# Virginia Women's Wellness 224 Groveland Road Virginia Beach, Va 23452 (757) 306-4706

RECEIVED
JUL 0 3 2012
VDH/OLC

June 29, 2012

Eric Bodin Director Office of Licensure and Certification Virginia Department of Health 9960 Mayland Drive, Suite # 401 Henrico, Virginia 23233

Re: Plan of Correction

Dear Mr. Bodin:

Enclosed please find our Plan of Correction to the Statement of Deficiencies that Virginia Women's Wellness (VWW) received during our initial licensure application. This Plan of Correction contains revisions and is accompanied by 18 different attachments evidencing the corrective actions already taken. Some of these corrective actions are already fully completed, and some are in the process of being completed.

We hope that our plan of correction is acceptable to the Department.

Thank you very much for your time and attention in reviewing our Application, our Plan of Correction, and our eighteen Attachments.

Sincerely yours,

Melissa Sachnovitz

Operations Business Manager

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	MBER:	A. BUILD B. WING			LETED
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T 000	12 VAC 5- 412 Initi	al comments		T 000	10.0	FILE OF THE	
	inspection was con facility on May 8 & 5 Facility Inspectors 1 Health's, Office of L The facility had mul also investigated du Compliant Identifica 2012-AC001 through AC010, AC Ten of the eleven of UNSUBSTANTIATE was SUBSTANTIATE WAS SUBSTANTIA	h AC005, 2012-AC00 012 and AC013. omplaints were ED. Complaint # 2012 ED with associated this report.	referenced edical artment of ation. h were tion.		effection defents account to a property of the second seco	- Marie	3 201 OLC
	the State Board of H Regulations for Abor	tion Facility's, effective Deficiencies were identified to the control of the con	/e			accept to the	
E co	o the OLC and in the ndividuals or entities otal ownership shall l	closure of facility ip interest shall be re case of corporations holding 5.0% or more be identified by name	ported , all e of and		A Separate state of ownership ion provided to the		iS-\?
a ci	ddress. The OLC st hanges in ownership his RULE: is not me ased on review of the nanual and interview, acility failed to identify	t as evidenced by: policy and procedur it was determined the and document who	re at the the		See Attachment ±	4	
RATORY DI	RECTOR'S OR PROVIDER	SUPPLIER REPRESENTAT	IVE'S SIGNATU	RE	TITLE	(Xe	DATE

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:	(X2) MU A. BUILD B. WING		(X3) DATE S COMPL	
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T 015	Continued From Pa owner(s) of the fac The findings were:			T 015			
	On 5/9/12 during the facility at approximate representative was owners of this facility stated, we are owner that day the rette owner(s) of this representative would under another corporate representative representat	Id only say it's a corporation.  chart in the policy and was reviewed with the lative on 5/10/12 at PM in the administral d not have the name of the property of the same of t	rate r or tative Again ded who pration				
	office the corporatio again, who the owner representative again when asked to be m sald, "I think it's (r percentage of intere	out 6 PM in the adming representative was errof this facility is. The said, "It's a corporatione specific the representation of the wind of the representation, the representation, the representation, the representation."	asked ne ion," esentative the hat				
	history record check the Code of Virginia employee not license Pharmacy, whose joi	cility shall obtain a cri pursuant to 32.1-126 on any compensated	ss to	T 070	Criminal backgro Checks have been obtained on all- Clinicians with a to controlled sub These documents	n staff/ ecess stances	6-7-12

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N	UMBER:	(X2) MUI A. BUILD B. WING		(X3) DATE COMP	
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	During the survey the compliance with the Virginia, 1950 as an 32.1-162.9:1 as am-	met as evidenced by ne facility was asses a provisions of the Conended and (Section ended. The Code Sed home care organitions exempt under (c) of the Code of Visords check for comper July 1, 1992.  Dections also prohibitation facility's, of pendictions are specified in Seame Section requires specified in Seame Section requires within the abortion record report through	sed for ode of ode	T 070	been inserted personnelf, See Attachment	In their	
E ir th	The above Statue was Based on the review on terview with the Administration (#1 - #4, #9,	of personnel files, ar ninistrator, it was de #12 -#13, #17 and	nd termined #19) of				
p na th	ine (#1 - #4, #9, #12 ersonnel that had the arcotics failed to hav le Surveyor to review AC 5-412-170.C.	e potential to dispense criminal record che	se ecks for				081
TI va	he Surveyors review arious times on 5/8/1	ed all personnel files 2. The staff included	at :				
2. Nu	Personnel #1 - #4 Personnel #9 and urses.	#17 were Registered	1				M .
3. Pr	Personnel #13 - #1 actical Nurses.	4 and #19 were Lice	ensed			1	-

