PRINTED: 06/07/2012 FORM APPROVED

ANDPLAN	IT OF CEPICIES OF CORRECTION	(XI) PROVIDERSUPPLI IDENTIFICATION N	UMBER	(PC) MULT A. SULDR B. WANG	PLE CONSTRUCTION	COMPLE	OS) DATE SURVEY COMPLETED 05/31/2012	
	TOVIDER OR SUPPLEM		•	-	STATE, ZP CODE			
LEMMAN.	ALA MEDICAL CENTE	ER POR WOMEN	NEWFOR	TEFFERSON	1 AVENUE A 23801	U AUG		
041) ID PREFIX TAG	I (EACH DEPICEME	ATEMENT OF DEPICIENCE Y MIGT BE PRECEDED B LUG IDENTIFYING INFORM	ES VENIE	PREFIX TAG	PROVIDERS PLAN OF O (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI- OEFICIENCY	ON SHOULD SE SE APPROPRIATE	(CO) COMPLEY DATE	
T 276	Continued From P	90e 20		T 275				
T 275	12 VAC 5-412-260 dispensing of dru	C Administration, a	lorage and	T 275	me har last	No. of the last		
n den b	administration shall properly stored in a with restricted accor- only. Drugs shall be	ed in the facility for o Il not be expired and enclosures of sufficience to authorized per re maintained at app condance with defini	ed liene externos lennos	ng ab l'a an Tiomi tion a can				
	Based on observati agency staff failed i were not expired. w	met as evidenced by ions, policies and ini to ensure that medi vere dated and/or co missiner when open	erview the cations	The pale	or bemorphill			
	Detween 12:30 PM During the tour the tal Tylenot/Codeline an unopened bottle to pened with no date to A plastic bottle lai contained this brown. 2. On May 30, 2012 PM an interview was Administrator in the Administrator confinitional date of the Administrator confinitional date.	Le facility tour was cand 2:00 PM in the infollowing was identify Phosphate with 100 with expiration detected units/infine 10 min when the bottle we baled ultrasound get in liquid (not get) in the conducted with the Procedure Room. The confined that the plantic in get contained brown rator confirmed that	tacility. Ind: tablets in d 04/2012. Il bottle copened. I but ne bottle. and 2:00 he bottle Betadine		T 275 Tylenol with codeine has Lidoceine that had not be the opening date has bee Plastic bottle with betadin discarded. 4 oz bottles of been purchased. Policies indicate that any must have the date and in person who opened item. up for procedures, items a and any item not properly discarded. Expiration log completed monthly by the Her job description reflect Completion date July 12,	en marked with an discarded. The has been for betading have opened items nitials of the when setting are to be checked labeled is to be a medical assistant at this duty	<u>.</u>	
	nome of Lidocaine fa An interview was cor n the Recovery Roc	tiled to be dated one nducted with the Adr M. The Administrato visno//Codeine Phos	os openedi ministrator er		Completion date July 12,	2012		

Richmond Medical Center for Women Charlottesville Medical Center for Women Peninsula Medical Center for Women Roanoke Medical Center for Women

Clinical Policies and Procedures Manual

Department: Pharmaceutical Services	Policy Description: Disposition of Expired Drugs	100
Page: 1 of 1	Replaces Policy Dated:	
Effective Date: 06/12	Reference Number: 12VAC5-412-260	
Approved:		

Scope:	All medical and nursing personnel						
Purpose:	To monitor the disposal of expired drugs						
Policy:	RMCW will handle and dispose of expired drugs in the following manner:						
Procedure:	The procedure for disposition and handling of non-scheduled drugs will be as follows:						
	1. Nursing Personnel will be responsible for routinely checking for out-dated/expired drugs.						
	2. Out-dated drugs will be removed from the shelf or cart and discarded appropriately.						
	3. Unopened bottles will be returned to the Richmond Medical Center for Women exchange by the Nurse Manager or her designee.						
	4. If drugs are not exchangeable or returnable they will be destroyed by licensed personnel.						
	The procedure for disposition and handling of scheduled/controlled drugs will be as follows:						
	1. The nurse will be responsible for routinely checking controlled medications for expiration dates.						
	2. If there are out-dated/expired drugs present, the Nurse Manager will dispose of the drugs in the required manner and the disposal of controlled substances shall be recorded on the narcotics record for that day.						
Reference:	12VAC5-412-260						

Revised: Date & Initial	06/14/99	05/12/00	4/5/10						
Reviewed: Date & Initial	09/01/03	12/06/04	12/14/05	12/19/06	10/09/07	12/31/08	11/09/09		
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Tag 285

Richmond Medical Center for Women Charlottesville Medical Center for Women Peninsula Medical Center for Women Roanoke Medical Center for Women

Clinical Policies and Procedures Manual

	: Pharmaceutical	Policy Description: Use of Multidose Vials					
Services		plant profit with the company of					
Page: 1 of 1		Replaces Policy Dated:					
Effective Da	te: 6/12	Reference Number: 12VAC5-412-260					
Approved:							
Scope:	All nursing allied	health and medical staff.					
Purpose:	10 determine the	procedures for multi-dose vials.					
Policy:	The following guidelines shall be followed with regard to the use of multi-dose vials at the Center.						
Procedure:	Guidelines:						
	 A) Multi-dose vials are to be opened/penetrated using strict aseptic technique. B) Unless contamination of a multi-dose vial is apparent or suspected, the vial may be used for 30 days for opened or entered vials unless otherwise specified by the manufacturer. C) All multi-dose vials will be dated and initialed when opened. If a vial is found to be opened and not dated and initialed, it is to be discarded. 						
	1	s are opened and discarded after one time use.					
	1) IV tubing 2) IV sets	24 hours					
	3) Irrigating so	24 hours olutions 24 hours					
9		·					
Reference:	12VAC5-412-260						

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	Meet the waiting family members and explain the situation.
	Meet ambulance personnel and direct.
	Make a copy of the chart to accompany patient to the hospital. The physician, nurse, or administrator may accompany patient to the hospital at the direction of the physician.
=	THE RESIDENCE OF THE PARTY OF T
Reference:	12VAC5-412-150

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Revised:				 = =	 1	
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Richmond Medical Center for Women Charlottesville Medical Center for Women Peninsula Medical Center for Women Roanoke Medical Center for Women

Clinical Policies and Procedures Manual

Department	t: Facilities & Environment	Policy Description: Emergency Care Guidelines							
Page: 1 of 2		Replaces Policy Dated:							
Effective Da	ate: //12	Reference Number: 12VAC5-412-150							
7 - print 17 - CQ.									
Scope:	All staff rendering emerge	ency care							
Purpose:	Providing emergency care								
Policy:		encies will be given by qualified personnel in a manner consistent with							
Procedure:	The crash cart will be main Equipment)	ntained by the administrator (See policy titled Emergency Supplies and							
	The AED will be taken to checked in by the administ	The AED will be taken to the other centers when the physician is seeing patients there. It will be checked in by the administrator at each location.							
	ine entret Retricy. It the abse	The physician determines that an emergency exist. The physician will direct the management of the emergency. In the absence of a physician, an R.N. certified in ACLS will implement emergency care. These guidelines may only be altered at physician discretion.							
	The procedure assistant will get the Recovery Room Nurse or the Nurse Practitioner. That person will assist in emergency care at the direction of the physician.								
	The counselor in the procedure room will act as the recorder of actions and times.								
	The utility person or the recovery room aide will notify the administrator. She will notify other counselors and staff that an emergency exists. Staff remaining in the area will only be those needed for the management of the emergency. They will remain nearby so that they can be assigned duties as needed.								
	The situation will be explain patient involved in the emer	ned to the other patients as best as possible maintaining privacy of the rgency.							
	The stretcher/wheel chair will be brought to the scene of the emergency.								
	I was a roa or manshot rantoll. It	that the patient must be transported to the hospital, he will decide the f necessary, the nurse will phone for an ambulance. Pertinent at's condition will be as determined by the physician.							
	Notify personnel to clear hal exit route should be closed.	llways and other areas as needed to clear the exit route. Doors off the							

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	as the Uniform State and local codes the Uniform State Additionally, the far various sections of (Facilities Guideline Design and Constructions) as required. The Findings Inclusion of the Administrator and facilities are tour it was noted the for a separate collection of epora facility and temperaturates of epora facility and temperaturance of epora facility and temperaturance of epora facility and temperaturance and without hands in several level and was access, failed in several level and without hands in several level and without hands in several level and without hands to sting, no vanilation meas, on evidence to installed quipment compilant widence of installed quipment compilant he Administrator secitly had contacted	plannined that the far are in full compliance lee, building codinance devide Building Cock city failed to comply chapters 3.1 and 3.7 se institute 2010 Gui uction of Health Care ideality was conduct scility consultant on the facility had no cition, storage or dispersite room for the sature control provise sting performed on the facility's suction of the facility suction of the facility suction of the facility suctions and the facility suctions are suctions.	to with the well of FGI delines for FGI delines for FGI delines for FGI delines for Facilities with the May 30, and the provision loss, no the nos or lon where not lively was would like the lidence of patient dino not 199,	T-400				

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AND PLAN	OF CORRECTION PROVIDER OR SUPPLIER	(X1) PROVIDENCIPPLI IDENTIFICATION IN FTAF-00	Alber: 12	A. BUILDIN			LETED		
	PROVIDER OR SUPPLIER	ER FOR WOMEN	10758 A.	ADDRESS, CITY, STATE, 2P COOK A JEFFERSON AVENUE JRT NEWS, VA 23601					
(X4) IO PREPX TAG	SUBMARY STATEMENT OF DEPOSITION			ID PREPR TAG	PROVIDER'S PLAN OF (EACH CONNECTIVE ACT CROSS-REFERENCED TO	THE APPROPRIATE	COMPLE		
	3. On May 30, 201: Administrator was and 2:00 PM. The and one (1) leb mand one (1) suction 12 VAC 5-412-380 standards Abortion faculties allocal codes, zoning the Unitom States in addition, abortion fall and sections 3.1-3.7 of Part 3 of the and Construction of Facilities Guidelines precedence over United to the code pursuant to Vicentities operating at these regulations as through aubmission of Pregrission of P	ice. There was no provide the facility to interviewed between Administrators action of preventive mass of lowing: two (2) as following: two (2) as followi	ur the 12:30 PM viedged interrance ixam entituge is and and cas, and with Part ection lesign e of the take ding 1,001. is of ertment d VAC pw	T 400	DEFICIENT				
ti vi fis	with the application it han into full compile within two years from Refer to Abortion Requirements Survey actify requirements. This RULE: is not me	or licensum that will b ince with this provision i the date of licensum regulation Facility recritions, for details	oring on id						

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VIÓ PLAN	OF CORRECTION	(XI) PROVIDENSUPPL DESTRICATION IN		(22) MULT A. BUILDIN B. Valence	TPLE CONSTRUCTION				
	PROVIDER OR SUFFLIER		STREET A	IT ADDRESS, CITY, STATE, ZIP CODE 05/31/2012					
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T 360	Continued From P	tige 27		T360			-		
		illy falled to home the	MSOS						
T 380	12 VAC 5-412-360			T380					
	program shall be d. This equipment shall be d. This equipment shall be d. This equipment shall be decordance with me periodic intervale, a ensure proper open repair. After repain to any equipment, it increased to acroice, maintained on each indicate its history of this RUILE: is not a stand interview the factories on observational interview the factories arountly on all equipmentally	plece of equipment fitesting and mainter net as evidenced by: ons, review of facility only staff failed to ma nance program at less ment. Specificality	noe nented. r tested in cations at to pood re made re afore it is to tance. policies sintain a set				20.040		
T	he findings include:	- ===			T 380	modern A			
11 al	ministration falled to which for safety on hits, one (1) lab refr ad one (1) suction in On Mar 30, 2022 a	a facility four was con not 2:00 PM. The pre- s he documented at it it the following: two (2 igerator, one (1) can sachine. no facility policies was 0 PM and 6:00 PM is	vendve Best Iriiuge Iriiuge		Preventive maintenance has be done exam light, refrigerator, c and suction machine. Preventi maintenance manual to be kep by the administrator. Preventive maintenance visits t scheduled annually. Completion date July 12, 2012	entrifuge ive t up to date	22		

PRINTED: 08/07/2012 State of Virginia FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CONSECTION (X1) PROMISERSUPPLIERICLIA IDENTIFICATION HUMBER: OCO MULTIPLE CONSTRUCTION OCH DATE SURVEY A BUILDING COMPLETED B. WHILE FTAF-002 HAME OF PROVIDER OR SUPPLIER 06/31/2012 STREET ADDRESS, CITY, STATE, 29 COOK PENINGULA MEDICAL CENTER FOR WOMEN 16758 A JEFFERSON AVENUE NEWPORT NEWS, VA 2001 (X4) ED TAGE TX SUMMERY STATEMENT OF DEPICENCE CEACH DEFICIENCY MUST BE PRINCIPLED BY FULL REQUESTORY OR LISC IDENTIFYING INFORMATION PROVIDENTE PLAN OF CONSECTION (EACH CONSECTIVE ACTION SHOULD BE CHOSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) D PREPRI (ACS) T 360 Continued From Page 28 T \$50 PM a facility tour was conducted. During the tour T 360 a sharps container was noted in the Procedure Sharps containers which are wall mounted Room on the floor and in the Recovery Room on and have the mail slot type opening have top of the nurses desk. Both containers were not been installed. A rack for the procedure secure to any surface and had an open area at the source to any surrange and mad an open area at the top in which needles were inserted. According to The Canter for Disease Control, Selecting, Evaluating and Using Sharps Disposed Containers room sharps container has been set up to make the container stable. Clorox wipes have been replaced with wipes indicated for article January 1996, reads in part "Disposal medical setting. MSDS sheet in the opening-the disposal opening should prevent spill MSDS manual. of the contents. Security may be a concern in some areas of facilities, the facility should consider selecting containers with guards to Completion date July 5, 2012 prevent hands or fingers from entering the containers. Stability-containers should be stable when place in a horizontal surface." During the facility tour there were Clorux wipes noted in the Utrasound and Procedure Rooms. The Administrator stated that the Clorex wipes were used to clean the exam table surface between patients. A request was made for the Material Safety Data Sheet (MSDS) sheet to review for what organisms the the wipes kill. 2. On May 30, 2012 between 12:30 PM and 1:30 PM an interview was conducted with the Administrator during the facility lour. The Administrator autmost-riged that the sharps container in the Procedure and Recovery Rooms were easily accessible through the uneccured opening on top of the containers. 3. On May 31, 2012 between 10:00 AM and 11:00 AM the cleaning of the exam table between patient's use were observed being wipe down with the use of Clorox wipes between pallent use.

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4. On May 31, 2012 between 9:30 AM and 11:00 AM an interview was conducted with the Administrator in the facility. The Administrator

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AND PLAN	IT OF DEFICIENCES OF CORRECTION	(X1) PROVIDENTUPLE IDENTIFICATION N	MER	(XZ) MARIT A. BULLION St. Video)	PLE CONSTRUCTION	COMP	
NAME OF P	PROVIDER OR SUPPLIER			MODERA CITY	STATE, ZP CODE	050	1/2012
	LA MEDICAL CENT		10758 A.	JEFFERSON IT NEWS, VA			
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Т 320	regarding patient of 2. On May 33, 201: PM an interview w	nn; infections, compliants; and staff concert are. 2 between 3:00 PM s	nd 6:00	T 320	egitagen star i di		
	Ayli evajnaje (jie sp gjeta mae gjete mi mis ytilingalatol.)		edged thei gram that	State of the state	g sammalyers for dealer of a grant of the dealers of a file of the second of the second		
	The abortion facility and meintain policies safety within the facility hazards to and procedures and 1. Facility security; 2. Safety rules and services and services and services and services and services. 3. Provinces for the services and	Policies and procedures to shall develop, imple se and procedures to silly and on its ground of all occupants. The iff include, but not limp practices partsining int. gases, liquids, drust, and seeminating safety-restanting safe	ment ensure fs and to policies ited to; lo	T 360			
p d e h st u pr	RESECTON ODGETVEZO Clicles/procedures (evelop, implement ; Insure safety within i RZBITOS to patients a tore sharps contain	of the facility the staff and maintain proceds the facility to minimize and staff. The facility to the in a safe meaner a that bill accounts	mes to b alled to				
		etwen 12:30 PM an	4 4 00	100			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUPPLICATION N	Contract:	A. SUILDIN Q. WING_	PLE CONSTRUCTION IG	(COMP	LETTED	
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	LA MEDICAL CENTE		10758 A NEWPOR	JEFFERSON TI NEWS, VA	AVENUE			
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T300	in the event of an e The Administrator : tomorrow. I did not	emorgancy,	the tubing	T300	A COLOR DE ALCONOMICA MEN CALLO DE MONTO DE ACCOMENTA DE CALLO DE MONTO DE ACCOMENTA DE CALLO DE CALLO			
T 320	12 VAC 5-412-300	B Quality assuming		T 320				
	B. The following stadequacy and appropriate identity unaccept occurrences: 1. Staffing patterns 2. Supervision appropriate; 3. Pattent records; 4. Pattent satisfacti 5. Complaint resolut, infectione, compevents; and 7. Staff concerns re	igarding palient care igarding palient care igarding palient care	ces, and france or of adverse					
	This Rt./LE is not in Based on document facility staff falled to program that will eve Staffing patterns and appropriate to the less patient satisfaction; (infactions, complications); and staff con	leview and interview have a quality essu- aluate the following a performence; supe- val of service; patien complaint resolution brest and other selve-	w the rance Repecte: rvision R records;		T 320			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The findings include: On May 30, 2012 to the agency's policies office diministrator's office using assurance policies officered; Statements; Statemen	between 1:00 PM to word reviewed in th . The facility felled to loy that will evaluate office trailways and	have a		Quality Assurance policy is Policy manual to be reviewed administrator Completion date June 29, 2	ed annually by		

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AND PLAS	HOF CONSECTION	OX1) PROMOGRABLIPING CONTINUES IN N	Lweer;	A SULLIN		COME	SURVEY LETED
NAME OF	PROVIDER OR SUPPLIER					059	31/201
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PREFIX	REGULATORY OR	ATEMENT OF DEFICIENCE OF MUST BE PRECEDED BY LISC IDENTIFYENG IMPORTA	EB	PREFER TAG	PROVIDERS PLAY OF CO (EACH CORRECTIVE ACTIO CROSS-REPERBICED TO TH DEFICIENCY	M SHOULD BE E APPROPRIATE	COM
T Ook and a can a	On May 30, 2012 a during the compret the Administrator a no evidence of oxy patient require cory cert was consultant. The call intravenous tribles	at approximately 3:30 hersive tour of the far and facility consultant gen being available in gen. Also during the a checked with the fart did not contain any to connect IV fluids stration in the event of think we needed ony think we needed ony a shall provide ongo care and maintain on monitoring equipment and related he strol of hemorrhage entrol of hemorrhage entrol of hemorrhage entrol ansure the necessity and staff internation and supplies were available event of an emerge event of an emerge of a supplies were available entrol of the comprehensive and require oxygen and accitent the suction (cility with there was should a tour the actity of the farm the tubing gen." If the tubing gen." If the farm t	T 30g	T 290 IV tubing has been stocked. Log for checking supplies written. The supplies are of the log is meintained by the administrator. Completion date July 12, 20 T 300 Oxygen has been stocked. suction for airway has been IV tubing has been stocked. Completion date July 12, 20	d. Oxygen has been checked and e r012	

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AND PLAN	OF CORRECTION	(XI) PROVIDERGUPPLE EXEMPTIFICATION IN	MOER	A SUILDIN	PLE CONSTRUCTION G		LITED
	ROVIDER OR SUPPLIER		STREETA	DORESE, CITY, S	0.5	31/21	
(X4) ID	SINSULA MEDICAL CENTER FOR WOMEN SIMMARY STATEMENT OF DEFICIENCE		10758 A.	JEFFERSON T NEWS, VA	AVERN CO.		
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T 285	Continued From P	age 22	No.	T286			-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		nistrator was intervience. The Administrator intervience in the manufacture was no medici		M 5 531			
2.5	3. On May 31, 2012 between 9:30 ant at am a second interview was conducted w Administrator and the facilities nurse continue that there was no medication dispensing		ith the Buitant in				
T 290	12 VAC 5-412-270	Equipment and suppl	ies	T290			
e n e	adequate to care for scope and intensity notice; 1. A bed or recliner 2. Oxygen with flow equivalent; 3. Mechanical suction 4. Resuscitation equinimum, resuscitation infinimum, resuscitation of relative supplies	ipment to include; as on bage and oral airs alions, intravenous fi	te level, to r a sa says; tude,				
8 m	Containers for soll electric with covers Refrigerator.	ed lines and waste and	5				
the me ca	re for patients.	it as evidenced by: eview and staff intervi to ensure the necessi d supplies were avail					(A*)(
Th	e Findings Include:					ACTOR TO THE PARTY OF	



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GENTER FOR WOMEN 1676 A LEPTRICON AVENUE MEMPINE, VA 23091		STATE, ZP CODE A VENELIE A 23001	CHESE CITY,	STREET AS		ROVIDER ON BUTTALIER LA MISCOCAL, CIENTE		
la final bell a fi	FACTION SHOULD SILL TO THE APPROPRIATE	PROVIDENTS PLANT OF (GRADIN CONTRIBUTIVE ACTOR CREATE ARTERISED TO TO	PROPER	-	GRANATORY OF LEG SHATE YES IN PROCESSED BY FULL (SACIO SERVICIA) OF SHATE SERVICES BY FULL (SEGULATION) OF LEG SHATE YES IN PROCESSED BY FULL (SEGULATION)			
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is removed resulting from the conducte shall be exampled to worlly that parts are present, if yet or fetal to lead the description of the conducted with the conducted with conducted with the conducted wi			T210	te s verify or futual the related to and s a strategy in a	oved resulting from the shall be exampled in the team of the team of the team of the team of the patient, it was another with the sent for further with the team of the patient, and the patient of the team of of team of the team of the team of team of the team of team	COURSEING and lab D. All teauser come shortlon procedure that will or fatal per parts cannot be lab teaus apacturery sy pathologic exemins the possibility of an rathered appropriate This RULE: is not: the sholling visit fight process and equips process and equips		
2012 a comprehensive four of the enformat. There was no evidence of large evaluation to transport tieses o a lab for farther feeting. 2012 at approximately 11:20 A.M. the large evaluation value. The physicism value, "I check each make sure will end or feeting parts are not a court to experiment in the proximate and transported procedure to the tab. They are a separate outputth eating." 2012 at approximately 11:20 A.M. the large evaluation of the second court o	a assistant. That is d not have specime timen cups are now the facility.	Specimen cups had in the brought by procedure as: why administrator did not cups on hand. Specimer stocked in the lab at the f		A.M. the lock each airts are tren in ported y are	comprehensive four- mil. There was no evaluate to transport as continuous transport as transport as transport as transport as transport as transport as transport as transport prices are transport as transport as transport as transport as transport as t	stockey was parforms confidence being secupacifroens to a lab if the participation of the par		
stocked in the lab at the facility. The physicien stated, "I check each man a deministrator was the physicien stated, "I check each man it can't be sure the specimen in the The specimens are transported proceedure to the fab. They are a specimen cup with eather."	the facility.	stocked in the lab at the t		ick each barts are ten in sported / are i."	d Administrator was systician stated, II che sure will and or feat ; int be sure the specir specimens are fram dure to the feb. They cirred cup with eather total "Mile street house total "Mile street house	nacting physician and interviewed. The phe speakmen to make a present. When I can sent to the teb. The the day of the proces transported in a speak The Administrator of The Administrator of the the Administrator of the the the the the the the the		

T 275 Continued From Page 20 T 275 T ZFS 12 VAC 5-412-260 C Administration, storage and dispensing of dru T 275 C. Drugs methalned in the facility for daily administration what not be expired and shall be properly stored in enclosures of sufficient size with restricted access to authorised personnel only. Drugs what be maintained at appropriate learnessment is accordance with definitions in 18 VAC 110-29-10 This RULE: is not met au ovidamoed by: Basad on observations, policies and interview the sponcy staff failed to ensure that medications were not expired, were deted another contained with its critishal container when opened andlor used. The findings include: T 276 1. On May 30, 20:12 a facility four was conducted between 12:30 PM and 2:00 PM in the facility. During the tour the bolowing was identified:

1) Tylescolf Codeline (Prosphate with 100 tablete is at stropersed facility with explation stated 04/20/12, b) Lidocaline bottle 10 uniterior is a 10 ml bottle operaed with no date when the bottle was operaed, c) A please bottle labelled utizeround gail but constained this brown liquid (not gef) in the bottle. Tylenol with codeine has been discarded. Lidocaine that had not been marked with the opening date has been discarded. Plastic bottle with betadine has been discarded. 4 oz bottles of betadine have been purchased. Policies indicate that any opened items must have the date and initials of person who opened item. When setting 2. On May 30, 2012 between 12:30 PM and 2:00 PM an Inferdaw was conducted with the Administrator in the Procedure Rosen. The Administrator continued that the plants bottle labeled utilize continued brown Behading liquid. The Administrator continued that an open bottle of Lidocanies falled to be dealed once opened An Interview was conducted with the Administrator in the Recovery Potent. The Administrator confinued that the Tylench/Coddine Phosphate 100 labeles in an unopened bottle had an up for procedures, items are to be check and any item not properly labeled is to be discarded. Expiration log is to be completed monthly by the medical assist Her job description reflects this duty Completion date July 12, 2012

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UND PLAN	NT OF DEFICIENCIES OF COMPLITION	(CO) PROMOGRASHPPLI IDENTIFICATION IN	hangs:	A SULDING	PLE CONSTRUCTION 6	(23) DATE COMP	EIED
PENINS	PROVIDER OR SUPPLIES JLA MEDICAL CENT	ER FOR WOMEN	19788 A	JEFFERSON TEFFERSON	31/2012		
(XA) ID PREMIX TAG	REGULATORY OR	TATEMENT OF DEPICEDICAL SYMMET ME PRESENCE BY LESS HERE THE PROPERTY OF THE PR	36	PREFOX TAB	PROVIDERS PLAN OF ((EACH CORRECTIVE ACT) (ROSS-REFERENCED TO TO DEFICIENCE	ON SHOULD BE HE APPROPRIATE	COMPLETE
T 275	expiration dated 0 3. On May 30, 201 the facility policies Administrators off eneure that medic		dicies to	T 275			
	E. Records of all differences and active disposed accordance with federate the inventor of a theft or loss of the Drug Control Active Drug Control Active Based on the facility policies and Interviewed active and Interviewed active ac	-	or d in io ements 404 of nle.	T 285	T 285 Policies dealing with m been written. Policy or vials is complete. Log- dispensed are being ke Completion date July 1	n multi-use s of medication ept.	
1 b T lo m de 2. re Ac dis	There was a locked in helical cabinet in the redication present. " ocumented when/w On May 30, 2012 t Wiewed between 1: diministrator's office. Spensing policy.	a facility tour was connot 1:30 PM in the fac medication box within Recovery Room. The The medication was n ho it was dispensed. the facility policies was 30 PM and 5:00 PM in There was no medic	illy, a we was lot being to the allon				
PORM	On May 30, 2012 b	ehreen 2:00 PM to 5:	00 PM			,	1

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AND PLAN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/GLETTLE IDENTIFICATION NO. FTAF-00	AIBER	A. BUILDIN	PLE CONSTRUCTION	(CE) DATE COMP	3URVEY LETED 11/2012
	PROVIDER OR SUPPLIER PLA MEDICAL CENTE	R FOR WOMEN	10758 A.J	GFFERSON T NEWS, VA	STATE, ZP CODE AVENUE	Man the state of t	
(X4) ED PRIEFIX TAG	/EACH DESIGNATE	TRADIT OF DEFICIENCE VALIST BE PRECEDED BY SC LOSS (SEVEN)	58	ID PREPER TAG	PROVIDERS PLAN OF CO (EACH CORRESTING ACTION CROSS REFERENCED TO THE DETICHNOT)	N SHOULD BE APPROPRIATE	COMPLE DATE
T 175	am a second interv Administrator and t the Administrator's that there was no p	•	with the insultant in dedged one and/or	T 175	The second secon		
	E. The abortion faction faction a language or ma	tility shall offer each; maner they understanting and instruction is and phocodures for any poet-ablicanting and ablicanting and	potient, id, in the inplement ir the ordion prviews bloped, id	T 200			
	The Findings include On May 30 and 31, 2 A.M. the facility police reviewed and discuss Administrator. The fiproviding each patter could understand, in counseling both one at The Administrator at	2012 at approximate ies and procedures to actify and post abortion.	policy on patient codure or		T 200 Policy and procedure is in p counseling and for provisior family planning and post-ab counseling. Completion date July 12, 20	ortion	

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AND PLAN	IT OF DEPICIENCIES OF CORRECTION	(XI) PROMOBRABLEPH ADENTIFICATION N FTAF-0	02	A BUILDIN B. WHIG_		-	SURVE LETED
	ROVIDER OR SUPPLEM		STREET AD	DRESS, CITY,	STATE, ZIP CODE	All parties and a second	
PENINSU	LA MEDICAL CENT		10758 A. NEMPOR	EFFERSON T MENS, VA	AVENUE		
(X4) SD PRESPOX TAG	(EACH DEFICIENT	ATHERT OF DEFICENC Y MUST SE PRECEDED E LECTRENTIFYING IMPORT	CES NY PULL MATICING	PREFRI TAG	PROVIDER'S PLAN OF GRASH CORRECTIVE ACT CROSS REPERBICIES TO DEFICIENT	TICH SHOULD BE THE APPROPRIATE	co
T 175	Continued From P	age 17		T 175	Ur equil secu		
	management of accidental exposures); d. Procedures for handling, storing and transporting clean linens, clean/sterile s and equipment; e. Procedures for handling/tempocary storage/transport of acided linens; f. Procedures for handling, storing, proc		i supplies				
	accordance with a	sted medical waste k Colicable regulations	nt e	1 SH	A STATE OF THE STATE OF		
	 Procedures for the processing of eac reusable medical equipment between used interest patients. The procedure shall a the level of cleaning/disinfection/sterilos 		address:(i)	drawer,	plant and a		
	used for each type (e.g., cleaning, che sterilization); and (of equipment, (ii) the smical disinfaction, h (ii) the method for w	e process eat wilding that	20 13			
	has been achieved the manufacturers	level of disinfection/ i. The procedure sha recommendations a national infection co	ill reference				
	h. Procedures for a	eppropriate disposel ament; édures for maintena					
1	or equipment in ac: recommendations; j. Procedures for cl	cordance with menui	ntst	10 Pile 1			
	surfaces with appro k. An effective part	prists cleaning prod control program, ma sel beath and enviro	ucts;		. salest and the	enchari	
	. Other infection pri to prevent/control to sount in the facility:	evention procedures ansmission of an ini 98 recommended or		5.27 ptm 6		10 mg 11	
	y me department.	and the second				100	
8	onsultant in the Ad Chowledged that	an interview was co Administrator and it ministrator's office. I there were no policie facility, equipment a	Soth				

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	T OF DEFICIENCIES OF CONTRICTION	(X1) PROMIDER RELIPPE IDENTIFICATION I	AMBER:	(CC) MULTI A. BUILDING B. WIND	PLE CONSTISUETION 2	COMP	
	ROVDER ON SUPPLIER ILA MEDICAL CENT		19758 A	GREEN, CITY, S IEFFERSON IT NEWS, VA	TATE, ZIP CODE AVENUE 23601		
(X4) ID PRESENT TAG	(EACH DERCIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED I LEC IDENTERYING BUPOR	23	D PASPIX TAG	PROVIDER'S PLAN OF (EACH CONRECTIVE ACT CROSS-HER GRENCED TO DEFICIENCE	MON SHOULD SEE	COMPLETE DATE
	10. Procedures to surfaces with apprint 11. An effective p in accordance with apprint 12. Other infection necessary to previous agent in or required by the This RULE! is not Based on the revie interview there were tacilly management disposal, storage a linen and supplies; use of cleaning apprint 11. An effective print 12. The review there were tacilly management to the review that the review there were tacilly management to the review that th	recommendations; or cleaning of environ opriete cleaning of environ opriete cleaning property control program, incal health and subtions; and a prevention proced enticontrol transmiss the facility as recondepartment. The facility as recondepartment. The facility is property of the facility's pore no policies/procedures for interesting of medical were procedures for procedures reconstruction of an inferior procedures reconstruction of an inferior interesting of medical were procedures reconstruction of an inferior interesting of medical were procedures reconstruction of an inferior the menagement and supplies for the washing equipment; (e.g., soap, alcoholities, soap, alcoholities) and supplies; ge for cleaning ager ooms for	ducts; , managed ures sion of an imended y: licies and dures for the clearing, pment, inuctions for handling, sta; ther tary to clows agent long; and longs and	T 175			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROMOGRISUPPE HOGHTIFICATION N	NHOER:	(22) MILLTO A. BUILDIN B. WING	PLE CONSTRUCTION	(CO) DATE COMP	
	ROVIDER OR SUPPLIER LA MEDICAL, CENT	ER FOR WOMEN	10758 A NEWPO	ODRESS, CITY, S JEFFERSON RT NEWS, VA	AVENUE		
(X4) ID PREFIX TAG	GUIMMARY ST (GACH DEPICIE)K REGULATORY OR	PATENCENT OF DEPICEEDED BY MUST BE PRECEDED & LSC IDENTIFYING IMPOR	MATICAD	ID PRIEFIX TAG	PROVINER'S FLANOF (EACH CORRECTIVE AC CROSS-REFERÊNCED TO: DETICIÉN	TION SHOULD BE THE APPROPRIATE	COMPLETE EATE
T 175	Continued From F	Page 15		T 175	(I) 0543 (M		
	C. Written policies menagement of the supplies shall add 1. Access to here adequate supplies hand rubs, dispositionally of use of their material storage and transportate storage and procuse of cleaning agains, management 4. Procedures for transporting clean and equipment, 5. Procedures for storage/transport of 8. Procedures for storage/transport of 3. Procedures for accordance with a 2. Procedures for reusable medical edifferent patients. (i) the livel of clean of the storage for the livel of cleaning the storage for reusable medical edifferent patients. (ii) the process (edialniection, heat storage for the management achieved reference the management and any applicable	d-washing equipment (e.g., sosp, alcohol able towals of hot ai tilly sinks, cleaning dispondent of aquipment entrage for cleaning agreement (e.g., distinct an accidental expondents (e.g., distinct, of accidental expondents (e.g., distinct, of accidental expondents (e.g., distinct, or accidental expondents (e.g., distinct, processing of eacidents (e.g., processing of eacidents between the processing of eacidents between the processing of eacidents between the processing of eacidents (e.g., cleaning, chemic	r the tand chased r dryers); supplies seel, and supplies seel, and supplies; ents (e.g., s used for contact sures); d supplies or address; erilization set in the contact sures; and set on address; erilization set or address; erilization	T 175			
	non-reusable equip 9. Policies and pro maintenance/repair	sppropriate disposal ment; cadurus for of equipment in acc			OEIM11	• 1 414	of mat. 19 of 31

State of Virginia

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AND PLAN	TO DEFICENCIES OF CORRECTION	(XI) PROVIDENTALPUL EVENTERCATION IN	MEETIC:	A SULDIN		(ICS) DATE 6 COMPLE 0-5/31	
	rowder or summe LA MEDICAL CENT	•	10708 A	XORESS. CITY, JEFFERSON IT NEWS, VA			
(SG) AD PREFIX TAG	REGULATORY OR LIC DENTIFYING INFORMATION)		V EI W a	PREFEC TAG	PROVIDERS PLAN OF C (EACH CONTRESTINE ACT) CROSS-REFERENCED TO TO DEFICIENCE	ON SHOULD BE	(XS) COMPLETE DATE
est I	B. Training of all prevention technic prevention technic prevention technic 1. On May 30, 20 reviewed between Administrator's of prevention policie. A. Procedures for patients and visits applying appropriate transmission of continuation and visits applying appropriate and water and/or technique, including technique, including technique, including and water and/or take of standard prevention technique, including and water and/or take of standard procedure path Occupational Safe of personal protections and plans personal protections and plans personal in infection.	personnel in the properties. It the facility policies. 2:00 PM and 6:00 PM for. The facility's inte	Were M in the ction ming illnesses, ant fection rence to cions and iff in citices. Inflection shing of soop mand rube; e with the U.S. ation; use njaction of all de.	T 170	T 170 Procedure for screening visitors has been written monitoring staff adheren prevention practices has Initial and annual training control is included in infe as well as personnel polichecklist. Infection Cont conducted quarterly. Resubmitted to Quality Assicompletion date July 12. Training of all personnel prevention techniques to initially and annually. Do to be in the Inservice Trass well as each personnel Personnel files are to be annually for completeness Completion date July 12,	patients and Policy for ce to infection been written. In infection cotion control policy icy and orientation rol Survey to be suits to be urance Committee 2012 in infection be conducted cumentation is ining Manual si file. reviewed is.	
Į.	PM in the agency, ' acknowledged that	The Administrator I the facility failed to price train	ruida Sa			Appropriate to the control of the co	

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STATEMEN AND FLAN	TOP DEPOSE ACIES OF CORRECTION	(X1) PROVIDERSUPPL IDENTIFICATION N		A BUILDING	PLE CONSTRUCTION 3	COMPLETE COMPLETE	
	ROMOGR OR SUPPLIES LA MEDICAL, CENT		NEMPORT NEMS, VA 23601		a V		
(X4) ID PRIEFDE TAG	BLOK (EVOH DEHCKENCA MITRL NE LAECH		T FULL	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-NEFERENCE) TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
T 170	Continued From	Page 13	OFFY	T 170	e hapte (a.e.)	ERMENTS FOR	
T 170	B. Written injection procedures shall. 1. Procedures to and vicitors for ac applying appropriate transmission of a within the facility. 2. Training of all prevention technications for us alcohol-based had a Use of standard. 5. Compliance wirequirements of a Health Administration of a persons. 7. Use of safe injunction prevention prevention prevention prevention of all standard. 10. Procedures for retaining of all standard.	wasting technique, in the of soap and water and rubus, and rubus, and precautions; the blood-bourne path the U.S. Occupations attorn. If protective equipmention, and retraining of all path precition practices; and retraining of all path methodis; and me	e and mited to: patients to and vent infection infection infection infection infection instruction including and use of infection infection infection infection infection	T 170			17
	Based on Interview policies the facility prevention training A. Procedures for patients and visite applying appropriations and visite applying appropriations of court within the facility; recommended infedocumenting annual commended and documenting annual process.	t met as evidenced by and the review of the falled to provide interpretation of increasing of increasing as for acute infection the measures to preventioning staff acites to prevention pr	he agency's iction oming is linesees, ent fection ictices and eff in	Paris-19			

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AND PLAN	TOF DEFICIENCIES OF CONRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N	UMBER	WANG	TIPLE CONSTRUCTION NG	(CO) DATE: COMPI	
	novicer or supplier LA MEDICAL CENT		10758 A	DONESS, CITY, JEFFERSON RT NEWS, V	STATE, ZIP CODE M AVENUE A 23001		
(X4) ID PREFIX TAG	(EACH DERCEM	TATEMENT OF DEPICIENC CY MUST BE PRECEDED B LBC IDENTEYING INFORM	V M II I	PREFIX TAG	PROVIDERS PLAN OF (EACH COMRECTIVE AC CROSS-REPERSINCED TO DEFICIENCE	NON SHOULD BE THE APPROPRIATE	COMPLETE DATE
	implementation or prevention policies regulations or guice they are based shall a finite to procedures shall be the administrator of the clinical staff. The clinical staff. The clinical staff. The clinical staff. The clinical staff in writing is and shall also be in the clinical training is and shall also be in the control manual the appointment of an infection prevention annual review of the findings included. The findings included to the facility who has infection prevention involved in the annual review of the facility who has infection prevention involved in the annual review of the facility who has infection prevention involved in the annual review of the facility. The findings in the facility. The that no one has recommended to the recipity. That no one has recommended in the same policy. That no one has recommended in the same prevention one has recommended in the same policy. That no one has recommended in the same prevention one has recommended in the same prevention one has recommended in the same prevention	and matricenence of interest and procedures and procedures and be documented. Evention policies and perviewed at least a and appropriate ment in attract procedure procedures in the attract in the facility as a basic infection provinced in the annual was evidenced by and review of the interior provinced in the appropriate in and who is involved in the appropriate. 2 the agency's laborative infection control procedured the agency's ent. The infection control procedure infection control procedure infection control procedured the agency's ent. The infection control procedure infection procedure infection procedure	of the which which which sinusity by abors of sceas and a shall have contion, if review. If and 5:00 a infection and 5:00 a infection in the and 5:00 a infection in the contion in the conticuted and 12:00 nowledged in infection in the conticuted is and 12:00 nowledged in infection in the conticuted is and 12:00 nowledged in infection in the conticuted is and 12:00 nowledged in infection in the conticuted in th	T 165	T 165 The physician is currently person with basic training control. The infection con reviewed at least annually Completion date July 12, 2	in infection trol plan is to be	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENCUPPU IDENTIFICATION N	LIMBER	A. MULDI B. WING	NG	COMP DATE COMP			
NAME OF	ME OF PROVIDER OR SUPPLIER SHINGLIL A MEDICAL CENTER FOR WOMEN 1975 NEW SUMMARY STATEMENT OF DETICIENCES (EACH DETICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LBC IDENTIFYING INFORMATION		STREET AL	STREET ADDRESS, CITY, STATE, ZIP CODE					
PENINGL			10758 A	HEFFERSON T NEWS, V	AVENUE				
CKG ID PREETIK TAG			VERM	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO OPPICIENCE	ON SHOULD BE HE APPROPRIATE	COMPLET DATE		
T 130	Continued From F	Page 11	With T	T 130	Alternatives.				
1	Based on the revi	i met as evidenced b bw of the facility's po w no policy regarding minor that was not er	icieu and services		The contract of the Contract o				
	The findings include	de:			Т 130				
	reviewed between Administrator's off regarding services was not emancipa	12 the facility policies 12:00 PM and 5:00 P lice. There was no po 1 and/or care for a m ted. The Administra	M in the olicy ninor that		Policy on minors is in place Policy and procedures ma reviewed by administrator Completion date June 22,	nual is to be annually.			
i	acknowledged the	t there was no policy re for a minor that y	recerding		Parties and the gette and				
	am a second inter Administrator and the Administrator's trat there was no	2 between 9:30 am; view was conducted the facilities nurse or office. Both acknow colicy regarding cerv nat was not emancip	with the metitant in viadged ince and/or	- 1					
T 165	12 VAC 5-412-220	A Infection prevention	Nn n	T 165					
	prevention plan the facility and all servi consistent with the edition of "Guide to Outpatient Settings Safe Care", nubies	city shall have an in it encompasses the ices provided, and w provisions of the cu infection Provention it Minimum Expectation and by the U.S. Card	entire hich is Yent i in lions for						
	with training and so shall participate in a prevention policies	id Prevention. An inc charline in infection p the development of it and procedures and tre they comply with the and standards.	revention relection						

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	TOF DEFICENCES OF CORRECTION	(X1) PROVIDENSUPPLIE IDENTIFICATION NU	MELST;	(C2) MILE T A BUILDIN G. WING	FUE CONSTRUCTION	(XI) DATE S COMPLI	
	ROYDER OR SUPPLIER LA MEDICAL CENT		10758 A	DORESS, CITY. JEFPERSON RT NEWS, Y/	STATE, 2P CODE	W 19 19 19 19 19 19 19 19 19 19 19 19 19	1120 14
(X4) ID PREFIX TAG	X (SACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFOX TAG	PROMOERS PLAN OF (EACH CORRECTIVE ACT CROSS-REPÉRENCED TO 1 DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(XM) COMPLE DATE
	and who are qualito perform shortion implement and may to ensure and docume the facility physicians who are experience. This RULE: is not based on docume the facility staff fail that ensure abortion experience. The Findings include the Findings included and a facility construction of policies and procedures there and a facility construction and a facility and a facility construction and a facility construction and a facility construction and a facility and a facility and a facility construction and a facility and a facility construction and a facility	io practice medicine in fled by training and extrem. The facility shall desirts in policies and produced the control of the co	perlance develop, ocedures that by and Bryteviä are policies d by and d inistrator widence	T 110	T 110 Physician competency particles of the second policy manual annually. Completion data June 1	sible for reviewing	
	physician to practic	experience and training was required of a physician to practice at the facility. The Administrator stated, "We will need that"					
T 130	T 130 12 VAC 5-412-200 Minors			T 130			
	unemencipated mis consent is obtained minor's perent, gua person. If the eme seak the informed v suthorized person, suthorizing the about 16.1-241 of the Coc	form an abortion upor nor unless informed w I from the minor and it relian or other authori- ncipated minor elects witten consent of an a copy of the court on its of Virginia shall be benformence of the s	vities he zed not to der			THE LEY	

