC Occupancy	Ambulatory HC within B Occupancy 304.1, 422	Using NFPA 101 chapter 21, Depends on sedation (if rendered incapable of self preservation)
	Construction Type				See first page narrative
	Exits required		2 min, 21.2.4.1		Also based on occupancy load
	Travel distance		150', 21.2.6.2		Also based on occupancy load
	Emergency lighting		21.2.9.1		Should already be provided per NFPA 101 7.9 for Business, required by IBC
	Essential elec. systems		21.2.9.2		
	Anesthetizing locations		21.3.2.1		NFPA 99
	Interior finishes		21.3.3, 39.3.3		Should not be an issue
	Detection, alarm, Comm.	3.1-8.6.1	21.3.4	422.6	Required based on s.f. Required per the VUSBC
	Tenant separation		1 hour, 21.3.7.1		39.3.7 (no special requirements)
	Fire protection system (sprinkler)			304.1 and 422.6	Required per the VUSBC
	Smoke compartments	N/A	2 min, if more than 5,000 sf (21.3.7.2)	2 min, if more than 10,000 sf (4.22.2)	See code sections for travel distances and other constraints
X	Clean utility				
		Separate room, 3.1- 3.6.9			
X	Soiled holding	Separate area, 3.1- 3.6.10			Provisions shall be made for separate collection, storage, and disposal of soiled materials



X	Sterilization facilities	3.1-3.6.14, 3.7-3.6.14				3.7-3.6.14 (1) located in semi-restricted area (2) include separate area for cleaning and decontamination of instruments prior to sterilization.
	Provide separate patient toilets	3.1-3.8.1				
X	Linen Service - On Site	Separate distinct area, 3.1-5.2.2.1				
	Linen Service - Off Site	Areas, 3.1-5.2.4				
X	Clean Clinical Storage	3.1-5.3.3				No office supplies or environmental paper products
	Waste Management	3.1-5.4				Needs to be address in functional program
	Env Service (Janitorial)	One 3.1-5.5.1 (2)				
	Public Admin Areas	3.1-6				
	Corridor width	5' min, 3.1-7.2.2.1 (1)	44" min, 2.1.2.3.2			
	Ceiling Height	7'-10" min see exceptions, 3.1-7.2.2.2				
	Doors	3.1-7.2.2.3				
	Functional Program	3.7-1.2				Key to understanding and evaluating space and infrastructure needs
	Diagnostic & Treatment	3.7-3				As per functional program
	Ambulatory OR	3.7-3.3				See OR Class Comparison Sheet
	Pre & Post Op	3.7-3.4				See OR Class Comparison Sheet
	Support Areas for	3.7-3.6				



	Surgical Services	3.7-3.6.5			(Verifying if a sink can be in exam room)
	Scrub facilities	3.7-3.6.5			Clinical sink, within semi-restricted area
X	Soiled workroom	3.7-3.6.10			Room min 50 sf (see text), within semi-restricted area
	Equip/supply	3.7-3.6.11			Per functional program, within semi-restricted area
	Anesthesia equip				Adequate space including reserve cylinders
	Med Gas	3.7-3.6.11.3			As required per FGI 2010
	Stretcher & wheelchair storage	3.7-3.6.11.4, 3.7-3.6.11.5			
	Support Areas for Staff	3.7-3.7 required with three or more ORs			3.7-3.7.1 Staff lounge and toilet facilities shall be provided in facilities with three or more operating rooms. Refer to section if required for additions guidance
	Fluid Disposal	3.7-3.6.15			Convenient to the Operating Room
	Walls	3.7-7.2.3.3			Smooth, washable, resistant to chemical cleaning
X	Ceilings	3.7-7.2.3.4			Smooth, washable, resistant to chemical cleaning, Class "A"
	Floors	3.7-7.2.3.2			Smooth, washable, monolithic in a Class "B" O. R.
	Building Systems	3.1-8			HVAC 3.1-8.2, Electrical 3.1-8.3, Plumbing 3.1-8.4, Electronic Safety 3.1-8.6, Special Systems 3.1-8.7
X	Corridor Width	3.1-7.2.2.1			Public Minimum - 5'-0" wide - Staff only min. 44" wide
	Refuge Area		422.3		30 SF per patient on each side of Smoke Compartment? (required for facilities over 5,000SF)