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING **FTAF-008** 05/09/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 224 GROVELAND ROAD **VIRGINIA WOMEN'S WELLNESS** VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) T 070 Continued From Page 3 T 070 The Administrator verified that the results of the criminal record checks were mailed the day before the Inspection. This Interview occurred on 5/8/12, in the agency's office at 4:26 p.m. All patients are given a copy of the " your Rights as a Patient" form which describes proper complaint procedures T 155 | 12 VAC 5-412-210 E Patients' rights T 155 E. The facility shall provide each patient or her designee with the name, mailing address, and telephone number of the: 1. Facility contact person; and 2. The OLC Complaint Unit, Including the toll-free complaint hotline number. Patients may submit complaints anonymously to the OLC. This document includes The facility shall display a copy of this the name, address and Train information in a conspicuous place. toll free phone number for the olc. This RULE: is not met as evidenced by: Based on interview and record review the facility failed to provide the patients or patient's See Attachment #3 + 4 designees with the name, address, and toll-free complaint telephone number of the state licensure agency. The findings included: An interview with Staff #13 on May 8, 2012 at approximately 9:15 a.m. revealed each patient received patient rights and complaint information as part of the admission process. Review of the admission packs for medical and surgical procedure patients did not include the name, address, and toll-free complaint telephone number of the state licensure agency (Office of Licensure and Certification). The Information given to the patients or patient's designee dld not include information regarding their ability to filing anonymous complaints with the state licensure

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STATEME AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIFICATION NU	IMBER:	(X2) MUL A. BUILD B. WING		(X3) DATE COMP	
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T 175	3:30 p.m. with Stat and Staff #21 revies and Staff #21 revies the admission pactor related to filing an a state licensure age 12 VAC 5-412-220 C. Written policies management of the supplies shall address to handrubs, disposat 2. Availability of utiliand other materials storage and transpositiones or recleaning) and produce of cleaning ager time, management of 4. Procedures for hastorage/transport of storage/transport of stora	conducted on May 8, 2 if #13 and Staff #21. It wed the admission puthe patient or the patient or the patient or the patient of the staff #13 and Statint information given the state licensure anonymous complaint facility, equipment and procedures for the facility, equipment and state following:  Washing equipment and state of the state following: Washing equipment and state of the state following: Washing equipment and state of the	Staff #13 acks. ent's ncluded in ff #21 did not nplaint agency or t with the n ne nd nd used yers); pplies , upplies; ts (e.g., sed for act es); upplies stor act es);	V J	VWW maintains our excellent to reacted of safe care proves that infection prevent span of more that serious infection also of patient with a discretion cases of patient transformation.  WW Vigorously of infection.  WW Vigorously of infection.	that  ack patient  our  tion  ately ents. In a  an 15 years  ed a single  ocumented  and no  patient- smission  disputes  our office  nects of  did not	
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	PROVIDER OR SUPPLIER				Y, STATE, ZIP CODE		
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T 175	Continued From Pa	age 6		T 175	(1) All reusalkeg	Dupment	
	re-useable glass variable passed by staff throbetween the "clear "dirty scrub" room. separate clean and instruments and eq Staff #20 located with placed a disposable #20 retrieved a clear designated dirty sin jar on the pad. From the physician reach and placed the "dirty procedure onto the jar. Staff #20 retrieved and placed not change the pad located in the "clean vacuum jar utilized concepting. Staff #12 proof to receive the pad and placed not change the pad located in the "clean vacuum jar utilized concepting. Staff #12 proof to receiving the pad. Staff #2 proof to receiving the pad interview was considered to receiving the pad staff #12. Staff #12 proof to receiving the pad staff #12 proof to receive was considered to ensemble to ensemble ported the concentrations we aported the concentrations we apported the c	rithin the "dirty scrub" a pad on the counter to pad on the counter to receive the clean proceed through the in-wal y" instruments used of pad next to the clean red the dirty instruments them in the sink. State on the counter top. So procedure room pad luring the procedure of material through the placed the "dirty" vacuo handed the clean verse of the procedure of the procedure of the placed the "dirty" vacuo handed the clean verse of the placed the "dirty" vacuo handed the clean verse of the placed the "dirty" vacuo of the placed	dures; and the not set up ing room, top. Staff bove the in vacuum ure room I opening during the vacuum ints from iff #20 did Staff #12 ssed the with the in-wall uring jar acuum gloves 12 at ed the ments e ontact timer or r's 20 eanser		is cleaned as proportions of actions. All labeled for sind disposed of after patient use. has been proportioned in the sequipment of equipment of an acovered contained in the some in the same fortainer allowing for the environment of the same fortainer allowing form the environment the same for the environment the en	per the  's recom  's reco	re GBL ng es 1 sBL ty
C C A 8:	ould not state how meleaner had been placen observation and in 30 p.m., by two sun.	terview on May 9, 20	ntic. 12 at		SEE Attachment &.  B) The Policy and nanoul has been not lude the formal staff	Procedure	's
E FORM		021	100		GIFG11		