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	T OF DEFICIENCIES OF CONNECTION	(X1) PROVIDENSUPPLE IDENTIFICATION N	UMBER:	(70) MEALT A. BURLEN B. WING	TPLE CONSTRUCTION NG	COMPLE S		
	ACVIDER OR SUPPLIER	=UE, PE, 3,453		ADDRESS, CITY, STATE, ZIP CODE				
PENNIOL	LA MEDICAL CENTI	ER FOR WOMEN	1975B A J	HEWS, V	A 2001			
(MA) AD PROMPTOK TAGS	(SACH DEFICIENC	ATEMENT OF DÉPICIENC Y MUST SE PRECEDED A LOC INCHTETYING NEFORD	V FLAL	PRESENT TAG	PROVIDERS PLAM OF (CEACH CORRESTIVE ACT) CROSS-REFERENCES TO TO DEPRESSION	ON SHOULD BE HE APPROPRIATE	COMPLET DATE	
T 095	facility policies and procedures were reviewed with Administrator and a facility consultant. Both facility employees stated their policies and procedures for personnel did not include written job descriptions, process for verifying current professional licensing or certification, process for annually evaluation employee performance and competency and a process for reporting licensed and certified health care practitioners for violation of their licensing and certification standards. The facility Administrator stated, "We will need to work on those." 12 VAC 5-412-180 A Clinical staff A. Physicians and non-physician health care practitioners shall constitute the clinical staff. Clinical privileges of physicians and non-physician shall be clearly defined.		ant. Both and de written current process for ance and ig licensed or violations lands,	T 095	T 095 Personnel policy includes process for verifying licer annual performance eval for reporting licensed heap practitioners for violations and certification standard Completion date June 20	nsure, process for uation, and proces with care is of their licensing is.	ŝ	
T 105			h cara I staif. shall be	T 196				
This RULE: is not met as evidenced by: Based on document review and staff interviews the facility staff failed to ansure the privileges of the physician were clearly defined for 1 of 1 physicians.		terviews			5-1			
	The Findings include: On May 30, 2012 the credential file for 1 of 1 physicians was raviewed. The file did not contain in defineation of privileges or appointment by the governing body.		out combain		T 105 Granting of privileges docuobtained. Privileges have the Governing Authority to June 15, 2012	been granted by		
	The Administrator s	dated, "We will get t	hat,"			dal g. P.S.		
	12 VAC 5-412-180	•	28	Γ 110		1 1 M - 1 1 1		
TE PORM	to the second second	performed by phy	sicisme	1				

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	FOF DEPICIENCIES OF CORRECTION	(X1) PROVIDERSUPPL IDENTIFICATION N	VMOER;	(CC) MULTI A SUILDIN S. WING_	PLE CONSTRUCTION	OCH DATE :	
	ROVOER OR SUFFLES LA MEDICAL CENT		STREET A	DORESS, CTTY, S JEFFERSON RT NEWS, VA	STATE, ZP CODE AVENUE 23601	J Garage	HEGIZ
(XA) NO PRESENT TAGS	(FACH DEFICENCE)	TATEMENT OF DEFICIENC CY MUST BE PRECEDED I LISC IDENTIFYING BIFORE	23	PREFIX TAG	PROVIDERS FLAILOF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
T 090		re of their responsible		T 090			
T 005	and the second second second		y authority, ch job sional ployee rs and their adons of certified	T 095			
	Ilcensing or certific appropriate board Health Professions This RULE: is not Bessel on docume facility staff failed it procedures include process for vertification, process for reporticate practitionans is and certification set. The Findings Inchains Inc	eation standards to the within the Department. I must as evidenced by the review and interview and interview and ensure personnel and written job deacrip current profession case for annually evidence and competencing ficenaed and certifical violations of their standards.	ne int of y.c. swe the policies and policies and policies and policies and policies and policies and policies hands if echaing				
1	On May 30 and 31,	, 2012 al various timo	es the	100		alman -	

State of Virginia

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STATIEMEN AND PLAM	IT OF DEPICIENCIES OF CORRECTION	(X1) PROJUGERALUPILE IDENTIFICATION NO FTAF-00	MOER	(CC) MUL A SULD B. WING		POS SIATES COMPLI	
PENNISULA MEDICAL CENTER FOR WOMEN 107			10758 A		, STATE, ZP CODE N AVENUE (A 2004		172.0 8.0
(74) ID PREPOR TAG	REPORT DESTRUCTION OF PARTICION BY		30	PREFIX YAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	OM SHOULD BE HE APPROPRIATE	COMPL
	Ott May 30, 2012 personnal files wa Administrator on a the files did not content of the 5 did not content of the 6 did no	at 2:00 P.M. a review is performed with the sof 6 personnel files, intain job descriptions are of their responsibilities at their responsibilities at their responsibilities at their responsibilities at the corresponsibilities at the corr	facility Two (2) of and 5 of staff lies. work on for each impletely illable, the The file ist and work person's consure, consur	T.085	T 085 Job descriptions have been files. Job descriptions have include a place for the staff and date to indicate that sh responsibilities of her positive descriptions will be reviewed annually. The personnel procedure for reviewing job least annually. Personnel files annually by the administratic completeness. Completion date June 20, 2 T 090 Job descriptions have been each staff member and sign to indicate her awareness of Personnel policy and orient include job descriptions in the files are to be reviewed annually. Administrationally. Administrationally. Administrationally. Completion date June 20, 2	e been revised to f member to sign he is aware of the ion. Job and at least olicy includes of descriptions at iles will be reviewed or for 2012 an provided to med and dated of responsibilities. Eation checklist them. Personnel musily for attors are to be strator is	

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TOBO 12 VAC 5-412-170 F Personnel F. Job descriptions. 1 TOBO Tobo operation of institute on infaction control. In their (the facility staff) job descriptions. TOBO TOBO TOBO TOBO TOBO Tobo operation of institute or descriptions. TOBO TOBO Tobo operation of institute or descriptions. TOBO TOBO Tobo operation of institute or descriptions. TOBO TOBO Tobo operation of institute or descriptions shall include: position situ adequately describe the duties or devery position shall include: position and when revised. This RULE: is not met as evidenced by: Based on document revised and infamroleves the acceptabilities and inf		OF CONFLECTION	(XI) PROMORRISUPPL DENTIFICATION N	UMBER!	A BURLOS E. WING	YELE CONSTRUCTION NG	COMP	BURVEY ETED
T 080 T 080 Cantinued From Page 6 T 080 T 080 Cantinued From Page 6 T 080 T 080 Cantinued From Page 6 T 080 Training on infection control and fire safety is to be conducted initially and annually. This was no documentation of braining on infection control. In 3 of the 5 personnel files there was no training documentation of training on infection control. In 3 of the 5 personnel files there was no training documentation of training on infection control. In their files facility staff personnel fibrians. I do not have any documentation of training other than what is in their (the facility staff) job descriptions. T 085 12 VAC 5-412-170 F Personnel F. Job descriptions chall include: position title, authority, specific responsibilities and minimum qualifications. 2. Each job descriptions shall be reviewed at least annually, least current and given to each employee and volunteer when assigned to she position and when reviewed. This RULE: Is not rnet as evidenced by: Based on documents with event and infertious the sacing staff falled to shee water positions that the documents and plant to each staff mental and plant to each staff mental and plant to each staff mental to continue the staff. Total staff, specially staff falled to she to each employee and volunteer when assigned to she position and sheet to the staff, specially staff falled to sheet wither job descriptions that electron and position and sheet to the control of the job descriptions and sheet to the control of the job descriptions that successibilities and minimum and safficiations of each position and sheet to show here assigned to sheet position and sheet to show here to be descriptions that successibilities and minimum and safficiations of each position and sheet to the safficiations of each position and sheet to the safficiations	HANNE OF P	ROWDER OR SUPPLER		STREET AT	DOCCO ANNA		08/3	1/2012
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1 1	T 085	reviewed for 4 of 4 care and services to for 1 of 1 security procumentation of tr 3 of the 5 personne documentation of any. On May 30, 2012 at was interviewed and documentation for the facility start have any policies on their (the facility start have any policies on their what is in their descriptions." 12 VAC 5-412-170 FF. Job descriptions. 1. Written job descriptions. 1. Written job descriptions. 1. Written job descriptions. 1. Written job descriptions. 1. United job descriptions and missingly, kept current minimum qualification and when realists and on document a called to first stept failed to first adequately descriptions and failed to first adequately descriptions, scription, and failed to first adequately description, and failed to first adequately description.	etalf personnal who of the patients of the ersonnel. There was alring an infection of lifes there was no kind. 2:30 P.M. the Adm of the third. 2:30 P.M. the Adm of thirds of the facility staff) job facility staff job facility staff job facility when satisfyed the cuties, specific the cuties the cutie	ely least to the riplicate street of the riplicate str		T 080 Training on infection cor is to be conducted initial This has been added to checklist and to the pers Documentation of in sen included in each staff me file as well as a manual documents. The Inservice will be reviewed annually files will be reviewed annually files will be reviewed annually files must be reviewed annually files will be respectationing and documentation training and documentation of the files will be respectively and for the files will be respectively and for the files will be reviewed annually files will be respectively files will be reviewed annually files will be respectively files will be reviewed annually files will be respectively files will be reviewed annually files will be respectively files will be r	ntrol and fire safety ily and annually, the orientation connel policy, vice training will be ember's personnel dedicated to training ce Training manual v. Personnel really of completene consible for coording on, cted for all of curre- are used as the mean July 5, 2012	ss. ating
	""	I HANGE (INCHES)			8			

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AND PLAN	TOP DEPOSITION OF CONRECTION NOVIDER OR SUPPLIER	(XI) PROVIDERSHIPPAL EXEMITEDATION N	MADER:	A. BUILDE B. WANG		(XII) DATE S COMPLI	URVEY FTED
	EMMOULA MEDICAL CENTER FOR WOMEN 16758			DDRESS, CITY, JEFFERSON RT NEWS, V	STATE, 2P GODE N AVENUE A 23801	polity, parties	11
DAG ID PREFIX TAG	D SUMMARY STATISHENT OF DEPICIENCIES FIX (EACH DEPICIENCY MUST BE PRECEDED BY FILE)			PREFOX TAG	PROVIDERS PLAN OF (EACH CORPECTIVE ACT) CRUSS-REFERENCED TO T DEFICIENC	NOM SHOULD BE THE APPROPRIATE	(XI) COMPLETE DATE
T 080	the licensed perso controlled substant Administrator pressure primary physiciant criminal history che State Police pursua Gode of Virginia. The Administrator criminal record che wrong place so I he Physician) is in our 12 VAC 5-412-170. E. The facility shall maintain policies arithat its staff participate in the staff duties, and apand scope of service include documental fire safety and infectivaling. This RULE: is not a safety staff failed to mplemental failed in initial safety and in initial safety and in failed to mplemental failed to mplemental failed in initial safety and in failed to mplemental failed to mplemental failed in initial safety and in failed to mplemental failed to mplemental failed in initial safety and in failed to mplemental failed	at 2 P.M. the persons one who have acces were reviewed went. The Administral personnel files did secks performed by the ant to § 32.1-128.02 stated, "I sent off for ack but signed my naid to resulbmit it. (Ne other office." E Personnel if develop, implement and procedures to decrease in initial and on that is directly related to familial participation of annual participation prevention in-early state in the facility state in the facility state in the facility state and ongoing training laded infection controlled.	se to ith the tor end the not contain is Virginia of the may me in the arms of and current going stad to interestly half sation in rvice	T090	T 070 Criminal background che obtained for administrato Personnel policy and original indicate need for crimina for personnel who have a substances. Administrate ensuring that the criminal check is obtained. Completion date June 22	or and physician. entation checklist I background check access to controlled or is responsible fo I background	
		s personnal files wen					
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State of Virginia

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AND PLAN	ATEMENT OF DEFICIENCES D PLAN OF CORRECTION (X1) PROVIDERSUPPL IDENTIFICATION IN			V. Britto		-	LETED
HAME OF I	PROVIDER OR SUPPLIER		STREET AL	ROMERS CITY	STATE, ZIP CODE	Vel	31/2012
	ENRISULA MEDICAL CENTER FOR WOMEN KA) ID SUMMARY STATEMENT OF DEFICIENCE		10758 A	JEFFERSON	NAVENIE		
(XA) ID PREFIX TAG		CY MUST BE PRECEDED BY FULL LEC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDERS PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCE) TO THE DEFICIENCY	ON SHOULD RE	COMPLE DATE
T 085	Continued From P	age 4	Prof.	T065	5 (6) (6) (7)		
T 066	12 VAC 5-412-170	6 Personnel		T085	1 1550		
	B. The licenses shall obtain written applifor employment from all start. The license obtain and verify information on the applies to education, training, experience, approfessional licensure, if applicable, and the health and personal background of each member. This RULE: is not met as evidenced by: Based on document review and interview facility failed to ensure ilcensure checks apperformed on all licensed individuals for tilicensed start.		nace shall dication ppropriate d the				
•			ws the		and process for the con-		
	primary physician v contain a verificatio license for this phys	M. the credential file is the reviewed. The file in of the Virginia med sizien from the Department.	e did not lical		T 065 The medical license for the has been downloaded from of Medicine website. Persincludes the need for licentonline lookup. Orientation has license item on it. Per be reviewed annually by a complete a license item.	n the Board connel policy se from checklist sonnel files to dministrator.	
T 070	12 VAC 5-412-170	C Personnel	1	T 070	Completion date June 14,	2012	
2	history record check the Code of Virginia employee not licens Pharmacy, whose jo controlled substance	b duties provide acc by within the abortion	6.02 of				
	sased on record rev staff falled to ensure compensated emoto	net as evidenced by: iew and interview the the criminal history of yose whose duties p substances within an operformed for 2 of 2	heck for rovide			je a ck. je a ck. s pokov	

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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/BUPPA IDENTIFICATION N	LABER	P. MING"	PLE CONSTRUCTION	COMPL		
PEMNO	PROVIDER OR SUPPLIER JLA MEDICAL, CENTI		10758 A.	DRESS, CITY, OFFICE AND	STATE, ZIP CODE AVENUE	96/3	1/2012	
(%) ID PREFIX TAG	(EACH DEPICIENCY MUST BE PRECEDED BY FREGULATORY OR LSC IDENTIFYING INFORMA		ES	ID PREFEK TAG	PROVIDERS PLAN OF CO (EACH CONNECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	RRECTION N SHOULD BE APPROPRIATE	(OCS) COMPLI	
2 Pinta AAAAAAAA	The findings included. 1. On May 30, 2012 P.M. the agency's padministrator's office 9:30 P.M. to 12-no.	2 between 2:00 P.M. colicies were review 22. On May 31, 2012 P.M. the agency's pro- ninistrator's office. T all be based on reco- nines. have policy and pro- Personnel, types of Cadures that may be diffly, admissions and prevention; risk and gement and effective or pliance with all applification of the pe for operation and scitty is delegated a by the licensee for P naithe and accounts retween 2:00 P.M. to ministrator was inter colice. The Administrator was conducted w liministrator of the pe streed that that the th we named policy/pro- streed that that the th we named policy/pro- streen 9:30 A.M. an w was conducted w liministrator's office.	ed in the between officies were the policies grized cedures to elective ele		T 035 Policies are in place: Personnel; admissions and discharg ultrasound; infection prevention; Quality Assurance; management and effective fire; ensuring compliance with and local laws; disaster preparedness; identification of person to responsibility is delegated established for holding incresponsible and accounte types of elective and eme procedures that may be p management and effective to medical and/or surgical Policy and procedures ma be reviewed annually by a Completion date July 12, 2	we response to all federal, state whom and methods dividual able; regency erformed; e response emergency. Inual is to idministrator. 2012		

PRINTED: 06/07/2012 State of Virginia FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CONTECTION (X1) PROVIDER/SUPPLIENCIA IDENTIFICATION NUMBER OCE MULTIPLE CONSTRUCTION (XX) DATE BURVEY COMPLETED A. BUILDING A MING FTAF-002 NAME OF PROVIDER OR SUPPLIER 05/31/2012 STREET ADDRESS, CITY, STATE, ZIP CODE PENINSULA MEDICAL CENTER FOR WOMEN 1975% A JETTERSON AVENUE NEWPORT NEWS, VA 23801 SUMMARY STATEMENT OF DEPICIENCISS (EACH DEPICENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC DENTIFYING REFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (BACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) 0 TAG (XS) XMPLIETE DATE PREPER T 035 Continued From Page 2 T 035 This RULE: is not met at evidenced by: Based on interview and review of the facility policies the facility falled to have policy/procedures for: Personnel, types of elective and emergency procedures that may be performed in the facility; admissions and discharges; when to use ultracound to datermine gestational age and when indicated to assess patient risic infection prevention; risk and quality management; management and effective response to madical and/or surgical emergency,management and effective response to first ensuring compliance with all applicable federal, state and local laws; disaster preparedness and identification of the person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the licensee for holding such individual responsible and accountable.

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PRINTED: 06/07/2012 State of Virginia FORM APPROVED STATEMENT OF DEFICIENCES
AND PLAN OF CORRECTION (XI) PROMOER/GUPPLIER/CLIA DENTIFICATION MARGER: 002) MULTIPLE CONSTRUCTION (AS) DATE SURVEY COMPLETED A. SUILDING B. Wand FTAF-002 NAME OF PROVIDER OR SUPPLIER 05/31/2012 STREET ADDRESS, CITY, STATE ZIP CODE PENNOULA MEDICAL CENTER FOR WOMEN 19750 A JEFFERSON AVENUE NEWPORT NEWS, VA 23661 PREFIX SLIMMARY STATEMENT OF DEFICIENCE (EACH DEPCEMENT MUST BE PRECEDED BY FULL REGULATORY OR LISC EMENT YING INFORMATION) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG PREFIX COMPLETE DATE DEFICIENCY T 036 Continued From Page 1 T 038 12 VAC 5-412-150 Policy and procedure manual. T 035 T 025 Each abortion facility shall develop, implement and maintain an appropriate policy and procedures manual. The manual shall be reviewed annually and updated as necessary by the licensee. The manual shall include provisions covering at a minimum, the following topics: 1. Personnel: 2. Types of elective and emergency procedures that may be performed in the facility; Types of anesthesia that may be used;
 Admissions and discharges, including criteria for evaluating the patient before admission and before discharge; 5. Obtaining written informed consent of the patient prior to the initiation of any procedures; 6. When to use ultrasound to determine gestational age and when indicated to assess patient risk: 7. Infection prevention: 8. Rick and quality management; 9. Management and effective response to medical and/or surgical emergency; 10. Management and effective response to fire; 11. Ensuring compliance with all applicable fecteral, state and local laws; 12. Facility occurity; 13. Disester preparedness; 14. Patient rights: 15. Punctional safety and facility maintenance; and 16. Identification of the person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the licenses for holding such individual responsible and accountable. These policies and procedures shall be based on recognized standards and outdelines. STATE FORM

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		(X1) PROVIDER/BUPPLER/CLIA EXENTIFICATION MUMBER: FTAF-002		(A2) MULTIPLE CONSTRUCTION A BUILDING BL WING		PSI CATE SURVEY COMPLETED 05/31/2012	
PENNISULA MEDICAL CENTER FOR WOMEN 18758 NEWP			18748 A. NEWPOR	ADDRESS, CITY, STATE, ZP CODE A JEFFERSON AVENUE ORT NEWS, VA 23601			
(X4) 80 PREFOR TAG	SUMMARY STATEMENT OF DEPOSITION (EACH DEPICIENCY LIMIT BE PRECIDED BY REGULATORY OR LIG IDENTIFYING INFORM			PREFEX TAG	PROMOER'S PLAN OF CORRECTION		COMPLE COMPLE DATE
T 000	12 VAC 5-412 Initial comments		T000				
*	An announced Initial Licensure Abortion Facility inspection was conducted at the above referenced facility on May 30 and 31 2012 by two (2) Medical Facility Inspectors from the Virginia Department of Health's, Office of Licensure and Cartification.				RECEIVED		
.=-	for Abortion Facility	and out of compliance of the 12 VAC 8-412, Ref is effective December were identified and a port.	guiations	N se	AUG 13		
T 015	12 VAC 5-412-140 menegement	8 Organization and	- i	T 015			
	individuals or entitle total ownership shall	thip interest shall be to case of corporations to holding 5.0% or motified by next shall be notified by next shall be notified of motified	its, all	Y	ST-ST-ST-ST-ST-ST-ST-ST-ST-ST-ST-ST-ST-S	T TO	
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.0	The Findings Include	æ			a - maineman as	4.4	
p fi	(12) to raciny Admiroride marmes of the BC磁b、The Admiror	to survey (May 30 and ninistrator was asked individuals who own trator stated on May (30 A.M. "I don't have (equesting."	ed the		T 015 Attached is the Corporate a Members including the sole for Governing Authority. Completion date June 15, 2	stockholder	
RATORYO	MECTORS ON PROVIDE	WOUNTLER REPRESENTA	TIVE'S SIGNAT		Administrator	GG	OATE

(0)100

To: Kothaleen Creezan- Tedeschi 527-4503

from: D'A Abbre of Peninsula medical Center for Woman.

(804) 539- 9599- Cell

Date: Aug. 13, 2012.

I received a voice mail from Debbre
on 8-10-12. She represhed claimfications
to Tag 35, 80, 105, 275, 285, 4290.
The entire report is enclosed with
changes made to the above.

thank you.

This is the revised version of both of these. They were

re-faxed en 8.6-12.

Thank you.

Sill Abber

RECEIVED
AUG 0 8 2012
VDH/OLC

		TEMENT OF DEPCIENCES OPLAN OF CORRECTION (X1) PROVIDER:SUPPLIERCLIA IDENTIFICATION NUMBER: FTAF-002 AE OF PROVIDER OR SUPPLIER STREET A				05/31/2	D12
ENINGU	A A		STREET AD	ORESS, CITY,	STATE, ZP CODE		
	LA MEDICAL CENTE	R FOR WOMEN		EFFERSON T NEWS, VA			
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T 000	12 VAC 5-412 Initi	al comments		T 000		14 a 17	
	inspection was con facility on May 30 a Facility Inspectors i Health's, Office of L	al Licensure Abortion ducted at the above and 31 2012 by two (3 from the Virginia Dep Licensure and Certifi and out of compliance	referenced 2) Medical partment of cation,		RECEIVE AUG 0 8 2012		
	State Board of Heal for Abortion Facility	ith 12 VAC 5-412, Refective December were identified and a	egulationa or 29.		VDH/OLC	1	
	12 VAC 5-412-140 management	B Organization and		T 015			
	to the OLC and in the individuals or entitle total ownership shall be to the control of the cont	thip interest shall be ne case of corporations to holding 5.0% or m Il be identified by par shall be notified of a	ore of				
ĺ	This RULE: is not met as evidenced by: Based on interviews and document reviews the facility failed to provide discloser of the ownership of the facility.					a 20	
1	The Findings Include				Т 015		
	2012) the facility Adr provide names of the acility. The Adminis	ne survey (May 30 ar ministrator was aske a individuals who ow trator stated on May 30 A.M. "I don't have houestino."	d to ned the 31, 2012	·	Attached is the Corporate and Boundary Members including the sole stoc for Governing Authority. Completion date June 15, 2012	i i	

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	T OF DEFICIENCIES OF CORRECTION	(XI) PROMOER/SUPPLI IDENTIFICATION N	AIBER:	(X2) MULTE A. SUILDING B. WING	PLE CONSTRUCTION	(AS) DATE:	EIB)	
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T 035	12 VAC 5-412-150 Policy and procedure manual. Each abortion facility shall develop, implement and maintain an appropriate policy and procedures manual. The manual shall be reviewed annually and updated as necessary by the licensee. The manual shall include provisions covering at a minimum, the following topics: 1. Personnel; 2. Types of elective and emergency procedures that may be performed in the facility; 3. Types of anesthesis that may be used; 4. Admissions and discharges, including criteria for evaluating the patient before admission and before discharge;			T 035	49,00			
						rane u n a		
	patient prior to the 6. When to use ul gestational age and patient risk; 7. Infection preve:		edures;			4		
	medical and/or sun 10. Management	nd effective response gical emergency; and effective respon- pliance with all applic ocal laws:	se to fire:		A STATE OF THE STA			
	and	aredness; iety and facility maint of the person to whom		1 1.0		a so late in an		
	responsibility for op the facility is delega by the licenses for I responsible and acc	eration and mainten ited and methods est holding such individu countable. These po all be based on recoo	ance of tablished al ficies	20 27 E	The state of the s	Solve Special and the control of the		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROMDER/BUPPL/ IDENTIFICATION N	UMBER.	(X2) MULT A. BUILDIR B. WING	RIPLE CONSTRUCTION NG	(X3) DATE COMP		
	ROVIDER OR SUPPLIER LA MEDICAL CENT	31-92 (15)	19758 A.	TADDRESS, CITY, STATE, ZP CODE A JEFFERSON AVENUE PORT NEWS, VA 23861				
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T 035	Continued From I	Page 2	TQ.	T 035	roke in her pay to			
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	= 8% 8							
	Based on interview policies the facility	t met as evidenced by w and review of the fa drailed to have policy/	icility procedures	10 mm/h				
	procedures that madmissions and di ultrasound to dete- indicated to assess prevention; risk an management and and/or surgical em- effective responsa- with all applicable disaster prepared person to whom re- maintenance of the methods establish	nes of elective and en may be performed in it ischarges; when to us immine gestational age is petient risic infection of quality management effective response to nergency; management in the interior of the responsibility for operate is facility is delegated effective responsibility for operate effective is delegated entry the licensee for sponsible and account	ne facility; se and when on on; int; imedical ont and optionice at laws; in of the dion and and or holding					
	effective response with all applicable disaster preparedr person to whom re maintenance of the methods establish such individual res	ipliance al laws; n of the tion and and holding		OE1M11	l' continueté.	a sheet		

	of of deficiencies of correction	(X1) PROVIDER/BUPPL IDENTIFICATION N FTAF-0	UMBER:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G	(CS) DATE S COMPLE 05/3:	
	PROVIDER OR SUPPLIER ILA MEDICAL CENTE	ER FOR WOMEN	10758 A.J	DRESS, CITY, S EFFERSON T NEWS, VA			Maria District
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Т 035	P.M. the agency's Administrator's offi 9:30 P.M. to 12:00 reviewed in the Ad and procedures sh standards and guid The facility failed to cover the following and emergency properformed in the facility failed to discharges; when the gestational age ampatient risk; infection management; man response to medicular emergency; manage to fire; ensuring confederal, state and it preparedness and whom responsibility maintanance of the methods established.	2 between 2:00 P.M policies were review ice. On May 31, 201 P.M. the agency's a iministrator's office. It is a based on recitetines. It is a based on recitetines at a based on the second to the analyse of the analyse	ved in the 12 between policies were The policies were The policies ognized rocedures to of elective be assess and quality live response plicable person to d and or holding ntable. It to 5:00 attenviewed nistrator is the facility procedures. It and 10:30 d with the ice. The were		T 035 Policies are in place: Personnel; admissions and dischargultrasound; infection prevention; Quality Assurance; management and effectifire; ensuring compliance with and local laws; disaster preparedness; identification of person to the responsibility is delegated established for holding in responsible and account types of elective and emprocedures that may be to be written for: management and effectity to medical and/or surgical Policy and procedures may be reviewed annually by Completion date July 12	ive response to h all federal, sta o whom ed and methods individual table; iergency performed. ve response al emergency. inanual is to administrator. , 2012	e

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	T OF DIEFICIENCIES OF CORRECTION	(X1) PROMDER/SUPPLI IDENTIFICATION N	UMBER:	(X2) MULT A. BUILDIN B. WING_	PLE CONSTRUCTION IG	(XS) DATE:		
MARKE OF D	ROMDER OR SUPPLIER	1 1144		DODGE CITY	STATE ZIP CODE	Var	112012	
	LA MEDICAL CENTI	ER FOR WOMEN	10758 A	DDRESS, CITY, STATE, ZIP CODE JEFFERSON AVENUE RT NEWS, VA 23801				
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T 065	12 VAC 5-412-170) B Personnel		T 065	7			
	for employment fro obtain and verify in as to education, to professional licens	hall obtain written ap om all staff. The lice nformation on the ep alning, experience, a sure, if applicable, ar al background of each	nsee shall plication ppropriate id the	100 100 100 100 100 100 100 100 100 100	W. J. S. Co.			
·	Based on docume facility failed to en	met as evidenced b int review and intervi sure licensure check censed individuals fo	ews the s were	1	demand the second secon			
	primary physician contain a verificate license for this phy	M. the credential file was reviewed. The on of the Virginia me sician from the Depa s. The Administrator	ille did not dical artment of	, y di	T 065 The medical license for the has been downloaded from of Medicine website. Persincludes the need for licens online lookup. Orientation has license item on it. Per be reviewed annually by accompletion date June 14, 2	n the Board onnel policy se from checklist sonnel files to dministrator.		
T 070	12 VAC 5-412-170	C Personnel		T 070	Completion date June 14,	2012		
	history record chec the Code of Virgini employee not licen Phermacy, whose controlled substant This RULE: is not Based on record re staff failed to ensur compensated emp access to controlle	C. Each abortion facility shall obtain a criminal history record check pursuant to 32.1-128.02 of the Code of Virginia on any compensated employee not licensed by the Board of Phermacy, whose job duties provide access to controlled substances within the abortion facility. This RULE: is not met as evidenced by: Based on record review and interview the facility staff failed to ensure the criminal history check for compensated employees whose duties provide access to controlled substances within the abortion facility were performed for 2 of 2 facility						

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	OF CORRECTION	IDENTIFICATION N	IMBER:	A. BUILDI B. WING	RIPLE CONSTRUCTION NG	(CCI) DATE 81 COMPLE	
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T 070	the licensed person controlled substant Administrator presonant primary physician's criminal history chestate Police pursu Code of Virginia. The Administrator criminal record chewrong place so I h Physician) is in our	at 2 P.M. the persons made who have accessives were reviewed vicent. The Administrate personnel files did secks performed by the personnel files and to § 32.1-126.02 stated, "I sent off for eck but signed my notice to resulting it. (Nother office."	se to with the stor and the not contain ne Virginia of the may ame in the	Т 070	T 070 Criminal background che obtained for administrato Personnel policy and orici indicate need for criminal for personnel who have a substances. Administrate ensuring that the criminal check is obtained. Completion date June 22	r and physician. entation checklist I background check access to controlled or is responsible fo I background	
7 080	maintain policies a that its staff particitizining and educa staff duties, and a and scope of servi include documents fire safety and infetraining. This RULE: is not Based on docume facility staff failed to implemented and a procedures to document participated in initial.	all develop, implement of procedures to do pates in initial and or ation that is directly reppropriate to the levelope of annual particular prevention in-section prevention in-section prevention in-section prevention interview and interview of ensure it developes maintained policies a sument the facility stated and ongoing training cluded infection continuations.	cument ngoing plated to it, intensity plation in ervice was the d, and if	T 080			
	On May 30, 2012 t	On May 30, 2012 the personnel files were					

	r of deficiencies of correction	(X1) PROVIDER/SUPPL IDENTIFICATION N	UMBER	(X2) MULT A. BUILDI B. WING	TIPLE CONSTRUCTION NG	(XI) DATE S COMPLI	
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T 080	Continued From Page 6 reviewed for 4 of 4 staff personnel who provide care and services to the patients of the facility and for 1 of 1 security personnel. There was no documentation of training on infection control. In 3 of the 5 personnel files there was no training documented of any kind. On May 30, 2012 at 2:30 P.M. the Administrator was interviewed and stated, "I do not have any documentation for training other than what is in their (the facility staff) personnel folders. I do not have any policies on training or education other than what is in their (the facility staff) job descriptions."			T 080	T 080 Training on infection control is to be conducted initially a This has been added to the checklist and to the personn Documentation of In service included in each staff membrile as well as a manual ded documents. The Inservice will be reviewed annually. If files will be reviewed annual Administrator will be respontraining and documentation. Completion date July 12, 20	and annually. orientation nel policy. e training will be per's personnel licated to training Training manual Personnel lily of completent sible for coordin	ss.
	F. Job description 1. Written job describe the duties maintained. 2. Each job descritite, authority, sperminimum qualifica 3. Job description annually, kept curremployee and volume.	2. Each job description shall include: position title, authority, specific responsibilities and minimum qualifications. 3. Job descriptions shall be reviewed at least annually, kept current and given to each employee and volunteer when assigned to the position and when revised. This RULE: is not met as evidenced by: Based on document review and interviews the facility staff failed to have written job descriptions that adequately described the duties, specific responsibilities and minimum qualifications of each position and failed to show how each employee was provided a copy of the job					
	Based on docume facility staff failed to that adequately de responsibilities and each position and the staff failed to the sta						
	The Findings Inclu	dec		×		TO ATTURNESS	

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N	UNDER:	B. WING	TIPLE CONSTRUCTION ING	(A) DATE SI COMPLE 06/3:	
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T 090	personnel files wa Administrator on 5 the files did not conta member was await The Administrator that." 12 VAC 5-412-170 G. A personnel file staif member. The and accurately do and systematically compilation and reshall contain a curreflects the individe assignments, and in-service education if applicable. This RULE: Is not Based on docume facility staff failed that adequately de responsibilities and employee was prodescription. The Findings Included that adequately de responsibilities and employee was prodescription. The Findings Included the Findings Included the files did not contain the files did not	at 2:00 P.M. a review a performed with the performed with the performed with the performed with its performed with job description at the performed with the responsibilities at the performent of the performent	e facility Two (2) of as and 5 of a staff alties. work on d for each completely reliable, the the facility and work the person's licensure, y: ews the secriptions specific tions of sech ob	T 090		een revised to ember to sign is aware of the . Job at least by includes escriptions at a will be reviewed for . 2 rovided to diand dated esponsibilities. on checklist im. Personnel ally for ins are to be attor is . 2	

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FREEDY TAG REQUATORY OR LOC DIRECTION FOR THE PRECEDED BY FILL TAG REQUATORY OR LOC DIRECTION FOR THE PROPRIATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OF THE Administrator stated, "We need to work on their." TO 95 12 VAC 5-412-170 H Personnel H. Personnel policies and procedures shall include, but not be limited to: 1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification; 2. Process for verifying current professional icanaing or certification and training of employees or independent contractors and their employees for the personnel qualifications of the facility, and 5. Process for reporting licensed and certified health care practitioners for violations of their licensing or certification standards to the appropriate board within the Department of Health Professions. This RULE: is not met as evidenced by: Besed on document review and interviews the facility staff failed to ensure personnel policies and process for verifying current professional licensing or certification, process for reporting ilcensed and certified employee performance and competency and a process for reporting ilcensed and certified health care practificoness and certified health care practification standards. The Findings Include:	TAG REGULATORY OR LIST BE PRECEDED BY FIAL REGULATORY OR LIST IDENTIFYING BYORMATION) TO 00 Continued From Page 8 Inember was aware of their responsibilities. The Administrator stated, "We need to work on that." To 95 12 VAC 5-412-170 H Personnel H. Personnel policies and procedures shall include, but not be limited to: 1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification; 2. Process for verifying current professional licensing or certification and training of employees or independent contractors; 3. Process for amustly evaluating employee performance and competency; 4. Process for verifying that contractors and their employees meet the personnel qualifications of the facility; and 5. Process for reporting licensed and certified health care practitioners for violations of their licensing or certification standards to the appropriate board within the Department of Health Professions. This RULE: is not met as evidenced by:
The Administrator stated, "We need to work on that." Toss 12 VAC 5-412-170 H Personnel H. Personnel policies and procedures shall include, but not be limited to: 1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification; 2. Process for verifying current professional licensing or certification and training of employees or independent contractors; 3. Process for remaily evaluating employee performance and competency; 4. Process for verifying that contractors and their employees meet the personnel qualifications of the facility; and 5. Process for reporting licensed and certified health care practitioners for violations of their licensing or certification standards to the appropriate board within the Department of Health Professions. This RULE: is not met as evidenced by: Based on document review and interviews the facility staff failed to ensure personnel policies and procesures included written job descriptions, process for reporting licensed and certified health care practicular and process for reporting licensed and certified health care practiculars or verified and process for reporting licensed and certified health care practitions are violations of their licensing and certification standards. The Findings Include:	Toss 12 VAC 5-412-170 H Personnel H. Personnel policies and procedures shall include, but not be limited to: 1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification; 2. Process for verifying current professional licensing or entification and training of employees or independent contractors; 3. Process for annually evaluating employee performance and competency; 4. Process for recitying that contractors and their employees meet the personnel qualifications of the facility; and 5. Process for reporting licensed and certified health care practitioners for violations of their licensing or certification standards to the appropriate board within the Department of Health Professions. This RULE: is not met as evidenced by:
H. Personnel policies and procedures shall include, but not be limited to: 1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification; 2. Process for verifying current professional licensing or certification and training of employees or independent contractors; 3. Process for annually evaluating employee performance and ecompetency; 4. Process for verifying that confractors and their employees meet the personnel qualifications of the facility; and 5. Process for reporting licensed and certified health care practitioners for violations of their licensing or certification standards to the appropriate board within the Department of Health Professions. This RULE: is not met as evidenced by: Based on document review and interviews the facility staff failed to ensure personnel policies and procedures included written job descriptions, process for verifying current professional licensing or certification, process for annually evaluation employee performance and competency and a process for reporting licensed and certified health care practitioners for violations of their licensing and certification standards. The Findings Include:	H. Personnel policies and procedures shall include, but not be limited to: 1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification; 2. Process for verifying current professional licensing or certification and training of employees or independent contractors; 3. Process for annually evaluating employee performance and competency; 4. Process for verifying that contractors and their employees meet the personnel qualifications of the facility; and 5. Process for reporting licensed and certified health care practitioners for violations of their licensing or certification standards to the appropriate board within the Department of Health Professions. This RULE: is not met as evidenced by:
	facility staff failed to ensure personnel policies and procedures included written job descriptions, process for verifying current professional licensing or certification, process for annually evaluation employee performance and competency and a process for reporting licensed and certified health care practitioners for violations of their licensing and certification standards. The Findings Include:

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	the Administrator a facility employees procedures for per job descriptions, pi professional licens annually evaluation competency and a and certified health of their licensing as	age 9 I procedures were read a facility consult stated their policies somel did not include rocess for verifying aing or certification, process for reporting care practitioners find certification standards.	ant. Both and de written current process for ance and ig licensed for violations dards.		T 095 Personnel policy includes process for verifying licer annual performance evaluation for reporting licensed heat practitioners for violations and certification standard Completion date June 20	sure, process for uation, and proces lith care s of their licensing s.	
	practitioners shall of Clinical privileges on non-physician heal clearly defined. This RULE: is not a Based on documenthe facility staff falls the physicians were physicians. The Findings Included the physicians are physicians was reviewed the defineation of privilegement body.	non-physician healt constitute the clinical of physicians and th care practitioners met as evidenced by it review and staff in ed to ensure the privilently defined for 1	staff. shall be y: iterviews ileges of of 1 1 of 1 iot contain ant by the	T 105	T 105 Granting of privileges docu obtained. June 15, 2012	ument has been	
	2 VAC 5-412-180		1	T 110			
B	. ADORDONS Shall b	e performed by phy	sicians	33			

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	and who are qualito perform abortio implement and material to ensure and dococcur in the facility physicians who are experience. This RULE: is not Based on docume the facility staff faithat ensure abortio physicians who are experience. The Findings Included the Findings Included a facility consumers were and a facility consumers and traphysician to practional." 12 VAC 5-4-12-200 No person may person. If the emission is obtained authorized person, authorized person.	to practice medicine ified by training and e ars. The facility shall sintain policies and partition policies and partition policies and partition performed by training are enly performed by training are enly performed by training are enly performed are enly performed equalified by training are enly training are required except the facility.	experience develop, recedures that by g and grand gran	T 110		olicy is in place. ble for reviewing i, 2012	

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T 130	Based on the revision theorem was and/or care for a rand/or care mancipated. 2. On May 31, 201 am a second intended the Administrator and the Adminis	RULE: is not met as evidenced by: ed on the review of the facility's policies and rview there was no policy regarding services for care for a minor that was not emancipated. In May 30, 2012 the facility policies were ewed between 2:00 PM and 5:00 PM in the hinistrator's office. There was no policy urding services and/or care for a minor that not emancipated. The Administrator howledged that there was no policy regarding lices and/or care for a minor that was not		T130	T 130 Policy on minors is in place. Policy and procedures manual is to be reviewed by administrator annually. Completion date June 22, 2012.			
	A. The abortion facility shall have an infection prevention plan that encompasses the entire facility and all services provided, and which is consistent with the provisions of the current edition of "Guide to Infection Prevention in Outpatient Settings: Minimum Expectations for Safe Care", published by the U.S. Centers for Disease Control and Prevention. An individual with training and expertise in infection prevention shall participate in the development of infection prevention policies and procedures and shall review them to assure they comply with applicable regulations and standards. 1. The process for development,			T 165				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPI IDENTIFICATION I	NUMBER:	A. BUILDII B. WING	IIPLE CONSTRUCTION NG	(CS) DATE:	
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T 165	implementation a prevention policie regulations or gui they are based at 2. All infection procedures shall in the administrator the clinical staff, recommented in with a designated in a designated in a designated in a designated in the received training and shall also be. This RULE: is no Based on intervier control manual the appointment of ar infection preventic annual review of the findings inclusively procedure in Administrator's of PM. The manual control policy comment failed to id the facility who ha infection preventic involved in the aniinstrator's of PM. The manual control policy comment failed to id the facility who has infection preventic involved in the aniinstrator's of PM in the facility. That no one has re	nd maintenance of his and procedures as dance documents of half be documented, evention policies and sevention policies and appropriate menting. The annual review particular in basic infection present in the facility in basic infection present involved in the annual trained in and who is involved in infection control particular infection control particular in infection control particular in infection control particular infection infection in infection control particular infection in i	nd the n which d annually by mbers of rocese and se shall be shall have rvention, al review. by: infection we an a basic ed in the program. ratory d in the M and 5:00 y's infection ontrol person in ning in b be conducted m and 12:00 cknowledged in infection		T 165 The physician is currently person with basic training control. The infection correviewed at least annually Completion date July 12,	in infection htrol plan is to be y. 2012	

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	B. Written infection prevention policies and procedures shall include, but not be limited to: 1. Procedures for screening incoming patients and visitors for scute infectious illnesses and applying appropriate measures to prevent transmission of community acquired infection within the facility; 2. Training of all personnel in proper infection prevention techniques; 3. Correct hand-washing technique, including indications for use of soap and water and use of alcohol-based hand rubs; 4. Use of standard precautions; 5. Compliance with blood-bourne pathogen requirements of the U.S. Occupational Safety & Health Administration.		T 170				
	7. Use of safe injuly. 8. Plans for annulinfection prevention. 9. Procedures for recommended infrand. 10. Procedures for	al retraining of all per on methods; monitoring staff adh action prevention pra or documenting annu aff in recommended i	recence to actices;	100 100 100 100 100 100 100 100 100 100	Tall adjunction of a little control of the control		
	Based on Interview polices the facility prevention training A. Procedures for patients and visitor applying appropria transmission of cowithin the facility; recommended infedocumenting annu	met as evidenced by and the review of the failed to provide infections for acute infections for acute infections for acute infections for acute infection prevention	he agency's ction oming a illnesses, ent fection rence to ctices and aff in	bro.			

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Т 170	The findings included in the findings included in the findings included in the findings included in the finding appropriate and visite applying appropriate and in the facility; recommended in the facility; recommended in the facility; recommended in the facility; recommended in the facility and water and/or use of standard proventional safe of personal protectives and please an	personnel in the propagues.	were M in the action orning silnesses, ent fection rence to actices and aff in actices. or infection ashing of scap hand rubs; be with of the U.S. ration; use injection g of all ads. onducted	T 170	T 170 Procedure for screening visitors has been written monitoring staff adheren prevention practices has Initial and annual training control is included in infe as well as personnel polichecklist. Infection Conticonducted quarterly. Resubmitted to Quality Ass Completion date July 12 Training of all personnel prevention techniques to initially and annually. Do to be in the Inservice Trais well as each personnel Personnel files are to be annually for completenee Completion date July 12	patients and Policy for the to infection to been written. The tion control policy to and orientation trol Survey to be the surance Committee The tion conducted The t		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERIGUPPLIER/CLIA (DENTIFICATION NUMBER: (XZ) MULTIPLE CONSTRUCTION OCS) DATE BURVEY COMPLETED A. BUILDING B. WING FTAF-002 05/31/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIES 10758 A JEFFERSON AVENUE PENINSULA MEDICAL CENTER FOR WOMEN **NEWPORT NEWS, VA 23601** PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICENCES (X4) ID PREFIX (XS) COMPLETE (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG DATE DEFICIENCY T 175 Continued From Page 15 T 175 12 VAC 5-412-220 C Infection prevention T 175 T 175 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., scep, alcohoi-based hand rubs, disposable towels or hot air divers): 2. Availability of utility sinks, cleaning supplies and other materials for cleaning, disposal, storage and transport of equipment and supplies; 3. Appropriate storage for cleaning agents (e.g., locked cabinets or rooms for chemicals used for cleaning) and product-specific instructions for use of cleaning agents (e.g., dilution, contact time, management of accidental exposures); 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/starilization 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

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T 175	10. Procedures its surfaces with applications with application accordance with environmental registrong and infections agent in or required by the This RULE: Is not Based on the revisional accordance with a storage of cleaning according and transpolicy/procedure infection preventic preventic preventic preventic preventic preventic preventic in the facility. 1. On May 30, 201 revisived between Administrator's quipolicles/procedure facility, equipment at Access to hand adequate supplies rubs, disposable to b. Availability of ut other materials for transport of equipic c. Appropriate storic locked cabinets or cleaning) and proceduring and procedures.	recommendations; or cleaning of environ repriete cleaning properties cleaning properties control programs in local health and putations; and in prevention proced ent/control transmiss the facility as recondepartment. It met as evidenced! It product specific in product specific in procedures for orthing of medical was for pest control; and inferior pest	nmental oducts; a managed lures sion of an immended by: bicles and dures for the cleaning, spreading, structions for handling, esta; other seary to ectious agent the prolowing: t and thased hancers); supplies and storage and ents (e.g., is used for ions for use in the prolowing: t and thased hancers); supplies and ents (e.g., is used for ions for use				

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T 175	d. Procedures for transporting clean and equipment; e. Procedures for storage/transport f. Procedures for transporting regula accordance with a g. Procedures for reusable medical different patients, the level of cleaning used for each type (e.g., cleaning, chaterilization); and the recommended has been achieve the manufacturer applicable state of guidelines; h. Procedures for non-reusable equiples and proof equipment in acrecommendations j. Procedures for courses with approcedures with applicable state of the procedures for accordance with applications; and l. Other infection pto pravent/control agent in the facility by the department.	ccidental exposures; handling, storing and linens, clean/storing and linens, clean/storile handling/temporary of soiled linens; handling, storing, prosted medical waste is applicable regulations the processing of easignment between The procedure shall reg/disinfection/sterilize of equipment, (ii) the method for vidential disinfection, it level of disinfection of the procedure shall recommendations; recommendations; recommendations; calures for maintenance with manual coordance with manual coordance with manual revention procedures to an indicate the alth and environmental revention procedures transmission of an indicate an indicate of an indic	cessing and a supplies on supplies on site of self or					

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T 175	am a second inter- Administrator and the Administrator's that there was no		with the onsultant in wledged rices and/or			Company of the second of the s	
T 200	B. The abortion fain a language or mappropriate counse abortion procedure and maintain policiprovision of family counseling to its put This RULE: is not Based on documenthe facility staff fail maintained and improcedures pertain instructions in a larunderstand. The Findings Inclusion May 30 and 31, A.M. the facility policy policy and maintained and discurded and	cility shall offer each samer they understated and instruction and shall develop, les and procedures attents. The same evidenced but review and staff in ed to ensure they deplemented policies a ling to counseling arranguage each patient die: 2012 at approximations and procedure is and procedure is a language the information on the present post and post abortion.	n patient, and, in the implement for the ibortion y: transfered, and ad could ad could arrely 11:30 s were year on a policy o	T 200	T 200 Policy and procedure is in p counseling and for provision family planning and post-ab counseling. Completion date July 12, 20	n of portion	
	providing each path could understand, i counseling both pre	ent in a language the proformation on the pr	e patient rocedure on				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIEN/CLIA IDENTIFICATION NUMBER: 02) MATTPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A BUILDING B. WHG **FTAF-002** 05/31/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10758 A JEFFERSON AVENUE PENINSULA MEDICAL CENTER FOR WOMEN **NEWPORT NEWS, VA 23601** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION . (XS) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY T210 Continued From Page 19 T 210 T 210 12 VAC 5-412-240 D Medical testing, patient T210 counseling and labor D. All tissues removed resulting from the abortion procedure shall be examined to verify that villi or fetal parts are present, if villi or fetal parts cannot be identified with certainty, the tissue specimen shall be sent for further pathologic examination and the patient slerted to the possibility of an actopic pregnancy, and referred appropriately. This RULE: is not met as evidenced by: Based on document review and staff interviews the facility staff failed to ensure they had a process and equipment available to have tissue specimens sent to a lab when the physician could not be certain the vitti or fetal parts were present. The Findings Include: T 210 On May 30, 2012 a comprehensive four of the Specimen cups had in the past been facility was performed. There was no evidence of containers being available to transport fissue brought by procedure assistant. That is specimens to a lab for further testing. why administrator did not have specimen cups on hand. Specimen cups are now On May 31, 2012 at approximately 11:30 A.M. the stocked in the lab at the facility. facility physician and Administrator was Completion date July 5, 2012 interviewed. The physician stated, "I check each specimen to make sure vill and or fetal parts are present. When I can't be sure the specimen is sent to the lab. The specimens are transported the day of the procedure to the lab. They are transported in a specimen cup with saline." The Administrator stated, "We don't have any specimen cups. I will order them."

State of Virginia

	T OF CEPTCHENCHES OF CORRECTION	(X1) PROVIDENSUPPLIE IDENTIFICATION NU FTAF-80	MBER	PC2) MULTI A. BUILDIN B. WING_	PLE CONSTRUCTION G	(39) DATE SURVEY COMPLETED 05/31/2012	
	ROYIDER OR SUPPLIER ILA MEDICAL CENTI	ER FOR WOMEN	10758 AJ	DRESS, CITY, EFFERSON T NEWS, VA		US DEPOSITORIO	uliseti.
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T 275	Continued From P	age 20		T 275			
T 275	C. Drugs maintair administration sha properly stored in with restricted acconly. Drugs shall I temperatures in ac VAC 110-20-10 This RULE: is not Based on observa	ed in the facility for d il not be expired and enclosures of sufficie ess to authorized per be maintained at app coordance with definit met as evidenced by tions, policies and int	faily shall be ant size sonnet ropriete tions in 18	T 276			
	were not expired, within its original cused. The findings included. On May 30, 201 between 12:30 PM During the tour the an unopened bottle.	to ensure that medic were dated and/or co critainer when opens le: 2 a facility tour was o 1 and 2:00 PM in the 1 5 following was identif 6 Phosphate with 100 8 with expiration date 10 units/ml in a 10 m	ed and/or conducted facility. fed: tablets in d 04/2012.	Habo	T 275 Tylenol with codeine has Lidocaine that had not be the opening date has be Plastic bottle with betadidiscarded. 4 oz bottles obeen purchased.	een marked with en discarded. ne has been	
	opened with no date. A plastic bottle is contained than brown. 2. On May 30, 201: PM an interview we Administrator on the Administrator configuld. The Administrator of Lidocaine An interview was confirmed that the	to when the bottle was abeled ultrasound get white level and the second color of the conducted with the second color of the conducted with the second color of the conducted brown trator confirmed that failed to be dated on conducted with the Adronaucted with th	and 2:00 The bottle Betadine an open ce opened ministrator or ephate		Policies indicate that any must have the date and person who opened item up for procedures, items and any item not proper discarded. Expiration log completed monthly. Completion date July 12	initials of n. When setting are to be checked by labeled is to be g is to be	i

State of \	of Virginia					CURN	MAPPROVED
	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDERSUPPLI IDENTIFICATION N		(X2) MULT A. BUILDI S. WING	TIPLE CONSTRUCTION NG	(XII) DATE & COMPL	
NAME OF P	ROVIDER OR SUPPLIER		The state of the s	ORESS, CITY,	STATE, ZIP CODE		112012
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T 275	Confinued From P	age 21		T276		nt today	
	expiration dated 0	4/2012.		in the	Landing Street Control of the		
	the facility policies Administrator's off ensure that medica	2 between 3:00 PM were reviewed in th ice. There were no p stions are not expire ained within the origi	e policies to pd. out		The second of th		
T 285	dispensing of dru	E Administration, strugs in Schedules I		T 285	T 285 Policies dealing with med being written. Policy on vials is complete. Logs of	multi-use	o,r
	received, sold, administration of a theft or loss of a theft or loss of	ninistered, clapense d of shall be maintal ideral and state law my and reporting req f drugs found in 54.1 ct of the Code of Vi	d or ned in 1, to uirements -3404 of		dispensed are being kep Completion date July 12	i.	
	Based on the facilit	met as evidenced b ty tour, review of the ew the facility falled sing policy.	facility's				
	The findings includ	le:	1		Property of the second		
	between 12:30 PM There was a locked locked cabinet in the medication present	2 a facility tour was in and 1:30 PM in the distribution box will be Recovery Room, but The medication was dispense who it was dispense.	facility. hin a There was as not being			Marian and the Miner	
	reviewed between	2 the facility policies 1:30 PM and 5:00 P ca. There was no m	M in the				
	2. On May 30, 2012	2 between 2:00 PM (5:00 PM		Sets	Transfer (sal	

NO PLAN OF CORRECTION	(X1) PROVIDENSUPPLI IDENTIFICATION IN	LINER	A. BUILDING	IPLE CONSTRUCTION	COMPLETED 05/31/2012	
AME OF PROVIDER OR SUPPLIE ENINSULA MEDICAL, CEN	•	STREET ADDRESS, CITY, STATE, ZIP CODE 10758 A JEFFERSON AVENUE NEWPORT NEWS, VA 23801				
REFIX (EACH DEFICIE)	TATEMENT OF DEFICIENCE ICY MUST BE PRECEDED IS R LBC IDENTIFYING DIFORM	YFRIL	PREPIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	COMPLET DATE
T 285 Continued From	Page 22		T285			
Administrator's of acknowledged the dispensing policy. 3. On May 31, 20 am a second into Administrator and the Administrator.	ninistrator was intervie ffice. The Administrati at there was no media It2 between 9:30 am a rview was conducted if the facilities nurse of a office. Both lacknow a medication dispensin	or stion and 10:30 with the onsultant in Medicad	1756	Manufacture and the second		
An abortion facilitie equipment and si adequate to care scope and intensinctude: 1. A bed or rectir 2. Oxygen with fi equivalent; 3. Mechanical su 4. Resuscitation minimum, resuscitation minimum, resuscitation for materials with covered and related supplied. Sterile suturing 7. Adjustable exa 8. Containers for materials with covered and related supplied. This RULE: is not based on document the facility staff fair	equipment to include; itation bage and oral a adications, intravenous les and equipment; o equipment and supp imination light; solibu linen and waste	cal id the level, d, to ry; s or as a airways; s fluids, lies;	T 290			

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDENSUPPLI EDENTIFICATION N	umber.	(X2) MULT A. BUILDO B. WING	IPLE CONSTRUCTION IG	COMPL COMPL	
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PEMANSU	LA MEDICAL CENT	ER FOR WOMEN	10758 A	JEFFERSON IT NEWS, V	AVENUE		
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Т 290	during the comprete the Administrator no evidence of expatient require expensive cart we consultant. The consultant. The confirmation of the Administrator tomorrow. I did not the Administrator tomorrow.	at approximately 3:3 shensive tour of the finand facility consultan year being available year. Also during the as checked with the sart did not contain and to connect IV fluid intration in the event at stated, "We will have at think we needed co." A Emergency service of the same and the same at the same	acility with t there was should a tour the facility by IV s to the of an the tubing kygen."	100 To	T 290 IV tubing has been stock has been stocked. Log for checking supplie written. Completion date July 12	es has been	
	A. An abortion facurgent or emerger premises adequate suction apparatus, resuscitation and cother complication. This RULE: is not Based on docume the facility staff fail medical equipment care for patients in The Findings Included the facility with the consultant there was available should a procedure. On Neart was checked yeart did not contain	cility shall provide ong at care and maintain of monitoring equipme, coygen and related control of hemorrhages. met as evidenced by at review and staff in led to ensure the nec t and supplies were a the event of an eme	coing on the ant, items for and sand sessary available to reency. Items tour facility year being it and no on used in regency tant. The tables to table table tables to table		T 300 Oxygen has been stock suction for airway has b IV tubing has been stock Completion date July 12	een obtained. ked.	

State of Virginia

AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLI IDENTIFICATION IN	UMBER:	A. SUILDIN B. WING_	PLE CONSTRUCTION G	(09) DATE S COMPL		
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T 300	tomorrow. I did n	the State of the S	oxygen."	T 300	to high countries rate on the section of the sectio			
, 320	B. The following adequacy and ap to identify unacce occurrences: 1. Staffing patter 2. Supervision a service; 3. Patient record 4. Patient satisfa 5. Compleint res 6. Infections, corevents; and 7. Staff concerns This RULE: Is no Based on docum facility staff falled program that will Staffing patterns appropriate to the patient satisfaction infections, compleivents; and staff The findings inch 1. On May 30, 20 the agency's policy assurance of the patients of the patients of the patients and staff The findings inch 1. On May 30, 20 the agency's policy assurance of the patients of the patients are parformance; superformance; su	shall be evaluated to propriateness of sen ptable or unexpectans and performance oppropriate to the level of services; inction; onlications and other or review and interview and interview and interview and performance; so level of service; participations and other so concerns regarding	o assure vices, and d trends or ; ; al of ; ; al of ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		T 320 Quality Assurance policy manual to be readministrator Completion date June	cy is in place.		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUPPUIDENTIFICATION N	UMBER:	(CZ) MULTE A. BUILDING B. WING	PLE CONSTRUCTION	(C3) (DATE 8 COMPL	
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Т 320	other adverse ew regarding patient 2. On May 33, 20 PM an interview v Administrator and the Administrator	ion; infections, completts; and staff concercions. 12 between 3:00 PM was conducted with the facilities nurse of soffice. Both acknows no QA policy or p	and 6:00 he consultant in Medged that	T 320		en mogentificad som of military som of	
T 360	The abortion faciliand maintain polisafety within the iminimize hazards and procedures and procedures and procedures and services are personnel, equips supplies and services	nd practices pertainir ment, gases, šiquids,	olement to ensure unds and to he policies limited to: ng to drugs,related	T 360			
	Based on observe policies/procedur develop, impleme ensure safety with hazards to patien store sharps confuse cleaning procedure trues of examples included the safety of the findings included.		staff failed to cedures to imize lity failed to mer and to ms between	2081	The second are second as a sec		

	TATEMENT OF DEFICIENCES ND PLAN OF CORRECTION (X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER FTAF-002		(CC) MULTIPLE CONSTRUCTION A BUILDING B. WING		OCI) DATE SURVEY COMPLETED 05/31/2012		
	ROVDER OR SUPPLIER K.A. MEDICAL CENT		10758 AJ	Dress, City, IEFFERSON T NEWS, V/		reas district	
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T360	PM a facility tour a sharps contains Room on the floor top of the nurses secure to any surtop in which need The Center for Di Evaluating and Ut article January 19 opening-the disport of the contents. Some areas of faconsider selecting prevent hands or containers. Stability noted in the Ultra The Administrator were used to cleabstween patients. Material Safety Doreview for what or 2. On May 30, 20: PM an interview ware during the recontainer in the Pwere easily accessopening on top of 3. On May 31, 20: AM the cleaning of patient's use were the use of Clorox: 4. On May 31, 20: AM an interview ware the container in the Pwere easily accessopening on top of 3. On May 31, 20: AM an interview ware the cleaning of patient's use were the container in the Pwere easily accessopening on top of 3. On May 31, 20: AM an interview ware the cleaning of patient's use were the container in the Pwere easily accessopening on top of 3. On May 31, 20: AM an interview ware the cleaning of patient's use were the cleaning of patient's use were the cleaning of the	was conducted. During was noted in the Per and in the Recovery deak. Both container face and had an operation of the ware inserted. Accesse Control, Selecting Sharpe Disposal 168, reads in part: "Disposal opening should precently may be a contributes, the facility should proceed the facility should proceed the facility should proceed the contributes are containers with gual fingers from entering ity-containers with gual fingers from entering ity-containers with gual fingers from entering ity-containers about ortzontal surface." Tour there were Clore tour the examt table surface in the examt table in the ex	rocedure y Room on s were not n area at the coording to ting, i Containers isposal crevent spills icem in ould irds to j the be stable ox wipes face e for the neet to es kill. If and 1:30 he he harpe- ery Rooms iscured if and 11:00 he a down with nt use. and 1:00 he he int use. and 1:00 he	100	T 360 Sharps containers which and have the mail slot typ been installed. A rack for room sharps container hamke the container stabl have been replaced with medical setting. MSDS MSDS manual. Completion date July 5, 2	pe opening have or the procedure as been set up to e. Clorox wipes wipes indicated fo sheet in the	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA (DENTEFICATION MUMBER: FTAF-002			(X2) MULTI A. SUILDIN B. WING	PLE CONSTRUCTION G	(X3) DATE 8 COMPLI	
	ROVIDER OR SUPPLIER LA MEDICAL CENT		19758 A.	ORESS, CITY, HEFFERSON IT NEWS, V/		propinski kons Teno Anders	
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T 360 T 380	stated that the facility failed to have the MSDS form for the Clorox wipes.				Name of the state	Tomat Statement And Statement	
	utilized, a written program shall be This equipment a accordance with a periodic intervals, ensure proper op repair. After repair to any equipment, thoroughly tested returned to service maintained on earindicate its history. This RULE: is no Based on observe and interview the preventative main annually on all expreventative and documented for the refrigerator, one (machine. The findings included in the findings included annually for safety lights, one (1) lab and one (1) suctions.	12 a facility tour was 4 and 2:00 PM. The p d to be documented: 7 on the following: two refrigerator, one (1) o	ance mented, or tested in fications at by, to figood are made be before it is not to mance. Ty: Ty: Ty: Ty: Ty: Ty: Ty: Ty		T 380 Preventive maintenance done exam light, refriger and suction machine. Proventive maintenance by the administrator. Preventive maintenance scheduled annually. Completion date July 12	ator, centrifuge reventive be kept up to date visits to be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERISUPPLI SDENTIFICATION N		UMBER	(CC) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE: COMPI			
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T 380	3. On May 30, 20: Administrator was and 2:00 PM. The there was no evid safety checks on	fice. There was no p by. 12 during the facility interviewed betwee Administrator action ance of preventive n the following: two (2) refrigerator, one (1)	tour the in 12:30 PM owledged naintenance exam	T 380				
T 400	Abortion faculties local codes, zonim the Uniform State addition, abortion 1 and sections 3.7 of Part 3 of the and Construction Facilities Guidelin precedence over Code pursuant to Entitles operations through submission of Properties of Properties to licensus current buildings is with the application them into full corn within two years from Refer to Abortion Requirements Surfacility requirements.	shall comply with stag and building ordina wide Building Code. Facilities shall complete through 3.1-8 and 2010 Guidelines to of Health Care Facilities which sit Inform Statewide Building Code 32.1-4 g as of the effective as Identified by the con of Reports of Industriant to mans and that are may be ilcensed in a such entities submin for licensure that we pliance with this proport the date of Ilcans in Regulation Facility very workbook for date.	ale and ances, and in y with Part of section or Design ities of the half take wilding 127.001. date of tepartment iced 12 VAC is now in their it a plan will bring vision sure.	T 400				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPI IDENTIFICATION I	NUMBER	B. WING		LETED			
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PENINGULA MEDICAL CENTER FOR WOMEN 10758 A JE					CREES, CITY, STATE, ZIP CODE JEFFERSON AVENUE IT NEWS, VA 23801				
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	to ensure that the state and local co as the Uniform St Additionally, the fivarious sections of (Facilities Guidelit Design and Const) as required. The Findings Inch Administrator and 2012 beginning at tour it was noted for a separate col soiled materials, a clean and sterile a humidity and temperiormance of spore autoclave, had no performance testif equipment stored grade level and where access, falled used without hand airflow filters being rating, no ventilationaring, no ventilationaring, no ventilationaring and sevidence of install equipment compliants. The Administrator facility had contact as the contact and contact are as a contact and contact are and contact and contact are and contact and contact are a contact and contact and contact and contact are a contact and contact and contact are a contact and contact and contact and contact are a contact and co	letermined that the five are in full compliant dee, building ordinal stewide Building Condition of Health Calculus. In a facility was conducted in a facility was conducted in a facility consultant of the facility consultant of the facility consultant of the facility consultant of the facility had need to the facility ha	nce with nees as well de. Ity with 3.7 of FGI uidelines for are Facilities are provision and provisiona, no are the area or uction are would acould be a evidence of iciency and patient a area and no area and and 99. Ur that the dissess the	T 400					
STATE FORM	1		(2)10)		OE1M11	Y continuedo	n sheet 30 of 31		

State of Virginia

NAME OF PROVIDER OR SUPPLIER PENENSULA MEDICAL CENTER FOR WOMEN 10758 A JEFFERSON AVENUE NEWPORT NEWS, VA 23601 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPU	STATEMENT	State of Virolota TATEMENT OF DEPICIENCIES UND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIND PLAN OF CORRECTION		umber:	(CC) MULTIPLE CONSTRUCTION A. BUILDING 1. WING		(23) DATE SURVEY COMPLETED		
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the state of the s									

To: Kathaleen Creegan-Federchi
From: Jill Abbert (104) 539-9599-011

From: Jill Abbert (104) 539-9599-011

Peninsula Medical Center for Women

Peninsula Medical Center for Women

Date: Plan of Correction

Date: July 9, 2012
Date: July 9, 2012-

I spoke with Debise this morning who requisted I twent the plan of correction -

PICASE find H attached RECEIVED

Thank you VDH/OLO

re-sent 8.612 gen



COMMONWEALTH of VIRGINIA

Karen Remiey, MD, MBA, FAAP State Health Commissioner Department of Health
P O BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR 1-800-926-1120

June 11, 2012

Certified Mail Delivery

Monica Hunter, R.N., Administrator Peninsula Medical Center for Women 10758 A Jefferson Avenue Newport News, Virginia 23601 RECEIVED
AND 0 6 2612
VDH/OLC

Dear Ms. Hunter:

RE: Peninsula Medical Center for Women – Newport News, Virginia
Abortion Facility Initial Licensure Survey

An announced Initial Abortion Facility Licensure survey of the above agency was completed on May 31, 2012 by a Medical Facilities Inspector team from the Virginia Department of Health's Office of Licensure and Certification (OLC).

Euclosed is the Licensure Inspection Report. This document contains a listing of deficiencies found at the time of this inspection.

You are required to file a plan for correcting these deficiencies. Your statements shall reflect the specific detailed actions you will take to correct deficiencies, prevent a recurrence of the deficiencies, and measures implemented to maintain compliance. You must also give the expected completion date of each deficiency.

Completion of corrective actions shall not exceed 30 working days from the last day of the inspection (due <u>June 30, 2012</u>) except for those corrective actions for deficiencies cited under 12VACS-412-380 of the Regulations for the Licensure of Abortion Facilities, for which corrective action must be completed within two years of the issuance of the license.

After signing and dating your Plan of Correction, retain one copy of the report for your files and return the original to OLC within 15 working days of receipt of this inspection report. Please provide written documentation of the corrective actions taken by your agency for each of the deficiencies cited on the enclosed Liceusure Inspection Report.



Peninsula Medical Center for Women Abortion Facility Initial Licensure Survey

A copy of the completed form "Licensure Inspection Report" will be kept on file in this office and will be available for public review. OLC is required to make copies of this report available to other Federal and State regulatory or reimbursement agencies upon request.

Should you have any questions, please feel free to call Kathaleen Creegan-Tedeschi, Supervisor, Acute Care Licensing, Office of Licensure and Certification, at (804) 367-2156.

Sincerely

Karen Remley, M.D., M.B.A., F.A.A.P.

State Health Commissioner

e: Erik Bodin, Director
Office of Licensure and Certification

Enclosure

RECEIVED

100 96

VDH/OLC

WO FLAIR	PLAN OF CORRECTION (C1) PROVIDERALIPPLEINGLA IDENTIFICATION NUMBER:		(C2) MULT A BUILDO B. WOOD	HUBI DONGS		COMPLETED OSCILLED	
	RÖVIDER OR HUPPLIE LA MEDICAL CENT	•	19758 A	DORESS, CITY, JIST TESTS ON RT MEM/B, V/	STATE, ZP CODE AVENUE A ZEIO1		112012
(X4) AB PREFIX TAG	(50.5)	TATEMENT OF DESIGNATION OF THE PRESCRIPTION OF	E	PREFIX TAG	PROVIDENTS PLAN OF CORRECT (EACH CONTRECTIVE ACTION ASS CHOOSE HER PERSON CONTRECTION OF THE CONTRECTION OF		(MS) COMPLETE DATE
T 015	Inspection was op- facility on May 30 Facility inspectors Health's, Office of The facility was fo State Board of He for Abortion Facility 2011. Deficiencies will follow in this management. 12 VAC 5-412-140 management. 8. There shall be ownership. Owner to the OLC and in individuate or entitional control of the OLC and in individuate or entitional control of the OLC and in individuate or entitional control of the OLC and in individuals or entitional control of the OLC and individuals or entitional co	ital Licensure Abortion inducted at the above and 31 2012 by two a from the Virginia Drift Licensure and Certification of compliant with 12 VAC 5-412, 15/5 effective December were identified and a were identified and a portion of the compliant and the compliant an	e references (2) Medical spartment o lication, ce with the Regulations ber 29, 1 cited, and lications, core, all lications, al		RECEIVE AUG 0 0 2002 VDH/OLO)	
	address. The CLC changes in owners This RULE: is not Based on interview facility failed to proof the facility. The Findings Include During the days of 2012) the facility Approvide names of the facility. The Admin	thip. The survey (May 30 a distrator stated on May 250 A.M. "I don't have a distrator than 250 A.M. "I don't have a distrator stated on May 250 A.M. "I don't have a distrator stated on May 250 A.M. "I don't have a distrator stated on May 250 A.M. "I don't have a distrator stated on May 250 A.M. "I don't have a distrator stated on May 250 A.M."	eny covership and 31, and to and the	·	T 015 Attached is the Corporate and B Members including the sole stoo for Governing Authority. Completion Date June 15, 2012	oard kholder	

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AND PLAN	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDERBUPPLE IDENTIFICATION N. FTAF-60	MBER:	CCD MULTU A. SPUILDING B. WING	PLE CONSTRUCTION	-	SURWI LETED
NAME OF P	ROVIDER OR SUPPLIER		STREET AL	ORESS, CITY, 8	TATE, ZIP COOR	TO THE PERSON	
PENINGU	LA MEDICAL CENTI		NEMPOR	EPPERSON T NEWS, VA			
(769 ID PRIEFD(TAG	ASACH DEFENSION	ATEMENT OF DEPICIENCE OF MUST BE PRECEDED BY LISC MIENTEFYING INPORTAL	7 SEE SE 1	PREFIX TAG	PROVIDERS PLAN OF (EACH CONVECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	CC
T 036	Continued From P	age 1	\$47 I	T035			\dagger
T 036	12 VAC 6-412-160	Policy and procedur	nanual.	T 036			
	procedures manusity the licensee. The provisions covering topics: 1. Personnel; 2. Types of electi that may be perfor 3. Types of anest 4. Admissions an for evaluating the p before discharge; 6. Obtaining writis petient prior to the 6. When to use us gestational age and patient risk;	heele that may be us d discharges, includi- patient before admice an informed consent initiation of any proce tresound to determin d when indicated to a	be secury by following rocedures ed; ng criteria ion and of the edures;			N IN VON PRO	
	medical and/or sur 10. Management	y mariagement; nd effective responsi pical emergency; and effective respons pliance with all applic	en to fine			to the sky	
	12. Facility securit 13. Diseaser prepa 14. Patient rights:	S T	илалсе;		In Selection of the sel		
	16. Identification of responsibility for op the facility is delegably the Idenses for h	f the person to whon eration and maintene ted and methods est tolding such individus countrible. These po	ince of ablished			A PARTY	
1 4	and procedures ahe standards and guide	be based on mean	nizad			a Control	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUFFIL IDENTIFICATION N	UMBER:	(20) MULTU A. BULDING B. WING	LE CONSTRUCTION	COMP		
	TIONDER OR SUPPLIER BLA MEDICAL CENTI	ER FOR WOMEN	19758 A	JEFFERSON WIT NEWS, VA	VENUE	- Cas	, 12221	
(K4) ID PROEPEK TAGE) (EACH DEFICIENC	ATEMENT OF DEFICIENC TY MAINT ME PRECEDED O LINC MINISTERYING MFORM	VOLL	PREFEC TAG	PROVIDENTS PLAN OF (EACH CONNECTIVE ACT CROSS-REPERENCED TO T DEFICIENCE	TON SHOULD HE THE APPROPRIATE	COMPLETE	
	Based on injerview policies the facility for: Personnel, type procedures that ma admissions and dis ultrasound to determindicated to assess prevention; risk and management and e and/or surgical emelificative response to with all applicable for dissater prepareding person to whom resonate transcere of the methods established.	met as evidenced by and seview of the fe falled to have policy as of elective and or existenced in the charges; when to us passent risic infection is generally management of first, ensuring company, when the company is and identification sponsibility for operal facility is delegated to by the Icensee for consible and account	icilly procedure nergency ne facility; is sund when nt; medical nt and pliance al fews; i of the fon and and	57 T 1				

STATEMENT OF DEFICIENCIES AND PLAN OF SORRESTION	(X1) PROVIDERSLIPPL IDENTIFICATION N	UNISER:	()CE) MARLTH A. BUILDING E. WING	PLE CONSTRUCTION 2	(CS) DATE 6 COMPLI	URVEY ETED
MAME OF PROVIDER OR SUPPLIER PÉNINGULA MEDICAL CENTI		10758 A	DRESS, CITY, S JEST-ERSON NT MENNS, VA	TATE, ZIP COOR AVENUE 23661	aresion a gust	D2012
PRIEFIX CACH DEFICIENC	ATBURNT OF DEPCIBLO LEC IDENTIFYING BIFORD		PRÉFER TAG	PROVIDERS PLAN OF (EACH CORRECTIVE ACT) CRUSS-REPERENCED TO T DEPICIENCE	CH SHOULD BE	COMPL DAT
P.M. the agency's Administrator's off 9:30 P.M. to 12:00 reviewed in the Adand procedures at standards and guil. The facility falled to cover the following and emergency propertormed in the fadischarges; when a gestational age an patient risk; infection management; management, management, managements and it preparedness and whom responsibility maintanance of the methods establishes such individual session the Administrator acknowledged and falled to have the a 3. On May 21, 2012 A.M. a second inter Administrator in the Administr	de: 12 between 2:00 P.M. policies were review for. On May 31, 201: 0 P.M. the agency's phrinistrator's office, hall be based on recedelines. 12 Personnel, types o coedures that may be scility; admissions are to use ultrasound to a when indicated to an prevention; risk an agement and effective impliance with all application of the py for operation and a facility is delegated at by the licenses to ponsible and account agreed that the the bows named policy/jo 2 between 2:00 P.M. Administrator was introduced that the the bows named policy/jo 2 between 8:30 A.M. rview was conducted a Administrator's office.	ed in the 2 between policies were The policies were ognized occidents to f elective is not quality the policies placeble occidents and quality the policies occidents and rholding table. Its 5:00 between the facility procedures and 10:30 in the the policies and 10:30 in the policies and		T 035 Policies are in place: Personnel; admissions and dischultrasound; infection prevention; Quality Assurance; management and effetire; ensuring compliance and local laws; disaster preparedness identification of person responsibility is delegated established for holding responsible and accoutypes of elective and approcedures that may be to be written for: management and effet or medical and/or surg Policy and procedures be reviewed annually if Completion date July	ctive response to with all federal, states; in to whom ated and methods pindividual untable; amergency be performed. ctive response ical emergency. Imanual is to by administrator.	ė

	(† OF DEFICIENCIES OF CONFECTION	(X1) PROVIDER:BUPPLIDERTIFICATION N	CAMBRIEN,	()(2) MULT A. SUILDE B. WING	TIPLE CONSTRUCTION MS	(COMP	LETED
HAME OF P	PROVIDER OR SUPPLIER		-	DERES CITY	STATE, IP CODE	Vok	31/2012
	RA MEDICAL CENT		10758 A	JEFFERSON T NEWS, V	AVENUE		
(X4) ID PREPIX TAG	(EACH DEFICIENT	ATÉMENT OF CENCIENC LAC EDENTIFYING (NFON	N MINI	PREFIX TAG	PROVIDERTS PLAN OF DEACH CONTROL THE ACT CROSS REFERENCED TO T DEFICIENCE	TOM SHOULD BE HE APPROPRIATE	COMPLET
T 085	Continued From F	age 4	ELA F	T 965	R. LET LET	THE RESERVE	
T 065	12 VAC 5-412-17	B Personnel		T 965	بالوالوم		
	for employment for obtain and verify i as to education, to professional licens	hall obtain written ap om all staff. The lice oformation on the ap aining, experience, a rure, if applicable, an all background of eac	ncee shall plication appropriate of the				
T	Based on docume facility failed to en	met as evidenced by nt review and intervieus sure licensure check consed individuals to	evis the	o esta 189 elsa, esta 1813			
	The Findings Inclu	de:		month of	T 065 The medical license for t	he physician	
	primary physician of contain a verification in the contain a verification of the contains of t	M. the cracential file was reviewed. The ton of the Virginia me sicien from the Department of the Administrator of the Administrator of the Rew."	le did not diçal element of	ero er al	has been downloaded from of Medicine website. Per includes the need for lice online lookup. Orientation has license item on it. Per be reviewed annually by	sonnel policy nse from n checklist arsonnel files to administrator.	
T 070	12 VAC 5-412-170	C Personnel		T 070	Completion date June 14	, 2012	
	history record character the Code of Virginia employee not licent Phermacy, whose justiced aubstance. This RULE: is not a Based on record restaff failed to ensure compensated employees to controlled	acility shall obtain a c is pursuant to 32.1-1: a on any compensate and by the Board of ob duties provide access within the abortion met as evidenced by: view and interview the office whose duties p it substances within it a performed for 2 of 3	28.02 of sid				

If combountion shoot if of \$1

STATIMEN AND PLAN	IT OF CEPTORISCHE OF CORRECTION	(X1) PROVIDERSUPPLE IDENTIFICATION N	Alber:	A. BUILDE B. WANG	TIPLE CONSTRUCTION	(CS) DATE 8 GOMPLI	TED
HAME OF F	PROVENER OR SUPPLIER			CHESSE, CITY,	00/3	1/2012	
	RA MEDICAL CENT		1675E AJ NEWPOR	MEFFERSON T NEWS, V	VAVENUE		
CKG ID PREPIX TAG	CACH DERCEN	ATEMENT OF DEFICIENCE SY MAINT BE PRECEDED IN LOC IDENTIFYING BIFORM	/ ED B 1	PREFEK TAG	PROVIDERS PLAN OF C (EACH CORRECTIVE ACTIV CRESS-REFERENCED TO TH DEPICIENCY	M SHOULD BE EAPPROPRIATE	COMP
	Staff. The Findings Incl. On May 30, 2012: the licensed persocontrolled substan Administrator presprimary physician's criminal history chestate Police pursu Gode of Virginia. The Administrator criminal record chewrong place so I he Physician) is in our 12 VAC 5-412-170. E. The facility shall maintain policies at that its staff participated and inferiorating and advect staff dutter, and apand scope of servicincial decuments fire safety and inferiorating. This RULE is not beauty staff failed to implemented and in procedures to documentation which include ducation which include advector which include a participated in initial advector which is a participated in initial advector which include a participated in initial advector which is a participated in initial advector which in the participated in initial advector which include a par	at 2 P.M. the persons and who have acces were reviewed where. The Administrate personnel files did rects personnel files did rects personnel files did rects personnel files did rects personnel file (New James and to resubmit it. (New James and Indian and on the level personnel files and the second did not provention in-earth and ongoing training and ongoing training duded infaction controlled.	et to ith the ior and the ior and the iot contain e Virginia of the rity me in the kine of and current going stad to intensity nati cation in rvice at the id i and i fraining	T 080	T 070 Criminal background chec obtained for administrator Personnel policy and orien indicate need for criminal to for personnel who have ac substances. Administrator ensuring that the criminal to check is obtained. Completion date June 22,	and physician. Intation checklist Cackground checklist Cackground checklist Cackground checklist Cackground	1

TOBO	REQUESTORY OR REQUESTORY OR Proviewed for 4 of 4 care and services for 1 of 1 security; documentation of 3 of the 5 personn documented of any CON May 30, 2012 awas interviewed at documentation for	ER FOR WOMEN ATEMENT OF DEFICIENCY AWAST BE PRECEDED A LEC IDENTIFYING INFORM Tage 6 Staff personnel who to the patients of the personnel. There we training on infection of fiee there was no y kind. It 2:30 P.M. the Adm and stated. T do not he	STREET AD 10788 A.J. NEWPOR ES 10781 A.J. NEWPOR ES 10781 A.J. NATION 10781 A.J. NAT	T 000	T 080 Training on infection control a is to be conducted initially and This has been added to the ochecklist and to the personne Documentation of In service to included in each staff member	PERCHANE PERCHANE and fire safety d annually. rientation il policy. raining will be r's personnel	COMPLETE CATE
TOBO	SUMMARY ST SUMMARY ST (EACH DEFICIENT REQUILATORY OR Continued From P reviewed for 4 of 4 care and services for 1 of 1 security of documentation of 1 3 of the 5 personn documentation for United States of any Con May 30, 2012 and was interviewed and documentation for	ER FOR WOMEN ATEMENT OF DEFICIENCY AWAST BE PRECEDED A LEC IDENTIFYING INFORM Tage 6 Staff personnel who to the patients of the personnel. There we training on infection of fiee there was no y kind. It 2:30 P.M. the Adm and stated. T do not he	10788 A.J. NEWPOR	EFFERSON T MEWA, V. ID PREFIX YAG	PROVIDERS PLAN OF CON (EACH CONSECTIVE ACTION IS CROSS-REPEACICE TO THE A DEFICIENCY) T 080 Training on infection control is is to be conducted initially and This has been added to the or checklist and to the personne Documentation of In service to included in each staff member	and fire safety d annually. rientation al policy. raining will be r's personnel	
T080	REQUESTORY OR REQUESTORY OR Proviewed for 4 of 4 care and services for 1 of 1 security; documentation of 3 of the 5 personn documented of any CON May 30, 2012 awas interviewed at documentation for	Must be PRECEDED a Lac IDENTIFYING MECHA lags 6 staff personnel who to the patients of the personnel. There we training on infections of like there was no y kind. at 2:30 P.M. the Adm and stated. 7 do not h	P FULL MATION) D provide a facility and BS no Control in training	PREFIX	T 080 Training on infection control a is to be conducted initially and This has been added to the ochecklist and to the personne Documentation of In service to included in each staff member	and fire safety d annually. rientation al policy. raining will be r's personnel	COMPLETE DATE
	reviewed for 4 of 4 care and services for 1 of 1 security; documentation of 3 of the 5 personn documented of any CO May 30, 2012 awas interviewed at documentation for	staff personnel who to the patients of the personnel. There we raining on infection of the there was no y kind. It 2:30 P.M. the Adm of stated. T do not he	a facility and as no control. In training	T 080	Training on infection control a is to be conducted initially and This has been added to the o checklist and to the personne Documentation of In service to included in each staff members.	d annually. rientation Il policy. raining will be r's personnel	
	1970 BAY policies o	naming other than walf) personnel folden in training or educati r (the facility staff) jo	that is in 8. I do not investigan	1-27	T 080 Training on infection control and fire safety is to be conducted initially and annually. This has been added to the orientation checklist and to the personnel policy. Documentation of In service training will be included in each staff member's personnel file as well as a manual dedicated to training documents. The Inservice Training manual will be reviewed annually. Personnel files will be reviewed annually of completer Administrator will be responsible for coorditraining and documentation. Completion date July 12, 2012	aining manual rsonnel of completene ble for coordin	
d n a a e	lescribe the duties maintained. 2. Each job descri ille, authority, spec minimum quelificali 3. Job descriptions MNUGIIV, kept cums	L priptions that adequal of every position shi pilon shall include: p ilic responsibilities a ions, shall be reviewed a mt and given to each	ceition and It least	T 085		-2 Carpina	
Bi fin fin re en de	iased on document willy staff falled to set adequately dea seponsibilities and ach position and fa	net as evidenced by t review and intervier have written job des cribed the duties, ap minimum qualification and to show how as ded a copy of the joi	we the scriptions lectic ons of	i ed			***

AND FLAM	IT OF DEFICIENCIES OF CORRECTION	(X1) PROMOREGUPPL IDENTIFICATION N	ukaer:	(ICS) MEE A. BUILD R. WING		(COMPL	EIED
NAME OF F	TROVIDER OR BUPPLIER		STORET AN	YDERA CALL	. STATE, ZIP CODE	00/3	1/2012
PENNSU	LA MEDICAL CENT	ER FOR WOMEN	19788 A.J		M AVERAGE		
(AG) ICI PRESENC TAG		ATEMENT OF DEFICIENC OF MUST BE PRECEDED 8 LBC IDENTIFYING INFORM	58	PREFOX TAG	PROVIDERS PLAN OF ((EACH CONSUMENTAL ACT) CROSS-REFERENCED TO TO DESCRIBACIO	ION (FICULT) DE ME APPROPRIATE	(205) CICHAPLETT DATE
T 065	Continued From P	aga 7	105 T	T 086	10,1997==		
	personnel files we Administrator on 6 the files did not conta member was away. The Administrator that? 12 VAC 5-412-170 G. A personnel file staff member. The and accurately doc and systematically compilation and ret shall contain a cum reflects the individuassignments, and placed in service education if applicable. This RULE: Is not placed in position and facility staff failed to that adequately deem responsibilities and is employee was provide accupation. The Findings including including the findings including the position.	e shall be maintained records shall be controlled receily avail to facilitate and property or facilitate and professions of the communitation of the locumentation of the locumen	tacility Two (2) of a and 5 of staff lities. work on ifor each impletely illiable, a the The file ind work person's censure, ins the criptions ecitic ins of ch if the city (wo (2) of	T <i>0</i> 90	T 085 Job descriptions have been files. Job descriptions have include a place for the staff and date to indicate that should responsibilities of her positive descriptions will be reviewed annually. The personnel procedure for reviewing job least annually. Personnel files annually by the administrate completeness. Completion date June 20, 27 090 Job descriptions have been each staff member and sign to indicate her awareness of Personnel policy and orient include job descriptions in the files are to be reviewed annually. Administrative annually. Administrative annually. Administrative annually. Completion date June 20, 2	re been revised to finember to sign the is aware of the clon. Job and at least colicy includes to descriptions at cles will be reviewed or for 2012. In provided to the dated of responsibilities, ration checklist them. Personnel availy for tions are to be trator is	