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING FTAF-008 05/09/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 224 GROVELAND ROAD VIRGINIA WOMEN'S WELLNESS VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES
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REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY or inadequately cleaned. We believe the nomenclature T 175 T 175 Continued From Page 5 osed to identify "clean"
and "disty" rooms is fully
inaccurate. No areas
of the facility are disty
and the entire fauility (i) the level of cleaning/disinfection/sterlization to be used for each type of equipment, (ii) the process (e.g., cleaning, chemical disinfection, heat sterilization); and (iii) the method for verifying that the recommended level of disinfection/sterilization has been achieved. The procedure shall 15 clean. For each and reference the manufacturer's recommendations every Patient, 211 and any applicable state or national infection control guidelines: instruments that enter 8. Procedures for appropriate disposal of the patient's body have non-reusable equipment; 9. Policies and procedures for been sterilized prior to use and all petients maintenance/repair of equipment in accordance with manufacturer recommendations: 10. Procedures for cleaning of environmental are sately protected surfaces with appropriate cleaning products: from inteltion by 11. An effective pest control program, managed ppropriate practices. in accordance with local health and environmental regulations; and In particular our scrub 12. Other infection prevention procedures room is especially clean. necessary to prevent/control transmission of an infectious agent in the facility as recommended having been scrubbed and or required by the department. disinfected twice deily. This RULE: is not met as evidenced by: 12 VAC 5-412-220 (C) (4), (5), (7), (10), and (12) Despite the above Based on observation, interview and record review disclaimer VWW supports the facility failed to have infection control procedures to prevent cross-contamination related the goals of continuously improving intection prevention procedures and we will implement the changes suggested by to: 1. Facility staff's handling of clean and dirty equipment between patients and staffs knowledge of manufacturer's recommendations for cleaning re-usable equipment between patients. 2. Transporting clean linen/ blankets, for handling, temporary storage/transporting soiled linens; and HE DUH. Cleaning environmental surfaces. The findings included: 1. Observations conducted on May 9, 2012 from

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	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	(X2) MUL A. BUILD B. WING		(X3) DATE COMPI	
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	pillowcase did not of Staff #12 reported was taken home by An interview was control to the findings related of clean and dirty resinstruments/equipm procedure rooms. So cloth pillow was not disposable pillowcast down between paties. An observation at May 8, 2012 at appression and incompany and the state of a wire ract store conception materies are would be condesignated dirty side. An observation and in May 8, 2012 at appression and incompany staff #13 in not cleaned/washed reported when the biasoiled staff took "the them and brought the Review of the facility manual did not have handling, temporary solled blankets. The procedure directing sthe soiled blankets, wand how to transport the facility. An interview was condesign, with Staff #	ervation revealed the completely cover the with the pillow became staff and washed. Inducted on May 9, 2 1 21. Staff #21 was ed to the cross-contal ent between the scrubent between the scrubent between the scrubent between the scrubents. In and interview with Staff #21 acknowledge completely covered to se and could not be wents. In and interview with Staff #3 reported the scrub room. Staff #13 reported the scrub room. Staff #13 reported the blankets between patients. Stankets became "obviblankets became "obviblankets became "obviblankets became "obviblankets home, washem back." In an and staff how to temporarily ash the blankets batter age and transport facility did not have a taff how to temporarily ash the blankets batter blankets batter blankets batter blankets at he clean blankets batter blankets ba	pillow.  The soiled it informed in informe		been retrained spects of a convironment of the passing instituted between the started on it and the frequence of and the frequence of a commendation of the source started on it and the frequence to assure started on the commendation of the commen	red in all aleaning of aleaning of with surfaces for when scrub of the procedu doorway. We been suring cup then scrub of manufactures for soak time a has been a fluid microbial,	6. See Co. 1512
	acknowledged the fac	mily did not nave a de	talled	1	leanable pille	Wing Ashaling	1#0

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING FTAF-008 05/09/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE VIRGINIA WOMEN'S WELLNESS 224 GROVELAND ROAD VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG DEFICIENCY T 1751 Continued From Page 8 T 175 All Sterile packs and Stored in clean rooms. policy or procedures related to their practice of laundering the blankets. Staff #13 verified the facility did not have procedures for handling and Although recovery room chairs were always cleaned, an additional thorough transporting soiled or clean linens (blankets). 3. An observation and interview related to environmental surface cleaning was conducted on May 8, 2012 at approximately 11:30 a.m. with Staff #21. Staff #21 discussed the two cleaning Cleaning and disintecting products used to disinfect environmental surfaces: has been performed The products in use had different surface contact times. An observation of the recovery chair The Poley + Procedures of Manual has been up dated recliners revealed four of the four recliners had food particles beneath the removable seat cushion. Staff #21 acknowledged the four to include the proper recliners were not clean. Review of the facility's policy and procedure manual dld not have procedures related to how to clean environmental surfaces. Administrator will continuously monitor Infection Prevention Measures Via period Checks to assure Compliance If warnented retraining will be provided. During an interview conducted on May 8, 2012 at 3:30 p.m. Staff #21 reported the facility did not have a detailed procedures related to cleaning environmental surfaces. T 265 12 VAC 5-412-260 A Administration, storage and T 265 All medications used for dispensing of dru multiple potients will A. Controlled substances, as defined in be drawn from multi-54.1-3401 of the Drug Control Act of the Code of Virginia, shall be stored, administered and dose bottles. If 2 dispensed in accordance with federal and state bottle | viel is labeled for single use, it will be used for only one patient and unused laws. The dispensing of drugs, excluding manufacturers' samples, shall be in accordance with Chapter 33 of Title 54.1 of the Code of Virginia, Regulations Governing the Practice of Pharmacy (18 VAC 110-30). This RULE: Is not met as evidenced by: portions will be Based on observation, interview and record review the facility failed to follow manufacturer's discarded Proper See Attachment #9 directions for administration of controlled