State of \	/Irainia						
	T OF DEPICIENCIES OF COMMECTION	(X1) PROVIDENTIFPE (DENTIFICATION N	UNGER	(2C2) MULT A. SAILLING B. WING	PLE CONSTRUCTION	(ICS) DATE 8 COMPLI	
	NOVICER OR SUFFLIEN LA MEDICAL CENTI	and Wellins		CRESS, CITY,	STATE, 20° CODE		
LEWINGE	LA REDIGAL CENT	ER FOR WILLIAM		T NEWS, Y			
(XG) TEL PREPRIC TAGE	SEACH DIEFICIENC	ATEMENT OF DEFICIENC LY MUNT ME PRECEDED I LSC IDENTIFYING MIFOR	MALL	PREPIX TAG	PROVIDER® FLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ION SHULLD BE HE APPROPRIATE	COMPLETE DATE
T 090	Continued From P	1990 8	1601	T 090	1., 150,000	E PARKET IN	
	member was awa	re of their responsib	jilee.				
-	The Administrator that,"	stated, "We need to	o work on				
T 095	12 VAC 5-412-17) il Personnei		T 096			
	include, but not be 1. Written job der responsibility, and classification; 2. Process for ve licensing or certific employees or include. 3. Process for an performance and 4. Process for ve employees must the facility; and 5. Process for re health care practi licensing or certific appropriate board Health Profession This RULE: is no Besed on docume facility staff failed procedures includ process for report care practification and certification and The Findings Included	scriptions that special qualifications for earlying current profession and training opendent contractor nually evaluating encompetency, ritying that contracts the personnel qualification standards to invital the Department of the Personnel current in the Department of the personnel current in the Department in the Department of the personnel current personnel current profession current prof	ly authority, sch job salonal if to policyae iru and their cuttined of their line ent of policies and iptions, nel licensing rely and a tilied health r licensing	V 250 00 00 00 00 00 00 00 00 00 00 00 00 0			

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	NT OF DEFICIENCIES OF COMMECTION	(X1) PROVIDENBUTYU IDENTIFICATION N	uningt:	er mang Vali parti	TIPLE CONSTRUCTION	(COMPLES	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DIESEL CITY	STATE, ZP CODE		72012
PENING	HA MEDICAL CIENT		NEWPOR	EFFERSON THEWS, V	M AVENUE A 23601		
(24) ED PRESERV TAG	(EACH DEPICION	ATEMENT OF DEFICIENCE OF NUMBER ME PRECEDED & LAG IDENTIFYING INFORM	V CLA 1	PREFOR TAG	PROVIDENTS PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEPRESENCY)	SHOULD RE	COMPLET DATE
T 095	facility policies and the Administrator of facility employees procedures for per job descriptions, p professional licera amusity evaluation computercy and a and certified health of their licensing a	Page 9 di procedures were re and a facility consulti stated their policies : recress for verifying o sing or certification, p in employee performs a process for reportin the care practitioners for and certification stand estrator stated, "We ver	ant. Both and de written current process for ance and g ficensed or violations lands.	T 095	T 095 Personnel policy includes jour process for verifying licensus annual performance evaluation reporting licensed health practitioners for violations of and certification standards. Completion date June 20 20 Administration of the part of the policy o	rre, process for tion, and proces a care of their licensing	5
T 105	A. Physicians and practitioners shall Clinical privileges non-physician hea clearly defined.	non-physicien heali constitute the clinical of physicians and th care practitioners	Shall be	T 106			
•	Based on documer the facility staff fall	met as evidenced by nk review and staff in ed to ansure the priv clearly defined for 1	terviews				
	physicians was not in delineation of pri governing body.	he oredential file for lawad. The file did n Vileges or appointme	ot contain ant by the		T 105 Granting of privileges docum obtained. June 15, 2012	nent has been	
T 110	The Administrator s	stated, "We will get ti B Clinical staff	,	T 110			
	B. Abortions shall I	e performed by phys		1,00	CARLO SERVICE SERVICE SERVICES	12700	

	OF DEFICIENCES OF CORRECTION	(XT) PROVIDER SUPPLIED (XT) PROVIDER SUPPLIED (XT)	Mast	OCENTRALITY A. BUILDING Q. WINGS	PLE CONSTRUCTION G	(XS) DATE SI COMPLE DEFEN	RVEY TED
	novider or supplier LA MEDICAL CENT		10758 A.	CHESO, CITY, I JEFFERSON IT NEWS, VA		Mc On Little	
(%) (D PREFDX TAG	(SACH DEFICIENC	CATHMENT OF DEFECTION OF BY NEVET BE PRECEDED IN LBC (DENTIFYING HERCIPAL	CPILL.	ID PREPIX TAG	PROVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	NOK BHOULD BE THE APPROPRIATE	COMPLETE DATE
Т 110	and who are qualito perform abortle implement and mu to ensure and doc occur in the facility physicians who are experience. This RULE: is not Based on docume the facility staff fail that ensure abortly physicians who are experience. The Findings Inch. On May 30 and 31 procedures were	licensed to practice medicine in Virginia are qualified by training and experience in stortions. The facility shall develop, ant and maintain policies and procedures to end document that abortions that the facility are only performed by me who are qualified by training and nos. I.E. is not met as evidenced by: In document review and staff interviews by staff failed to ensure there were policies are abortions are only performed by me who are qualified by training and nos. Jings Include: 30 and 31, 2012 the policies and res were reviewed with the Administrator city consultant. There was no evidence as and procedures indicating what		T 110	T 110 Physician competency Administrator is respon	sible for reviewing	
	of policies and pro experience and tra physician to practi	icedures indicating wi sining was required o	hat fa		policy manual annually Completion date June		
Т 130	unemancipated mi consent is obtained minor's parent, gus person. If the entry seek the informed authorized person, authorizing the abo 18.1-241 of the Co	Misions from an abortion upon the unless informed and informed and ardinal or other author ancipated minor elect written consent of an a copy of the court of anticon entered pursual de of Virginia shall be a performance of the	written the ized a not to rder et to	T 130			

STATEMENT OF COMMECTION	DENTIFICATION X		A. SUILDI B. WING	TIPLE CONSTRUCTION	OCS) DATE COMP	SURVEY LETED
MANG OF PROVIDER OR SUFF PENINGULA MEDICAL C	SITER FOR WOMEN	10758 A. NEWPON	JEFFERSON RT NEWS, V	STATE, ZP CODE 1 AVENUE A 23601		, WASTIA
PRIPRY GACH CEPT	Y ATAYEMENT OF DEFICIENC MENCY MUST BE PRECEDED B Y OR LEC IDENTIFYING INFOR	W (2 h t	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD WE THE APPROPRIATE	COMPLETE
Based on the interview there and/or care to and/or care to The findings in 1. On May 30, reviewed between Administratoring services and/or emancipated. 2. On May 31, am a second in Administrator is the Administrator in the Administratory was the Administratory was a second in A	not met as evidenced t review of the facility's po was no policy regarding a minor that was not e	sicles and g services mancipated. It were i'M in the olicy stror that for y regarding was not with the onsultant in Mediged in an olice.	AND THE STATE OF T	T 130 Policy on minors is in pla Policy and procedures m reviewed by administrate Completion date June 22	anual is to be or annually.	
A. The abortion prevention plantailty and all a consistent with edition of "Guid Outpatient Seit Safe Care", put Disease Contro with training an shall participate prevention policipate applicable requirements.	120 A Infection prevents in facility shall have an in that encompanse the arvices provided, and will provisions of the cure to infection Preventionings: Minimum Expected lished by the ILS. Centificated by the ILS. Centifi	faction entire hich le ment in loss for dividual revention shot	T 105			
TE FORM		- Address		OE1M11	Verallaurien	

State of Virginia

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDENGLIFTLE EXENTERISATION N		A. BUILDI R. WAND	TIPLE CONSTRUCTION NG	-	LETED
	ROVICER OR SUPPLIER LA MEDICAL CENTI		10758 A	ICHTERSOI IT NEWS, V	STATE, ZIP CODE	Visit	1/2012
(XQ ID PREFEK TAG	(EACH DEPICIENT	'y Militir ter angranan a	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL PREFER (EACH CORRECTIVE ACTION SHOULD 96 IC CHAIR THE REPRESENCED TO THE APPROPRIES		PROVIDERS PLAN OF CORRECT		COMPLET DATE
T 165	prevention policies regulations or guid they are based shi 2. All infection preprocedures shall the administrator at the clinical staff. Trecommendations documented in will 3. A designated preceived training in and shall also be in This RULE: In not Based on interview control manual the appointment of an infection prevention	ad maintenance of in a sand procedures and procedures and lence documents on all be documented. Wention policies and se reviewed at least and appropriate manifor changes updates for changes updates aron in the facility as basic infection previously in the annual review of the interior	of the which which which which py there of course and sending the course and review. I review. I review. I fection besic din the	T 165			
	policy/procedure m Administrator's offi PM. The menuel or control policy conts content falled to kie the facility who has infection prevention involved in the anni 2. On May 31, 2012 with the Administrator	2 the agency's jabors structured the reviewed polytem 3:00 PM pritained the agency's int. The infection control a decignated processed the processed paste training and who shall also stall review. It an interview was control between 9:50 am he Administrator ack	In the and 5:00 sinfection frol sensor in the bearing in the beari		T 165 The physician is currently person with basic training control. The infection control reviewed at least annually. Completion date July 12, 2	in infection rol plan is to be	
1	that no one has rec	eived basic training it also is involved in it	n infection				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENGUETO IDENTIFICATION N		ÇCD MULTI A. BUILDIN	PLE CONSTRUCTION	(PG) DATE:			
	In the second	FTAF-0	02	E. Venda_		OE/	1/2012		
	NOVIDER OR SUPPLIER LA MÉDIÇAL, CENT	ER FOR WOMEN	10758 A NEWPO	ADDRESS, CITY, STATE, OF CODE A JEFFERSON AVENUE ORT MENS, VA 23601					
(X4) III PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCES (BACH DEFICIENCY MUST SE PRÉCEDED BY FULL REGULATORY OR LSC IDENTIFYING STFORMATION)			PREFIX TAG	PROVIDERS PLAN OF (EACH CONNECTIVE AG CRUSS-NET ENERGED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE		
T 170			988.7	T 170	by 2000, 1000				
T 170	T 170 12 VAC 5-412-220 B Infection prevention B. Written infection prevention policies and procedures shall include, but not be limited to: 1. Procedures for screening incoming patients and visitors for screening infectious linesees and		tion	T 170					
			patients		26000		1		
	applying appropris	of appearing in pro- ation, it acquired to	vent						
	within the facility;	Helling Topics		1000	ally great up to the ex-	Transition of			
	2. Training of all personnel in proper infection prevention techniques; 3. Correct hand-washing technique, including			10000					
7	indications for use of soap and water and silcohol-based hand rubs:		and use of						
L	4. Use of standar		nana		A THE RESERVE OF THE				
	requirements of the	e U.S. Occupations	i Safety &	97	Control of the second				
	6. Use of persons 7. Use of eafe inj	il protective equipm	ent;	Mar 15					
	8. Plans for annu- infection prevention	al retraining of all pe		9 - 100 TO					
	9. Procedures for	monitoring staff adi action prevention pr	herence to actices;	enth (max.					
II	10. Procedures for retraining of all stap prevention practice.	or documenting annu off in recommended	infection	Colorado Lacia Jacob			=		
						AND TO STORY			
	This RULE is not met as evidenced by: Based on interview and the review of the polices the facility failed to provide infect		he econoxi	122.2					
	A. Procedures for	the screening of inc	oming	ude Charles	Table of sufficient substitutions of sub				
	patients and visitors for acute infectious applying appropriate measures to preventransmission of community acquired infewithin the facility, monitoring staff achiers		ent rection recepto	6 9334					
	recommended infection prevention pra documenting annual retraining of all at recommended infection prevention pra								
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	OCT) PROVIDENTIFPLENCIA DESTRECTION (CT) PROVIDENTIFPLENCIA DESTRECTION NUMBER:		Handl:	(XZ) MULTS A. BURDIN B. WING_	PLE CONSTRUCTION	CAS DATE SI COMPLE 06/31	
	ROWDER ON SUPPLIE LA MEDICAL CENT		10758 A	DORESA, CITY, I JEFFERSON RT NEWS, VA		arana (j. 109 Militar jakon	
(I-4) AS PREFIX TAG	(EACH DEFICIEN	YATEMENT OF DEFICIENCE CY MUST BE PROCEDED SI R USC SDERTIFYING IMPORM	FULL	PREFIX TAIS	PROVIDERS PLAN OF (EACH CONNECTIVE AC CROSS-NETTENENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DAYE
T 170	Continued From	Page 14		T 170	Green of Mark	169.111.411 21	
	B. Training of all personnel in the proper infection prevention techniques. The findings include: 1. On May 30, 2012 the facility policies were reviewed between 2:00 PM and 5:00 PM in the Administrator's office. The facility's infection prevention policies falled to include: A. Procedures for the acreaning of incoming patients and visitors for acute infectious linesees, applying appropriate measures to prevent transmission of community acquired infection within the facility, monitoring staff achievence to recommended infection prevention practices and documenting annual retraining of all staff in recommended infection prevention practices. B. Training of all personnel in the proper infection prevention techniques, correct hand-weating technique, including indications for use of soge			T 170 Procedure for screening visitors has been written monitoring staff adherent prevention practices has linitial and annual training control is included in in as well as personnel posterior conducted quarterly. From submitted to Quality As Completion date July 1 Training of all personnel prevention techniques initially and annually. It to be in the inservice Tas well as each personnel files are to be	en. Policy for ence to infection as been written. Ing In infection affection control policy and orientation arrol Survey to be assurance Committee 12, 2012 el in infection to be conducted Documentation is raining Manual anel file.		
and water and/or use of sicohol-based hand in use of standard precautions; compilance with blood-bourne pathogen requirements of the U Occupational Safety & Hasilin Administration; of personal protective equipment, safe injection practices and plans for annual retraining of all personnel in infection prevention methods. 2. On May 30, 2012 am interview was conduction with the Administrator between 3:00 PM and 5 PM in the agency. The Administrator acknowledged that the facility failed to provide employee's with infection prevention training & policies.		ce with of the U.S. ration; use injection g of all ods. conducted A and 5:00 provide the	Lesson Maria	annually for completen Completion date July 1	ess.		

PRINTED: 06/07/2012 State of Virginia FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PRIMIDENGLIPPLEMOLIA IDENTIFICATION NUMBER OR) MAILTHUE CONSTRUCTION OC) DATE SURVEY A BULDING COMPLETED B. Wints FTAF-402 NAME OF PROVIDER OR SUPPLIES 05/31/2012 STREET ADDRESS, CITY, STATE, 22F CODE PENINGULA MEDICAL CENTER FOR WOMEN 10758 A JEFFERSON AVENUE NEWPORT NEWS, VA 23691 SUMMARY STATEMENT OF DEPCHANCES BY FULL (EACH DEPCHANCY MUST be PRECEDED BY FULL REGULATORY OR LSC DENTEYING INFORMATION) (X4) ID PREFIX TAG PROVIDERS PLAN OF CONTROLTON (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REFIX TAG COMPLETE DATE DEFICIENCY T 175 Continued From Page 15 T 175 T 176 12 VAC 5-412-220 C Infection prevention T 175 C. Written policies and procedures for the management of the facility, equipment and supplies shall address the following: 1. Access to hand-weshing equipment and adequate supplies (e.g., soup, elcohol-bened hand rubs, disposable towels or hot air dryers); 2. Availability of utility sinks, cleaning supplies and other materials for cleaning, disposel, storage and transport of equipment and supplies; Appropriate storage for clearing agents (e.g., locked cabinets or roums for chemicals used for cleaning) and product-specific instructions for use of cleaning agents (e.g., dilution, contact time, management of accidental exposures); 4. Procedures for handling, storing and transporting clean linens, class/startle supplies and equipment 6. Procedures for handling/amporary storage/transport of soiled linens; 6. Procedures for handling, storing, proceeding and transporting regulated mudical 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 disinfaction, heat sterifization); and (III) the method for verifying that the recommended level of distribution/starilization 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

MAKE OF F	STATEMENT OF DEFICIENCIES (X1) PROMOBINGUES (X1) PROMOBINGUES (X1) PROMOBINGUES (X1) PROMOBINGUES (X1) PROMOBINGUES (X1) PROMOBINGATION (X1) PROMOBINGATION (X1) PROMOBINGATION (X1) PROMOBING (X1) PROMO		RAMER:	A BUILDING_	STATE, 2IP CODE	(05) DATE SURVEY COMPLETED	
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T 176	with manufacture 10. Procedures surfaces with app 11. An effective in accordance with app 11. An effective in accordance with app 12. Other infection encessury to pre- infectious agent I or required by the This RULE: is not based on the rev- interview eners w facility management of cleaning a storing and trans- policy/procedure infection prevention transport of the tindings inclu- 1. On May 30, 20 reviewed between Administrator's of policies/procedure in the facility. The tindings inclu- 1. On May 30, 20 reviewed between Administrator's of policies/procedure at Access to have adequate supplier rubs, disposable to the policies of policies for the policies of colored cabinets of cleaning) and pro- cleaning) and pro-	of recommendations; for cleaning of environce cleaning of environce propriete cleaning property control program in local health and guistions; and on prevention procedurant/control transmis in the facility as reconsidered; and facility as reconsidered; and fransport of equipments; proceduras figuriting of medical was proceduras for peet control; and improceduras necessarianistics of an infinite improceduras necessarianisms.	nmental oducts; i, managed lures sion of an armended by: bicles and idures for the cleaning, asia; other issay to ectious ager suctions of the following: I and I hased him rs); supplies and storage and cents (e.g., is used for use				4

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T 175	d. Procedures for transporting clear and equipment; e. Procedures for storage/transport f. Procedures for transporting regulaccordance with a g. Procedures for reusable medical different patients, the level of clearly used for each type (e.g., cleaning, chasterilization); and the recommended has been achieve the manufacturer's applicable state or guidelines; h. Procedures for contracts with applicable and proof equipment in a recommendations j. Procedures for coulances with applicable and procedures for coulances with applications; and l. Other infective peraccordance with a regulations; and l. Other infective peraccordance with a regulations; and l. Other infective peraccordance with a regulations; and l. Other infection; and l. Other infe	recidental exposures; handling, storing and tiness, clean/sterile tiness, clean/sterile handling, storing, property of soiled liners; handling, storing, property of soiled iners; handling, storing, property of soiled medical waste; handling, storing, property of sa squipment between the procedure shall regidentection/sterile of equipment, (ii) the method for virtual disinfection, if the procedure shall recommendations; resommendations; resommendations; resomment; conducts for maintent coordance with menor coordance with menors of sandling of environment; control program, more literatures of an in revention procedure transmission of an in resemble of an	cossing and in supplies or supplies or supplies or supplies or subject or sub						

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	ROMOER OR BUPPLER LA MEDICAL CENT		10750 A	IOMESS, CITY, I METTERSON IT NEWS, YA				
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T 175	T 175 Continued From Page 18 supplies (refer to #1 (a-l)) 3. On May 31, 2012 between 9:30 am and am a second interview was conducted with Administrator and the facilities nurse consulting Administrator's office. Both acknowledging that there was no policy regarding services care for a minor that was not emancipated.		with the consultant in beginning the consultant in the consultant		The property of the second sec			
T 200	12 VAC 5-412-24 counseling and la B. The abortion fina language or repprepriate counsabortion procedured maintain policies.	O B Medical testing, plant of the sacility shall offer each manner they undersized and instruction and shall develop, planning and procedures to planning and post-s	patient n patient, and, in the implement for the	T 200				
	This RULE: is no Based on docume the facility staff is maintained and in procedures pertain	t met as evidenced b int review und staff in lied to ensure they de iplamented policies a ning to counseling ar inguage each palient	nterviews iveloped, and ad		T 200			
	A.M. the facility poreviewed and disc Administrator. The providing each par- could understand, counseling both pr	ide: 1, 2012 et approxima licies and procedure usued with the facility a facility did not have lient in a language th information on the p 16 and post abortion. stated, "We will get i	s ware y e policy on e pallant rocedure or	l f	Policy and procedure is in counseling and for provision family planning and post-al counseling. Completion date July 12, 2 Administration of the procedure is in counseling.	n of bortion 012		

STATEMEN AND PLAN (FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLE IDENTIFICATION MU	MBER	(CZ) MULTI A. BUNLDON B. WANG	PLE CONSTRUCTION	(XS) DATE (COMP)		
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	12 VAC 6-412-24 counseling and is abortion procedur that vill or fetal peparts cannot be id tissue specimen a pathologic examile the possibility of a referred appropris. This RULE: is no Based on docume the facility staff faprocess and equipapacimens sent to not be certain the	O D Medical testing, paper or the shall be examined to the shall be examined to the shall be examined to the shall be sent for further that be sent for further and the patient on eclopic pregnancy, attely. It met as evidenced by that the examined and staff in lied to ensure they has be a lab when the physic villi or fetal parts went available to has a lab when the parts went attell part	to verify or fetal , the raierted to and sind sind sind sind sind sind sind si	T 210				
	process and equipment available to have tissue specimens sent to a lab when the physician coul not be certain the vili or fatal parts were present. The Findings include: On May 30, 2012 a comprehensive four of the facility was performed. There was no evidence occutations being available to transport tissue specimens to a tab for further testing. On May 31, 2012 at approximately 11:30 A.M. the facility physician and Administrator was interviewed. The physician stated, "I check each apacimen to make sure vitil and or fetal parts are present. When I can't be sure the specimen is sent to the lab. The specimens are transported the day of the procedure to the lab. They are transported in a specimen cup with sailine." The Administrator stated, "We don't have any specimen cups. I will order there."		ordence of saus. C.A.M. the eck each parts are men is appropried by are is."	910 1ds 5103-01	T 210 Specimen cups had in the brought by procedure a why administrator did no cups on hand. Specime stocked in the lab at the Completion date July 5,	ssistant. That is of have specimen en cups are now e facility.		

AND PLAN	OF PROVIDER OR SUPPLIES		A SURLOW Q WANG_	IPLE CONSTRUCTION IG STATE, ZIP CODE	COMPL COMPL		
PENMIN	RA MEDICAL CENT	RR FOR WOMEN	10768 A.	T NEWS, YA	AVENUE	NAME OF STREET	
(%)-ID PREFDE TAG	(FACH DEFICIENC	ATEMENT OF DEPICIENC TY MAUT BE PRECEDED E LOG IDENTIFYING REPORT	VELL	ID PREFIX TAG	OCRRECTION TON SHOULD BE THE APPROPRIATE CT)	COMPLETE DATE	
T 275	Continued From F			† 275		STATUTE OF	
2/3	12 VAC 8-412-260 C Administration, storage and dispensing of dru C. Drugs meintained in the facility for daily administration shell not be expired and shell be properly stored in enclosures of sufficient size with restricted access to authorized personnel only. Drugs shell be maintained at appropriate temperatures in accordance with definitions in 18 VAC 110-20-10. This RULE: is not met as evidenced by: Sased on observations, policies and interview the agency staff failed to ensure that medications were not expired, were dated and/or contained within its original container when opened and/or used. The findings include: 1. On May 30, 2012 a facility four was conducted between 12:30 PM and 2:00 PM in the facility. During the tour the following was identified: a) Tylenol/Codeline Phosphate with 100 tablets in an unopened bottle with expiration dated 04/2012 b) Lidocatrie bottle 10 units/mil in a 10 ml bottle opened with no date when the bottle wee opened. c) A plastic bottle isheled ultrasound gel but contained thin brown liquid (not gel) in the bottle. 2. On May 30, 2012 between 12:30 PM and 2:00 PM an interview was conducted with the Administrator confirmed that an open bottle of Lidocatne failed to be dated once opened. An interview was conducted with the Administrator in the Recovery Room. The Administrator confirmed that an open bottle of Lidocatne failed to be dated once opened. An interview was conducted with the Administrator confirmed that the Tylenol/Codeline Phosphate 100 tablets in an unopened bottle had an interview was conducted with the Administrator confirmed that the Tylenol/Codeline Phosphate 100 tablets in an unopened bottle had an interview was conducted with the Administrator confirmed that the Tylenol/Codeline Phosphate 100 tablets in an unopened bottle had an interview was conducted with the Administrator confirmed that the Tylenol/Codeline Phosphate 100 tablets in an unopened bottle had an interview was conducted with the Administrator confirmed that the Tylenol/Codeline Phosphate 10		T 276				
				T 275 Tylenol with codeine has Lidocaine that had not be the opening date has be Plastic bottle with betadidiscarded. 4 oz bottles obeen purchased. Policies indicate that any must have the date and iperson who opened item up for procedures, items and any item not propert discarded. Expiration log completed monthly. Completion date July 12,	een marked with en discarded, ne has been of betadine have / opened items initials of a. When setting are to be checked y labeled is to be is to be		

	TOF DEPOSENCIES OF CURRECTION	(XI) PROVIDERGUPPL IDENTIFICATION N	. Aller	(/C) MULTI A. SULLIM S. WING_	PLE CONSTRUCTION IS	(23) DATE 6 COMPL		
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OLA) ID PREPIK TAG	(EACH DEFICIENT	TATRÀMENT OF DEFICIENC CY MUST ME PROCESSED (LEC IDEMTIFYING MFCHI	WEBBI	PREPRI TAG	PROVIDENTS PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION CHOULD BE THE APPROPRIATE	(XS) COMPLETE DATE	
	the facility policies Administrator's oil ensure that medic dated and/or control dispensing of dry. 12 VAC 6-412-28t dispensing of dry. E. Records of all or received, sold, additionates with fill include the inventor of a theft or loss of the Drug Control of the the inventor of the	1/2012. 12 between 3:00 FM is ware reviewed in the fice. There were no pations are not expire ained within the original distantial and state leading for the Code of Vistour, review of the lew the facility failed sing policy.	torage and torage	Ť 285	T 285 Policies dealing with being written. Policy vials is complete. Lo dispensed are being Completion date July A Lm: n strategy on s. bite supervising	on multi-use ogs of medication kept. v 12, 2012		
TATE FORM		The state of the s	ORIGIN		OE1M11	Warning Co.	Sheet Z2 of 31	

State of Virginia

STATEMENT AND PLAN C	TOF DEPICIENCIES. DE CORRECTION	(X1) PROVIDERGUPPL EXEMPTERATION N	rucer:	(X2) MULTI A. BUILDIN B. WENG _	PLE CONSTRUCTION G	COMP		
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T 285	Continued From I	Page 22	18,1	T 285				
	Administrator's of acknowledged the dispensing policy.	sinistrator was intervi lice. The Administral It there was no medi 12 between 9:30 am	etion etion		The second secon			
	Administrator and the Administrator	Vièw was conducted i the facilities nurse d s office. Both acieso medication dispensi	with the consultant in		n paleon or a title			
T 290	12 VAC 5-412-27	O Equipment and sup	plies	T 290				
	equipment and su adequate to care : acope and intensi include:	y shall methtain medi ppilas appropriate ac for patients besed on ly of sarvices provide	nd I the level, Id, to		ger ver en litte kristen e de ver en litte kristen e de ver en litte kristen e			
	2. Oxygen with fix equivalent; 3. Mechanical sur	or aultable for recove rw meters and maeic clion; quipment to include;	5 or					
	Minimum, resuscil 5. Emergency me and related supplic 6. Sterile suturing 7. Adjustable exa	adon bage and crail a dications, intravence as and equipment; equipment and supp minetion light	airwsy s; ns fluidą, nien;			NAME OF STREET		
	8. Containers for a materials with cover 9. Refrigerator.	teilari liran savt weet	•					
	This RULE: is not met as evidenced by: Based on document review and staff interviews the facility staff failed to ensure the necessary medical equipment and supplies were available care for patients.		terviews sessory			the day		
1	The Findings Inclu	siec .		1		n establish		
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State of Virginia

	TEMENT OF DEPCHECIES PLAN OF CORRECTION (XI) PROVIDENCIAN EXEMPLENCIAN EXEMPLEMENT NUMBER FTAP-002		UMBER	A SULTIPLE CONSTRUCTION A SURLING B. WING		(AS) DATE SURVEY COMPLETED			
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On May 30, 21 during the contine Administrative require emergency carconsultant. Ti (intravenous) insection for administrative requirements.	On May 30, 2012 during the comprete Administrator no evidence of ox patient require ox emergency cart we consultant. The clintravence) tubic needles for administrator.	at approximately 3:3 shersive four of the financially consultative four of the financial year being available year. Also during the as checked with the set did not contain as to connect IV fluid lateration in the event	incilly with it there was should a a four the facility by IV is to the of an	T296	T 290 (V tubing has been stock has been stocked. Log for checking supplie written. Completion date July 12	s has been			
	The Administrator stated, "We will have the tubing tomorrow. I did not think we needed oxygen." 12 VAC 5-412-290 A Emergency services A. An abortion facility shall provide ongoing urgent or emergent care and maintain on the premises adequate monitoring equipment, suction apparatus, oxygen and related items for resuscitation and control of hemonthage and other complications. This RULE: is not met as evidenced by: Based on document review and staff interviews the facility staff failed to ensure the necessary medical equipment and supplies were available to care for patients in the event of an emergency. The Findings Include: On May 30, 2012 during the comprehensive tour if the facility with the Administrator and facility onsultant there was no evidence of oxygen being wallable should a patient require oxygen and no evidence of suction other than the suction used in procedure. On May 30, 2012 the emergency art was checked with the facility consultant. The ext did not contain any IV (intravenous) tubing to branect IV fluids to the needles for administration			T 300	T 300 Oxygen has been stocke suction for airway has be IV tubing has been stock Completion date July 12	een obtained. sed.			

	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDERSUPPLI IDENTIFICATION IN		(CE) MULTIN A. BUILDING B. WRYD	LE CONSTRUCTION	(09) DATE : COMPL	
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CAN ED	SUMMARY ST (EACH DEFICIENC REGULATORY OR	SUMMARY STATEMENT OF DEFICIENCY BY PULL. (EACH DEFICIENCY MUST BE PROCESSED BY PULL. REGULATORY OR LISC IDENTIFYING INFORMATION)			PROVIDERS FLAN OF GACH CONNECTIVE ACT CHOOSE-WEIGHTCED TO T DERCIENC	ION SHOULD SEE HE APPROPRIATE	COMPLETE DATE
T 320	in the event of an emergency. The Administrator stated, "We will have the tubing temerrow. I did not think we needed oxygen." 12 VAC 5-412-300 8 Quality assumance B. The following shall be evaluated to seeme adequacy and appropriateness of services, and to identify unacceptable or unexpected trends or occurrences: 1. Stating patterns and performance; 2. Supervision appropriate to the level of services; 3. Pattent records; 4. Patient setimanion; 5. Compleint resolution; 6. Infections, complications and other adverse			T 320			
	This RULE: Is no Based on docum facility staff falled program that will staffing patierrs appropriate to the patient satisfactio infections, complients; and staff. The findings inclusion of the agency's policy agency's policy agency's policy agency's policy agency apparents of the agency's policy agency's policy agency ag	t met as evidenced in treview and intervent and intervent and intervent and intervent and intervent and performance; et level of service; paint; complaint resolutions and other accordence regarding patterns are reviewed in policy that will evaluation appropriate trecords; pattern as	ty: view the surance of aspects; spervision fent records; lon; lverse patient care. It to 5:00 PM of the lot of have a late the lot of the level		T 320 Quality Assurance policy manual to be reviewed a Completion date June 29 とマ みごか	nnually.)	

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T 320	other adverse ever regarding patient 2. On May 33, 20 PM an Interview v Administrator and the Administrator there was frees w	ion; infections, compents; and staff concectors. 12 between 3:00 PM respected with 1 the facilities murse is office. Both acknows no QA policy or 1	ima I and 5:00 the consultant in wiedged that						
T 360	there was there was no CA policy or program that will evaluate the above concerns. 12 VAC 5-412-340 Policies and procedures The abortion facility shall develop, implement and maintain policies and procedures to ensure safety within the facility and on its grounds and to minimize hazards to all occupants. The policies and procedures shall include, but not limited to: 1. Facility security; 2. Safety rules and practices partaining to personnel, equipment, gases, liquids, drups, supplies and services; and 3. Provisions for disseminating safety-related information to employees and users of the facility.		T 580						
	Elased an observe policies/procedum develop, impleme ensure salety will hazards to patient store sharps contuse cleaning product use cleaning productions use of examplement to patient use of examplement use of examplement uses cleaning productions.		staff failed to codures to imize ility failed to mer and to ime between						
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State of Virginia

WO PLAN	TEMENT OF DEPICMINGES OPLAN OF CORRECTION (CC) PROVIDENMENTPLENCENA IDENTIFICATION PLANSE: FTAF-002		CORRESTION CONTROL NUMBER:		IPLE CONSTRUCTION	COMPLE COMPLE		
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PENING	ALA MEDIÇAL CENT	TER FOR WOMEN	10755 A	METERSON THENS, Y	AVENUE A 23601			
O(4) ED PREPEX TAG		TATEMENT OF DEPICENCE CYMUST ME PUNCTIONS OF LINC IDENTYPYNG PRFORM	V 20 1	PREFUX TAB	PROVIDENT PLAN OF CONTENTION PREPRY (EACH CONTENTIVE ACTION SHOULD BE			
T 360	Continued From I	Page 26		T 360				
	PM a facility tour a strarps contains Recent on the floor top of the nurses accure to any surrice in which need The Cantar for Di Evaluating and Ut article January 19 opening-the disport the consider selecting prevent hands or consider selecting prevent hands or consider selecting prevent hands or containers. Stability noted in the Ultrat The Administrator where used to clear between persents. Mutural Safety Denview for what on 2. On May 30, 201 PM an interview was Administrator during Administrator during an interview opening on top of 13. On May 31, 201: AM the cleaning of patient's use were fire use of Clorox was used of Clorox was an interview was the use of Clorox was an interview was the cleaning of patient's use were fire use of Clorox was an interview was the cleaning of patient's use were fire use of Clorox was an interview was an inte	was conducted. During was noted in the Parama in the Recovery desir. Both containers face and had an open face and had an open face were inserted. Accesses Control, Select sing Sharps Disposal 166, reads in part: "Disposal partitions with guaranters with the Cicronia surface." Icur there were Cicronia turface." Icur there were Cicronia turface." Icur there were Cicronia turface. "Icur there were Cicronia surface." Icur there were Cicronia the example stated that the Cicronia stated with the wiper of the surface that the wiper in the surface that the wiper in the face of the face of the conducted with the conducted with the conducted with the conducted with the surface of the face of	Room on a ware not a ware not in the containers spoul revent spills sem in uid cis to the be stable. It wipes for the be stable and 1:30 per part of 1:00 per	e a made 6 1025 en 11 de marie	T 360 Sharps containers whice and have the mail slot to been installed. A rack of room sharps container is make the container state have been replaced with medical setting. MSDS MSDS manual. Completion date July 5,	ype opening have or the procedure has been set up to ble. Clorox wipes n wipes indicated fo sheet in the		

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION STATEMENT OF DEFICIENCIES ENTERICATION A			(XX) MRJLTI A. BURLDIN B. WING	PLE CONSTRUCTION G	DATE (EQ.)	
NAME OF P	ROVIDER OR SUPPLIES			DRESS, CITY,	STATE, ZIP CODE		114,9 16
PENINGL	LA MEDICAL CENT		10798 A NEWPON	JEFFERSON TI MEWS, VA	AVENUE		
(XA) NO PRINTER TAGE	SLIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LOC IDENTIFYING INFORMATION)			PRIEMIC TAG	PROVIDERS FLAKOF OF EACH CORRECTIVE ACTS CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD SE	COMPLETE DATE
T 36D	Continued From Page 27 stated that the facility falled to have the MSDS form for the Clorex wipes.		T360	e ar ar result such as a special such as a speci	Section (1)		
T 380	utilized, a written program shall be a This equipment at accordance with a periodic intervals, ensure proper operapair. After repair to any equipment, thoroughly tested returned to service maintained on each indicate its history. This RULE is not Based on changes and interview the transmitted on all expreventative and occurrented for the documented for the	monitoring equipment of the control	ance mented. or tested in ications at y, to good are made be before it is ot to onance. y; ty policies tealitain a eact to the (1) lab				
	maintenance faile; annually for safety lights, one (1) lab i and one (1) suction 2. On May 30, 201	2 a facility four was of and 2:00 PM. The plate to be documented a on the following: two whitestor, one (1) of the refinerator, one (1) of the refinerator.	areventive at least (2) exam sentriluge		T 380 Preventive maintenance of done exam light, refrigers and suction machine. Promaintenance manual to be by the administrator. Preventive maintenance of scheduled annually. Completion date July 12,	ntor, centrifuge eventive e kept up to date visits to be	

	ATEMENT OF DEFICIENCIES E) PLAN OF CORRECTION (X1) PROVIDENGLIPPLIENCIA EDENTIFICATION MUMBER FTAF-062		CUS MULTI A. BULDIN B. WIND	PLE CONSTRUCTION	DOS DATE SURVEY COMPLETED		
	ROVIDER OR SUPPLIES		10708 A	XONCHS, CITY, A JEFFERSON IT MEWS, VA			
(14) IO (TREFFOR TAG	(EACH DETCHEN	TATEMENT OF DEPICIENCE CY MUST BE PRECEDED BY R LING EDENTIFYING REPORTS	/FIEL	PRESTIX TAG	PROVIDER'S PLAN OF (EACH COMMETRIVE ACT CHOSS-REPERINGED TO T DEFICIENCE	TON SHOULD SE THE APPROPRIATE	COMPLETE DATE
T 380	Administrator's office. There was no preventive maintenance policy. 3. On May 30, 2012 during the facility tour the Administrator was interviewed between 12:30 PM and 2:00 PM. The Administrator acknowledged there was no evidence of preventive maintenance safety checks on the following: two (2) examilights, one (1) lab retrigerator, one (1) centifuge and one (1) puction machine.		T 380				
T400	12 VAC 5-412-30 standards Abortion faculties	10 Local and state cod	n and	T 400			
	Abortion faculties shall comply with sials 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 Feelth Care Facilities of the Facilities Guidelines Institute, which shall take precedence over Uniform Statewide Building Code pursuant to Virginia Code 32.1-127.001. Entitles 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 masses and that are new subject to licensure may be licensed in their current buildings if such entities submit a plant						
	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, document review and						

	r of deficiencies of consideration	(XI) FROVIDĒRBUPPLI IDENTIFICĀTICII (KI	ericlia Meer	(AC) MULTI A BUILDIN	PLE CONSTRUCTION G	COMPLETE (
		FTAF-00	2	85/31/20/					
	ROVIDER OR GUPPLER		li .		STATE, ZIP GOOM				
PENNAN	LA NEEDICAL CENTE		NEWPOR	THEMS, YA	AVENUE 20001				
OKA) ID PRESPOR TAG	(EACH DEFICIENCS	ATEMERY OF DESPENSE YMDOT BE PRECEDED ON BC DESITIFYING PURCHAL	real i	PREFIX TAG	PROMDER'S PLAN OF EACH CORRECTIVE ACT CROSS-REPERENCED TO T CRYCENIC	TON SHOULD BE THE APPROPRIATE	COMPLETE DAYE		
T 400	Continued From Pa	nge 29		T 400		And the second self-billion			
	to ensure that they state and local cod as the Uniform Sta Additionally, the fac various sections of (Facilities Guideline	termined that the far are in full compliance, se, building ordinance tended Building Code ally failed to comply chapters 3.1 and 3, as institute 2010 Gui uction of Health Can	o with 1965 to well 2. 1 with 7 of FGI idelines for	. C.					
Coloni I m I	The Findings Include	ic			and the same	Shire of models			
1	2012 beginning at a tour it was noted the for a separate colle	acility consultant on about 1:00 P.M. Dur at the facility had no ction, abraon or dis	May 30, ing the provision possi of		T 400 See attached				
	clean and sterile au humidity and tempe evidence of spore is autoplaye, had no a performance testing equipment stored is	Mature control provises on the string performed on minimum or maintenage of maintenage on the facility's aucon the attic. doorneys	entination, sions, no the since or stion		Seming.				
	grade lovel and well less than 5 feet in a have access, falled used without hands alrilow filters being	e not 5 foot wide, his reas where patients to have sinks that o could not provide a	would would be addedoor of	0					
	rating, no ventilation areas, on evidence flame-spread of 25 evidence of installed equipment complian	r in zon-eensitive en that insujation had a of less and a sling of 50 or less, a d elactrical material :	id pelient and no and		· en estement		7		
	The Administrator a facility had contacts facility in complying	d a firm who would a	and this i						
STATE FORM		Q 2 d			OEIM11		sheet 39 of 96		

State of Virginia

Richmond Medical Center for Women 359-5066-phone 353-2718-fax

From: Jill Albery

To: Kathaleen Crecgan- Tedeschi Fax: 804- 527-4503-

I spoke with Brenda This morning who requested some changes to my Plan of Correction.

Thank you.

Sent 7-9-12 7-9-12 8-6-12 8u

State of V	Trginia						
		(XI) PROVIDER/SUPFLIDENT/FICATION N	UMBER	A BUILDING B WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED - 05/16/2012	
		FATF-0				V9 (0/2012	
	ROVIDER OR SUPPLIER ID MEDICAL CENT		118 N. BO	DRESS CITY STA ULEVARD D, VA 23226	TE. ZIP CODE	derrichten zen artine Sen Afgann herendet i	
IX4) ID PREFIX TAG	(EACH DEFICIEN	tatement of Déficienc Cy must be preceded b LSC IDENTIFYING INFOR	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CONNECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE COMPLETE HE APPROPRIATE DATE	
T 000	12 VAC 5-412 In	itial comments		T 000	Experie	TOU Continue True	
T 070	Abortion Facility is above referenced May 16, 2012 by Inspectors from the Health's. Office of The facility was of Board of Health 1 First Trimester Al	motor '	icted at the 1012 through clities int of ification, in the State atlons for ctive	T 070			
10] 4	C. Each abortion history record che the Code of Virgir employee not lice Pharmacy, whose controlled substate This RULE: is no Based on employ document review staff falled to ensubtained for 8 of access to controlled, 8, 11, 15, 16, 2 On 5/15/12 at 1:0 reviewed. Ten reemployees who psubstances within 10 (ten) records, was found. The center policy Policies" was revifollowing, in part:	a facility shall obtain a seck pursuant to 32.1- nia on any compensations of the Board of the Bo	126.02 of sted of sted of sted of sted of sted of steel o		all employees whose to controlled substate An item will be added for every employees access to controlled background has to Personnel policy recriminal background for those staff will a background check. Personnel files will on an annual basis. The administrator is the criminal background.	ed to the orientation checklist whose job duties provide it substances that a criminal be obtained. Vised to include need for it checks. Job descriptions also include need for a criminal be reviewed for completeness is responsible for ensuring that bound check is obtained as well the for reviewing job descriptions.	

LABORATORY DIRECTOR'S OR PROMOERISUPPLER REPRESENTATIVES SIGNATURE

TITLE

(XS) DATE

4MF811

If continuation sheet 1 of 28

		(XI) PROVIDER/SUPPLI IDENTIFICATION NO FATE-ON	UMBER	(X2) MULTIPLE A BUILDING B WING	CONSTRUCTION	(x3) DATE SURVEY COMPLETED
	AME OF PROVIDER OR SUPPLIER STREET ADD STREET ADD STREET ADD 118 N. BO			DRESS. CITY, STA NULEVARD ID, VA 23220	ATE, ZIP CODE	The community of
(X4) ID PREFIX TAG	IEACH DEFICIENC	ATEMENT OF DEFICIENC CY MUST BE PRECEDED B LSC IDENTIFYING INFOR!	ES IY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE COMPLETS THE APPROPRIATE DATE
T 070	regarding the crim completed for the the criminal backy	0 a.m., Staff #2 was ninal record checks t B employees. Staff pround checks had n information was pro-	being #2 stated tot been	Т 070		Cylin Capa Cylin Englis Cylin Englis Stonache Angel Spile Of Se
		•			T 075	
	member currently cardio-pulmonary on site for emerge This RULE: Is no Based on employ interview, the can cardiopulmonary training was recellicensed/cartified 7, 8, 15, 16, and 1	t met as evidenced to se record review and ter staff failed to ens resuscitation certificated and documente employaea. Employ	by: d staff sure etion (CPR) d for 7 of 10 nee #'s 3, 5,		CPR training will be a CPR training will be a Personnel files will be annually. Job descrip	esthetist and Registered Nurse added to the orientation list. added to the Personnel Policy. a reviewed for completeness ations will also include need ministrator is responsible for is up to date.
	present in the employee records. The findings Included: On 5/15/12 at 1:00 p.m., employee records were reviewed. Of the 10 (ten) licensed/certifled employee records, 7 (seven) did not have evidence of CPR training/recertification. Employees # 5, 7, 8 and 16 were Certified Registered Nurse Anesthetists, #3 was a Nurse Practitioner, and # 15 and 20 were Registered Nurses. In an interview with Staff #2 on 5/16/12 at 12:00 p.m., he/she stated he/she knew each of the					
	however acknowle	urrent CPR certificat adged the evidence not present in the em	of			Assert and a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER FATF-009		UMBER 09	(X2) MULTIPLE CONSTRUCTION A BUILDING B WING		COMPLETED 05/16/2012	
NAME OF PE	OVIDER OR SUPPLIE	1985-17			TATE ZIP CODE	the state flags being a silver
	D MEDICAL CENT		118 N. BOI RICHMONI	ULEVARD D, VA 23221		
(X4) ID PREFIX TAG	JEACH DESIGNER	ITATEMENT OF BEFICIENC ICY MUST BE PRECEDED E R LSC IDENTIFYING INFORI	IY FULL	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETE BE APPROPRIATE DATE
T 080	Continued From	Page 2	tion	T 080 T	т 080	
T 080	maintain policies that its staff part training and edu staff duties, and and scope of se include document fire safety and in training. This RULE: is no Based on employed document review failed to ensure annual infection 3, 4, 5, 7, 8, 9, 1, 23. The findings incomployee reconding training incomployee reconding to the findings incomployee and control training, been here a long complacent"	nall develop, implements and procedures to dicipates in initial and cation that is directly appropriate to the levices provided. This intation of annual partifection prevention interest as evidenced by the record review, and staff interview, and staff interview, control training. Emp. 1, 12, 14, 15, 16, 19,	ocument angoing related to rel, intensity shall cipation in service by: enter the center participated in toyee #'s 2, 20, 21, and 5/15/12 at annual yees. ed the infection toyees have a just became		will be conducted Initially This has been added to This has been added to Documentation of In-ser in each staff member's p manual dedicated to trai The Inservice Training n annually. Personnel file for completeness. Admin	the orientation checklist. Personnel Policy. vice training will be included bersonnel file as well as a ning documents. nanual will be reviewed annually histrator will ultimately be gn infection Control Officer the duty of coordinating clon.
T 085	12 VAC 5-412-1	170 F Personnel		T 085	employee's perso	vill be included in every nnel file. She will sign the job
	describe the du maintained. 2, Each job der	lescriptions that adeq ties of every position scription shall include: pecific responsibilities	shall be : position		responsibilities of will be reviewed a given to the emplo	cate that she is aware of the her position. Job descriptions t least annually with new copie byee in the event of revisions. licy will include procedure for

TO ALMOND TO THE PARTY.

State of V	irginia					
AND PLAN OF CORRECTION IN IDENTIFICATION N		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU FATF-00	MBER	(XZ) MULTIPLE A BUILDING B WING	CONSTRUCTION	(X2) DATE SURVEY COMPLETED - 05/16/2012
NAME OF BE	OVIDER OR SUPPLIER			REBS. CITY STA	TE, ZIP CODE	to Another the Assessment graces
	RICHMOND MEDICAL CENTER FOR WOMEN 118 N. BO					The state same is
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY LSC IDENTIFYING ENFORM	Y FULL	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCE	HE APPROPRIATE CATE
T 085	Continued From P	Page 3	p u	T 085	T085 cont'd	
	3. Job descriptions shall be reviewed at least annually, kept current and given to each employee and volunteer when assigned to the position and when revised. This RULE: is not met as evidenced by: Based on employee record review and staff interview, the center staff falled to ensure job descriptions for employees were reviewed at least annually for 19 of 24 employee records reviewed. Employee #8 1 through 9, 11, 12, 15, 16, 18 through 21, #23 and #24. The findings included:				Personnel files w ness annually. Job descriptions date that the em	ecriptions at least annually. ill be reviewed for complete- will be revised to include the ployee received the job inistrator is responsible for
A comment					ensuring job des employee is awa Administrator is r	criptions are provided and re of her responsibilities. responsible for ensuring that reviewed annually.
	reviewed. Of the employees did no description was repersonnel record. The employees vidate of hire (DO)	vere as follows: Em; 1) 10/91, #2 - DOH 1	, 19 job ually in their ployee #1 - /2008, #3 -			
	DOH 9/2010, #4 - DOH 12/2009, #5 - DOH 8/2010, #6 - DOH 8/2006, #7 - DOH 1992 (no month listed), #8 - DOH 9/2008, #9 - DOH 1978 (no month listed), #11 - DOH 12/2010, #12 - DO 4/2008, #15 - DOH 4/2011, #16 - DOH 5/2006, #18 - DOH 1992 (no month listed), #19 - DOH 12/2000, #20 - DOH 7/2008, #21 - DOH 1993 (r month listed), #23 - DOH 1/2005, and #24 - DO 1999 (no month listed). On 5/16/12 at 12:00 p.m., Staff #2 was informed		992 (no)OH 1978 , #12 - DOH ł 5/2006,			
			H 1993 (no #24 - DOH			
		o further evidence w				
T 090	12 VAC 5-412-17	0 G Personnel		T 090		*:
	staff member. The	le shall be maintaine le records shall be co lcumented, readily at y organized to facilite	ompletely /ailable,		The state of the s	15 B B

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL EDENTIFICATION N	umáer	(X2) MUL A. BUILD E. WING	TIPLE CONSTRUCTION NG		(X3) DATE COMPI	
VAME OF P	ROVIDER OR SUPPLIER			ADRESS CITY	STATE, ZIP CODE		70	4-24 12
	NO MEDICAL CENTE	R FOR WOMEN	116 N. B	OULEYARD NO, VA 232	The state of the s	white J	william to	
(X4) ID PREFIX TAG	(EACH DEFICIENC	AFEMENT OF DEFICIENC Y MUST BE PRECEDED E LSC IDENTIFYING INFORI	YFULL	PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	OTHE APPR	ULD BE	(X5) COMPLETE DATE
T 090	shall contain a cur reflects the individi assignments, and	age 4 strieval of information rent job description ual's responsibilities documentation of them, and professional	7 090	Job descriptions have be added to the personnel for those staff who did in have them. Orientation job descriptions. Person job descriptions must be file for each employee, will be reviewed annual.	files out checklist in nnel policy o in the per Personnel	includes sonnel files	oness.	
	Based on employer interview, the centre employee records description for 6 of reviewed. Employer No job description records when reviewed. The findings include On 5/15/12 at 1:00 reviewed. Of the 2 employees did not contained in their p. (Housekeeping), # (Housekeeping), # (registered Nurse), On 5/16/12 at 12:0	led: p.m., employee received, have a job descriptionsonnel record: E 3 (Nurse Practitione 11 (Registered Nurse, and #20 (Registere 0 p.m., Staff #2 was further evidence was	staff ure all job ds , and #20. employee cords were , 6 on employee #2 r), #4 e), # 15 d Nurse). informed		Administrator is respons are in each file and that responsibilities. Administrative of files and job of Completion date June 1	sible for en employees strator is re descriptions	suring job s are awar esponsible	descriptions of their
T 170	12 VAC 5-412-220	B Infection preventi	DN	T 170				
	procedures shall in 1. Procedures for and visitors for acut applying appropriat transmission of con- within the facility; 2. Training of all perevention technique 3. Correct hand-was	r prevention policies clude, but not be firm screening incoming the infectious illnesses measures to preventually acquired infersonnel in proper intes; exhing technique, incof soap and water at	atied to: patients is and ent fection fection					

	T OF DEFICIENCIES OF COMMECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N	umber:	(X2) MULTIPLE CONSTRUCTION A SUILDING B. WING	(X3) DATE SURVEY COMPLETED 	
NAME OF S	ROYDER OR SUPPLIER			ORESS, CITY, STATE, ZIP CODE		
	ND MEDICAL CENT		118 N. B			Cherry
(X4) ID PREFIX TAG	(EACH DEFICIEN	VATEMENT OF DEFICIENC CY MUST BE PRECEDED E LSC IDENTIFYING INFORI	SY FULL	ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO 1 DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
T 170	Continued From I	Page 5		T 170	Fish fee	121
	requirements of the Health Administra	rd precautions; th blood-bourne path he U.S. Occupations	Safety &			
	7. Use of safe inj 8. Plans for annu- infection prevention 9. Procedures for	ection practices; ial retraining of all pe on methods; r monitoring staff adi	reconnel in			
	and 10. Procedures for	fection prevention properties and a section preventing annual finite recommended as a section prevention properties.	19)			
		t met as evidenced t ations, interviews are failed to ensure:				
	equipment (PPE) blood and body fit	the correct personal related to risk of exp uids for one (1) of on colled" utility room,	osure to			
	monitor staff's adi prevention practic	ent of a procedure/pr herance to the facility les. The development hing staff annually to les.	s Infection t of a			
ar V	That staff had training for sixteer employee records	documented infection (16) of twenty-four reviewed. (Employe 2, 14, 15, 16, 19, 20,	(24) e #'s 2, 3,	MARK TOUCH, BUT		
	The findings inclu	đ e d:				
	May 15, 2012 from	ind interview were con 12:10 p.m. through a "Soiled" utility room	1:30 p.m.			

4MF811

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU FATF-00	MBER	(X2) MULTIP A BUILDING B WING	LE CONSTRUCTION	(K3) DATE SURVEY COMPLEYED 05/18/2012
NAME OF P	ROVIDER OR SUPPLIES	THE HELP LAND	STREET AD	DRESS. CITY. S	TATE. ZIP CODE	
	ID MEDICAL CENT			DULEVARD ID, VA 23220	ELECTRON CATAL	TARKS LASSING LINCOLDS II
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCE CY MUST BE PRECEDED 8' R LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE COMPLETE THE APPROPRIATE DATE
T 170	Continued From	Page 6		T 170	T170	Trim (Jereseyjet Front)
	over his/her scrurelated to the typ the "Soiled" utility wear this Jacket of Staff #5 denied ti or eye protection shield or eye pro- items in the utility The observation re-usable glass a opening in the wi- and the "Soiled" liquid contents, b the glass jars inti-	revealed Staff #5 retri judion jar from the pa all between the proced utility room. Staff #5 o lood and other body fo the utility sink. Staff water and used a bott	oned rork or be in d, "I just loves." see shield or a face soiled leved a less through dure room emptied the luids, from f #5 rinsed		use of PPE. Do included in the monitoring infection. Infection performed quar	retrained in the proper ocumentation of training personnel file. Policy for ction control compliance in Control Survey written; to be sterly. Results to be submitted irrance Committee. The 23, 2012
	Staff #5 poured a one-third (1/3) cu	approximately one-for up of bleach into the g	lass bottle			
	the jar. Staff #5 protection in place fluid or bleach sp. Staff # 5 used a land body tissues during the procediret of two-soiled had wet splatter jacket.	bristled brush to remo from the instruments Jure. At the completic equipment cleaning, areas on the front of h	nield or eye and, body we blood sutilized on of the Staff #5 nis/her blue		The late of the la	
	observed with St Staff #5 followed	rocedure cleaning pro aff #5 In the "Soiled" to the same processes.	utility room. Staff #5			
	had been rinsed disinfected prior sutility counter. State to placing the sto	ned the outside of the in water only and had to placing the jar on the aff #5 did not put on g pper into the glass jar	not been ne "Clean" Noves prior r and		the contract of the second	
	"Clean" utility roo An interview was	contaminated glass ja in to the procedure ro conducted on May 15 aff #2. The surveyor	om. 5, 2012 at			

STATE FORM

4MF811

tate of Vil Yatement (NO Plan of	OF DEFICIENCIES CORRECTION	(X1) PROVIDENSUPPLE EXENTIFICATION A	IUMBER	(X2) MULTIPLE A BUILDING B WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/16/2012
			STREET AC	DRESS CITY STA	TE ZIP CODE	W. POINT Y CHY TO A TO A
	MEDICAL CENT		118 N. B	DULEVARD ND, VA 23220		nets of the residence
(X4) ID PREFUX TAG	JEACH DERICIEN	TATEMENT OF DEFICIENC CY MUST BE PRECEDED I LBC IOENTIFYING INFOR	CWES BY FULL	ID PREFIX TAG	PROVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO) DEFICIENCE	TION SHOULD BE COMPLETE THE APPROPRIATE DATE
	Continued From	dinas from the obse	rvation of	T 170	Ragie.V	
	equipment. Review of the fact Protective Equipous 2012 read " All proper selection mouth, nose, and procedures that a sprays of blood of 2. The center in staff compliance and had no documentation control. The Center's "Previewed on 5/15 policy or procedumonitored to ensinfection control 3. Employee red 1:00 p.m. There infection control On 5/16/12 at 9 employees had a control training, staff was being a following proper #2 stated, "Most here a long time complacent" policy/procedure monitoring staff. No further inform the survey.	olicies and Procedure 5/12 at 10:00 a.m. To be regarding how store they were adher- cords were reviewed awas no evidence of training for 16 emptored annual amonitored to ensure infection control praction control praction control praction control praction control praction addressed them which addressed them which addressed them address	ersonal January 1, ining on the , Wear ing a splashes of monitoring procedures retraining for there was no aff would be hing to con 5/15/12 of annual byees, and the infection regarding ho they were ctices, Staff is have been became a was no ise process for by the end of	at.	compliance writtool to be used to plan. Results Assurance Cominfection control at least annuall orientation chee Personnel files completeness. Completion dat	Il training to be done initially ar y. This has been added to cklist and personnel policy. to be reviewed annually for e June 28, 2012
T 175		,			766	
	management of	ies and procedures t the facility, equipme toress the following:	nt and	- 19 miles		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLE IDENTIFICATION NO FATE-OC	MBER	(XZ) MULTIPLE CONSTRUCTION A BUILDING B WING	(X3) DATE 5 COMPL 05/1	
NAME OF PROVIDER OR SUPPLIE	R	STREET A	DDRESS, CITY STATE, 2IP CODE	79	7
RICHMOND MEDICAL CENT		MEN 118 N. BOULEVARD RICHMOND, VA 23220		CONTRACTOR	
PREFIX IEACH DEFICIEN	ITATEMENT OF DEFICIENCY ICY MUST BE PRECEDED B' R LSC IDENTIFYING INFORM	Y FULL	ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTIO TAG CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X6) COMPLETE DATE
T 175 Continued From	Page 8	J1	T 175	The May	en i
adequate supplied hand rubs. disposed and other materias storage and transcribed cabinets cleaning) and prouse of cleaning at time, management.	nd-washing equipment as (e.g., soap, alcoholosable towels or hot ait utility sinks, cleaning as als for cleaning, disposport of equipment and torage for cleaning agor rooms for chemical oduct-specific instructingents (e.g., dilution, cent of accidental exposor handling, storing and	-based r dryers); supplies sal, d supplies; ents (e.g., s used for ions for contact sures); d			
and equipment; 5. Procedures for storage/transporting 6. Procedures for and transporting accordance with 7. Procedures for reusable medical different patients (i) the level of the beside of the contract of	or handling/temporary t of soiled linens; or handling, storing, pr regulated medical wa applicable regulations or the processing of ea all equipment between the procedure shall belaning/disinfection/s ach type of equipment	rocessing ste in i; ach type of uses on I address: terilization	believe to the best of the		
(ii) the process disinfection, hea (iii) the method recommended let has been achieved reference the missing application of the procedures for mon-reusable equipment of the maintenance/rep with manufacture 10. Procedures surfaces with ap	(e.g., cleaning, chemit t sterilization); and if for verilying that the eyel of disinfection/ster ed. The procedure shanufacturer's recommon she state or national info; or appropriate disposa uipment;	cal rilization call endations fection I of contance mental ducts:			

State of V	Ginipni/						
	T OF DEFICIENCIES. OF CORRECTION	(K1) PROVIDER/SUPPLIDENTIFICATION A	IUMBER	(X2) MULTIPLI A BUILDING B WING			URVEY ETED 6/2012
NAME OF P	ROVIDER OR SUPPLIER	The state of the s		DRESS. CITY STA		AND THE PERSON	N TO T
	O MEDICAL CENT			ULEVARD ID, VA 23220	WE REAL TO VAL	Patha watake pa eta	Owner II.
(X4) ID PREFIX TAG	JEACH DEFICIEN	TATEMENT OF DEFICIENC CY MUST BE PRECEDED I LISC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S FLAN O (EACH CORRECTIVE AS CROSS-REFERENCED TO DEFICIEN	THON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
T 175	5 Continued From Page 9			T 175	W. W.		
	necessary to pre-	on prevention proced vent/control transmis n the facility as recor	sion of an			undiple d	
	Based on observ	ot met as evidenced ations, interview and failed to ensure the finfection prevention	record			AND THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF	
		as observed on the s rest on two (2) of thin rs.		1			
	torn surfaces and between patients stretcher pads ha could not be disin metal finish and a	nree (3) Recovery real could not be disinfer. Two (2) of two (2) Find multiple torn surfarfacted between patiented between	cted Recovery ces and ents. The t intact and			The state of the s	
•	linens laundered	on-site were process on-site were process operature of 160 deg	ed at the				
		perform hand hygier id the lack of hand h					
	"Clean" supplies;	re stored on the she expired supplies we cass and supplies sto s.	re readily				
	6. The failure to maintenance on o	perform preventative equipment utilized in	direct	11/10/11			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N	WMBER	(X2) MULTIPI A BUILDING R WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/16/2012
NAME OF P	MOVIDER OR SUPPLIER		STREET AD	DRESS, CITY ST	AYE ZIP CODE	
	ID MEDICAL CENT			ULEVARD ID, VA 23220	ALEMON WO HAVE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENC CY MUST BE PRECEDED É LSC (DENTIFYING INFORI	By Full	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE COMPLETE DATE
T 175	Continued From	Page 10		T 175	II ugas u	sn ^a l pane (s) ex
	unwrapped items increased cross-oproducts. 8. The staff's has equipment betwee of manufacturer's re-usable equipment betwee spits post proceed 9. A failure to de processing of eacequipment betwee procedures for as non-reusable equipment betwee procedures for as non-reusable equipment betwee procedures for as non-reusable equipment betwee procedures for appropriate cleaning of environment suppropriate cleaning of environment with Staff #2 on A Recovery room, recliners were clissiff #2 reported been utilized since 2012) and were not the surveyor place raised foot position (2) of the three (3) of five (5) inches substance on the footrest. Staff #2 substance as dried understanding the left on the Recoveryor that the footrest is substance as dried understanding the left on the Recoveryor place.	velop procedures for type of reusable men uses on different oppopulate disposal or signment, and procedurental surfaces witing products. In and interview was of any 15, 2012 at 10:50 Staff #2 reported the recovery recline the last procedure eady for patients. Steed the Recovery recliners or greater of dark recovery recliners between the secovery recliners bet	s, which food inty 's knowledge or cleaning s. Staff and body fluid the nedical patients, of the patients, of the patient use, patient use, aff #2 and finers in a revealed two had an area addish brown eat and the eddish brown ported of to blood in patients.		between each patier to include disinfection Infection Control Sur to monitor adherence Results to be reporte Committee. Staff instructed to me and advise administration which Job descriptions refleadministrator to be a requires repair/ repla Completion date June	mod ter
- Jan	footrest. Staff #2 substance as drie understanding the left on the Recover. An observation on May 15, 2012 with Staff #2. Status was wiped a solution between	identified the dark red blood. Staff #2 rep a Infaction risk related	eddish brown ported d to blood n patients. conducted 1:18 s.m. rocedure ach/water vation in the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Administrator to be a requires repair/ repla Completion date Jun	advised of any condition the acement of equipment. ne 28, 2012

	OF DEFICIÉNCIES CORRECTION	(X1) PROVIDERSUPPI IDENTIFICATION A	(UMBER:	(X2) MULTIPLI A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/19/2012
AN VON LANGUE		FAITS		DORESS, CITY, ST	TE ZIR CODE	
	OVIDER OR SUPPLIER D MEDICAL CENTE	R FOR WOMEN	118 N. B	OULEVARD ND, VA 23220	ACTION NOT HERE	ACCESS OF THE LOSS
(XA) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE COMPLETE THE APPROPRIATE DATE
T 175	Continued From P	age 11	P	T 175	T 175	arker benefit the
	metal finish was no bilateral leg supporposition the patien. The ledge of the tapadded surface he pedestal of the proof rust. The procedworn and non-intainsurfaces prevented procedure table ar Staff #2 observed right the surfaces acknowledged the disinfection of the patients. The observation of Recovery room recovery room recovery room recovery room are surfaces. Staff #2 are cleaned between area on the staff cotrest, and all the on the back of the acknowledged the the disinfection of between patients. The observation cowith Staff #2 revea Recovery Room stareas with exposurobservation reveal separated the uppowas torn the width the inner foam pace Both stretcher pad	ot intact. The full let its for the stirrups (it during the proced sible that surrounde ad multiple areas of bedure table had in dure table's armres of the disinfection of its armrest betweet the findings and stare not intact." Stare non-intact surface: procedure table be onducted with Staff vealed three (3) of cliners did not have reported the Recovern each patient using between the series (3) recliners had headrest. Staff #2 non-intact surface: non-intact surface: the Recovery room onducted in the Related that two (2) of the tretcher pads had ere of the inner padded a zippared area er and lower portion of each pad. The staff multiple worrs, which would allower surface as had multiple worrs.	tused to ture) had rust of the table's i rust. The fultiple area it had multip hact if the sen patients alted, "You're if #2 verball a prevented tween #2 in the three (3) intect ery 'recliner alt and the alt and the d torn areas verbally s prevented recliners covery room two (2) extensive tor ling. The that n of the pads torn area lef oth pads or areas and	nt.	Procedure table re to monitor equipme administrator of procedure table results administrator of procedure survey to be Results to Quality Completion date John Time and advise administration control sugarterly. Results Assurance Common completion date John Time Time advise administration control sugarterly. Results Assurance Common completion date John Time Time advise administration date John Time Time advise administration date John Time Time advised the page 175 and 175 a	ced. Two recliners repaired. onitor equipment routinely istrator of problem areas. effect responsibility of staff, urvey to be conducted to be reported to Quality ittee. une 18, 2012 eplaced. Staff trained to monito ely and advise administrator s. Job descriptions reflect staff advising administrator of need ement of equipment. survey to be erly and results reported to se Committee.

PRINTED, 05/31/2012

HID PLAN	T OF DISPICIENCIES OF CORRECTION	(XI) PROVIDERSUPPLE IDENTIFICATION IN	MORN	S AMIC V SPIFFIN	IPLE CONSTRUCTION	(KI) DATE:	
AME OF F	NOVIDER OF BUPPLER			RESS CITY.	STATE ZIP CODE	001	0/2012
	NO MEDICAL CENT		118 N. BO	HOULEVARD OHD, VA 23220			
(X4) ID PRISFUX TAG	(FACH DEFICIENC	TATEMENT OF DEFICIENCE TY MUST BE PRECEDED BY LBC IDENTIFYING INFORM	FULL	PREPUL TAG	PROVIDERS PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFIGIENCY	ON SHOULD BE & APPROPRIATE	COMPLETE DATE
T 175	Continued From F	Page 12		T 175	T 175		
		stretchers pads betw	CEN				
	patients. 3 An observation was conducted on May 18 2012 during the initial lour. The observation revealed is standard washer and dryer used I facility to launder liners. An interview was conducted on May 16, 2012		ration used by the		Washing machine being r with expected delivery dai Preventive maintenance to results to be forwarded to Committee.	le June 26, 2012. o be conducted a	nnually and
	9:08 a.m. with Sta facility's linens we was not able to co all the correct web Fehrenhent, Staff single hot water h to all areas (utility #2 reported the wi	iff #2. Staff #2 report re willshed in hot waten the mercal was of 160 #2 reported the facilit sater, which supplied and hand washing si saher did not have a water for separate water	ed the or. Staff #2 issundered degrees y had a hot water nks) Staff		T 175		
	4. Observations a May 15, 2012 from with Staff #5. Obs Staff #5 in the "So procedures. With #5 washed his/her "Soiled" utility room off the water. Staff available to turn of a water and available to turn of the water.	nd interview was con 1 32:10 p.m. Ihrough servations were condu- fed" ubitly room for to two (2) surveyors pre- hends at the utility at n and used he/her ha 7 35 did not have pap If the water at the sint at the at the sint at the at the sint at the sint at the sint at the sint at the sint	1:30 p.m. cted with iso (2) isent, Staff nk in the ind to turn or towel		Paper towel dispenser inst room. Reträining on prope changing conducted. Infer be conducted quarterly. Re Assurance Committee. Completion date June 28,	r hand hygiene ar ation Control Surv aport of results to	ey to
	his/her hands. Staff #6 with contaminated wet hands entered the "Cleen" utility room and tore paper towel from that roll. Staff #6 with contaminated hands pulled gloves from a box o gloves in the "Cleen" utility room. Staff #6 did n wash his/her hands between three glove chang or when changing task between the "Soled" an "Cleen" utility rooms. Staff #6 stated, "This is the		a box of 85 did not ochanges led" and his is the			A SPORT	
	The surveyor information practices introduce "Solled" utility room 5. An observation the initial tour of the	ings I hope I'm doing med Staff as that his/ id contaminates from into the "Clean" utility and interview conduct a "Clean" utility and P 2012 from 10:09 a.m.	her current the y room. ted during rocedure				theres

damaged the boxes.

The observation revealed the following expired supplies were available for use in the procedure room:

Two (2) curettage instruments wrapped in stantization packs, which did not have detected to startization. [A curettage is a surgical instrument used to scrape or remove the lining of the ulerus.]:

One (1) 3/15 diletor wrapped in a startization pack, which did not have a date of startization. [A dilator is a surgical instrument used to dilete (widen) the opening of the carvis.]:

Two (2) tractical subes (7.0 and 3.0) had expired (exp.) 12/31/1995;

One trached tabe (5.0) had exp. 06/30/1996;

Four (4) ECG (electric cardiogram) monitoring pads had exp. March 2000;

Five (5) packages of exap electrodes had exp. 06/2007;

One container of Formalin had exp. 11/2004.

06/2007; One container of Formalin had exp. 11/ 2004

(Formalin is an aqueous solution of the chemical compound formaldahyde used to preserve tissue samples for analysis.); Six (6) packs of Ethicon 0.5 silk sutures had exp. 01/2002;

Unizutar;
One of one containers of glucometer test strips had exp. 05/2007; and One of one sets of glucomater test/calibration

T 175

instruments must have the date of sterilization and initials of staff person written on them. When setting up the procedure room each day, staff is to monitor appropriate dating and initialling of packs. Pack is to be rejected if not marked appropriately and re-sterilized. Utility and procedure staff responsible for monitoring daily stocking. Infection Control Survey to be completed quarterly with results to QA comm. Completion date May 18, 2012

T 175

Expired tracheal tubes discarded. Expired ECG electrodes discarded. Expired Formalin container discarded. Expired ethicon discarded. Expired glucometer test strips discarded.

Expiration dates to be checked monthly and logged. Administrator is responsible for ensuring expiration log completed monthly, Completion date May 18, 2012

STATE FORM

4MFA11

	OF CORRECTION IDENTIFICATION NUMBER A BUIL		(X2) MULTIP A BUILDING B WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/16/2012	
NAME OF D	ROVIDER OR SUPPLIER			RESS, CITY S	TATE ZIP CODE	
	ID MEDICAL CENTE	R FOR WOMEN	118 N. BO			
IX4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED! LSC IDENTIFYING INFOR	BY FULL	PREPLX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETE
T 175	Continued From P	Page 14		T 175		
	Procedure room a supplies. Staff #2 supplies were available of discarded by The following item to the anesthesia packages were or and left uncovered Two (2) trachest to Two (2) trachest to One (8.6) trachest to One (8.6) trachest in open packages 6. Observation on tour revealed the iduring direct paties preventative main recommendations One of one anesti absorber. One of one suction One of one glucom Staff #2 acknowle able to provide pronted to provide pronted to provide pronted to provide pronted to provide single or multiple phave an infection related to preventing glucometers, which disinfected. 7. An observation on May 15, 2012 to a.m. with Staff #2.	facility staff had inspired had missed the cacknowledged the diable for use, but all the expiration date as were stored in a cart. The tracheat the exposed to contain the exposed to contain the care of exposed to contain the nurse anesthetischeal tubes could as with the guide stylu May 15, 2012 during following equipment and care did not have tenance per the mais hesia Co 2 (carbon of pump used during ound devices; aves; and	expired expired hould have it cabinet next tube it guide stylus ninates: Its were of be stored in place in place in place in procedures; Ind was not naintenance Staff #2 was for calify failed to in place patitis by proughly conducted and 11:18 evealed a		an inserted guide stylu will allow the anestheti en unopened package for ensuring proper pa Completion date June T 175 PM has been performultrasound machine,	23, 2012 med on suction pump, autoclave. CO 2 absorber t electrical. Glucometer e until it can be d whether it may be setting. e 28, 2012

PRINTED: 05/31/2012

State of 1	Virginia					FORM APPROVED
	1 OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/BUPPLE (DENTIFICATION NU	HEEM	(XX) MULTIPLE A BUILDING B WING	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/16/2012
NAME OF E	ROMDER OR SUPPLIER			RESS CITY, STA	TE ZIP CODE	
	ND MEDICAL CENTE	R FOR WOMEN	118 N. BOL		THE STATE OF THE STATE OF	Land and Company of the Company
(X4) RP PREFIX TAG	IEACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM.	FULL	PREFIX TAG	PROVIDERTS PLAN OF CORRECTIVE ACTION SHE (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE COMPLETE
T 175	unprotected on the #2 reported the copatients during the acknowledged the plastic container at contaminates when the plastic container at contaminates when the plastic container at contaminates when the plastic container at May 15, 2012 from with Staff #5 in the (2) procedures. Store his/her scrub sponges on the lact procedure room ar Staff #5 reported the procedure room ar staff #5 reported the procedure room are sponges were rined the 1:10 bleach/was the ledge. Staff #5 collected from the procedure room the procedure room Staff #5 collected from the pass through the procedure room the pour approximately (1/3) cup of bleach swirled the bleach swirled the bleach swirled the bleach with 1:10 bleach/with 1:10 bleach/wi	a cookles were scatte bottom of the contain okles were used as a ir Recovery room wa cookles were loose if not protected from a staff or patients rea	ared iner. Staff inacks for lit. Staff #2 nside the lit. Staff inacket of three (3) etween the room. In the lit. Staff lit.	T 176	T 175 Staff is to wear gloves and proceedings and crackers in indicated day prior to seeing particular staff is responsible. Administrat staff is handling snacks Completion date June 14, 2 T 175 Sponges are not to be used One time use saniwipes of facilities will be used. Staff CDC Principles of Cleaning Environment Surfaces. Do training in personnel file. It to be conducted quarterly, to Qual Assurance Commic Completion date June 23, T 175 Stopper and glass bottle to Cavicide and allowed to reminutes. A clock or timer is soiled utility. Staff trained Documentation of training Infection control survey to quarterly and reported to Committee. Infection control conducted initially and at lead administrator and Infection responsible for training. Completion date June 23,	vidual sized baggies ients. Recovery room strator is to monitor appropriately. 012 d in the facility in patient esignated for medical f trained on g and Disinfecting ocumentation of infection control survey Results to be reported itee. 2012 b be sprayed with main wet for 3 to be used in to procedure, in personnel file, be conducted Qual Assurance oil training to be sest annually. In Control Officer are

PRINTED: 05/31/2012

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N	UMBER	(X2) MULTIPLE A BUILDING B WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/16/2012
	PROVIDER OR SUPPLIER ND MEDICAL CENTÉ		STREET ADD	DEVARD	NIE ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y WUST BE PRECEDED B LSC IDENTIFYING INFOR	NES IY FULL	IO PREFIX TAG	PROVIDER'S PLAN OF CI ILACH CORRECTIVE ACTIO CROSS-REFEHENCED FO TH DEFICIENCY)	N SHOULD BE COMPLEY E APPROPRIATE DATE
T 175	utilize a wristwatch stopper in the 1:10 did not turn the stothe stopper had expolution. Staff #5 bleach/water solution staff #5 emptied the removed one "Soile Staff #5 holding the gloved hand place "Clean" utility room blue cloth jacket with "Clean" utility room the "Clean" utility room the "Clean" utility room the "Clean" utility room the bleach poured the total inner surficonfirmed the outs rinsed in water only	thave a clock. Staff to time the contact bleach/water solution per to ensure all sontact with the 1:10 tremoved the stoppe son placed the stoppe sport to the "Clean" the bleach from the gled" glove to open the drand "Clean" utilities jar with the other "at the jar on the country. Staff #5 did not recorn in the "Solled" up process before he into the glass jar did face of the jar. Staff #5 acknown to the glass jar did y and had not been	time of the on. Staff #5 urfaces of bleach/water from the per in a utility room. plass jar, he door y rooms. Soiled" inter in the move the stillty room /she entered owledged in not contact #5 had been disinfected	100	designated for the transp soiled utility to clean utilit the stopper and jar to be ready to be used in the p placed in a lidded contain from clean utility to proce Staff to be trained in proce	y. In the clean utility room placed on the counter until rocedure room, it is then ner designated for transportedure. cess. Documentation to le. Infection Control Survey, Results to Quality
	counter. The observation rewas completed State of the opening retriedge. Staff #2 us procedure room at The sponges were fluids. Staff #5 reniedge, rinsed them in the 1:10 bleach/squeezed the same sobservation reveal into the 1:10 bleac one (1) minute. Stamultiple re-using of time the sponge bleach/water solution.	eyesled after the first aff #2 from the processed the sponges in the returned them to econtaminated with a moved the sponges in the tap water, and differences over the utility supponges back on the led the sponges were the water solution for laff #5 was asked about the sponges and the sponges are sponges and the sponges and the sponges are spon	t procedure side rom the lee the ledge, bloody from the pped them of #5 sink and ledge, The e dipped less that but the ne amount e		fluids to be cleaned according and Disinfection Control Survey Results to Quality Assur Completion date June 2	ted in personnel file. to be conducted quarterly. ance Committee. 3, 2012

TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPL	JER/CLIA	O(2) MULT	PLE CONSTRUCTION	(XJ) DATE SURVEY
	OF CORRECTION	IDENTIFICATION A		A. BURDIN		COMPLETED
		FATF-0	ing.	B WING_		05/16/2012
MANE DE P	ROVIDER OR SUPPLIÉR			ORESS, CITY.	STATE. ZIP CODE	
	ID MEDICAL CENT		118 N. BQ	ULEVARD ID, VA 2322		
(X4) 10 PREFIX YAG	(EACH DEFICIEN	TATEMENT OF SEFICIENC CY MUST BE PRECEDED I LISC IDENTIFYING INFOR	BY FULL	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED YO'T DEPICIENCE	ION SHOULD BE COMPLETE HE APPROPRIATE DATE
T 175	Continued From	Page 17	T.S.	T 175	Taiges I	Turiji bernas etg i
	bleach makes the	em (the spanges) dis	integrate."			
		able to provide the a				
		led to ensure the sp			artel and or a title steel	
	disinfected betwe	•				
	••••	ocedure process wa	s observed		T 175	
		e "Soiled" utility roor			Bottle brush to be so	rayed with Cavicide and
		s processes. The bo				et for 3 minutes. Staff will wea
		ed between usages.				ng the disinfected stopper and
		prior to placing the				
		transporting the con-			glass jar in the desig	
112		ocedure room. Staf				ve PPE prior to leaving
		acket he/she wore in		13/16		nfection Control Survey
		o entering the "Clear			to be conducted qua	rterly and results reported
	room or the proce				to QA Committee	
	The observation	after the second prod	cedure		Completion date Jur	ne 23, 2012
	revealed from the	procedure side Star	ff #2		T 175	recommended to the second
		nges from the ledge.		•	The street of the state of the	be used. Disposable wipes to
	was observed fro	m the opening by the	e surveyor to			surfaces contaminated with
		ment then return the				
	the ledge contam	inated with bloody fit	uids. Staff			y fluids. Infection Control
	#5 removed the s	ponges from the led	lge, rinsed		-	cted quarterly with results
	them in tap water	, dipped them in the	1:10		reported to QA Com	mittee.
		ition, squeezed the s			Completion date Jur	ne 23, 2012
		i placed the same s			T 175	
		iff #2 passed soiled:			Training on infection	control to be conducted
		gh the opening and i				annually. Infection control
		ploody fluids on the l				ed at least annually. A
		e sponges to clean i			F 11 3000	
		sponge in the above			~	mber to receive certification
		iced the sponge on t	he ledge for			nd be available to review
	re-used.	William Trails			F	litate further staff training.
		conducted on May 1				rvey to be conducted
		off #2. Staff #2 repo			quarterly with results	s reported to Quality Assurance
		eting the "Clean" and			Committee.	
		to reduce cross-conf			Completion date Jui	ne 23, 2012
		med Staff #2 of the				
		tion of staff handling	Clean and			
		nt. The requested				
		as not received prior				The state of the s
	resided to the blot	cedure, the effective	ness of			

4MF811

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPFLI IDENTIFICATION N	UMAER:	A BUILDING B WING	CONSTRUCTION	(X3) DATE 8 COMPL	
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTI		118 N. B	DDRESS CITY STATED OULEVARD ND. VA 23220	E, ZIP CODE	AMORAS T	ole a
PACH DEPICIEN	TATEMENT OF DEFICIENC BY MUST BE PRECEDED B LSC IDENTIFYING INFORM	IES SY FULL	ið Priéfix TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCEO TO T DEFICIENCE	ion should be He appropriate	(X5) COMPLETO DATE
T 175 Continued From	Page 18	n M	T 175	The state of the s	op. Treasurprised	, == "
Review of the face Protective Equipor 2012 read "Per after removing gli Review of the face effective date Jan situations where performed include glove removal and cold running towels with be aveough fluids" According to the Service (ARS) need "Sponges were for 3 minutes, for water for 1 minutes, for a full wash-down microwaving and significantly lower any of the immer control. Counts of from sponges reat treatments were recovered from streatments." According to AR Kitchen Sponges USDA Agricultum "treated each so soaked for three bleach solution, and control water for or operating with a control water for or operating with a control water for or operating with a contracted They percent of bacter	e stopper and glass ility's policy titled "Penent" effective data in form hand hyglene in oves" Ility's policy titled Handers in a county 1, 2012 read "Inhand hyglene should be but are not limited to Soap and working si water and disposable itable near any area USDA Agriculture Research of the soaked in 10% blead in a microway or placed in a microway or placed in a county of the soaked in 10% blead in a county of the soaked in 10% blead in a county of the soaked in 10% blead in a county of the soaked in lemon pulce in one of five the soaked in lemon julce for one minute, heater in a 10 percopaked in lemon julce for one minute, heater in a minute, placed in a county of the soaked in lemon julce for one minute, heater in a minute, placed in a county of the soaked in lemon julce for one minute, placed in a county of	rsonal January 1, mmediately nd Hygiene" Key I be to after nks with hole paper involving escarch salution e, or pure vave oven for dishwasher ted (controlle ecovered or dishwashinan those chemical sto Clean aways from the mit read: ways: sent chlorine e or dishwashe et a dishwashe e		T 175 Sponges not to be used Infection Control Survey with results reported to Completion date June 2	to be conducted Quality Assurance	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU FATP-00	MBER 9	A BUILDING B. WING	E CONSTRUCTION	COMPLET	DATE SURVEY COMPLETED 05/16/2012	
NAME OF PE	OVIDER OR SUPPLIE		STREET AC	DORESS, CITY, ST	ATE, ZIP CODE			
RICHMON	D MEDICAL CENT	ER FOR WOMEN		OULEVARD ND, VA 23220	STEW DISCOVERS OF			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY R LSC IDENTIFYING INFORM	FULL	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE OFFICIENCY	ON SHOULD BE 1E APPROPRIATE	(XS) COMPLETI DATE	
T 175	Continued From	Page 19		T 175	ES DOS			
	Microwaving spo bacteria present 99,9998 percent 9. The center sta of procedures for reusable medical different patients disposal of non-reprocedures for of with appropriate On 5/15/12 at 10 procedures" were unable to locate regarding reusable non-reusable me procedures. The identified the folk Facility policies a handling, process	aff failed to ensure dever the processing of each tequipment between the procedures for approximately and equipment, as teaning of environment deaning products. 1:00 a.m., the center "procedural processive medical equipment, and the equipment, and the environment in the procedural processive medical equipment, and the environment in	percent of shing killed valopment ch type of sees on apriate and tall surface volicy and eyor was sees cleaning in a conductor of the earn and cean	5	Policy and procedure for reusable equipment has Policy manual to be reviadministrator. Completion date June 2: T 175 Policy and procedure for linen has been written. Freviewed annually by ad Completion date June 2:	been written. ewed annually by 2, 2012 handling soiled volicy manual to be ministrator.		
Т 180	supplies No "was found. On 5/16/12 at 10 interviewed. He/procedures for the non-reusable equent/fonmental survivonmental s	It as the use of disposi- corresponding "proced 1:15 a.m., Staff #2 was she stated there were be reusable equipment uipment and for the claufaces, ration was provided by 20 D infection preventi	dure/outling no i, aaning of the end of	T 180				
	program that incl 1. Access to rec 2. Procedures for communicable di prevented from vi	nall have an employee hides: commended vaccines; or assuring that employ iseases are identified a work activities that could the personnel or patie	rees with and Id result in		the art of the position as the same of the			

STATE OF THE STATE

4MF811

ND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIE IDENTIFICATION NO.	MBER 9	CLIA (X2) MULTIPLE CONSTRU ER A BUILING		(K3) DATE SURVEY COMPLETED 05/16/2012	
MAME OF PR	OVIDER OR SUPPLIER			RESS, CITY,	STATE, ZIP CODE		
	MEDICAL CENT		118 N. BOI RICHMONI		20	ranti ske je i e	un tib
(X4) 10 PREFIX TAG	FACH DEFICIEN	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LLSC IDENTIFYING INFORM	FULL	PREFIX TAG	PROVIDER'S PLAN OF IEACH CORRECTIVE ACT UROSS-REFERENCED TO T UEFICIENCE	TON SHOULD SE THE APPROPRIATE	(X5) COMPLET DATE
T 180	Continued From	Page 20	Ē	T 180		Lames Administration	
	pathogens; 4. Documentation immunizations of accordance with recommendation including documentations of the compliance of the compliance of the compliance of the compational Sal reporting of work exposure to infect this RULE: is not assed on employinterview, the call documentation of (TB/PPD) for 19 reviewed. Employee record 14 through 2 the findings inclined in the complete of t	ot met as evidenced byee record review and neer staff failed to ensure screening for tubercus of 24 employee record byee # 1, 2, 3, 4, 7, 8, 23. Used: Its were reviewed on 5. 25 of the 24 employee mas no evidence that expenses that expenses in the control of	oloyees in corities, or vaccine; e U.S. tration for ries or staff ure ulosis de 9, 11, 12, 115/12 at ecords amployees apprised of		T 180 TB/PPD Screening to be cowho have not been screen Personnel files are to be recompleteness. Completion date June 28,	ed elsewhere in the eviewed by adminis	past yea
Y 275	12 VAC 5-412-20 dispensing of da	60 C Administration, s J	torage and	T 275			
	administration st properly stored in with restricted ac only. Drugs shall	nined in the facility for a nall not be expired and n enclosures of sufficiences to authorized pe all be maintained at app accordance with definition	l shall be ent size rsonnel propriete				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLI IDENTIFICATION N	D9	OCI) MULTIPLE CONSTRUCTION A BUILDING B WING	(X3) DATÉ SURVEY COMPLETED 05/16/2012
	ROMOER OR SUPPLIER NO MEDICAL CENTE	R FOR WOMEN	118 N. B	ODRESS CITY STATE ZIP CODE OULEVARD ND, VA 23220	in any hardware and an and a second a second and a second a second and
(X4) ID PREFIX TAG	(EACH DEFICIENT	ATEMENT OF OFFICIENCE Y MUST BE PRECEDED B LSC IDENTIFYING INFORM	Y FULL	ID PROVIDER'S PLAN OF C PREFIX (EACH CORRECTIVE ACT) TAG CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD SE COMPLETE HE APPROPRIATE DATE
T 275	Continued From F	age 21		T 275	nt Committee of
	Based on observe facility failed to dis	t met as evidenced to thons and staff inten- scard expired medical and not been dated w	riews the	of books are sent as a sent and	The Control of the Co
	The findings inclu	ded:			
-	May 15, 2012 from Staff #2 during the room. The observed administration: Diazeparn 10 mg syringe had expire Labetatol 20 mg/ Succinylcholine 10 12";	Id Interview was comen 10,20 a.m. to 11:10 a initial tour of the provided the feature and available (milligram)/ 2 ml vial had exp. "4/00 mg/ 5 ml vial had as oxide had exp. "29	9 a.m. with ocadure oflowing le for littler) '2012"; exp. "1 Ma	T 275 Expired medications have been to be completed monthly. been removed from facility. All opened medications are to date and the initials of staff we have opened medications four labeled must be discarded. Ye procedure day, all items will be Staff trained to procedure. Documentation of training in a Administrator is responsible for the staff trained to procedure.	Nitrous oxide tank has be labeled with the ho opened them. nd not to be properly When setting up each be checked for proper labeling
	The following med opened:	lications were not da	ited when	dates. Completion date June 28, 20	12
!	Pitocin 10 u (units One tube of KY je			on installed, most better the and the control of th	
	15, 2012 from 10: observations. Sta reported the expir discarded. Staff #	conducted with Staff 20 a.m. to 11:18 a.m If #2 confirmed each ed medication should 2 stated, "It is our pr tion when it's opened led,"	i. during the finding and have been actice to		Agents of the second se
T 360	12 VAC 5-412-340	Policies and proced	dures	T 380	
		ly shall dévelop, imp les and procedures (