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FTAF-008		MBER:	(X2) MULT A. BUILDI B. WING	TIPLE CONSTRUCTION	(X3) DATE SL COMPLE 05/09	
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T 265	The findings included An observation and 2012 at 10:00 a.m. the facility's system Staff #13 reported choice between lock sedation (moderate the facility used an Midazolam (Versect box, on inspection vial of Fentanyi 250 (milliliters). The stropened date on the log sheet and reported May 5, 2012 and the 2012. Staff #13 reopened on May 2, know for sure. "Scould draw up to two (50) mi vial. Staff #13 reopened on Fentan observation revealed (milligrams)/5 ml. Coursented opened "Single use vial." In the course was the course that evials were used for a short duration an preoperative sedation may severe well and the controlled on May Review of the controlled on May Review of the controlled on May Review of the controlled on May	dinterview conducted with Staff #13 during for controlled substitute facility's patient had anesthesia and consection of Fentanyl injection of Gentanyl in	review of ances. ad a senscious areported and the locked of ances. The locked of ances are			ication ill be racting raching ting unopened	N.
B H	medication left in the Midazolam vial wer	e Fentanyl vial and t	he				

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AND PLAN OF CORRECTION    CATE   PROVIDER SURVEY   COMPLETE	State of	Virginia					FORM	APPROVE
STREET ADDRESS, CITY, STATE, ZP CODE   224 GROVELAND ROAD   VIRGINIA WOMEN'S WELLNESS   VIRGINIA BEACH, VA 23462   VIRGINIA BEA		AND PLAN OF CORRECTION IDENTIFICATION N		MBER:	A BUILD	ING	COMPL	ETED
VAGIND   V	NAME OF	20014250 00 011201150	T TAP-00	<del>,                                     </del>	ODECC CIT	CTATE TO CODE	00/0	9/2012
T 285 Continued From Page 10  The estimation of the medication left in the single use vials for later use ranged from 4/5 to 19/20. Staff #13 reported the staff had not calculated the amount. Staff #13 agreed that 4/5 for one person could be different for another person estimating the same amount.  Review of the package insert for Fentanyl indicated the endication "Contained no preservatives" and listed the 50 ml vial as a single dose vial. The package insert for Midazolam indicated the vial was for single use and unused portions of the vial were to be discarded.  T 280  A // medications \( \omega) \( \omega) \) \( \omega) \( \omega) \) \( \omega) \( \omega) \( \omega) \) \( \omega) \) \( \omega) \(\omega) \) \( \omega) \( \omega) \) \( \omega) \( \ome			<b>SS</b>	224 GRO	VELAND R	OAD	to 1 Tee	
The estimation of the medication left in the single use vials for later use ranged from 4/5 to 19/20. Staff #13 reported the staff had not calculated the amount left but had "eyeballed" the amount. Staff #13 agreed that 4/5 for one person could be different for another person estimating the same amount.  Review of the package Insert for Fentanyl indicated the medication "Contained no preservatives" and listed the 50 ml vial as a single dose vial. The package Insert for Midazolam indicated the vial was for single use and unused portions of the vial was for single use and unused portions of the vial were to be discarded.  T 280  12 VAC 5-412-260 D Administration, storage and dispensing of dru  D. The mixing, diluting or reconstituting of drugs for administration shall be in accordance with regulations of the Board of Medicine (18 VAC 85-20-400 et seq.).  This RULE: is not met as evidenced by: Based on observations made during the initial tour of the facility and interviews, it was determined that the facility and interviews, it was determined t	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	IOULD BE	COMPLETE
100 + 10 m 1 1 4100	T 280	The estimation of the use vials for later use staff #13 reported the amount left but had Staff #13 agreed the different for another amount.  Review of the packer indicated the medicated the medicated the medicated single dose vial. The Midazolam indicated and unused portions discarded.  12 VAC 5-412-260 If dispensing of dru  D. The mixing, dilutter for administration share gulations of the Boston observation of the facility is staff injectable medication mixed and labeled in regulations for the Boston of the facility is staff injectable medication mixed and labeled in regulations for the Boston of the dication mixed and labeled in regulations for the Boston of the B	the medication left in the se ranged from 4/5 to the staff had not calculated at 4/5 for one person reperson estimating the age insert for Fentan ation. "Contained not all listed the 50 ml vial the package insert for dithe vial was for sing of the vial were to be a contained of the vial were to be a contained of Medicine. The accordance with the package in accordance with the part of Medicine, 18 the contained of Medicine,	o 19/20. culated the mount. In could be he same  lyl or as a gle use be rage and of drugs with VAC initial tour mined to is were even as 50 cc tached to been belidid	T 280	be mixed by an HD, or by a train staff member a second wheek per by sician. These medications will properly labeled the amounts of mixed, date and the initial medications. If	RN or red of the soft the	ilyil ions

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (IT) PROPOSERGUPPLER LIDENTIFICATION NUMBER  FTAF-008  STREET ADDRESS, CITY, STATE, ZIP CODE 224 GROVPLAND ROAD VIRGINIA WOMEN'S WELLINESS  (ISAC INSTITUTE OF DEFICIENCIES PROPOSER'S PLAN OF CORRECTION SIZE PROPOSER'S PLAN OF CORRECTION PREFIX PROPOSER'S PLAN OF CORRECTION SIZE PROPOSER'S PLAN OF CORRECTION PREFIX PROPOSER'S PLAN OF CORRECTION SIZE PROPOSER'S PLAN OF CORRECTION PROPOSER'S PLAN OF CORREC	State of	Virginia							
VIRGINIA WOMEN'S WELLNESS  224 GROVELAND ROAD VIRGINIA BEACH, VA 23452  VIRGINIA BEACH, VA 23452  VIRGINIA BEACH, VA 23452  PROVIDER'S PLAN OF CORRECTION COMPLETE CROSS-REPERIENCY ACTION SHOULD BE CROSS-REPERIENCY OF THE COMPLETE CROSS-REPERIENCY OF CROSS-REPERIENCY OF COMPLETE CROSS-REPERIENCY OF CROSS-REPERIENCY OF COMPLETE CROSS-REPERIEN			IDENTIFICATION NU	MBER:	A BUILDI	NG	COMPLETED		
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T 280 Continued From Page 11  T 280 Continued From Page 11  T 280 Continued From Page 11  An initial tour of the facility was conducted on May 8, 2012 beginning at 9:55 AM. The Recovery room, a room used for patients to recover from their procedure in, contained a large locked metal cabinet. The Administrator was asked if she could open the cabinet for this inspector to view its content. The Administrator opened the cabinet, the cabinet contained various types of injectable and oral medications. On the second shelf were multiple boxes of medications that are used during procedures. In the back on the right hand side of the shelf was an open box containing 23 vials; each had a manufacturer's label on it that read: "Lidocaine 1%, Pitocin, Vassopressin Date mixed: "Lidocaine 1%, Pitocin or Vassopressin written on the labels and also failed to have the "Date mixed," filled in. On the side of each vial was a date, 572/12, and a set of initials written with black magic marker. The administrator was also oasked where was it written on the vials the amount of Pitocin (a hornome) and Vassopressin (constricts blood vessels) that was added and when: she replied "If's nor "and then pointed to be prized to the procedure of the procedure of the procedure of the procedure." The administrator was also asked where was it written on the vials the amount of Pitocin (a hornome) and Vassopressin (constricts blood vessels) that was added and when: she replied "If's nor "and then pointed to be prized to be prized to the procedure of			55		OVELAND ROAD				
An initial tour of the facility was conducted on May 8, 2012 beginning at 9:55 AM. The Recovery room, a room used for patients to recover from their procedure in, contained a large locked metal cabinet. The Administrator was asked if she could open the cabinet for this inspector to view its content. The Administrator opened the cabinet, the cabinet contained various types of injectable and oral medications. On the second shelf were multiple boxes of medications that are used during procedures. In the back on the right hand side of the shelf was an open box containing 23 vials; each had a manufacturer's label on it that read, "1% Lidocaine, 50 ml (amount)." Each vial also had an additional label attached to it that read: "Lidocaine 1%, Pitocin, Vassopressin Date mixed." "Ildocaine 1%, Pitocin, vassopressin written on the labels and also failed to have the "Date mixed," filled in. On the side of each vial was a date, 5/2/12, and a set of initials written with black magic marker. The administrator was also asked whor mixed these vials; the administrator stated it was employee #25, an LPN (Licensed Practical nurse). The administrator was also asked where was it written on the vials the amount of Pitocin (a hormone) and Vassopressin (constricts blood vessels) that was added and where she replied "If so not "and then pointed to	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	NULD BE COMPLETE		