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N	UMBER	A BUILDING		SURVEY PLETED 16/2012	
	ROVIDER OR SUPPLIER		118 N. B	ORESS CITY STATE ZIP CODE DULEVARD NO, VA 23220	hag basoos	Mess your Mess your	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENC OY MUST BE PRECEDED & LISC IDENTIFYING INFOR	ES Y FULL	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) YAG CROSS-REFERENCED TO T DEFIGIENCE	ion should be Heappropriate	(XS) COMPLETI DATE	
T 360	minimize hazards and procedures so and procedures so a Facility security. Safety rules a personnel, equips supplies and sendo and personnel services and sendo. Provisions for information to enfacility. This RULE: is not 12 VAC 5- 412-3. Based on observices failed to secure so the findings included the procesure of the procesur	facility and on its grows to all occupants. The shell include, but not by; and practices pertaining ment, gases, liquide, vices; and disseminating safety aployees and users of met as evidenced to the state and interview the six (6) portable oxygenuted: conducted in the build safety recent on May 1: staff #2 revealed six (5) see oxygen tanks. The distinct oxygen tanks so Staff #2 reported Siz (5) staff #2 reported Siz (5) staff #2 reported Siz (5) staff #2 revealed six (6) staff #2 reported Siz (7) staff #2 reported Siz (8) staff #2	ne policies limited to: ng to drugs, -related fithe by: ne facility n tanks. ing that 5, 2102 at 6) e oxygen inet and the liff #1 did no stored in the	Oxygen tanks to be secure Administrator is responsible all gas cylinders are kept se Completion date June 28, 2	d in current setting e for ensuring that ecurely.		
	employers to stor (inctuding empty of paragraph provide shall be secured if except, if necessar while cylinders and carried. 1926,350 cylinders shall be well-ventilated, dr m) from highly co	e CFR 1926.350(a)(to all compressed gasones) upright at all tires: Compressed gason an upright position ary, for short periods a actually being hoist (a)(11) Inside of build stored in a well-protery location, at least 20 mbustible materials anders should be store	a cylinders ries. This cylinders at all times of time and or ildings, ected, 0 feet (6.1 such as oil		Topicani, and the second secon		

PRINTED: 05/31/2012

	of Deficiencies of Correction	(X1) PROVIDER/SUPPL IDENTIFICATION N	UMBER	(X2) MULTIPL A BUILDING B WING	E CONSTRUCTION	-	16/2012	
NAME OF P	ROMDER OR SUPPLIER	l		DRESS, CITY. ST	ATE. ZIP CODE		in the state of	
RICHMON	ID MEDICAL CENT	ER FOR WOMEN	118 N. BO RICHMON	D, VA 23220				
(X4) ID PREFIX TAG	(EACH DEFICIEN	HOSFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE GOMPI		(X5) COMPLETE DATE				
T 360	Continued From	Page 23		T 360		PV-1 Decima vit	21871	
	definitely assigned places away from elevators, stairs, or gangways. Assigned storage places shall be located where cylinders will not be knocked over or damaged by passing or falling objects, or subject to tampering by unauthorized persons. Cylinders shall not be kept in unventilated enclosures such as lockers and cupboards"			(C) un (C) un unitary sy months of				
↑ 375	A. The facisity's a and all equipmen cooling, ventilation be all be kept in a condition. Areas maintained in got hazards. All woo hazards.	structure, its component such as elevators, it nand emergency light cod repair and operaused by patients shall be tep air and kept freden surfaces shall be ted paint, tacquer, va	neating, nting, shall ating all be a of sealed	T 376				
*	Based on observation	t met as evidenced to ation and interview th the procedure table, and recovery recliners	e facility recovery	-				
	The findings inclu	ded:						
	An observation and interview was conducted on May 15, 2012 from 10:20 a.m. to 11:18 a.m. with Staff #2. The observation in the procedure room revealed the procedure table's metal finish was not intact. The full length of the bilateral leg supports for the stirrups (used to position the patient during the procedure) had rust. The ledge of the table that surrounded the table's padded surface had multiple areas of rust. The pedestal of the procedure table had multiple areas of rest. The procedure table's armrest had multiple worn and non-intact areas. Staff #2 verbally		Pri to ad ide Ac Cc	ocedure table replaced. Socedure table replaced. Societinely monitor equipment iministrator if problems entified. Job descriptions remainistrator ultimately responded on date June 26, 20	nt for tears and n eflect staff respon onsible. 012			

TATEMENT WID PLAN O	of Deficiences Correction	(X1) PROVIDER/SUPPLI IDENTIFICATION N	UMBER	(X2) MULTIPLE A BUILDING B WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED - 05/16/2012
	HSI .	PATE-0		RESS CITY STA	ATC TO COOK	
	OVIDER OR SUPPLIER D MEDICAL CENTE	R FOR WOMEN	118 N. BO		AIE. 2# COIXE	
(X4) ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENC LY MUST BE PRECEDED B LSC IDENTIFYING INFOR	IES LY FULL	ID PREFIX TAG	PROMDER'S PLAN OF IEACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE COMPLE' HE APPROPRIATE DATE
T 375	Continued From F	age 24	187	T 375	The second	1 30 Col - 1 57 Col
	re-finishing. The observation of Recovery room rematerial. Two (2) (1) recliner had a the seat and the frecliners had torn headrest. Staff # Recovery room re The observation owith Staff #2 reverse Recovery Rooms areas with expositions observation reveas eparated the up was torn the width the inner foam particular surfaces on the recovery Rooms.	e procedure table was conducted with Staff revealed three (3) of the recliners had tears in recliners had tom are torn area on the slin contest, and all three areas on the back of 2 verbally acknowled recliners were not in gooducted in the Rec aled that two (2) of the stretcher pads had ever of the inner padd aled a zippered area are and lower portion of each pad. The in adding exposed on bids had multiple worn as, which would allow	#2 in the hree (3) their surface mrest, one g between (3) of the liged the liged the liged the storm area left of the pads or areas and v blood or		repaired. Completion date Jur Stretcher pads repla Completion date Jur Staff trained to routin advise administrator	ced ne 26, 2012 nely monitor equipment and if problems Identified. ect that responsibility. nately responsible.
	exposed foam. S	absorbed into the un daff #2 reported the tretchers needed to I	pads on the			
T 380	12 VAC 5-412-36	0 8 Maintenance		T 380		
	utilized, a written program shall be This equipment accordance with reperiodic intervals, ensure proper operapair. After reparts any equipment thoroughly tested returned to service	monitoring equipment preventative mainted developed and impleted be checked and impleted the constant of the constant of the constant of the equipment shall for proper operations. Records shall be chipiece of equipment	nance emented. /or tested in ifications at ily, to if good a are made il be before it is			

AND PLAN C	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLI IDENTIFICATION N	UMSER 09	A BUIL	G	(X3) DATE SURVEY COMPLETED 05/16/2012
	ROYIDER OR SUPPLIER	- 7,40			Y STATE. ZIP CODE	Man or Ference of the Control of the
RIGHMO	ID MEDICAL CENTE	H FOR WOMEN	RICHMON		3220	
(X4) 1D PREFIX TAG	(EACH DEFICIENC	'ATEMENT OF DEFICIENC! 'Y MUST BE PRECEDED B LBC IDENTIFYING INFORM	Y FULL	PREFD TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE COMPLETS THE APPROPRIATE DATE
T 380	Continued From F	age 25		T 380	7786	Attinute common franc
	Based on observe the facility falled to equipment used in preventative main document proof of	t met as evidenced it ition, interview and ro o develop a process n direct patient care r tenance (PM) and fa f preventative mainte tient care equipment	ecord review to ensure underwent ulled to enance on	, s		
	The findings inclu	ded:				
	initial tour revealed utilized during dire proof of preventation manufacturer's recone of one anestrabsorber.	nesia Co 2 (carbon d	ment of have the lioxide)	- 21	Suction pump, ultrasound management of the performed. Of the not electrical equipment. Given over the performance of the performance in this facility for preventive maintenance of the performance of the	CO 2 absorber is a filter, lucometer has been can be researched for y. Administrator is responsible program.
	One of one ultrasc One of two autocla One of one glucon Staff #2 acknowles able to provide pro on the above direct	aves; and	d was not naintenance Staff #2 was	6-2		
	single or multiple particular documents equipment that ne	patient use, Ality's PM log reveale ation for all direct cal eded preventative m eviewed with Staff #2	ed it did not re aintenance.			
T 400	12 VAC 5-412-380 standards) Local and state coo	ies and	T 400		
	the Uniform States	shall comply with sta g and building ordina wide Building Code. 'acilities shall comply	inces, and			A STATE OF THE STA

	OF DEFICIENCIES	(XII PROVIDER/SUPPI	UER/CLIA	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE S	
	P CORRECTION	IDENTIFICATION N		A BUILDING		COMPLETED	
		FATE-0	Ma.	B MMG "		05/14	S/2012
	NOVIDER OR SUPPLIE		A. Colombia and St. Col	PRESS CITY.	STATE ZIP CODE		
	ID MEDICAL CENT		118 N. BO	ULEVARD			
CHMUN	ID MEDICAL CENT	EN FOR WOMEN		D. VA 232			
(X4) ID PREFIX TAG	LEACH DEPICIES	STATEMENT OF DEFICIENC NCY MUST BH PRECEDED! R LSC IDENTIFYING INFOR	BY FULL	ID PREHX 1AG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI OSFICIEND	ON SHOULD BE HE APPROPRIATE	COMPLET COMPLET
T 400	Continued From	Page 26	11	T 400	No.		
	1 and sections 3	.1-1 through 3.1-8 an	d section				
	3 7 of Part 3 of t	he 2010 Guldelines fi	or Design				ı
	and Construction	n of Health Care Faci	lities of the				45
	Facilities Guldeli	nes institute, which s	hali take				
	precadence eve	r Uniform Statewide i	Building				
	Code pursuant t	o Virginia Code 32.1-	127,001.				
	Entities operat	ing as of the effective	dendered				
	these regulation	s as identified by the sion of Reports of Ind	uced unent				
	Termination of P	regnancy pursuant t	12 VAC				
	5-540-120 or of	er means and that a	re now				
	subject to licens	ure may be licensed	in their				
	current buildings	if such entities subn	nit a plan				
	with the applicat	ion for licensure that	will bring				
		mpliance with this pro					
		from the date of licer					
	Refer to Abort	ion Regulation Facilit	y Industrial				
	facility requirements a	urvey workbook for d	eranaci				
	ISCHILA IECONALII	Çillə.					
	This BIII F: is n	ot met as evidenced	by:				
	Based on Intervi	ew and facility tour it	was				
	determined the	facility failed to have I	an architect				
	attestation and f	ailed to meet FGI (Al	A) Guidelines	3			
	for Chapters 3.1	and 3.7.					
	The findings inc	iride;					
	4 0-14-45 3	012 a facility tour was	s conductori				
	T, On May 15, 2	trator and the Medica	al Director				
		m, and 11:30 a.m. Di				1 1 15 1 15 1 15 3 1 1 1	
	facility tour there	was no evidence that	at the facility				
	met the state an ordinances.	d local codes and bu	विद्याग्रि				
					ave been consulting architec		
		d to have an attestati			survey areas that need to be		-
	HCRASEC ACCINE	cture that the facility (A) guidelines. There			mpliance. See attached		C IIIO
		A) guidelines. I nere Buildings #1 and #21				42	
	patients from inc	dement weather. The ion was located in the	■ Medication		ompletion date December 20		

State of Virginia						
STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION	Es.	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER	(X2) MULTIPLE A BUILDING B, WING	E CONSTRUCTION	(K3) DATE SURVEY COMPLETED 05/16/2012
		FATP-00	0			USI (GIZUIZ
NAME OF PROVIDER OR SIL	IPPLIER			RESS. CITY. ST	ATE. ZIP CODE	1
RICHMOND MEDICAL	CENTE	R FOR WOMEN	118 N. BOL RICHMOND	SLEVARO J. VA 23220		
MARK DE	REICIEMO	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	f FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	on should be complete ie appropriate date
T 400 Continued	From P	age 27		T 400		, i
Nourishme Room; the Room; the temperatur seen in the not secure stored in th failed to he facility did designated facility was lauridry was 160 degree at 12:15 p. to meet the	nts wer staff far log for control of control	ink present for hand re located within the liled to have documed or the refrigerator. Not of or seperate ventile Storage Room. Chestoparated from clean in Storage Room. So exhing-rim clinical since we wheelchair present wheelchair present or wheelchair storage let to provide proof apperature, (which need renheit), prior to exit the facility's Public College facility is public College facili	ntation of a control of a contr		date May 1, 2012 Temperature log started f Mechanical engineer to a storage room. Completion date July 30, Chemicals secured and s clean supplies. Completion date May 17, Wheelchair purchased a stored in designated area Completion date June 28 New washing machine purchased. Sink to be replaced with s operation.	eparation area. Completion for refrigerator. June 28, 2012 ddress ventilation in clean 2012 eparated from 2012 nd a. , 2012
document energy, pr condensal flame-apre smoke-de accordanc unable to ductwork. The facilify outlets) wa adapters i fire system 2. On May was condu- agency's of	ation the otect policy and ration and ration well perceived by a lector of three most and the control of three most are not located working wellity modified.	r was unable to provided ersonnel, prevent value of reduce noise. Insulation provided ersonnel, prevent value of reduce noise. Insular of 25 or less and a rating of 50 or less NFPA 255. The facility and information for intrical receptacle (congruence) and information or intrical receptacle (congruence) and required exprended equipment available as required. 212 at 12:18 p.m., and with the Administrator acting an able to provide as the state and local research.	d: conserve por lation have a a in lity was HVAC avanience se of L No manual interview in the knowledged evidence	5 a	to address vontilation and Completion date October See attached for remaind	d electrical concerns : 2012

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JUL 0 2 2012 State of Virginia VDH/OLC

PRINTED: 08/07/2012 FORM APPROVED

ANO PLAN	IT OF DISPICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIDENTIFICATION N	UNDER:	()C2) MULTI A BUILDIN B. WING	TIPLE CONSTRUCTION	(XS) DATE COMP	
NAME OF P	ROYDER OR SUPPLIE		STREET AD	DRESS CITY	STATE, ZP CODE	Uak	1/2012
PENINSU	LA MEDICAL CENT	ER FOR WOMEN	18758 A.	REFERSON T NEWS, V	AVENUE		
(X4) (D) PRÉFIX TAG	SEACH DEFICIENT	TATEMENT OF DEPICIENCE CY MUST ME PRECEDED & LISC IDENTIFYING INFORM	ES VEAL	ED PRIEFEX TAG	PROVIDENTS PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO OFFICIENT	THE APPROPRIATE	(OS) COMPLE DATE
T 000	12 VAC 5-412 Ini	tial comments		T 000			
	inspection was co facility on May 30 Facility Inspectors Health's, Office of The facility was for State Board of He for Abortion Facility	tial Licensure Abortion inducted at the above and 31 2012 by two (a from the Virginia Dept. Licensure and Certification out of compliance with 12 VAC 5-412, Ray's effective December were identified and aport.	referenced (2) Medical partment of ication. e with the tegulations or 29.	Alle Selection of the Control of the	processors have return to the control of the contro		
	management 8. There shall be ownership. Owner to the OLC and in the individuals or entitionally of the ownership shall on the ownership shall on the ownership shall be	disclosure of facility rishlp interest shall be the case of corporations holding 5.0% or mall be identified by neal shall be notified of a hip.	ons, all nore of	T 015		The second programme and the second programme	
	Based on interview facility failed to pro- of the facility.	met as evidenced by: s and document reviewide discloser of the d	men the		Secretary Deposits Secretary Secretary Secretary		
	2012) the facility Ad Provide names of the acility. The Admini	the survey (May 30 at Iministrator was aske ne individuals who out istrator stated on May 1:30 A.M. "I don't have	nd to med the v 31, 2012	·	T 015 Attached is the Corporate Members including the so for Governing Authority. Completion Date June 15	ole stockholder	
1/1 4	DIRECTOR'S OR PROVIDE	ENGLIPPLIER REPRESION	TATIVES SIGN	ATURE	Administra		00) DATE - 2 · / 2
TE FORM			Marine		OE1M11	T continueto	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROMOERSUPH IDENTIFICATION I	WARER:	(CZ) MULTI A. SUILDIN B. WING	PLE CONSTRUCTION G	COMPL	TE SURVEY LETED 5/31/2012	
NAME OF	PROVIDER OR SUPPLIES		Miles and a second	DOESE CITY O	ITATE, ZIP CODE	09/3		
	JLA MEDICAL CENT	ER FOR WOMEN	10758 A. NEWPOR	EFFERSON T NEWS, VA	AVENUE			
(XX) ED PREFIX TAG		TATEMENT OF DEPICIENC CY MUST BE PRECEDED I LBC IDENTIFYING INFOR	De en e	PREFIX TAG	PROVIDER'S PLAN OF C (BACH CONNECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	(X5) COMPLETE DATE		
T 036	Continued From P	age 1		T 035	A Company See	Carlo de partir del	RIU P	
T 035	035 12 VAC 5-412-150 Policy and procedure		re manual.	T 035				
	and maintain an approcedures manually the licensee. The provisions covering topics: 1. Personnel; 2. Types of electronic topics: 1. Personnel; 2. Types of electronic that may be perfored. 3. Types of anest 4. Admissions and for evaluating the perfore discharge; 6. Obtaining writis patient prior to the 16. When to use ut gestational age and patient risk; 7. Infection prever 8. Risk and quality 9. Management as medical and/or surg 10. Management at 11. Ensuring countried and/or surg 10. Management at 11. Ensuring countried and lotter tights; 13. Disaster prepared 14. Patient rights; 15. Functional safe and 16. Identification of esponsibility for ope the facility is delegately the licensee for hesponsible and acceptance.	hesis that may be used discharges, including attent before admission the informed consent initiation of any procurational determination of any procuration of any procuration in when indicated to a stion; I management; Ind effective responsional effective responsional emergency; I management; I the person to whom	i be pessary by following rocedures sect; ing criteria pion and of the edures; ne masess a to se to fire; cable mance of tablished of fictors			trade de la		

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDERSUPPLI IDENTIFICATION N	MBER.	(C2) MULTI A. BUILDIN R. WING	PLE CONSTRUCTION G	(X3) DATE COMP	LETED
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	Based on interview policies the facility from Personnel, type procedures that may admissions and discuttrasound to determindicated to assess prevention; risk and management and elective response to with all applicable fedisaster preparedne person to whom response to the internance of the methods established	met as evidenced by: and review of the far alled to have policy/r s of elective and em- y be performed in the charges; when to use putient risic; infection quality management factive response to a rgency;management offre; ensuring comp derai, state and loca es and identification ponsibility for operati facility is delegated a if by the licensee for consible and accounts	citty procedures proce	T 035			

STATÉMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLICENTIFICATION N	UNBER	A BUILDII B. WING	IIPLE CONSTRUCTION NG	(COMPLIANCE)	
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	P.M. the agency's Administrator's off 9:30 P.M. to 12:00 reviewed in the Ad and procedures shandards and guid The facility failed to cover the following and emergency properformed in the fadischarges; when the gestational age ampatient risic; infection management; management of the preparedness and in the Administrator of the administrator in the Administrator re-co	de: 12 between 2:00 P.M. policies were review lice. On May 31, 201: 12 P.M. the agency's plininistrator's office. I half be based on recodelines. 13 between policy and procedures that may be believe and on prevention; risk are lagement and effective and effective mpliance with all apposal laws; disaster identification of the procedures; disaster identification of the procedures.	red in the 2 between colicies were interested or continue to felective end quality we response of calculation to 5:00 perviewed intrator the facility recedures and 10:30 l with the te. The lens to 5:00 perviewed intrator the facility recedures.	T 035	T 035 Policies are in place: Personnel; admissions and discharge ultrasound; infection prevention; Quality Assurance; management and effective ensuring compliance with state, and local laws; disaster preparedness; identification of person to v responsibility is delegated established for holding ind responsible and accountat To be written for: types of elective and emer procedures that may be pe management and effective medical and/or surgical em Policy and procedures mai be reviewed annually. Completion date July 12, 2	e response to fire all federal, whom and methods ividual ole. gency erformed; e response to nergency. nual is to	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION IN	LIMBER:	(X2) MULT A. BUILDII B. WING	TIPLE CONSTRUCTION	(CS) DATE COMP	
	OMDER OR SUPPLIER A MEDICAL CENTI	ER FOR WOMEN	10758 A J	EFFERSON	STATE, ZIP CODE I AVENUE A. 23601		142014
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T 070 12 C. his the entry of th	or employment frobtain and verify in a to education, tra rofessional licensicalith and personal ealth and personal ember. This RULE: is not a assed on document acility failed to enserformed on all licensed staff. The Findings Includes the Findings Includes the Findings Includes a total a verification enserformed on all licensed staff. The Findings Includes Included authority record checks the Findings Includes Includes Included Includes Includes Included Includes Included Includes Included Includes I	all obtain written aport all staff. The lice formation on the applicable, and background of each met as evidenced by the review and interviewed individuals for the credential file was reviewed. The file of the Virginia medician from the Department have it now."	for the le did not dical riment of stated, "I case to a facility chack for the facility cha	T 065	T 065 The medical license for has been downloaded frof Medicine website. Per includes the need for license item on it. Person reviewed annually. Completion date June 14	om the Board prsonnel policy ense from on checklist has onnel files to be	

If continuation sheet, 8 of 31

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION AME OF PROVIDER OR SUPPLIER	(XI) PROVIDENSUPPL DENTIFICATION N	OZ STREET AL	A. BUILDIN B. WING_ DORESS, CITY,	STATE, ZIP CODE	(3) DATE SURVEY COMPLETED 	
ENINGULA MEDICAL CENTE	ER FOR WOMEN		JEFFERSON IT NEWS, VA			
REEDY (EACH DEFICIENC)	SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION SEFEX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
the licensed person controlled substance Administrator preso primary physician's criminal history che State Police pursua Code of Virginia.	de: At 2 P.M. the personnel who have accessive reviewed want. The Administrative personnel files did acks performed by the personnel files did acks performed by the personnel files and on the signed my naid to resubmit it. (Ne other office." E Personnel develop, implement ad procedures to do attes in initial and on on that is directly repropriate to the level es provided. This siden of annual particular prevention in-services and intervies ensure it developed eintained policies are ment the facility staff and ongoing training uded infaction contrast.	to to with the tor and the not contain to Virginia of the my me in the ame of the ame of the tand to tand the tand to the tand to training.	T 080	T 070 Criminal background clobtained for administra Personnel policy and o indicated need for crim check for personnel what to controlled substance Completion date June 2	tor and physician. rientation checklist inal background o have access s.	

State of Virginia

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROMOENSUPPI DENTERCATION I	UMBER	(X2) MULI A. BUILDI B. WING	TIPLE CONSTRUCTION NG	COMPLI	
NAME OF F	PROVIDER OR SUPPLIER	The same of the same of	The second second	DRESS, CITY,	STATE, ZIP CODE	00/3	<u>uz</u> v12
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	care and services for 1 of 1 security documentation of 3 of the 5 personn documentation for the facility at have any policies of their (the facility at have any policies of their what is in their descriptions." 12 VAC 5-412-170 F. Job descriptions 1. Written job descriptions 1. Written job descriptions 1. Written job description 1. Written job description 2. Each job description and maintained 2. Each job description and when a surface and when a surface and when a surface and when a surface and course facility staff failed to that adequately description and face and position and face and position and face and position and face and position and face	t staff personnel who to the patients of the personnel. There we training on infection of files there was no y kind. at 2:30 P.M. the Admind stated, "I do not he training other than wastf) personnel folder on training or educate ir (the facility staff) joint if the facility staff) joint in the facility staff) joint in the facility staff) joint in the facility staff in th	a facility and as no control. In training in inistrator save any what is in a. I do not ion other ob sation and at least in to the seriptions pecific ons of act	T 085	T 080 Training on infection con is to be conducted initial. This has been added to checklist and to the pers Documentation of In sen included in each staff me as well as a manual dedidocuments. The Inservice will be reviewed annually files will be reviewed annually files will be reviewed and completeness. Administ responsible for coordinated documentation. Completion date July 12,	ly and annually. the orientation connel policy. vice training will be ember's personnel icated to training ce Training manua y. Personnel nually for rator will be ting training and y. 2012	file

State of Virginia

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROMOTERSUPPL IDENTIFICATION N FTAP-0	UMBER:	TIPLE CONSTRUCTION NG	03) DATE SURVEY COMPLETED		
	ROYDER OR SUPPLIER M.A. MEDICAL CENT		STREET ADDR 10758 A JEI NEWPORT I	FERRO	STATE, ZIP CODE MAYENIJE A 23401	resident Au	24th
(XI) ID PREFOX TAG	EACH DEFITEN	TATEMENT OF DEFICIENCE CY MUST BE PRECEDED 8 LISC IDENTIFYING INFORM	ES COMM	ID PREFIX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REPERENCED TO THE APPROPRIES OF CORRECTIVE ACTION SHOOT CORRECTIVE ACTION SHOOT CORRECTIVE ACTION OF CORRECTIVE ACTIO	IN DE	(205) COMPLETE DATE
	Continued From Page 7 Continued From Page 7 On May 30, 2012 at 2:00 P.M. a review of the personnel files was performed with the facility Administrator on 5 of 5 personnel files. Two (2) of the files did not contain job descriptions and 6 of the 5 did not contain evidence that the staff member was aware of their responsibilities. The Administrator stated, "We need to work on that."		of the facility Two (2) of a and 5 of staff litles. work on I for each impletely allable, a the file facility and work on the file facility and the file facility an	090	T 085 Job descriptions have been added personnel files. Job descriptions been revised to include a place for member to sign and date to indict that she is aware of the responsit of her position. Job descriptions reviewed at least annually. The policy will include procedure for rijob descriptions at least annually files will be reviewed annually for completeness. Completion date June 20, 2012	have or the staff ate bilities will be personnel eviewing Personnel	
			ors the activitions ecific case of the scility I'wo (2) of and 5 of		T 090 Job descriptions have been provies each staff member and signed are to indicate her awareness of resp. Personnel policy and orientation include job descriptions in them. files are to be reviewed annually completeness. Job descriptions at to be reviewed annually. Completion date June 20, 2012	nd dated consibilities. checklist Personnel for	

	IT OF DEPICIENCIES OF CONNECTION	(X1) PROVIDER/BUPPLI IDENTIFICATION IN		(22) MULTI A BUILDIN B. WING_	PLE CONSTRUCTION G	(COMP	ETED	
NAME OF	ROVIDER OR SUPPLIER					06/3	1/2012	
	ILA MEDICAL CENT		10758 A	ADDRESS, CITY, STATE, ZIP CODE A JEFFERSON AVENUE ORT NEWS, VA 23601				
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T 090	Continued From P	sge 8	1 ==	T 090			*-	
	member was aware of their respons		iles.	alle len				
	The Administrator that,"	stated, "We need to	work on	1 2000	The second			
T 095	12 VAC 5-412-170	H Personnel		T096				
	include, but not be 1. Written job dearesponsibility, and classification; 2. Process for verilicemployees or inde; 3. Process for end performance and c 4. Process for veri employees meet the facility; and 5. Process for repohealth care practitic licensing or certifice.	criptions that specify in qualifications for each diving current professi- ation and training of bendent contractors; ually evaluating emploom competency; fying that contractors e personnel qualifical orting licensed and ce mers for violations of ation standards to the within the Department	authority, h job ional loyae and their tions of stiffed their				101 \$	
	Based on document facility staff falled to procedures included process for verifying or certification, process employee performant process for reporting	net as evidenced by: t review and interview ensure personnel po i written job description of current professional current professional case for annually evalu- nce and competency plicensed and certific r violations of their lic adards.	vs the plicies and ons, licensing ustion and a and health					
٦	The Findings Include	ec .		užė		THE CHARLES	E 527	
	On May 30 and 31, 2		11/4	- 1				

	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDENSUPPL IDENTIFICATION IN	UMBER:	(CC) MEE. A. BURLDI B. WING	TIPLE CONSTRUCTION	(COMPL	ETED
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Т 095	facility policies and procedures were reviewed the Administrator and a facility consultant. But facility employees stated their policies and procedures for personnel did not include writing job descriptions, process for verifying current professional licensing or certification, process annually evaluation employee performance at competency and a process for reporting ficens and certified health care practitioners for violated their licensing and certification standards. The facility Administrator stated, "We will need work on those."	ant. Both and is writien urrent rocess for ince and if icensed if violations arda,	T 005	T 095 Personnel policy includes justices for verifying license annual performance evaluation reporting licensed health for violations of their licensicertification standards. Completion date June 20, 2	ure, process for tion, and proces n care practitions ng and		
T 105	A. Physicians and practitioners shall o Clinical privileges o	non-physician health constitute the clinical	care staff.	T 105			
	Based on document the facility staff faile	met as evidenced by: t review and staff into d to ensure the privile clearly defined for 1 c	erviews				
	The Findings Includ	e : ·		Strail	T 105	e ryan do j	
	Physicians was review	e credential file for 1 wed. The file did no tieges or appointmen	t contein		Granting of privileges docur been obtained. June 15, 2012	ment has	
		ated, "We will get tha	f.				
T 110	12 VAC 5-412-180 B	Clinical staff	τ	110		III Was the FT of	
- 11	B. Abortions shall he	performed by physi		35			

AND PLAN	ENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FTAF-002 FPROVIDER OR SUPPLIER		UMBER: 02	A BULD B. WING		(XS) DATE SURVEY COMPLETED			
	PROVIDER OR SUPPLIER JILA MEDICAL CENTI	ER FOR WOMEN	10758 A	ADDRESS, CITY, STATE, ZIP CODE A JEFFERSON AVENUE DRT NEWS, VA 23801					
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T 130	who are licensed to and who are qualiful to perform abortion implement and make occur in the facility physicians who are experience. This RULE: is not Based on document the facility staff fasility at affecting that ensure abortion physicians who are experience. The Findings Included On May 30 and 31, procedures were reand a facility consul of policies and procedures are qualificated as a second procedure and procedures and procedures are qualificated as a second procedure and procedures are qualificated as a second procedure and	o practice medicine lied by training and ens. The facility shall intain policies and pument that abortions are only performed a qualified by training met as evidenced by training met as evidenced by training and to ensure there was are only performed a qualified by training de: 2012 the policies are viewed with the Admitant. There was no redured indicating whining was required of eat the facility. Attated, "We will need that are only of the author and clian or other authoricipated minor election entered pursuance of Virginia shall be	properience develop, rocedures that by sand serience policies ed by and serience hat a serience hat a serience the policies ed by and serience hat a serience the	T 110	T 110 Physician competency p Completion date June 15	5, 2012			

State of Virginia

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(4) PROVIDERISUPPL IDENTIFICATION N	LMBER:	A BUILDI R. WING	TIPLE CONSTRUCTION ING	(CS) DATE COMP	
	PROVIDER OR SUPPLIER ALA MEDIGAL CENT		10758 A	DRESS, CITY, NEFFERSOI T MEWS, V	, STATE, ZP CODE N AVENUE		WEG 12
(X4) ID PREFIX TAG	GEACH DEPICEN	TATEMENT OF DEFICIENCE TY MUST BE PRECEDED B LBC IDENTIFYING INFORM	ES VERI	ID PREFIX TAG	PROVIDER'S FLAN OF C (SACH CORRECTIVE ACT) CROSS-REFERENCED TO 11 DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(03) COMPLETE DATE
T 165	This RULE: is not Based on the revidinterview there was and/or care for a right of the findings included. The findings included the findings included the findings included the findings included the findings acknowledged the findings and find a services and/or care emancipated. 2. On May 31, 2012 arm a second interval and findings and findings and findings for a minor the Administrator's that there was no prevention plan the facility and all services and/or arminor the findings and selection of "Guide to Outpatient Settings: Safe Care", published Sease Control and with training and expension policies; and shall participate in the prevention policies; and policies;	t met as evidenced by sw of the facility's pois no policy regarding ninor that was not entered. 2:00 PM and 5:00 Place. There was no policy reaction and/or care for a mited. The Administration of the manner that was no policy reaction of a minor that was conducted with a facilities nume confice. Both acknow the facilities nume confice. Both acknow office. Both acknow office regarding serving at was not emancipal at was not emancipal there was not emancipal at encompasses the expressions of the current of the compasses the expressions of the current of the minimum Expectation of the development of interestion provided, and indiparties in infection provention of the development of interestion procedures and interesting they comply with the and standards.	were M in the ilicy inor that or regarding as not and 10:30 with the insultant in fedged cas and/or that in insultant in fedged cas and/or that in insultant in insultant in fedged cas and/or that in	T 165	T 130 Policy on minors is in plac Policy and procedures ma reviewed annually. Completion date June 22,	nual to be 2012	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N	UMBER	A BUILDII BL WING	IPLE CONSTRUCTION IG	(CO) DATE:	
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	implementation ar prevention policies regulations or guid they are based shall. All infection preprocedures shall be the administrator at the clinical staff. I recommendations documented in writh a designated preceived training in and shall also be at This RULE: Is not Based on interview control manual the appointment of an infection prevention annual review of the The findings included 1. On May 30, 201: policy/procedure manual review of the findings included 1. On May 30, 201: policy/procedure manual review of the findings included 1. On May 30, 201: policy/procedure manual review of the findings included 1. On May 30, 201: policy/procedure manual review of the findings included to idea the facility who has infection prevention involved in the annual review of the facility who has infection prevention involved in the facility. The that no one has recommend the second that it is the facility of the facility of the facility. The first no one has recommend the second that it is the facility of the facility of the facility. The first no one has recommend the facility of t	and maintenance of inference and procedures and sand procedures and lance documents on all be documented. Evention policies and se reviewed at least a and appropriate ment. The annual review profer changes/updates ling, aron in the facility sin basic infection prevented in the annual met as evidenced by and review of the in acidity failed to have individual trained in the annual was reviewed in infection control procedured the agency's laboration and who shall also in received basic training and who shall also it involved in the Administrator acidity a designated per received basic training in and who shall also it involved in the agency's and review.	the which strict which strict which strict which strict which strict which strict which was and strict which was a strict which which was a strict which which was a strict which which which which was a strict which which which which was a strict which was a strict which was a strict which which which which was a strict which which which which which was a strict which which which which which was a strict which which which which was a strict which w	T 165	T 165 The physician is currently person with basic training control. The infection correviewed at least annual Completion date July 12	g in infection entrol plan is to be ly.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER: OCS MULTIPLE CONSTRUCTION (23) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING FTAF-002 05/31/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZP CODE PENINSULA MEDICAL CENTER FOR WOMEN 10758 A JEFFERSON AVENUE **NEWFORT NEWS, VA 23601** SUMMARY STATEMENT OF DEFICENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) REFIX TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE MPLETE DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY T 170 Continued From Page 13 T 170 T 170 12 VAC 5-412-220 B Infection prevention T 170 B. Written infection prevention policies and procedures shall include, but not be limited to: 1. Procedures for acreening incoming patients and visitors for acute infectious illnesses and applying appropriate measures to prevent transmission of community acquired infection within the facility; 2. Training of all personnel in proper infection prevention techniques: 3. Correct hand-washing technique, including indications for use of soap and water and use of alcohol-based hand rubs: 4. Use of standard precautions: 5. Compliance with blood-bourne pathogen requirements of the U.S. Occupational Safety & Health Administration 6. Use of personal protective equipment. 7. Use of safe injection practices: 8. Plans for annual retraining of all personnel in infection prevention methods; 9. Procedures for monitoring staff adherence to recommended infection prevention practices: 10. Procedures for documenting annual retraining of all staff in recommended infection prevention practices. This RULE: is not met as evidenced by: Based on Interview and the review of the agency's polices the facility falled to provide infection prevention training & policies for: A. Procedures for the screening of incoming patients and visitors for acute infectious linear applying appropriate measures to prevent transmission of community acquired infection within the facility; monitoring staff adherence to recommended infection prevention practices and documenting annual retraining of all staff in recommended infection prevention practices.

State of Virginia

	IT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLI EDENTIFICATION IN	UNIEN:	(C2) MLL A. BANLDI B. WANG		(ICS) DATE 6 COMPU	
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T 170	Continued From F	Page 14		T 170	an Manager and the	minum cla	
	B. Training of all personnel in the proper infection prevention techniques. The findings include: 1. On May 30, 2012 the facility policies were reviewed between 2:00 PM and 5:00 PM in the Administrator's office. The facility's infection prevention policies falled to include: A. Procedures for the acreening of incoming patients and visitors for acute infectious lineases, applying appropriate measures to prevent transmission of community acquired infection within the facility; monitoring staff adherence to recommended infection prevention practices and documenting annual retraining of all staff in recommended infection prevention practices.			certical de la grande de la companya			
·				T 170 Procedure for screening pat visitors has been written. Procedure of the state	olicy for		
				monitoring staff adherence to prevention practices has been initial and annual training in control is included in infection as well as personnel policy and checklist. Infection Control to be conducted quarterly. If the besubmitted to Quality Assistance in the prevention of the conducted to Quality Assistance.	en written. Infection on control policy and orientation Survey Results to		
1	prevention techniq technique, includin	ersonnel in the proper use; correct hand-we ig indications for use (ehing of soso		Committee. Completion date July 12, 20	12	
	inchnique, including indications for use of scap and water and/or use of sicohol-based hand rube; use of standard precautions; compliance with blood-bourne pathogen requirements of the U.S. Occupational Safety & Health Administration; use of personal protective equipment; safe injection practices and plane for annual retraining of all personnel in infection prevention methods. 2. On May 30, 2012 an interview was conducted with the Administrator between 3:00 PM and 5:00 PM in the agency. The Administrator acknowledged that the facility failed to provide the employee's with infection prevention training & policies.		sand rubs; e with the U.S. stion; use njection of all		Training of all personnel in prevention techniques to be initially and annually. Docuto be in the inservice Traini as well as each personnel files are to be reviewed annual to the initial as well as each personnel files are to be reviewed annual to the initial	e conducted umentation is ing Manual file. Personnel	
				completeness. Completion date July 12, 20	012		
						d hour grade	

	OF CORRECTION	(X1) PROMOERBUPPE IDENTIFICATION N	ower:	(X2) MULTI A. BUILDIN B. WING_	PLE CONSTRUCTION	(23) DATE COMP		
	PROVIDER OR SUPPLIER ILA MEDICAL CENTI	ER FOR WOMEN		DORESS, CITY, STATE, ZIP CODE JEFFERSON AVENUE				
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	with manufacturer 10. Procedures to surfaces with appr 11. An effective print accordance with environmental regrammental regrammental regrammental regrammental regrammental regrammental processery to prevent factious agent in or required by the confidence on the review interview there were tacilly management disposal, storage a linen and supplies; use of cleaning agestoring and transpopolicy/procedure for	recommendations; releaning of environ oprists cleaning proset control program, a local health and utations; and a prevention procedulations; and a prevention procedulation of the facility as recompled the facility as recompled the facility as recompled to the facility's policies/procedulate of: hand hygiene; and transport of equipproduct specific less that; procedures for ring of medical was a procedures recess similation of an infect the facility policies of the fac	ducts; , managed ures sion of an amended y: licies and sures for the cleaning, pment, tructions for handling, ste; ther sary to clious agent were M in the following: and torage and torage and torage and torage and torage and					

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	d. Procedures for transporting clean and equipment; e. Procedures for storage/transport of Procedures for It transporting regula accordance with a g. Procedures for reusable medical different patients, the level of cleaninused for each type (e.g., cleaning, chesterilization); and (the recommended has been achieved the manufacturer's applicable state or guidelines; h. Procedures for a non-reusable equipment in acrecommendations; j. Procedures for a recommendations; j. Procedures for surfaces with approximates with approximates with approximates with approximate accordance with lo regulations; and I. Other infection per to prayent/control to prayent/ontrol to prayent/transport in the facility by the department. 2. On May 30, 2012 with both the facility consultant in the Acacknowledged that	coldental exposures; handling, storing and linens, clean/stertie handling/temporary of soiled linens; handling, storing, prosted medical weste is pplicable regulations the processing of easignment between in the procedure shall indical disinfection/stertize of equipment, (ii) the method for well the method for well evel of disinfection. In the procedure shall recommendations a recommendations a recommendations are national infection compropriate disposal oment; sedures for maintena cordance with manual.	disupplies cessing and it				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLE EXECUTION N	UMBER:	(C2) MULTI A. BUILDIN B. WING_	PLE CONSTRUCTION 9	(XS) DATE COMPI	
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	am a second intended the Administrator's that there was no pare for a minor that the abortion fall in a language or mappropriate counse abortion procedures and maintain policiprovision of family provision of family counseling to its particular that facility staff falls maintained and improcedures pertain instructions in a land understand. The Findings Include that the facility police in the facility police	12 between 9:30 am view was conducted the facilities nurse of a office. Both scknow policy regarding services that was not emanciped B Medical testing, paor citity shall offer each somer they understand and shall develop, it am a swidenced by a review and post-aintents. The as evidenced by it review and staff in a language each patient and guage each patient. 2012 at approximations and procedures and procedures and procedures are guage each patient.	with the oneultant in Medged ices and/or sted. matient petient, ind, in the implement for the bortion y: terviews weloped, ind di could tely 11:30 s were a policy on a policy on a policy or a poli	T 175	T 200 Policy and procedure is i counseling and for provis planning and post-abortic Completion date July 12.	sion of family on counseling.	