the handwritten date with initials on the side of the vial and sald, "here's when she mixed them."  When asked who was the person who mixed the vials the administrator said (name) an LPN. The administrator was asked what the vials were used for and she replied, every patient gets this, it's their local anesthetic that the doctor injects.	T 280	An initial tour of the 8, 2012 beginning a room, a room used their procedure in, cabinet. The Admi open the cabinet for content. The Admi the cabinet contain and oral medication multiple boxes of manufactures. In the the shelf was an opeach had a manufacture, 50 had an additional lace. Lidocaine, 50 had an additional lace. Pitocin, Vassopressin Date mixed:  All 23 vials with the the amount or strert vassopressin writte to have the "Date meach vial was a dat written with black madministrator was a saked who mixed the stated it was emplo Practical nurse). The asked where was it of Pitocin (a hormo (constricts blood very when; she replied, the handwritten dat vial and sald, "here When asked who wo vials the administrator was a for and she replied,	e facility was conducted to 9:55 AM. The Record for patients to recover contained a large local instrator was asked in this inspector to vie nistrator opened the ed various types of ins. On the second stream of the right has been box containing 23 acturer's label on it that are under the period of the Pitocin or an instead," filled in. On the labels and a set of the period of the Pitocin or en, 5/2/12, and a set of the administrator was written on the vials the set of the vials the person who maked the vials of the with initials on the set with initials on the set when she mixed the vials of the with initials on the set when she mixed the vials of the vials of the person who maked what the vials of the vials of the person who maked what the vials of the vials of the person who maked what the vials of	er from ked metal f she could ew its cabinet, njectable helf were ised during nd side of 3 vials; at read, vial also it read:  d to have also failed he side of f initials s and iistrator censed also he amount n d and iinted to side of the iem." hixed the PN. The were used iis, it's	T 280	Physician providing sound check will instead.  Mixed medication be disposed of used within iohi mixing.  All medications we mixed disposations within a designated area.  Administrator to compliance perodic checks.  See Attachment	ons will if not is of lawn sonitary ontinually e via		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FTAF-008		A. BUILDI B. WING		(×3) DATE COMPI			
NAME OF P	PROVIDER OR SUPPLIER			DRESS, CITY.	STATE, ZIP CODE	330	
	WOMEN'S WELLNE	33	224 GRO	VELAND ROBEACH, VA	DAD	CD Thy Tow	
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY		Y FULL	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE
T 280	Continued From Pa	nge 12		T 280		AF of brings	115.75
	On 5/9/12 at approx Recovery room the where does the nur and Vassopressin value pointed to the desk patients and write the "Here." The desk is where patients recovered Part IX. of the Virgin part: "Mixing, Diluting or Administration. 18VAC85-20-400. Firmmediate-use steri reconstituting.	administrator was a see mix the Lidocain vials? The administ where nurses sit as heir progress notes after their process after their process and Board of Medicial Reconstituting of Directors and Requirements for	asked ne, Pitocin trator nd observe and sald, cliners edures. ne, reads in rugs for				
	A. For the purposes diluting or reconstituting or reconstituting products when contamination and a hours of the comple be considered immediatructions or any of specifies or indicate preparation and administration and administration from the secretions from moused in the practice administration of alleafter the completion administration does of expiration date of a recompliance with all of section.  B. Doctors of medicional who engage in immediatrus when a section is reconstitution and a section.	tring of sterile manu- there is no direct condministration begin tion time of prepara- adiate-use. If manu- ther accepted stands an appropriate tim- ninistration of less ti- diuting or reconstitute the the lesser time. It is means that there touch, gloves, bare the or nose. Emerging of anesthesiology a ergens may exceed of the preparation, in not exceed the special and ther requirements of	offactured contact in swithin 10 ation shall ifacturers' dard in e between than 10 ting shall No direct is no skin or ency drugs and 10 hours provided ciffied if there is of this		The second of th		