IT OF DEFICIENCIES OF CORRECTION	IDENTIFICATION N	LAIGER:			(AS) DATE COMPI	
INSULA MEDICAL CENTER FOR WOMEN		10758 A.	IEFFERSON	AVENJE		Neither
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TON SHOULD BE THE APPROPRIATE	COMPLETE DATE
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Counseling and let. D. All tissues remabortion procedure that vill or fetal parts cannot be lide tissue specimen si pathologic examinathe possibility of ar referred appropriation. This RULE: Is not Based on documenthe facility staff fall process and equip specimens sent to not be cartain the The Findings Inclusion. On May 30, 2012 a facility was perform containers being an apacimens to a lab. On May 31, 2012 a facility physician an interviewed. The p specimen to make present. When I creams to the lab. The the day of the procedures portain a specimen to make present to the lab. The position of the lab. The the day of the procedures portain a specimen to a specimen to the lab.	coved resulting from (a shall be examined or an are present; if vill entified with certainty hall be sent for further ation and the patient or ectopic pregnancy, tely. I met as evidenced by nit review and staff in ed to ensure they ha ment available to ha a lab when the physical parts were a lab when the physical parts were they have the comprehensive tour and. There was no evallable to transport of for further testing, at approximately 11:3 and Administrator was shysician stated, "I chart the sure the specimens are transported and the sure tra	the to verify i or fetal y, the er calerted to and exterviews id a vertical could be present. If of the evidence of the evidence of the text each in parts are imported by are ne."	T210	Arrangements have be pathology testing. Completion date July 6	en made for , 2012	
	PROVIDER OR SUPPLIER PROVIDER OR SUMMARY ST (EACH DEFICIENCE REGULATORY OR Continued From F 12 VAC 5-412-240 Counseling and lei D. All tissues remabortion procedure that vill or fetal paparts cannot be led tissue specimen sepathologic examinate possibility of an referred appropria. This RULE: Is not Based on docume the facility staff fall process and equip specimens sent to not be certain the The Findings Inclusion of the Inclusion of	PROVIDER OR SUPPLIER BLA MEDICAL CENTER FOR WOMEN SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED B REGULATORY OR LSC IDENTIFYING INFORM Continued From Page 19 12 VAC 5-412-240 D Medical testing, yourseling and labor D. All tissues removed resulting from abortion procedure shall be samined that vill or fetal parts are present; if vill parts cannot be identified with certainly tissue specimen shall be sent for furth pathologic examination and the patient the possibility of an ectopic pregnancy, referred appropriately. This RULE: Is not met as evidenced be Based on document review and staff in the facility staff falled to ensure they ha process and equipment available to has specimens sent to a lab when the physical parts were the certain the villi or fetal parts were the findings include: On May 30, 2012 a comprehensive tout facility was performed. There was no exceptioners being available to transport specimens to a lab for further testing. On May 31, 2012 at approximately 11:3 facility physician and Administrator was interviewed. The physician stated, "I capecimen to make sure villi and or fetal present. When I can't be sure the specimen are truthed day of the procedure to the lab. The reporters are truthed day of the procedure to the lab. The reporters are truthed as of the procedure to the lab. The reporters cup with sality than a specimen cup with sality transported in a specimen c	PROVIDER OR SUPPLIER REA MEDICAL CENTER FOR WOMEN SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From Page 19 12 VAC 5-412-240 D Medical testing, patient counseling and labor D. All tissues removed resulting from the abortion procedure shall be examined to verify that vill or fetal parts are present; if villi or fetal parts cannot be identified with cartainty, the tissue specimen shall be sent for further pathologic examination and the patient alerted to the possibility of an eclopic pregnancy, and referred appropriately. This RULE: Is not met as evidenced by: Based on document review and staff interviews the facility staff failed to ensure they had a process and equipment available to have tissue specimens sent to a lab when the physician could not be certain the villi or fetal parts were present. The Findings include: On May 30, 2012 a comprehensive tour of the facility was performed. There was no evidence of containers being available to transport fissue specimens to a lab for further testing. On May 31, 2012 at approximately 11:30 A.M. the facility physician and Administrator was interviewed. The physician stated, "I check each specimen to make sure vill and or fetal parts are present. When I can't be sure the specimen is sent to the lab. The specimens are transported the day of the procedure to the lab. They are transported in a specimen cup with saline."	PROVIDER OR SUPPLIER REAL MEDICAL CENTER FOR WOMEN SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LOC IDENTIFYING INFORMATION) Continued From Page 19 12 VAC 5-412-240 D Medical testing, patient counseling and labor D. All tissues removed resulting from the abortion procedure shall be examined to varily that vilii or fetal parts are present; if vilii or fetal parts cannot be identified with certainty, the tissue specimen shall be sent for further pathologic examination and the patient alerted to the possibility of an ectopic pregnancy, and referred appropriately. This RULE: Is not met as evidenced by: Based on document review and staff interviews the facility staff failed to ensure they had a process and equipment swallable to have tissue specimens sent to a lab when the physician could not be certain the vilii or fetal parts were present. The Findings include: On May 30, 2012 a comprehensive tour of the facility was performed. There was no evidence of containers being available to transport tissue specimens to a lab for further testing. On May 31, 2012 at approximately 11:30 A.M. the facility physician and Administrator was interviewed. The physician stated, "I check each specimen to make sure vill and or tetal parts are present. When I can't be sure the specimen is sent to the lab. The specimens are transported the day of the procedure to the lab. They are	PROVIDER OR SUPPLIER RA MEDICAL CENTER FOR WOMEN SUMMARY STATEMENT OF DEFICIENCES (PAGN DEFICERCY MANTER PROCEDED BY FULL REGULATORY OR US DENTIFYING INFORMATION) 12 VAC 5-412-240 D Medical testing, patient counseling and labor D. All tescues removed resulting from the abortion procedure shall be examined to verify that villi or fetal parts are present, it villi or fetal parts cannot be identified with certainty, the tissue specimen shall be sent for further pathologic examination and the patient started to the possibility of an eclopic pregnency, and referred appropriately. This RULE: Is not met as evidenced by: Based on document review and staff interviews the facility staff failed to ensure they had a process and equipment available to have tissue specimens sent to a lab when the physician could not be certain the villi or fetal parts were present. The Findings Include: On May 30, 2012 a comprehensive tour of the facility was performed. There was no evidence of containers being available to fransport tissue specimens to a lab for further testing. On May 31, 2012 at approximately 11:30 A.M. the facility physician and Administrator was interviewed. The physician stated, "I check each specimen to make sure villi and or fetal parts are present. When I can't be sure the specimen is sent to the lab. The specimens are transported the day of the procedure to the lab. They are fransported in a specimen cup with saline."	PENTIFICATION MARKER FTAF-002 **ROWDER OR SUPPLER RA MEDICAL CENTER FOR WOMEN BUMBARY STATEMENT OF DEPLEMENTS GACH DEPLEMENT NEWS, VA 20001 **GENERAL STREET POR WOMEN BUMBARY STATEMENT OF DEPLEMENTS GACH DEPLEMENT OF DEPLEMENTS REGULATORY OR USE DEPLEMENTS REGULATORY OR USE DEPLEMENTS CONSIDERED TAX CONSIDERED TAX TAX TO SECURITY TAX TO SECURITY TAX TO SECURITY TO SECURIT

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	ROVIDER OR SUPPLIER FLA MEDICAL CENT		10756 A.	NORESS, CITY, STATE, ZIP CODE 1. JEFFERSON AVENUE RT NEWS, VA 23601				
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T 276	Continued From Page 20			T 275	\$1.00E	Chrosen Car		
Т 275	12 VAC 5-412-280 C Administration, storage and dispensing of dru C. Drugs maintained in the facility for daily administration shall not be expired and shall be properly stored in enclosures of sufficient size with restricted access to authorized personnel only. Drugs shall be maintained at appropriate temperatures in accordance with definitions in 18 VAC 110-20-10 This RULE: is not met as evidenced by: Based on observations, policies and Interview the agency staff failed to ensure that medications were not expired, were dated and/or contained within its original container when opened and/or used.		Т 276					
	between 12:30 PM. During the tour the a) Tylenol/Codeine an unopened bottle by Lidocaine bottle opened with no date. A pleastic bottle is contained thin brown. 2. On May 30, 2012 PM an interview was Administrator in the Administrator confinabeled uttra sound iquid. The Administrator the Park of Lidocaine if An Interview was continued that the Tecovery Rocconfirmed the	ie: 2 a facility tour was and 2:00 PM in the following was identify Phosphate with 10X with expiration data 10 units/mi in a 10 m when the bottle was belied ultrasound get in liquid (not get) in the conducted with the Procedure Room. I med that the plastic get contained brows rator confirmed that is littled to be dated on inducted with the Administratify tenol/Codeine Phosphated bottle had a popened bottle had a	facility. ffed: tablets in d 04/2012. nl bottle as opened. al but the bottle. and 2:00 and bottle bottle con pened. and con con con con con con con con		T 275 Tylenol with codeine has Lidocaine that had not be the opening date has bee Plastic bottle with betadin discarded. 4 oz bottles obeen purchased. Policies indicate that any items must have the date person who opened item up for procedures, items and any item not properly be discarded. Expiration completed monthly. Completion date June 29	een marked with en discarded. he has been of betadine have opened e and initials of . When setting are to be checke y labeled is to log is to be	d	

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	3. On May 30, 201: the facility policies: Administrator's offi ensure that medica dated and/or container.	J2012. 2 between 3:00 PM: were reviewed in the ce. There were no pations are not expire ined within the original within the same of shall be maintain feral and state laws, y and reporting required from the Code of Virginal as evidenced by tour, review of the with facility failed to medication tox with Recovery Room. The medication was the facility policies with the facility policies with facility policies with the	e colicles to d, out hal corage and lor had in a lirements 3404 of ginia. Tracility's conducted acility. In the most being in a lirement was a not being in the dication lirement was a lirement was a not being in the lirement was a not being in a lirement was a lirement was a not being in a lirement was a lirement	T 285	T 285 Policies dealing with me being written. Logs of m dispensed are being ker Completion date July 6,	nedication ot. 2012		

AND PLAN	OF CORRECTION	(X1) PROVIDERGUPPU IDENTIFICATION IN	ABER	A BUILDON S. WING	PLE CONSTRUCTION G	- COMPL	(CS) DATE SURVEY COMPLETED 05/31/2812	
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	Administrator's offi acknowledged that dispensing policy. 3. On May 31, 201: am a second interval and a second interval and related supplied and related supp	nistrator was intervieice. The Administrator there was no media there was no media discourage of the facilities nurse on office. Both acknownedication dispension fequipment and supplies appropriate and patients based on of services provided reultable for recovery meters and masks tion; quipment to include; a quipment and supplied ined and supplied lined and wester and media to bags and orai at lications, intravenous and equipment; other lined and wester and wester and media lications.	or ation and 10:30 with the cosultant in dedged g policy. clies sal di the level, i, to y; or as a livelys; is fluids, ies;	T 290				
-	The Findings Include	E :						

	IT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDENSUPPI SUBHTIFICATION IN	UMBER:	(CC) MUL: A. BUILDI B. WING		COMP	
NAME OF	ROVIDER OR SUPPLIES		STREET AD	DREES, CITY	STATE, ZIP CODE	038	112012
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	during the comprete the Administrator and evidence of on patient require oxy emergency cart was consultant. The calintravenous) tubin needles for administrator tomorrow. I did not 12 VAC 5-412-290 A. An abortion fact urgent or emergent urgent or emergent urgent or emergent premises adequate suction apparatus, resuncitation and or other complications. This RULE: is not it based on document the facility staff faller medical equipment care for patients in the Findings Including the facility with the consultant there was evaluate should a procedure. On Medical equipment on procedure. On Medical equipment or procedure. On Medical equipment or procedure.	at approximately 3:3 thereive tour of the fand facility consultar gen being available gen. Also during the strated mot contain are get o connect IV fluid stration in the event stated, "We will have think we needed out the and maintain of monitoring equipme oxygen and related outrol of hemorrhages. The event of an emedia and supplies were a like event of an emedia; uring the comprehens of oxygen then the suctions of oxygen other than the suctions of oxygen ox	acility with at there was should a se tour the facility by IV is to the of an at the fubling kygen." The facility by IV is to the of an at the fubling kygen." The facility by IV is to the facility by IV is and no on used in ingency thant. The facility by IV is and no on used in ingency thant. The facility by IV is an and no on used in ingency thant. The facility by IV is an and no on used in ingency thant.	T 300	T 290 IV tubing has been stocked. Completion date June 7 Oxygen has been stocked suction for airway has been stocked IV tubing has been stocked Completion date June 7, 2	ked. Oxygen 7, 2012 . Gomco in obtained. d.	

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLI IDENTIFICATION N	UMBER:	(C2) MULTI A. BUILDIN B. WING	TPLE CONSTRUCTION	COMPLET COMPLET 05/31/	
	UNSULA MEDICAL CENTER FOR WOMEN 18758			DEFFERSON RT NEWS, V		PART OF TOWNS	
(%) ID PREFEX TAG	(EACH DEFICIEN	TATEMENT OF DIFFICIENCY CY MUST BE PRECEDED B I LBC RUENTIFYING REFORM	Y FULL	PREFIX TAG	PROVIDER'S PLAN OF GEACH CONFRECTIVE ACT CROSS-REPERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(XII) COMPLETE DATE
T 300	Continued From Page 24 in the event of an emergency. The Administrator stated, "We will have the tubing tomorrow. I did not think we needed oxygen."		T 300	State of the state	of a met blaument by If the south publication and publication of the south the publication of the south by	ES I	
T 320	B. The following adequacy and ap to identify unacce occurrences: 1. Staffing pattern 2. Supervision as service; 3. Patient record 4. Patient satisfa 5. Complaint res 6. Infections, conevents; and 7. Staff concerns This RULE: is no Based on docume facility staff failed program that will staffing patterns appropriate to the patient satisfaction infections, complievents; and staff of the findings inclu 1. On May 30, 20 the agency's polic Administrator's of quality assurance following aspects: performance; sup	citon; olution; nplications and other regarding patient cal it met as evidenced b ent review and intervi- to have a quality ass evaluate the following and performance; suj elevel of service; patien; complaint resolutions cations and other ach concerns regarding p	assure ices, and i trends or i of adverse re. by: lew the surance y sepects: pervision ent records on; verse satient care. to 5:00 PM the i to have a ste the d to the level		T 320 Quality Assurance policy manual to be reviewed a Completion date June 29	nnually.	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUPPLI IDENTIFICATION IN	MBER:	(CZ) MULTI A. BUILDIN B. WING	PLE CONSTITUCTION 3	COMPL COMPL	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	ITATE, ZIP CODE		
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T 320	complaint resolution; infections, complications and other adverse events; and staff concerns regarding patient care. 2. On May 33, 2012 between 3:00 PM and 6:00 PM an interview was conducted with the Administrator and the facilities nurse consultant in the Administrator's office. Both acknowledged that there was there was no QA policy or program that will evaluate the above concerns. T 360 12 VAC 5-412-340 Policies and procedures The abortion facility shall develop, implement and maintain policies and procedures to ensure safety within the facility and on its grounds and to natimize hazards to all occupants. The policies and procedures shall include, but not limited to: 1. Facility security; 2. Safety rules and practices pertaining to personnel, equipment, gasse, liquids, drugs, aupplies and services; and 3. Provisions for disseminating safety-related information to employees and users of the facility.		ications and ns and 6:00 e onsultant in dedged that	T 320	at against a service and against a service a	A STATE OF THE PARTY OF THE PAR	AST
T 360			T 360	A control of the best of the control			
	Based on observational policies/procedure develop, implement ensure safety with hazards to patients atore sharps contained use cleaning produpatient use of example findings included.	s of the facility the st it and maintain proc in the facility to mining and staff. The facility iners in a safe mann acts that kill organism in table.	aff failed to edures to nize ty failed to er and to es between	010 1980 000			
	1. On may 30, 201.	2 DOWNSON (2.30 PM	I = 120		LighterAk of "gilkal o		1

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	a sharps contains. Room on the floor top of the nurses of secure to any surface in which needs. The Center for Dis Evaluating and Us article January 191 opening-the dispond the contents. Some areas of factonsider selecting prevent hands or a containers. Stability thoused in the Ultras. The Administrator were used to clear between patients. Material Safety Daneview for what organization what interview we Administrator during Administrator during Administrator during Administrator during a container in the Prowers easily access opening on top of the use of Clorux with an interview were the use of Clorux with an interview with a line of Clorux with an interview with a container and an interview with a content of the con	was conducted. Dur r was noted in the Practice and in the Recovery deek. Both container acce and had an ope as were inserted. Accesse Control, Selecting Sharps Dispose 166, reads in part: "Distail opening should pactify may be a continers with gualingers from entering ty-containers with gualingers from entering ty-containers should introntal surface." It was the exam table surface the exam table surface that the Clore the exam table surfaces the exam table	rocedure y Room on re were not in area at the coording to sting, if Containers isposal prevent spills icem in ould into to j the be stable ox wipes face e for the neet to es kill. If and 1:30 he he harps ery Rooms iscured if and 11:00 he in down with int use. and 1:00 he in down with int use.	7570	T 360 Sharps containers which and have the mail slot to been ordered and are to A rack for the other shath has been set up to make stable. Clorox wipes have with wipes indicated for MSDS sheet in MSDS rounded to completion date July 5,	ype opening have be wall mounted rps container e the container ave been replaced medical setting. manual. 2012	

	STATEMENT OF DEPICIENCIES OCI) PROVIDERSUPPI IDENTIFICATION I		AMBER:	(X2) MULTI A. BUILDIN B. WING_	PLE CONSTRUCTION IG	(CI) DATE COMP			
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T 360	Continued From F stated that the fac- form for the Cloro	dity failed to have th	e MSDS	T360	America de la companya de	Control No course day you make their particular countries			
	utilized, a written a program shall be of This equipment of accordance with a periodic intervals, ensure proper operepair. After repair to any equipment, thoroughly tested in returned to service maintained on each indicate its history. This RULE: is not Based on observal and interview the fipreventative maintained for two refrigerator, one (1 machine. The findings included the control of the	monitoring equipmenterventative maintenterventative maintenterveloped and implestall be checked and/nanufacturer's speciano less than annual station and a state of read and/or alterations the equipment shall be in piece of equipment of testing and maintenter as evidenced between the equipment of testing and maintenters program at lipment. Specifically reafety checks were to (2) exam lights, or (2) exam lights, or (2) exam lights, or (2) exam lights, or (3) centrifuge and one are the following: two or the following: two or (1) or	eince mented. or tested in fications at y, to good are made be before it is at to smance. y: ty policies maintain a sest no e (1) lab (1) suction conducted breventive at least (2) exam	T380	T 380 Preventive maintenance rescheduled. Preventive manual to be kept up to administrator. Preventive	e maintenance date by the			
	2. On May 30, 2012 reviewed between 2	the facility policies 2:00 PM and 6:00 Pl	were M in the		visits to be scheduled ar Completion date July 12		17 f 15 f s		

State of Virginia

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERISUPPI IDENTIFICATION IN	UNBER	(PC) MULT A. BUILDE B. WRIG_	PLE CONSTRUCTION IG	(CS) DATE COMP	ETED		
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T 380	Administrator's office. There was no preventive maintenance policy. 3. On May 30, 2012 during the facility tour the Administrator was interviewed between 12:30 PM and 2:00 PM. The Administrator scienowledged there was no evidence of preventive maintenance safety checks on the following: two (2) examining the (1) lab refrigerator, one (1) centrifuge and one (1) suction machine.		T 380						
	Abortion faculties a local codes, zoning the Uniform Statem addition, abortion for and sections 3.1-3.7 of Part 3 of the and Construction of Facilities Guideline precedence over U Code pursuant to V Entitles operating these regulations a through submission Termination of Precedence over U Code pursuant to V Entitles operating these regulations a through submission Termination of Precedence over U Code pursuant to V Entitles operating these regulations a through submission Termination of Precedence over U Code pursuant to I Code pursuant to	Local and state cool thall comply with state and building ordinatide Building Code. Incitive shall comply 1 through 3.1-8 and 2010 Guidelines for f Health Care Facilitia Institute, which shallow Statewide Buildination Statewide Buildinatide Statewide Buildinatide Statewide Buildinatide Statewide Buildinatide Statewide Indicate your substitute of Indicates and that are may be licensed in such entities submit for licensure that will lance with this proving the date of ficense Regulation Facility by workbook for detail.	te and inces, and in / with Part I section Design its of the all take siding 27,001. Since of spartment and 12 VAC now their at plan ill bring sion ure.						
	This RULE: Is not a Based on observation	net as evidenced by one, document revie	: w and			trost at a gradies. Conservator totales			

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T 400 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	(FACH DEPICIENT REGULATORY OR Continued From P interview, it was do to ensure that they state and local cod as the Uniform Sta Additionally, the far various sections of (Facilities Guidelim Design and Constr as required.	PYMUST BE PRECEDED ST 18C IDENTIFYING INFORM Page 29 stermined that the fact ware in full compliance les, building ordinance thewide Building Code cility failed to comply fichapters 3.1 and 3.1 as institute 2010 Guilles	ES Y FILL HATION Cility failed So with Ess as well e. With 7 of FGI Identities for	PREFIX TAG	PROMDER'S PLAN OF O JEACH CORRESTIVE ACTION CROSS-REFERENCED TO TH	IN SHOULD BE E APPROPRIATE	
	interview, it was do to ensure that they state and local cod as the Uniform Sta Additionally, the far various sections of (Facilities Guidelin Design and Constr as required.	stermined that the far y are in full compliand les, building ordinand stewide Building Code cility failed to comply f chapters 3.1 and 3.1 as institute 2010 Guilles	ce with ces as well t. with 7 of FGI delines for	T 400			
A 2 to fix we can be seen as a final seen as a	Administrator and fi 2012 beginning at a cur it was noted the or a separate colle- colled materials, se lean and sterile su- tunidity and temper vidence of spore to autoclave, had no e arformance testing quipment stored in rade level and were ses than 5 feet in a ave access, failed sed without hands, inflow filters being of ating, no ventilation reas, on evidence is ame-epreed of 25 of moke-developed in	a facility was conduct facility consultant on about 1:00 P.M. Duri at the facility had no ction, storage or dispersion from for the expelles that meets versature control provisesting performed on vidence of meinteners on the facility's such the attic, doorways to have sinks that of at least 30 % efficient non-sensitive and a priess and a sting of 50 or leas, and a sting	ed with the May 30, ing the provision social of storing of ntillation, ions, no the moe or tion where not likely was would be vidence of ency if patient		T 400 See attached		
Th	juipment complian he Administrator at cility had contacted	detectrical material a sce with NFPA 70 and lated during the tour i d a firm who would a with the regulations.	d 99. that the		•		

AND PLAN OF C	ATEMENT OF DEPICIENCIES ID PLAN OF CORRECTION (X1) PROVIDENSUPPLICATION I FTAF-C		UMBER:	A BUILDIN IL WING_		(22) DATE SURVEY COMPLETED 05/31/2012					
	DER OR SUPPLIER MEDICAL CENT	ER FOR WOMEN	10758 A	JEFFERSON	STATE, 28P CODE AVENUE 23601	ettika levatania	Anthrop				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIC IDENTIFYING INFORMATION)			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH)				PROVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
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W.K.G. and J., Incorporated

Corporation and Governing Board Members

President and Treasurer

Jill Abbey 118 North Boulevard Richmond, Virginia 23220

Secretary

Marianne Fitzhugh 118 North Boulevard Richmond, Virginia 23220

Assistant Secretary

Waller R. Staples, III
909 East Main Street, Suite 1200
Richmond, Virginia 23219-3095

Sole Stockholder

William G. Fitzhugh, MD 118 North Boulevard Richmond, Virginia 23220

Department: Personnel	Policy Description: Personnel Policies	
Page: 1 of 1	Replaces Policy Dated:	- 1
Effective Date: 6/21/12	Reference Number: 12VAC5-412-170	
Approved:		

Scope:	All Staff
Purpose:	To ensure personnel are hired, trained, and reviewed appropriately so that the center may function optimally to the satisfaction of the patients, the governing authority, and other staff
Procedure:	When filling a position, the new employee form will be utilized to ensure verification of qualifications for the position. An application will be obtained from all staff.
	Licensure will be confirmed for those staff with a license. Confirmation will be by going on line to the appropriate board's website and conducting license look-up.
	Criminal history checks will be conducted for those staff with access to controlled substances.
	Orientation checklist will be completed.
	A job description will be part of each personnel file. The staff member will sign and date the job description to indicate that she is aware of her responsibilities. Job descriptions will be reviewed annually. A copy will be given to each staff member initially and when revised.
	Fire safety training will be conducted initially and annually
	Infection prevention training will be conducted initially and annually
	Performance and competence will be evaluated annually; job descriptions will be reviewed at that time and revised as needed.
	CPR training will be kept up to date for staff working in the clinical areas.
	Violations of licensing or certification standards will be reported to the appropriate board within the Department of Health Professions. The administrator is responsible for reporting violations.
	A personnel file for each employee will be safeguarded against loss and unauthorized use. Employee health information will be maintained separately within the personnel file.
Reference:	12VAC5-412-170

Revised:	6/12					
Date & Initial:						
Reviewed:						
Date & Initial						

The finding of deficiency for noncompliance with 12VAC5-412-380 is inappropriate because Peninsula Medical Center for Women (PMCW) submitted a plan for coming into compliance with this regulation along with its application, as the regulation clearly allowed. If the Department refuses to remove the finding, it should grant PMCW a variance. The plan that PMCW submitted with its application for licensure continues to be the most accurate statement of its plans to comply with this regulation within two years of licensure. In an effort to provide the Department with an update on our implementation of that plan, following is a timeline for our recent work as well as our work over the next several months:

March 14, 2012 – Brought in an architect to do an assessment of PMCW's facility for compliance with 12VAC5-412-380.

April 15, 2012 Fire Marshal conducted an inspection and found facility in compliance with fire code.

July-Oct. 2012

- Identify mechanical engineer and schedule inspections or evaluation visits as appropriate to obtain a report on HVAC/ventilation requirements and design a plan for coming into compliance.
- Schedule inspections or evaluation visits as appropriate regarding compliance with electrical code.
- Building owner states they will contact the local building department to schedule an inspection to determine compliance with any section of the building code or the UCSB that may be applicable based on the date of the building's construction.

Nov. 2012 – Assess information gathered and create a timeline for gathering any outstanding information by the end of 2012.

Nov.-Dec. 2012 – Complete information-gathering process.

Jan.-April 2013 – In consultation with an architect, evaluate whether renovations are necessary and/or feasible. Assess availability and affordability of loans that would be necessary to complete such renovations. Evaluate whether seeking any variances from discrete requirements would allow PMCW to comply with 12VAC5-412-380 and consult Department for information about the process of seeking any such variances and the documentation required. Submit any requests with appropriate documentation.

Contingent on the feasibility, cost, and variances possible, if renovations can be done, establish a timeline for developing a plan for construction, submitting for bids, evaluating bids and hiring a contractor. Consult with Department of Health concerning timeline.

If renovations cannot be done, evaluate whether to move to a new location. Establish a timeline for talking to a broker, assessing the available commercial real estate stock, availability and affordability of loans that would be necessary to accomplish a move, and for deciding whether

the costs of such a move would be affordable by PMCW in the long run. Consult with Department of Health concerning timeline.

May-Nov. 2013 – If renovations are possible, begin moving forward on the items in the timeline for renovations. If renovations are not possible, begin moving forward on the items in the timeline for evaluating whether to move.

Dec. 2013-July 2014 – If renovations are possible, attempt to complete all necessary work during this period. If renovations are not possible, attempt to complete the process of moving during this period. Evaluate and seek any variances necessary, depending on the rapidity of either process, in consultation with the Department.

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Department: Patient Care; Infection Prevention	Policy Description: Pre-screening
Page: 1 of 1	Replaces Policy Dated:
Effective Date: 1/1/12	Reference Number: 12VAC5-412-150, -220
Approved:	

Scope:	All patients and visitors
Purpose:	To provide for continued quality of care in the facility; to reduce infection spread among patients and visitors
Policy:	Patients and visitors will be screened for acute illness prior to receiving care
Procedure:	All staff are responsible for visually screening patients and visitors who exhibit symptoms of acute illness, especially:
	Cough Sore throat Severe widespread muscle aches Extreme fatigue Diarrhea
	Undiagnosed rash or skin lesions Febrile state
	If possible, patient or visitor will be isolated in a private room. The physician will be consulted about the symptoms and if advised, the patient or visitor will be sent to their own physician or hospital
Reference:	12VAC5-412-150, -220

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Department:	Surgical Services	Policy Description: Discharge Criteria					
Page: 1 of 2		Replaces Policy Dated:					
Effective Da	te: 7/12	Reference Number: 12VAC5-412-150					
Approved:							
6	411						
Scope:	All patients						
Purpose:	To establish criteria for s	afe patient discharge					
Policy:		will be discharged when cramping and bleeding are minimal and vital discretion of the physician					
Procedure:	B. Final Discharge Crite 1) Alert and oriente 2) Vital signs stable 3) Voided prior to d 4) Instructed to call 5) Nausea, vomiting 6) Tolerates liquids 7) Able to ambulate 8) Responsible adul 9) Prescription gives 10) Authorization sig 11) Patient given foll 12) Pain scale on disc 13) Menstrual pad ch a) Patient will h C. Additional Information 1) Patients will be in 2) PMCW discharge	discharge, if required by physician physician if unable to void within 8 hours g, dizziness minimal well to escort home if IV or MAC need ow-up instruction sheet charge recorded ecked ave no unusual bleeding at time of discharge.					
D.C.	103/4 CE 410 150						
Reference:	12VAC5-412-150						

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Department: Quality of Care	Policy Description: Ultrasound Use
Page: 1 of 1	Replaces Policy Dated:
Effective Date:	Reference Number: 12VAC5-412-150
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Scope:	Clinical Staff
Purpose:	To provide for continued quality of patient care at this facility.
Policy:	Proper use of ultrasound can inform clinical decision-making and enhance the safety and efficacy of abortion care.
Procedure:	 Staff members who perform ultrasound exams and clinicians who interpret those exams must either show documentation that they have completed a program of training or must complete such a program developed by the facility. Training must include a period of direct supervision. Documentation of this training must be maintained. Following initial training, evidence of ongoing proficiency and training will be documented. Patients must be informed of the purpose and limitations of the ultrasound exam in the abortion care setting, and offered a chance to view the images. The findings of all ultrasound exams and the interpretation of those findings must be documented in the medical record. Photos or another method of storing the ultrasound images will be included as part of the documentation, and will include the name(s) of the staff members who performed and interpreted the exam. In the first trimester, the ultrasound exam will include the following: a. a full scan of the uterus in both the transverse and longitudinal planes; b. measurements to document gestational age; c. views to document the location of the pregnancy; d. evaluation of fetal number; and e. evaluation of the presence or absence of fetal cardiac activity. Technology permitting both abdominal and transvaginal scanning will be available. A procedure must be in place for further evaluation or referral of a patient in whom an intrauterine pregnancy has not been definitively identified or for whom an initial finding on the ultrasound may affect abortion management or future patient care.
The order	 Real-time ultrasound scanners must be used. Ultrasound equipment must be properly calibrated and maintained. Ultrasound transducers must be disinfected between patients according to
Secondary Con-	applicable infection control standards. Adequate precautions must be taken to protect both staff members and patients from the potential toxicity of chemical agents.
Reference:	12VAC5-412-150

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Department Environment		s and	Polic	y Descript	ion: Infect	ion Control	Plan	(d= 178)				
Page: 1 of 2			Repl	aces Policy	Dated:		tingst i j	25 gm	97			
Effective Da				Reference Number: 12VAC5-412-220								
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Scope:	All stak	eholders			1.3.4	rition .	E DI					
Purpose:		ate infection	ntain an ongo ns and commu									
Policy:	a Budat	a dilutta umu	kukluu ma		in mine	7 1915/1						
Procedure:	Compon A.	Defined Res The Govern responsibilit special traini individual w reports regar Professional Evidence-bas resources. Surveillance Surveillance includes:	ing Body is the y for the program regarding Ir ill be a member ding the program guidelines to sed policies are is an active program.	e ultimate a ram is assignification Control of the centrol of the centrol of the utilized and procedure occess to identification of the utilized of procedure occess to identification of the utilized occess to identification of the utilized occess to identification occurrence occurre	uthority for ned by the trol and the er's Quality findings, ar in the imple es have been tify and ana	Administra responsibilit Improvement and improvementation of en develope	tor to an interest of the point Committee the interest strateging of the Infect of from CD areas related to	ndividual wosition. The ee and provides. ction Control COC, APIC,	the receives designated de quarterly of Program: and OSHA control, and			
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	D	a. All heal The with Hand Hygier Protocols for program. Laundry Servers Facility policy in the servers with	patients will re th history, incl- ambulatory ca patients who a proper hand le rices cies and procee	ceive a pre- uding a sym re setting d are potentiall hygiene and	ptom-based bes not prov y contagious surgical ha	evaluation : vide for isol s must be lin	for current of ation rooms nited.	communical s and theref ssential eler	ble disease. Fore contact			
	'	airty linen, as	well as the use	e oi disposat	ie supplies.							
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F. Environment of Care

Environmental factors reviewed as part of the Infection Control plan include work flow to prevent cross contamination, sterilization and reprocessing procedures and documentation, ventilation, temperature and humidity of rooms, appropriate ventilation and maintenance of systems (including measurement of air exchanges), housekeeping responsibilities, disinfection of surfaces between patients, cleaning schedules, and pest management.

G. Education

Orientation and training regarding infection prevention and control will be conducted by the designated Infection Control person and will include the topics of hand hygiene, high level disinfection/sterilization, waste management procedures, and infection prevention practices. Information related to employee health will also be included.

H. <u>Improvement Strategies</u>

Monitoring of infection control measures will be conducted and variances will be reported for specific occurrences. Corrective and preventive measures for improvement will be undertaken immediately as needed.

I. Policies and Procedures/ Facility References

The following Infection Control policies and procedures will be maintained and made part of the facility's infection control plan:

- Exposure Control Plan
- 2. Procedure for postoperative surveillance
- 3. Procedure for follow up on reported infections
- 4. Infection Control Best Practices pack
- 5. Procedures for cleaning, disinfection and sterilization of rooms, equipment, and medical devices
- 6. Hand hygiene
- 7. Biohazardous waste management
- 8. Handling of linen
- 9. Mandatory reporting of communicable disease conditions
- 10. Asepsis technique
- 11. Traffic patterns
- 12. Gowning and gloving
- 13. Employee health program
- 14. Monitoring the environment of care
- 15. Disaster preparedness
- 16. Orientation and training program/documentation of competencies
- 17. Policies addressing state-specific requirements

Reference:

12VAC5-412-220-B

Association for Professionals in Infection Control and Epidemiology, Inc.(APIC)

1275 K Street, NW Suite 100 Washington, D.C. 20005-1890

Phone 202-789-1890

Fax 202-789-1899

E-mail apicinfo@apic.org Internet www.apic.org

2005 APIC Text of Infection Control and Epidemiology/Ambulatory Care Centers for Disease Control and

Prevention (CDC)

www.cdc.gov

Occupational Safety and Health Administration

http://www.osha.gov

Parham Surgery Center Policy manual Sections 8 Facilities and Environment and 10 Surgical Services

Infection Control Nurse-Parham Doctor's Hospital

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Peninsula Medical Center for Women Policy and Procedure Manual

Department: Clinical	Policy Description: Employee Communicable Diseases
Page: 1 of	Replaces Policy Dated:
Effective Date:	Reference Number:
Approved:	186-19 (166-184), 186-18 (1864) 186-18 (1864)

Scope:	All facility personnel.						
Purpose:	To protect the patient population and co-workers from a known communicable disease of a employee.						
Policy:	To provide protection to our patient population and staff by implementing work restrictions for those colleagues who may possibly transmit an infectious disease within the center.						
Procedure:	 Any employee who becomes aware that they may have been exposed to a community based infectious disease will immediately notify their clinical supervisor/manager. The employee will be referred to the Medical Director or designee who will assess the situation and assist the employee with follow up with their personal physician and/or contracted employee health service as appropriate. The Medical Director or designee /personal physician will counsel employee and the susceptible employee will be placed on work restrictions as deemed necessary. Employees on work restrictions may ask to take a Leave of Absence (L.O.A.) without pay. For paid time off, the colleague may utilize their accrued sick time. When the exposure and acquisition of the disease occurred within the work place, Workers' Compensation benefits will be utilized for the colleague's paid time off and their medical expenses associated with the specific disease. Employee/ Medical Director or designee and/or Workers' Comp physician will determine the need for post-exposure laboratory testing, care and follow-up. 						
Reference:	12VAC5-412-220-D "Guide to Infection Prevention in Outpatient Settings: Minimum Expectations for Safe Care", published by the U.S. Centers for Disease Control and Prevention. See Attached List of Disease/Problem Listing						

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Peninsula Medical Center for Women Policy and Procedure Manual

Department: Clinical	Policy Description: Employee Communicable Diseases	
Page: 2 of 3	Replaces Policy Dated:	
Effective Date:	Reference Number:	
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DISEASE/PROBLEM	PT CARE	WORK RESTRICTION	DURATION
Conjunctivitis, infections	no		until discharge cease
Cytomegalovirus infections	yes		Bitti disenti ge conse
Diarrhea-Acute stage	no		Until symptoms resolve & infection w
(diarrhea w/other symptoms			Salmonella is ruled ou
Diarrhea-Convalescent stage	yes	personnel should not take care of high	Until stool is free of the infecting or
Salmonella(nontyphoidal)	y C3	risk patients	ganism on 2 consecutive cultures no
Distriction (North) products		The patients	less than 24 hours apar
Other enteric pathogens	yes		
Enteroviral infections	yes	personnel should not take care of	Until symptoms resolv
	44.3.5	infants and newborns	
Group A streptococcal dis.	по		Until 24 hours after adequate treat
			ment is starte
Hepatitis, viral hepatitis A	по		Until 7 days after onset of jaundic
Hepatitis B, acute	yes	personnel should wear gloves for	Until antigenemia resolve
		procedures that involve trauma to	
		tissues or contact with mucous mem-	
		branes or non-intact skin	
Chronic antigenemia	yes	same as acute illness	Until antigenemia resolve
Hepatitis C	yes	same as hepatitis B	
Hepatitis non-A, non-B	yes	same as acute hepatitis B	Periodic infectivity has not been
	7.0		determine
Herpes Simplex (genital)	yes	NOTE: It is not known whether	
Herpes Simplex (hands)	no	gloves prevent transmission-	Until lesions hea
Herpes Simplex (orofacial)	yes	personnel should not take care	Until lesions hea
Troiped Diniplox (Oroladia)	303	of high-risk patients	Office feet for
HIV-Ab positive	по	Of High Flots persons	Until their job activities have been
			reviewed to determine under wha
			circumstances, if any, they may con
			tinue to perform exposure-pron
			procedure
Measles (active)	no		Until 7 days after the rash appear
Measles (post-exposure			
susceptible personnel)	по		From the 5th through the 21st day
		<u> </u>	after exp. And/or 7 days after rash
			арреаг
Mumps (active)	no		Until 9 days after onset of parotiti
Mumps (post-exposure)	по		From the 12th through the 26th day
(Post exposure)			after exp. Or until 9 days after onse
			of parotiti
Pertussis (active)	по		From the beginning of the catarrha
i citussis (active)	110		stage through the 3rd week afte
			onset of paroxysms or until 7 days
			after start of effective therapy
Pertussis (post-exposure-			and said of differive therap
asymptomatic personnel)	yes		
asymptomatic personner)	,		
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DISEASE PROBLEM	PT CARE	WORK RESTRICTION	DURATION
Pertussis (post exposure-			
symptomatic personnel)	по		Same as active pertussis
Rubella (active)	по		Until 5 days after the rash appears
Rubella (post-exposure			
(asymptomatic personnel)	по		From the 7th day through the 21st day
			after the exposure and/or 5 days after
		Search Town House to Title	rash appears
Scabies	по		Until treated
Staphylococcus aureus(skin			
lesions)	по		Until lesions have resolved
Tuberculosis, pulmonary	no		Until receiving adequate therapy, proof
			of three consecutive daily negative
			acid-fast bacilli smears, cough is
			resolved
Upper respiratory tract			
infections (high risk patients)	no	personnel with U.R.I. Should not take	Until acute symptoms are resolved
	A 111 E	care of high-risk patients	
Zoster (shingles)-active	yes	appropriate barrier desirable; per-	Until lesion dry and crust
		sonnel should not take care of high-	
		risk patients	
Zoster (shingles) post-exp.			
asymptomatic personnel	no		From the 10th through the 21st day
			after exposure or, if varicella occurs,
			until all lesions dry and crust
Varicella (chicken pox)			
active	no		Until all lesions dry and crust
Varicella (chicken pox)			
post-exposure	no		From the 10th through the 21st day
			after exposure or, if varicella occurs,
			until all lesions dry and crust

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Peninsula Medical Center for Women Policy and Procedure Manual

	Po	licy and Procedure Manual
Department : Infection Prevention		Policy Description: Hand Hygiene
Page: 1 of		Replaces Policy Dated:
Effective Dat	te:	Reference Number:
Approved:		
Scope:	All facility personne	Teach interest in the second of the second o
Purpose:	To both protect pers	sonnel from infection, and to prevent personnel from spreading infections
Policy:	Good hand hygiene,	including use of alcohol-based hand rubs and hand washing with soap to reduce the risk of spreading infections.
Procedure:	Key situations when Before touch Before exiting immediate of the contact of the c	re hand hygiene should be performed include but are not limited to: hing a patient, even if gloves will be worn ng the patient's care area after touching the patient or the patient's environment et with blood, body fluids or excretions, or wound dressings forming an aseptic task (e.g., placing an IV, preparing an injection) I be moving from a contaminated-body site to a clean-body site during
		when hands are visibly soiled (e.g., blood, body fluids), or after caring for or suspected infectious diarrhea (e.g., Clostridium difficile, norovirus).
	Otherwise, the prefe	rred method of hand decontamination is with an alcohol-based hand rub.
	Clinical staff will no	t use artificial nails.
	washing and glove re	rided with initial training on proper hand hygiene, including hand emoval and disposal. Yearly training, whether in service or online, will e. All trainings will be documented in personnel files.
		nks with hot and cold running water and disposable paper towels will be atient area involving body fluids.

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Alcohol-based hand rubs will be present at patient areas.

http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf).

Guideline for Hand Hygiene in Health-Care Settings (available at:

12VAC5-412-220-B

Reference:

Peninsula Medical Center for Women Clinical Policies and Procedures Manual

Department: Infection Control	Policy Description: Spore testing for Autoclaves						
Page: 1 of 2	Replaces Policy Dated:						
Effective Date:	Reference Number: 12VAC5-412-220C7						
Approved:							

Scope:	Utility Room Staff
Purpose:	To ensure that the autoclave is operating in a manner that materials being placed in the autoclave are being sterilized
Policy:	Weekly spore testing will be conducted on each autoclave in operation
Procedure:	Spore testing will be conducted weekly.
	Label the ampule with location including which autoclave the ampule will be sterilized in if more than one autoclave at that location.
	ProTest ampule will be placed in a horizontal position in the most difficult to sterilize location. Run the regular cycle of the autoclave. Remove unit and verify that the chemical indicator on the ampule label has change color. HANDLE WITH CARE AFTER STERILIZATION. Allow sufficient cooling time (10 to 15 minutes) to reduce risk of the ampule bursting. ALWAYS WEAR GLOVES AND SAFETY GLASSES WHEN HANDLING STERILIZED UNITS.
	After the unit has cooled, place unit in a pouch to send to lab in Richmond office for incubation.
	Activate the ampule by using the designated crusher.
	Place the activated ampules and a control ampule in the incubator at 55 to 60 C for 24 hours.
	Begin monitoring the incubated units after 12-24 hours. Record observations. All positive units should be recorded and disposed of immediately.
	Interpretation: Control: The control unit should exhibit turbidity and/or a color change to or toward yellow. If the control unit does not show signs of growth, consider the test invalid.
	Test: A failed sterilization cycle is indicated by turbidity and/or a color change to or toward yellow. That autoclave must be taken out of service until repairs can be made. Record in the Preventive Maintenance Manual for that piece of equipment. A test unit that retains its original color indicates that sterilization parameters have been met.

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	Record test results on the report form and fax to the appropriate location. Also record in the log book for spore testing results.
	Immediately notify the site administrator in the event of a failed sterilization cycle.
Reference:	12VAC5-412-220C7; CDC Guide to Infection Prevention in Outpatient Settings: Minimum Expectations for Safe Care; CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008; ProTest Steam, Healthlink

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Peninsula Medical Center for Women Policy and Procedure Manual

Department:	Infection Prevention	Policy Description: Personal Protective Equipment
Page: 1 of		Replaces Policy Dated:
Effective Dat	e: tanal a lo insera	Reference Number: 12VAC5-412-220-B
Approved:		
Scope:	All facility personnel	
Purpose:	among patients.	onnel from infection, and to prevent personnel from spreading infections
Policy:	with infectious agen	Equipment (PPE) will be worn to protect staff from exposure to or contact ts.
Procedure:	All staff will receive	e training on proper selection and use of PPE.
	At the start of each savailable and readily	shift, clinical staff will assure that sufficient and appropriate PPE is accessible.
	Remove and discard	PPE before leaving the patients' area.
	Wear gloves for pote skin or contaminated	ential contact with blood, body fluids, mucous membranes, non-intact dequipment.
	Do not wear	the same pair of gloves for the care of more than one patient
		n gloves for the purpose of reuse
	Perform har	nd hygiene immediately after removing gloves
		stect skin and clothing during procedures or activities where contact fluids is anticipated.
	Do not wear	the same gown for the care of more than one patient
		and eye protection during procedures that are likely to generate of blood or other body fluids.
	Wear a surgical mas space.	k when placing a catheter or injecting material into epidural or subdural
Reference:	12VAC5-412-220-E	
		solation Precautions (available at:
	http://www.cdc.gov/	hicpac/pdf/isolation/Isolation2007.pdf).

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Department : Infection Prevention	Policy Description: Injection Safety
Page: 1 of 1	Replaces Policy Dated:
Effective Date:	Reference Number: 12VAC5-412-220B7
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Scope:	Clinical Staff						
Purpose:	Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare provider during preparation and administration of parenteral medications. DEFINITIONS: • Aseptic technique- the manner of handling medications and injection equipment to prevent microbial contamination.						
Policy:	All healthcare workers will adhere to the safe injection practices by following aseptic technique and infection prevention when handling or preparing parenteral medications, administering injections and procurement and sampling of blood.						
Procedure:	Dispose of used syringes and needles at the point of use in a sharps container that is closable, puncture-resistant, and leak-proof.						
	ASEPTIC TECHNIQUE All parental medications should be accessed in an aseptic manner. Proper hand hygiene should be performed before handling medications, and if a medication vial has already been opened, the rubber septum should be disinfected with alcohol prior to piercing it. The use of a new sterile syringe and needle should be used to draw up medications while preventing contact between the injection materials and the non-sterile environment. Syringes and needles should be used for a single patient only and for a single procedure. The storage and preparation of medications and supplies should be performed in a designated "clean" area that is not adjacent to areas where potentially contaminated items are placed. Never store needles and syringes unwrapped as sterility cannot be assured.						
	IV SOLUTIONS A single use parenteral medication should be administered to one patient only. Single-use IV solutions should be administered to one patient only, during one treatment. Never use intravenous solution containers (i.e. bags or bottles) to obtain flush solutions for more than one patient. Initiate administration of IV solutions within one hour of preparation or spiking, otherwise discard prepared IV solution and tubing						
	FLUSHING Use single dose containers for flush solutions whenever possible. Ideally the safest practice is to restrict each medication vial to a single patient, even if it's a multi-dose vial. However, if a multi-dose medication vial must be used for more than one patient, the vial should only be accessed with a new unused sterile syringe and needle even if the vial is dedicated to a single patient.						
Reference:	12VAC5-412-220-B7 http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf). (http://www.cdc.gov/injectionsafety/)						

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	: Quality Assurance Policy Description: Quality Assurance and Process Improvement, QA						
Page: 1 of 2	Replaces Policy Dated: 4/1/12						
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Scope:	All facility personnel						
	To establish a QAPI program to achieve optimal care for the consumer as well as provide for						
Purpose:	patient and employee safety.						
Policy:	QAPI is a program which allows both administrative personnel and staff to identify real or potential problems, document findings, and use methodology to improve processes to improve outcomes in various areas as noted below.						
Procedure:	A. QAPI for the facility serves as an ongoing, comprehensive, integrated, self-assessment program of the quality and appropriateness of care or services provided, including services provided under contract or agreement. The program includes process design, data collection/analysis, assessment and improvement and evaluation. The findings are used to correct identified problems and revise policies and practices.						
and the	B. To ensure adequacy and appropriateness of services, and to identify unacceptable or unexpected trends or occurrences the following shall be evaluated:						
iron-	1. Staffing patterns and performance, done annually and as needed.						
a y me	2. Supervision appropriate to the level of service, done annually and with position vacancies.						
l swift w	 3. Patient records; with one record checked weekly by site administrator; and full audit of all records current with procedure day every other month; and as determined by chart errors found through audits. 4. Patient satisfaction; through patient satisfaction queries in a format ensuring privacy 						
	of responses. 5. Complaint resolution; through audits for trends. See also policy on patient rights						
1 21 00	(12VAC5-412-210, B, C, & D.)						
The second	6. Infections, complications and other adverse events; audits done and occurrences sen to Regional Director for trending.						
	7. Staff concerns regarding patient care.						
	8. Periodic safety checks on all equipment						
leega Bass	C. The quality improvement (QI) committee is responsible for the oversight and supervisio of the program and shall consist of:						
Harrison -	1. A physician						
	2. A non-physician health care practitioner						
	 3. A member of the administrative staff 4. An individual with demonstrated ability to represent the rights and concerns of patients. This may be a member of the facility's staff. 						
	5. There may be coordination between the Regional Director's multiple sites of						

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	D. When problems are identified measures shall be implemented to resolve the problems and concerns that have been identified.
	E. Results of the quality improvement program will be reported to the licensee at least annually and shall include the deficiencies identified and recommendations for corrections and improvements. The report shall be acted upon by the governing body and the facility. All corrections actions shall be documented. Identified deficiencies that jeopardize patient safety shall be reported immediately in writing to the licensee by the quality improvement committee.
Reference:	12 VAC5-300-A, B, C, D, E

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Department: Facilities & Environment	Policy Description: Fire Plan/ Evacuation
Page: 1 of 3	Replaces Policy Dated:
Effective Date: 01/12	Reference Number: 12VAC5-412-150
Approved:	

Scope:	All Personnel								
Purpose:	To provide an evacuation plan for the facility in the event of a fire								
Policy:	The Center shall use this plan to guide staff members in the event of a fire to protect the health and safety of patients, family members, and PSC personnel. The personnel of PMCW will practice RACE (Rescue, Alarm, Contain, and Extinguish) in the event of a fire. When using the fire extinguisher PASS (Pull, Aim, Squeeze, and Sweep) is practiced.								
Procedure:	 A. For plan of action 								

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- 3. Activate the paging system, signal "Code Red" and give the location of the fire.
- 4. The front desk will call 911.
- 5. Close all other doors in your area to prevent the spread of fire and smoke.
- 6. Return to the fire area and use available fire extinguishing equipment on the fire. CAUTION: Feel the outside door to the fire area before entering. If the door is hot, STAY OUT. Get some linen, wet it thoroughly and place it around the crack at the bottom of the door.
- 7. Evacuate patients and others as necessary. The Administrator may authorize evacuation of a single area. All staff members are to meet outside at the parking lot when they have secured their areas and all patients and families are gone from the building.
- 8. Evacuation of multiple areas or the building will be undertaken only upon authorization of the Administrator or the Fire Official in charge.

9. Evacuation Equipment

- a. Blankets and bed linens- of all possible equipment that can be used for evacuation, these are the most important. They can be used;
 - To smother the fire.
 - To help confine smoke to a room-by wetting them and placing them across the crack under the door.
 - To drag a non-ambulatory patient from a room.

D. Area Responsibilities

1. Front Desk:

- Call 911.
- Notify Administrator of the fire and its location.
- Make any other necessary emergency phone calls.
- Close all doors in the immediate area.
- Offer reassurance and emotional support to visitors and family in the lobby.

2. Administrator

- Close all doors in the immediate area.
- Supervise and coordinate activities of Center.
- Coordinate staff and family members offer emotional support.
- Interact with the fire official in charge.
- If the Administrator is in a scrub/assistant role she will be relieved by RR. staff.

3. Recovery Room Staff:

- Assist Administrator
- Work closely with the front desk.
- Close all doors in the immediate area.
- Evacuate all patients when notified by the official in charge or the Administrator
- Become pivotal members moving in and out of Center as safely necessary.

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• Do not take the code cart with stable patients if surgery is still underway. You may evacuate as far from the Center

4. Counselors

- Take assignment from the Administrator
- Care for the patients. Evacuate as needed upon the order of the official in charge or the management team of Center
- Close all doors in the immediate area.
- Assist with control and information to family members.
- Assist RR with evacuation
- At first announcement of the fire, check to see that the fire extinguisher was obtained and taken to the necessary area.
- Retrieve needed supplies.
- Assist with the evacuation of the patients in the facility

5. Procedure and Utility Staff:

- Take assignment from the Administrator.
- Continue surgical procedure until instructed to evacuate by the official in charge.
 Notify all members in the procedure room of possible need to evacuate and the location of the fire.
- Close doors to Procedure. Check Utility area for staff members. Close all doors in immediate area that can be safely shut.

After the Center has been evacuated, a head count of all staff and patients present will be done to ensure that everyone has been evacuated by use of patient charts to account for patients and visitors, and by use of the payroll listing to account for staff. After the "all clear" signal has been given, all members of PMCW shall assist in the return of the patients and the families to the center.

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Clinical Policies and Procedures Manual

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12VAC5-412-380

Reference:

Departmen Facility	t: Maintenance of	Policy Description: Local and State Codes					
Page: 1 of 1	lanci in Milyaninda	Replaces Policy Dated:					
Effective Date: 1/1/12		Reference Number:					
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Scope:	Entire facility						
Purpose:	To ensure that the facility is in compliance with local and state codes, zoning and building ordinances, and the Uniform Statewide Building Code.						
Procedure:	The facility will con Uniform Statewide I	aply with local and state codes, zoning and building ordinances, and the					
	Full compliance with the Facilities Guideli	h 2010 Guidelines for Design and Construction of Health Care Facilities of ines Institute will take precedence of the code within two years of the data of					

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Disaster Preparedness at Peninsula Medical Center for Women

Satisifies: 12VAC 5-412, 150, 350

This document is a summary outline of Peninsula Medical Center for Women disaster preparedness (DP) contained in our Readiness Notebook which is part of our procedural manual. In order to maintain the safety and security of our center, staff and patients the full plan is not disclosed herein because of concerns for breach of security with a FOIA request. These general guidelines are based on suggestions contained in the Security Resource Manual, Legal Remedies to Address Violence and Harassment and the Field Guide to Anti-Abortion Extremists handbooks of the National Abortion Federation (NAF), FBI FACE Task Force and our assigned FBI agent, Virginia Department of Health Pandemic Preparedness and NAF and from various FEMA and CDC publications.

Routine Preparation for Anti-Choice Violence and Natural Disasters

- Emergency Contact list with phone numbers of staff, volunteers, and law enforcement readily accessible. Appoint Staff Security Agent to coordinate DP.
- Communicate regularly with Newport News City police, the FBI Domestic Terrorism and FACE
 Task Force. Contact chain to alert of impending Anti-Choice threats and actions is established
 and implemented with threats.
- Phone tree implemented so that everyone knows who is responsible for calling each member of the staff and patients in case of an emergency closures or reschedules.
- Copies of the Emergency Contact list, phone tree, and emergency vendor list kept at an offsite locations.
- Emergency assembly point designated, which is a safe distance from Peninsula Medical Center, staff is aware and trained to location, law enforcement and fire and rescue notified.
- Fire extinguishers are current and functioning through annual certified inspection.
- Staff trained on the proper shut off of utilities, evacuations with and without patients
- Staff trained and aware of the location of first aid kits and supply kit and use of safe room.

Preparation of a Basic Disaster Supply Kit

A basic emergency supply kit appropriate for the facility is stored in our Safe Room. The kit could include the following items appropriate from http://www.ready.gov/basic-disaster-supplies-kit:

- Water: 2 gallons of water for drinking and sanitation. Food: an emergency supply of nonperishable food.
- Flashlights, hand crank or battery-powered with extra batteries,
- Basic First aid kit
- Basic tools including: wrench, pliers, screwdrivers, snips
- Emergency contact list

Recommendations for Anti Choice Domestic Terrorist Attacks more at NAF's, FBI and ATF

Before Anti-Choice Violence and Disruption Incidents:

- Annually Practice the survey techniques for bomb threats
- Implement the FBI and City of Peninsula Police recommendations as fully as possible
- Secure the Facility with appropriate surveillances and Key Control
- Follow Opening and Closing Procedures and staff policies for knowing who is on site
- Conduct Employment Background Checks as needed for verification and require
 Confidentiality agreements for all non-patient visitors.
- Train Staff how to use the Phone Threat and Harassment Reports and the Violence and Disruption Reports

During Anti-Choice Violence and Disruption Incidents:

- Implement the Violence and Threat plan. Evacuate to the Safe Room immediately if a domestic terrorist trespasses with gun, bomb or device. If a telephone threat or warning of Bomb or biological agent implement the Threat plan and evacuate if or as advised.
- CALL 911. Alert to incident those individuals or agencies on Emergency Contact list.
- Identify who and where fellow staff or patients are. Check for injuries. Do not attempt to move seriously injured people unless they are in immediate danger of further injury.
- Remain in Safe Room and keep doors locked. Do not attempt to evacuate unless so instructed by Police, FBI or ATF.
- Once staff is secure make mental or written notes of description, time etc. to further assist law enforcement.

After Anti-Choice Violence and Disruption Incidents:

- Once released by law enforcement survey your work space for damage, things out of place, etc. and advise attending officers
- Complete the Disruption or Threat Report
- Staff Security Agent is to notify all the appropriate agencies; verify that the facility security
 measures are functional. As needed locksmiths notified to change locks; patients to be
 rescheduled as needed.

Recommendations for Fire Procedures Additional at NAF's or at http://www.ready.gov/fires.

Before a Fire:

- Annually practice our fire escape plan with our staff.
- Peninsula Fire and Rescue train as needed for a second way out. A secondary route might be a window with a collapsible ladder for escape from upper story designated window.
- Practice feeling your way out of the building in the dark or with your eyes closed.
- At closing each day, close all interior doors to contain any fire occurring after hours.

During a Fire:

- Implement the fire evacuation plan.
- CALL 911 immediately if you discover fire or smoke. Look for and extinguish small fires.
- When the alarm sounds, get out fast. You may have only seconds to escape safely. Stay where you are and signal for help at the window with a light-colored cloth or a flashlight if you cannot evacuate.
- Identify who and where fellow staff or patients are. Check for injuries. Do not attempt to move seriously injured people unless they are in immediate danger of further injury.
- If you can't get to someone needing assistance, leave the building and call 911 or the fire department. Tell the emergency operator where the person is located.
- Remember the evacuation methods:
 - Crawl low under any smoke to your exit heavy smoke and poisonous gases collect first along the ceiling.
 - If there is smoke blocking your door or first way out, use your second way out.
 Smoke is toxic. If you must escape through smoke, get low and go under the smoke to your way out.
 - Before opening a door, feel the doorknob and door. If either is hot, leave the door closed and use your second way out.
 - o f there is smoke coming around the door, leave the door closed and use your second way out.
 - o If you open a door, open it slowly. Be ready to shut it quickly if heavy smoke or fire is present.
 - o If you can't get out, close the door and cover vents and cracks around doors with cloth or tape to keep smoke out. Call 9-1-1 or your fire department.
- If your clothes catch fire, stop, drop, and roll stop immediately, drop to the ground, and cover your face with your hands. Roll over and over or back and forth until the fire is out. If you or someone else cannot stop, drop, and roll, smother the flames with a blanket or towel. Use cool water to treat the burn immediately for three to five minutes. Cover with a clean, dry cloth. Get medical help

After a Fire:

- Check with the fire department to make sure your building is safe to enter. Be watchful of any structural damage caused by the fire. Return only when authorities say it is safe.
- The fire department will advise if utilities are either safe to use or are disconnected before they leave the site. DO NOT attempt to reconnect utilities yourself.
- Conduct an inventory of damaged property and items. Do not throw away any damaged goods until after an inventory is made.
- Try to locate valuable documents and records.
- Staff Security Agent is to notify all the appropriate agencies; verify that the facility security
 measures are functional. As needed locksmiths notified to change locks; patients to be
 rescheduled. Begin saving receipts for any money you spend related to fire loss. The receipts
 will be needed later by the insurance company for verifying losses.

Recommendations for Earthquake Procedures visit http://www.ready.gov/earthquakes

During an Earthquake:

• Drop, cover, and hold on. Minimize your movements to a few steps to a nearby safe place and if you are indoors, stay there until the shaking has stopped and you are sure exiting is safe.



- Stay away from glass, windows, outside doors, walls, and anything that could fall, such as lighting fixtures or furniture.
- DO NOT use the elevators.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.

After the tremors have stopped:

- Look around to make sure it is safe to move, and then exit the building. Identify who and where fellow staff or patients are. Check for injuries. Do not attempt to move seriously injured people unless they are in immediate danger of further injury.
- Expect aftershocks. These secondary shockwaves are usually less violent than the main quake but can be strong enough to do additional damage to weakened structures and can occur in the first hours, days, weeks, or even months after the quake.
- Help injured or trapped persons. Give first aid where appropriate. Do not move seriously injured persons unless they are in immediate danger of further injury. Call for help.
- Look for and extinguish small fires. Fire is the most common hazard after an earthquake.
- Listen to a hand crank or battery-powered radio or television for the latest emergency information.
- Use the telephone only for emergency calls.
- Stay away from damaged areas unless your assistance has been specifically requested by police, fire, or relief organizations. Return only when authorities say it is safe.
- After it is determined that it's safe to return, your safety should be your primary priority as you begin clean up and recovery.
- Staff Security Agent is to notify all the appropriate agencies; verify that the facility security
 measures are functional. As needed locksmiths notified to change locks; patients to be
 rescheduled. Check for gas leaks. If you smell gas or hear a blowing or hissing noise, open a
 window and quickly leave the building.

Recommendations for Flood, Hurricane and Heavy Rains Procedures For more visit http://www.ready.gov/floods

Flooding can occur from storms or equipment failure.

Before a Flood or water incident:

- Identify storm drains, streams etc. in the area that could flood and impede evacuation.
- Power down all computers. Unplug power strips and store as high as possible.
- Remove or relocate computers if possible.
- Shut off power to phone system.
- If you need to evacuate, be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground.

During a Flood or water incident:

- Listen to the radio or television for information.
- Be aware of streams, drainage channels, and other areas known to flood suddenly.

If you must prepare to evacuate, you should do the following:

- Secure the building.
- Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.
- Do not drive into flooded areas. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely. You and the vehicle can be swept away quickly.
- Do not park your vehicle along streams, rivers, or creeks, during threatening conditions.

After the flood:

- Use local alerts and warning systems to get information and expert informed advice as soon
 as available. Identify who and where fellow staff or patients are. Check for injuries. Do not
 attempt to move seriously injured people unless they are in immediate danger of further
 injury.
- Avoid moving water.
- Stay away from damaged areas unless your assistance has been specifically requested by police, fire, or a relief organization. Emergency workers will be assisting people in flooded areas. You can help them by staying off the roads and out of the way.
- Play it safe. Additional flooding or flash floods can occur. Listen for local warnings and information. If your car stalls in rapidly rising waters, get out immediately and climb to higher ground.
- Return only when authorities indicate it is safe.

Recommendations for Tornado Procedures For more visit http://www.ready.gov/tornadoes

At the time of a tornado warning:

- Go to a pre-designated shelter area on a lower floor basement or the lowest building level.
 Alternatively go to the center of an interior room or interior hallway away from corners, windows, doors, and outside walls. Put as many walls as possible between you and the outside. Get under a sturdy table and use your arms to protect your head and neck.
- Do not open windows.

After the tornado has passed:

- Identify who and where fellow staff or patients are. Check for injuries. Do not attempt to move seriously injured people unless they are in immediate danger of further injury.
- Get medical assistance immediately. If someone has stopped breathing, begin CPR if you are trained to do so.
- Be aware of hazards from exposed nails and broken glass.
- Continue to monitor hand crank or battery-powered radio or television for emergency information.
- Hang up displaced telephone receivers that may have been knocked off by the tornado, but stay off the telephone, except to report an emergency. After a tornado, be aware of possible structural, electrical, or gas-leak hazards.
- In general, if you suspect any damage to your facility, have the Fire and Rescue assist. If you smell gas or suspect a leak, turn off the main gas valve, open all windows, and leave the building immediately. Do not turn on the lights, light matches, smoke, or do anything that could cause a spark. Do not return to your building until you are told it is safe to do so. If you see frayed wiring or sparks, or if there is an odor of something burning, you should immediately shut off the electrical system at the main circuit breaker if you have not done so already, code is in Emergency kit..
- Staff Security Agent is to notify all the appropriate agencies; verify that the facility security
 measures are functional. As needed locksmiths notified to change locks; patients to be
 rescheduled. If it is dark when you are inspecting the center, use a flashlight rather than a
 candle or torch to avoid the risk of fire or explosion in a damaged building.

Department: Personnel	Policy Description: Administrator Position
Page: 1 of 1	Replaces Policy Dated:
Effective Date: 1/1/12	Reference Number: 12VAC5-412-160, -170F
Approved:	

Scope:	Administrator
Purpose:	To provide for continued quality of care in the facility.
Policy:	Governing authority shall select an administrator whose qualifications, authority and duties will allow for the best patient care
Procedure:	 Governing authority selects an administrator having evaluated her qualifications. Governing authority will review job performance annually. Any outlying patient outcomes will be reported to the governing authority. Any actions of the administrator which contributed to the outcome will be addressed by the governing authority. The administrator is responsible for appointing an individual to act in her absence.

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Peninsula Medical Center for Women 10758A Jefferson Avenue Newport News, Virginia 23601 (757) 599-6389 (757) 599-0347 – fax

Orientation Checklist

			The All the		-
Е	mp Initials	Trainer init	Date		
_	/			Confidentiality Statement	
_	/		/	Tour of Building	
3	/			Job Description	
4 _	/			Signature Log	
5 _				Emergency Contact List	
6 _	/			Biweekly payday	
7 _	/			License if app	
8 _		· ·		Criminal Background Check if app	
9_	/		/	CPR Training if app	
10 _	/			Policy and Procedures Manual	
11 _	/			Organizational Chart	
12 _			<i></i>	Disaster Preparedness	
13 _	/			HIPAA Training	
14 _	/		<i></i>	Bloodborne pathogen training	
15 _	/			Infection Control training	
16 _	/	/		Fire safety training	
17	/	/	<i></i>	Employee Health packet	
18	/	,	'	Keys	

12VAC5-412-170

Reference:

Department:	Personnel	Policy Description: Personnel Policies						
Page: 1 of 1		Replaces Policy Dated:						
Effective Da	te: 6/21/12	Reference Number: 12VAC5-412-170						
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Scope:	All Staff	Typical Cold or consists are recorded to the area of the area from the						
Purpose:	To ensure personnel are hired, trained, and reviewed appropriately so that the center may funct optimally to the satisfaction of the patients, the governing authority, and other staff							
Procedure:		on, the new employee form will be utilized to ensure verification of position. An application will be obtained from all staff.						
		firmed for those staff with a license. Confirmation will be by going on line ard's website and conducting license look-up.						
11	Criminal history chec	Criminal history checks will be conducted for those staff with access to controlled substances.						
,	Orientation checklist will be completed.							
	A job description will be part of each personnel file. The staff member will sign and date the job description to indicate that she is aware of her responsibilities. Job descriptions will be reviewed annually. A copy will be given to each staff member initially and when revised.							
	Fire safety training w	ill be conducted initially and annually						
	Infection prevention training will be conducted initially and annually							
=	Performance and competence will be evaluated annually; job descriptions will be reviewed at that time and revised as needed.							
	CPR training will be	kept up to date for staff working in the clinical areas.						
		g or certification standards will be reported to the appropriate board within ealth Professions. The administrator is responsible for reporting violations.						
		ach employee will be safeguarded against loss and unauthorized use. rmation will be maintained separately within the personnel file.						

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Front Desk

Front Desk responsibilities include, but are not limited to:

- Greeting Patients and guests
- Answering phones and Scheduling appointments
- Checking over patient paperwork
- Putting together charts (Patient information, consents, FDC's)
- Accepting and documenting payment
- Disinfect work area as needed
- Monitor work area for any need for repairs and advise administrator

Qualifications

- 1. Must be pro-choice.
- 2. Ability to multitask
- 3. Ability to maintain professional demeanor in high-stress environment.
- 4. Must be flexible.

Training

All staff will be trained in infection control and fire safety initially and annually

Signed		
_	"	
Date		

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Counselors

Qualifications:

- Must be Pro-Choice
- Knowledge of the Abortion Process, reproduction and birth control

The Abortion Counselor interacts with patients requesting pregnancy information in the following manner:

- 1. Interviewing each patient with respect to her motivations for seeking an abortion. The interview process should enable the counselor to determine if the patient has considered other options and feels secure with her decision, and if a support network exists.
- 2. Discussing any emotional or physical problems resulting from and associated with, this pregnancy or previous pregnancies and abortions.
- 3. Corroborating physician's impression as to whether continuation of the pregnancy will impair or jeopardize the patient's health.
- 4. Explaining in detail the contemplated surgical and non-surgical procedure, as well as any restrictions and potential after effects.
- Discussing contraception extensively and comprehensively, and documenting contraceptive history and post-operative birth-control choice.
- 6. Informing patient of the availability of post abortion counseling
- 7. Reviewing consent forms and answering questions.
- 8. Following patient through surgical procedure, if necessary.
- 9. Checking patient in recovery, post-operatively for further counseling, if necessary.
- 10. Disinfect work area as needed
- 11. Monitor work area for any need for repairs and advise administratror

Training

All staff will be trained in inflection control and fire safety initially and annually as well as the training needed for her position.

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Lab Assistant

Qualifications:

- Must be pro-choice
- Must have previous medical experience

Under the general supervision of the clinic coordinator, the lab assistant is responsible for the daily operation of the laboratory including:

- 1. Drawing blood
- 2. Rh typing
- 3. Hemoglobin
- 4. Running pregnancy tests
- 5. Maintain patient test results log
- 6. Disinfect laboratory and reusable equipment after each clinic day
- 7. Inventory supplies and request restocking from clinic Administrator when necessary
- 8. Adhere to universal precautions per OSHA guidelines
- 9. Monitor work area for any need of repair and advise administrator
- 10. Cross train for other tasks where applicable
- 11. Other duties as assigned by clinic Administrator

<u>Training:</u> All staff will be trained in infection control and fire safety as well as training for her position. Training will be initially and annually.

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Procedure Room

Staff responsible for assisting the Physician during the abortion procedure and reports directly to the physician and the Administrator.

Qualifications:

- 1. Must be pro-choice.
- 2. Must be appropriately trained by existing procedure room staff and then cleared for working.
- 3. Must be able to take direction.
- 4. Must be CPR certified

Responsibilities:

- 1. Act as physician's assistant and patient support person.
- 2. Proficient with sterile technique
- 3. Keep procedure room stocked
- 4. Cross train for recovery and other patient care areas.
- 5. Per physician instruction, assist in any emergency that may arise and get help immediately.
- 6. Disinfect procedure room at end of each procedure day
- 7. Disinfect reusable equipment per policy
- 8. Monitor work area for need for repairs and advise administrator
- 9. Other duties as assigned by the nursing supervisor or Administrator.

Training:	
All staff will be trained in infection control and	d fire safety initially and annually

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Recovery Room Staff

Qualifications:

- Must be pro- choice
- Must have previous experience with patient care
- Must be certified in CPR
- Nurse must be licensed as licensed or registered nurse
- Nurse must have a criminal background check obtained

Recovery room staff is responsible for:

- 1. Emotional and physical support of each patient.
- 2. Meeting patient's needs during post-op observation.
- 3. Verification of patient identity.
- 4. Taking and recording vital signs.
- 5. Recording pertinent information on patients chart
- 6. Knowledge of sterile technique.
- 7. Assisting the physician in procedures if necessary.
- 8. Reporting changes in the patient's condition to person in charge or to the physician.
- 9. Maintenance and knowledge of use emergency equipment and medications.
- 10. Cleanliness and disinfection of assigned area.
- 11. Giving post-op care instructions.

Training: All staff will be trained in infection control and fire safety initially and annually

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W.K.G. and J., Incorporated 118 North Boulevard Richmond, Virginia 23220 (804) 359-5066 - Telephone (804) 353-2718 - Fax

Granting of Privileges

Peninsula Medical Center for Women Policy and Procedure Manual

Department: Quality of Care	Policy Description: Physician Competency	
Page: 1 of	Replaces Policy Dated:	
Effective Date:	Reference Number: 12VAC5-412-180	
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Scope:	Physicians
Purpose:	To provide for exceptional quality of patient care at this facility.
Policy:	Abortion is a safe procedure when performed by compassionate qualified practitioners.
Procedure:	 Abortion procedures will be performed by licensed Obstetricians and/or Gynecologists trained in the provision of abortion care, in accordance with governmental law. All personnel performing abortions must receive training in the performance of abortions and in the prevention, recognition and management of complications. When practicable, physicians performing abortions will train appropriate medical students, residents and interns in the performance of abortions and in the prevention, recognition and management of complications. A copy of the most recent medical license of all physicians with clinical privileges will be prominently posted in each center in which they provide care. Personnel files of physicians will include clinics in which they have clinical privileges, hospitals at which they have admitting rights, documentation of training hours, and CME's, as well as copies of any awards or Board of Medicine admonitions. Privileges will be granted by the Governing Authority CPR Certification and Criminal Background Checks will be on file The physician will treat each patient with dignity and respect, greeting each patient individually, introducing themselves, and clarifying whether they have questions and understand the procedures as explained to them. The physician shall remain on the premises until all patients are medically stable, sign the discharge orders, and will be available and accessible until the last patient is discharged. The administrator and medical director jointly will have final approval of physician hires and clinical privileges.
Reference:	12VAC5-412-180

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Department: Patient Care	Policy Description: Minors
Page: 1	Replaces Policy Dated:
Effective Date: 6/22/12	Reference Number: 12VAC5-412-200
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Scope:	All patients under the age of 18
Purpose:	To ensure no abortion procedure is performed on a minor unless informed written consent is obtained from the minor and the minor's parent, guardian or other authorized person
Policy:	No person may perform an abortion upon an unemancipated minor unless written consent is obtained from the minor and the minor's parent, guardian or other authorized person.
Procedure:	 If person is under the age of 18, a parent, guardian, or other authorized person must accompany the minor and provide identification Parent, guardian, or other authorized person must sign a parental consent form consenting to abortion services being provided to the minor. This form will be notarized If the minor elects not to seek the informed written consent of an authorized person, a copy of the court order authorizing the abortion entered pursuant to the 16.1-241 of the Code of Virginia shall be obtained prior to the performance of the abortion
Reference:	12VAC5-412-200

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Department : Patient Care; Infection Prevention	Policy Description: Pre-screening
Page: 1 of 1	Replaces Policy Dated:
Effective Date: 1/1/12	Reference Number: 12VAC5-412-150, -220
Approved:	

Scope:	All patients and visitors
Purpose:	To provide for continued quality of care in the facility; to reduce infection spread among patients and visitors
Policy:	Patients and visitors will be screened for acute illness prior to receiving care
Procedure:	All staff are responsible for visually screening patients and visitors who exhibit symptoms of acute illness, especially:
	Cough Sore throat Severe widespread muscle aches
	Extreme fatigue Diarrhea
	Undiagnosed rash or skin lesions Febrile state
	If possible, patient or visitor will be isolated in a private room. The physician will be consulted about the symptoms and if advised, the patient or visitor will be sent to their own physician or hospital
Reference:	12VAC5-412-150, -220

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Department: Infection Control	Policy Description: Infection Control Monitoring
Page: 1	Replaces Policy Dated:
Effective Date: 6/21/12	Reference Number: 12VAC5-412-220B
Approved:	

Scope:	Infection Control Officer; All Staff
Purpose:	To provide a tool to monitor the Center's infection control plan and to monitor compliance of the staff throughout the Center
Policy:	The Infection Control Officer shall use the Infection Control Survey quarterly to identify need for changes and corrective action.
Procedure:	Each quarter, the Infection Control Officer will conduct the Survey. Compliance issues will be identified and appropriate changes made.
	Findings will be reported to the Quality Assurance Committee.
1 2	Retraining of staff will be performed as indicated by the survey.
Reference:	12VAC5-412-220B

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	Yes	No
Are items allowed to dry before use?		
Are sani-wipes used?		
Is Cavicide or equivalent used?		
Are timers used ?		311
Environmental Infection Control		1 1
Are procedure rooms terminally cleaned daily?		-7,
Are all surfaces in procedure cleaned and disinfected with the proper approved disinfectant?		
Does the staff know the procedure to decontaminate gross blood spills?		1
Are there rust spots or tears on equipment?		
Are chemicals stored AWAY from clean supply room?		- - - -
Program, System, Education		
Does the center have an explicit infection control program?		
Does the infection control follow national recognized infection control guidelines?	7	
Is there a person trained for infection control?	-	
Is there a complication log?		
Is there inservice or computer based infection control training for the staff?		ā
Does all of the staff receive infection control training?		
Is training conducted initially?		
Is training conducted annually?	1	2
Is training documented?		
Hand Hygiene		
Do all areas have soap and water available to wash hands?	IMU	
Is there alcohol based hand rub available?		
Does staff perform hand hygiene after removing gloves?	U.	THE STATE OF
After direct patient contact?	i.	to
Before starting in IV?		
After removing gloves after contact with blood, body fluids, or contaminated surfaces?	I.	
Does the staff wear gloves for procedures that might involve contact with blood or body fluids?	4	
Does staff wear gloves when handling contaminated patient equipment?	20	
Does staff remove gloves before moving to the next task and/or patient?	-1	

INFECTION CONTROL SURVEY

TO BE PERFORMED QUARTERLY TO MONITOR STAFF ADHERENCE TO INFECTION CONTROL PRACTICES

Performed by: Date:		
	YES	NO
Injection Practices		
Are needles used for only one patient?		
Are syringes used for only one patient?		
Are medication vials always entered with a new needle?		
Are medication vials always cleaned with alcohol before they are used?		
Are medications that are pre-drawn labeled with the medication name, initials of the person drawing, expiration		
date and time?		
Are single dose medication vials used for only one patient?		
Are bags of IV solutions used for only one patient?		
Is administration tubing an connectors used for only one patient?		
Are multi-dose vials dated and initialed when opened?		
Are they discarded according to manufacturers' recommendations?		
Are multi-dose vials stored away from immediate areas of direct patient contact?		
Are all sharps disposed in a puncture-resistant container?		
Are all sharps containers secure?		
Are all sharps containers replaced when the fill line is reached?		
Sterilization		
Is pre-cleaning always performed prior to sterilization?		
Does the staff use steam sterilization?		
Are all instruments inspected visually for proper cleaning prior to packaging and sterilization?		
Is there autoclave indicator tape or other indicator on each item?		
Is documentation of preventive maintenance present and up to date?		
Are all items contained and handled so as to assure sterility is not compromised?		
Are all instruments stored in a clean designated area?		
Are sterile packages inspected for tears, cracks, or damage prior to use?	1	1
If a sterile package is compromised, are items resterilized prior to use?		
Are all packs initialed and dated?		¥

Peninsula Medical Center for Women Policy and Procedure Manual

Department: Quality of Care	Policy Description: PATIENT COUNSELING AND EDUCATION
Page: 1 of	Replaces Policy Dated:
Effective Date:	Reference Number: 12VAC5-412-240B
Approved:	

Scope:	All facility personnel.
Purpose:	Patient Education and/or Counseling is a discussion of the feelings and concerns expressed by the patient which may include help with decision making and contraceptive choices, values clarification, or referral to other professionals.
Policy:	The facility shall offer each patient appropriate counseling and instruction in the termination procedure.
Procedure:	 Each patient will have a private opportunity to discuss issues and concerns about her abortion with a trained staff member who offers her the time needed to address such. Information about clinical procedures, aftercare and birth control must be reviewed with the patient during her visit to the facility. In addition, she will be given a hard copy of aftercare and birth control information. Each patient shall be made aware of the availability of post-abortion counseling If the patient is torn about her decision to terminate, she will be offered VDH referrals to local resources suited to help her continue the pregnancy, she will also be offered another appointment at a later date, giving her more time to work through her decision. A referral to community services should be available if that becomes necessary or the needs of the patient are outside the scope of training of clinic staff. If concerns of safety arise in counseling- sexual abuse, child abuse, domestic violence, coercion, etc- staff may temporarily stop counseling, offering the patient appropriate reading material, while staff consult with the manager on duty. All reasonable precautions must be taken to ensure the patient's confidentiality, in accordance with Federal and State guidelines. When any third party is involved with payment for abortion, certain protected information will be given to that entity. Depending on applicable laws and regulations, the patient may need to be informed and authorization obtained for the communication of this information.
Reference:	12VAC5-412-240B

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Expiration Date Log

Initials **Expiration Date** Location: Date: Item

Date	Versed	Fentanyl	Xanax 0.5 mg	Xanax 1 mg	T-3	Name	Initials
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(degree	l mg/ml	Fentanyl	Xanax	Xanax	Tylenol 3	Signature and Date
C 11:	Versed		0.5 mg	1 mg	3	Signature and Date
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Department : Pharmaceutical Services	Policy Description: Use of Multidose Vials
Page: 1 of 1	Replaces Policy Dated:
Effective Date: 6/12	Reference Number: 12VAC5-412-260
Approved:	

Scope:	All nursing, allied health and medical staff.							
Purpose:	To determine the procedures for multi-dose vials.							
Policy:	The following guidelines shall be followed with regard to the use of multi-dose vials at the Center.							
Procedure:	Guidelines:							
	A) Multi-dose vials are to be opened/penetrated using strict aseptic technique.							
	B) Unless contamination of a multi-dose vial is apparent or suspected, the vial may be used for 30 days for opened or entered vials unless otherwise specified by the manufacturer.							
	C) All multi-dose vials will be dated and initialed when opened. If a vial is found to be opened and not dated and initialed, it is to be discarded.							
	D) Single use vials are opened and discarded after one time use.							
	E) Recommended discard times for:							
	1) IV tubing 24 hours 22 hours 24 hours 24 hours							
	3) Irrigating solutions 24 hours							
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Reference:	12VAC5-412-260							

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Department	: Quality Assurance	Policy Description: Quality Assurance and Process Improvement, QAP								
Page : 1 of 2		Replaces Policy Dated: 4/1/12								
Effective Da	te: 6/5/2012	Reference Number: 12 VAC5-300-A, B, C, D, E								
Approved:										
Scope:	All facility personnel									
Purpose:		To establish a QAPI program to achieve optimal care for the consumer as well as provide for patient and employee safety.								
Policy:	potential problems, d	QAPI is a program which allows both administrative personnel and staff to identify real or potential problems, document findings, and use methodology to improve processes to improve outcomes in various areas as noted below.								
Procedure:	A. QAPI for the facility serves as an ongoing, comprehensive, integrated, self-assessmer program of the quality and appropriateness of care or services provided, including services provided under contract or agreement. The program includes process design									
		on/analysis, assessment and improvement and evaluation. The findings are ect identified problems and revise policies and practices.								
	unexpected t 1. Staffing 2. Supervis	lequacy and appropriateness of services, and to identify unacceptable or rends or occurrences the following shall be evaluated: patterns and performance, done annually and as needed.								
	of all rec	ecords; with one record checked weekly by site administrator; and full audit cords current with procedure day every other month; and as determined by ors found through audits.								
	of responds. Complai	atisfaction; through patient satisfaction queries in a format ensuring privacy uses. nt resolution; through audits for trends. See also policy on patient rights 5-412-210, B, C, & D.)								
	6. Infection to Region 7. Staff con	ns, complications and other adverse events; audits done and occurrences sent nal Director for trending. Incerns regarding patient care. Is safety checks on all equipment								
		mprovement (QI) committee is responsible for the oversight and supervision and shall consist of:								
	2. A non-pl 3. A memb 4. An indiv patients.	hysician health care practitioner er of the administrative staff ridual with demonstrated ability to represent the rights and concerns of This may be a member of the facility's staff. ay be coordination between the Regional Director's multiple sites of								

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	D. When problems are identified measures shall be implemented to resolve the problems and concerns that have been identified.
	E. Results of the quality improvement program will be reported to the licensee at least annually and shall include the deficiencies identified and recommendations for corrections and improvements. The report shall be acted upon by the governing body and the facility. All corrections actions shall be documented. Identified deficiencies that jeopardize patient safety shall be reported immediately in writing to the licensee by the quality improvement committee.
Reference:	12 VAC5-300-A, B, C, D, E

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Peninsula Medical Center for Women Clinical Policies and Procedures Manual

Department : Functional Safety and Maintenance	Policy Description: Preventive Maintenance	
Page:	Replaces Policy Dated:	
Effective Date: 5/1/12	Reference Number:	
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Scope:	All patient monitoring equipment and electrical equipment
Purpose:	To ensure that all equipment is in good working condition for the safety of the patient as well as the staff operating the equipment
Policy:	Equipment shall be checked and/or tested in accordance with manufacturer's specifications at least annually. After repairs and/or alterations are made, the equipment shall be thoroughly tested for proper operation before it is returned to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance
Procedure:	An annual schedule will be maintained in which each piece of patient monitoring equipment and other electrical equipment will have a preventive maintenance review. Records will be kept for each piece of equipment to indicate its history of testing and maintenance. Stickers will be placed on each piece of equipment when the PM has been conducted. The administrator will oversee the scheduling of the preventive maintenance program.
Reference:	12VAC5-412-360

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The finding of deficiency for noncompliance with 12VAC5-412-380 is inappropriate because Peninsula Medical Center for Women (PMCW) submitted a plan for coming into compliance with this regulation along with its application, as the regulation clearly allowed. If the Department refuses to remove the finding, it should grant PMCW a variance. The plan that PMCW submitted with its application for licensure continues to be the most accurate statement of its plans to comply with this regulation within two years of licensure. In an effort to provide the Department with an update on our implementation of that plan, following is a timeline for our recent work as well as our work over the next several months:

March 14, 2012 – Brought in an architect to do an assessment of PMCW's facility for compliance with 12VAC5-412-380.

May 9. 2012 – Fire marshal conducted inspection and found facility in compliance with fire code.

July-Oct. 2012

- Identify mechanical engineer and schedule inspections or evaluation visits as appropriate to obtain information on insulation rating and HVAC/ ventilation requirements. To write report and design system to come into compliance
- Identify electrician able to inspect electrical system and evaluate compliance. Perform upgrades as necessary.
- Building owner to contact the local building department to schedule an inspection to determine compliance with any section of the building code or the UCSB that may be applicable based on the date of the building's construction.

Nov. 2012 – Assess information gathered and create a timeline for gathering any outstanding information by the end of 2012.

Nov.-Dec. 2012 - Complete information-gathering process.

Jan.-April 2013 – In consultation with an architect, evaluate whether renovations are necessary and/or feasible. Assess availability and affordability of loans that would be necessary to complete such renovations. Evaluate whether seeking any variances from discrete requirements would allow PMCW to comply with 12VAC5-412-380 and consult Department for information about the process of seeking any such variances and the documentation required. Submit any requests with appropriate documentation.

Contingent on the feasibility, cost, and variances possible, if renovations can be done, establish a timeline for developing a plan for construction, submitting for bids, evaluating bids and hiring a contractor. Consult with Department of Health concerning timeline.

If renovations cannot be done, evaluate whether to move to a new location. Establish a timeline for talking to a broker, assessing the available commercial real estate stock, availability and affordability of loans that would be necessary to accomplish a move, and for deciding whether the costs of such a move would be affordable by PMCW in the long run. Consult with Department of Health concerning timeline.

May-Nov. 2013 – If renovations are possible, begin moving forward on the items in the timeline for renovations. If renovations are not possible, begin moving forward on the items in the timeline for evaluating whether to move.

Dec. 2013-July 2014 – If renovations are possible, attempt to complete all necessary work during this period. If renovations are not possible, attempt to complete the process of moving during this period. Evaluate and seek any variances necessary, depending on the rapidity of either process, in consultation with the Department.