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reco 3. Everification of the content	reconstituting shall  3. Establish and implement procedures for verification of the accuracy of the product that has been mixed, diluted, or reconstituted to include a second check preformed by a doctor of medicine or osteopathic medicine or a pharmacist, or by a physician assistant or a registered nurse who has been specifically trained pursuant to subdivision 2 of this subsection in immediate-use mixing, diluting or reconstituting"  4. Provide a designated, sanitary work space and equipment appropriate for aseptic manipulations;"  The administrator acknowledged on 5/8/12 at 10:15 AM that the vials did not have the amount or strength of Pitocin and Vassopressin documented in the label.		T 280				
A. Tongo self-approinclud agree designment be us polici  This Base failed proce asses evalu	AC 5-412-300 he abortion facing, comprehensessment propriateness of ding services persent. The print data collect overnent, and esed to correct it es and practice RULE: is not it don interview to develop a desses for data		and vided, act or process, ment and ngs shall nd revise e facillty ogram with	T 315	We believe to are in full con with 12VACS-4. As written. We this deficience does have and an ongoing, co integrated se program. Further Hai alaims sho misquoted in Statements We for this defici	le dispute  y VWW  has had  mprehens  f-assessm  ermore, si  e was  the  hich form	ive, ent erf

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FTAF-008			(X2) MUL' A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED 05/09/2012			
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DDRESS, CITY, STATE, ZIP CODE				
VIRGINIA WOMEN'S WELLNESS 224 GRO			VELAND ROAD A BEACH, VA 23452					
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	manual included the Virginia; 12VAC5—provide evidence of documented process analysis, or assess collected. The fact process for improvious process for improvious analysis, or assess collected. The fact process for improvious analysis, or assess collected. The fact process for improvious analysis of the fact process for improvious assurance process had not been colled discussed during the Committee meeting.  12 VAC 5-412-310  An accurate and contained and process for improvious and process for the following:  1. Patient identified: 2. Admitting information of the following: 3. Signed consent for the following: 4. Confirmation of the following: 5. Procedure report and process for procedure record of the process for process for procedure record and process for procedure record for procedure record for process for process for procedure record for procedure	ity's policy and procedule wording from the State 2-300 (A). The facility of a quality assurance esses for data collections are to be seed on the dility did not have a wrivement and evaluation conducted on May 8, ff #13 and Staff #21. The facility did not have seed for the outcomes the May 2012 Quality with the facility did not have seed for the outcomes the May 2012 Quality with the facility of the method on each patient. The facility of the method in sufficient informations or need for the method in the facility and the facil	tate of lity did not plan or on, ata itten of their 2012 at Staff #21 we quality ad data s Assurance d or chart he record on to dical or limited tient	T 340	The data was coing for the MAY 2012 OF PACIFICATE PENDENCE POLICUS, PLANTED TO PACIFICATE AND PACIFICATE AND PACIFICATE AND PACIFICATE AND PACIFICATIONS. All of the MAY 2012 AT CONTROL THE MINUTES. TH	plication and samples with k for with some of the with street of the with street of the with street of the without the without the without the signed to signed the continuation of the without of the wi		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:	(X2) MULTI A. BUILDING B. WING _	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED 05/09/2012	
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	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
VIRGINIA WOMEN'S WELLNESS 224 GROV VIRGINIA			BEACH, VA	23452			
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T 340	Continued From Pa	age 15		T 340			370 _ 1
	i. Patient instructions, preoperative and postoperative; and j. Names of referral physicians or agencies.    Patient instructions   Patient   Pat					\$ 145 h 4	la Maria
	Based on observat of the facility and cl determined that fac medications given documented in their thirteen (13) of thirt surgical abortion pe have listed in their Pitocin and Vassop anesthetic that the	met as evidenced by ions made during the inical record review, cility staff failed to end to each patient were in clinical record. Speen (13) patients wherformed at the facility record that received in medications in doctor gave to each 3 - 8, 10, 11, 13 - 15	initial tour it was sure all ecifically, o had a y failed to Lidocaine, or the local patient,				
	Clinical records we office on 5/8/12 be; #1, 3 - 8, 10, 11, 13 evidence that the p performed at the far aferenced records the patient(s) received the records review in the records review.		Records ocumented abortions e idence that caine.				
F	interview on 5/8/12 surgical abortion re Vassopressin as a stated, "We have a On 5/8/12 at 2:45 P Local Anesthesia w "Local anesthesia of the state	M the facility's policy as reviewed and reac onsists of a series of	have a cin and #21 regarding d in part, injections				nd.
STATE FOR		ally with medications	021100		GIFG11	If continuation	sheet 16 of 22

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER   STATEMENT   DENTIFICATION NUMBER   DENTIFICATION		MBER:	(X2) MUL A. BUILD B. WING		(X3) DATE SURVEY COMPLETED 05/09/2012		
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	, STATE, ZIP CODE		=134 y
VIRGINIA	WOMEN'S WELLNE	<b>5</b> 5		VELAND R BEACH, V			
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T 340	Lidocalne, Oxytoci patient will receive allergies prohibit it	n and Vassopressin. local anesthesia unle	959	T 340			
Т 375	A. The facility's strand all equipment cooling, ventilation be all be kept in go condition. Areas umaintained in good hazards. All wood with non-lead-base shellac that will alk.  This RULE: is not Based on observat #21, it was determ (#1 - #4) reclining Recovery Room, a #3) examination to required in Section.  The findings included the Surveyors and (#1 - #4) of four (#1 in the Recovery American were not clearly reclining of the bilateral lacque three (#1 - #3) patie tears at the bend point and all paties.	ructure, its component such as elevators, he and emergency lighting of repair and operations and interest shall be seen surfaces by the same and interview with the seen surfaces and interview with the seen surfaces and three (#1 - #3) of the seen surfaces and three seen	ating, ing, shall ing be of sealed ish, or  ith Staff #1 - #4) of s in the three (#1 - d repair as A.  n Facility that four ling chairs reclining 4) of four as along #3) of les had n the	Т 375	Cur recovery so have always been will continue to be after every path Kept in Sanitary Staff + 21 denies that the character of our interest of our intact, sound chairs we sanded a reseated to eliminate a scratches in the similate a scratches in the sound chairs we sanded a reseated to eliminate a scratches in the see Attachment #1	ent and I condit es ever have barned harmore rahair scrate anthe structur ill be aled	COZHIL COZHIL OZHIL OZHIL Ver, hes

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM  FTAF-008		MBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED 05/09/2012		
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VIRGINIA WOMEN'S WELLNESS 224 GRO			224 GRO	/ELAND R BEACH, V	OAD		erail my
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T 375	Staff #21 verified that the recovery room reclining chairs were unclean and had breaks in the wooded surfaces and tears were present in all Examination Tables. This interview occurred during the tour of the facility, on 5/8/12, between 10:10 a.m10:28 a.m.		T 375	the examination of the examination of the repaired to expend the examination of the ting, mind at the feather that the feather of the examination	ired or iminate te tears points ent # 13 e occorrentations (occorrentations)	oldle	
	periodic intervals, nensure proper oper repair. After repair to any equipment, thoroughly tested for returned to service, maintained on each indicate its history of this RULE: is not a Based on interview determined that the there was preventa	anufacturer's specific to less than annually, ration and a state of g and/or alterations a the equipment shall be reproper operation be records shall be records shall be records shall be repiece of equipment of testing and mainter met as evidenced by and tour of the facility failed to show tive maintenance serine, one (1) lamp and	to good ire made efore it is to nance. cy, it was v that vice on		by a license technician a been properly  See Attachma	d blomed nd have I labeled	5-31-12Z
	The findings include  1. On May 8, 2012	a facility tour was cor	nducted				
	with the Administrat Operations Busines between 9:00 am a Room there was an evidence of its prev In the supply closet	tor (LPN, employee # as Manager (interview and 11:30 am. In the f EKG machine with a entative maintenance was a lamp with no maintenance service.	113) and vee #21) Recovery no e service. evidence				
STATE FOR	<b>V</b> I		021100		GIFG11	If continuation sh	eet 18 of 22

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIFICATION NU	MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 05/09/2012	
TOTAL OF PROVIDER ON SUIT LETT			DRESS, CITY	, STATE, ZIP CODE OAD		OTE AND	
VIICOINID			VIRGINIA	BEACH, V			
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Т 385	Procedure Room a Room with no evid maintenance serving the Common Room with no evid maintenance serving the Common Room with the Operation (interviewee #21) is and 11:30 am. The acknowledged that (1) iamp and two (2) the preventative monitoring program of all applicable first regulations and ship employee for the monitoring program of all applicable first regulations and ship employee for the monitoring program responsible employements and that the monitoring program responsible employements are sponsible employements. On May 8, 2012 with the Administrative Operations Bus #21) between 9:00 were fire extinguish throughout the facility to Administrative Room Room Room Room Room Room Room Roo	pscopes, one (1) in the and one (1) in the Tre lence of preventative ice an interview was cores Business Manager in the facility between a Operations Busines at the one (1) EKG may a provide a companion of the interview.  A Fire-fighting equipate in for the internal enformation of the interview in the facility failed to have a f	eatment  nducted 9:00 am is Manager ichine, one it to have ment and a procement insible  as a a or a program.  nducted i13) and viewee resent s located ducted	Т 385	We dispute deficiency. E #13 eleims she misquoted and are in fuil com with this deficient to monitor to safety program Administrator use of a fire was performed by a spector med by a spector of the second of the	that we plance plance individual	5-812 roper

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE: COMPL	
NAME OF PROVIDER OR SUPPLIER			STREET AD	DRESS, CITY	STATE, ZIP CODE		
VIRGINIA	WOMEN'S WELLNE	<b>SS</b>		VELAND ROBEACH, V			
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T 385	not have an individ and safety program acknowledged that the use of the fire each acknowledged that for a monitoring program acknowledged that for a fire fightling each tested in accort the Virginia Statewi (27-94 et seq. of the maintain them in set that the fire alarm vaccordance with the Statewide Fire Presented that the fire alarm vaccordance with the Statewide Fire Presented that the fire alarm vaccordance with the Statewide Fire Presented that the fire alarm vaccordance with the Statewide Fire Presented that the Code of Virginia serviceable condition. The findings included the Operations Bus #21) between 9:00 tour the Administrat system was integrated.	owledged that the factual responsible to mon. The Administrator there had been no treatinguishers and/or of the Administrator there was no evidence or fire/safety at the property of the prop	ce to show activities.  ment and and spected dition of ode  se evidence ated in e Virginia et seq. of ode ode of ode of ode ode of ode		All fire proto and alarm sys and other fire equipment s inspected and as required. See Attachment	håll be tested #s'16,17,	) (]]3·P2
ы	2. On May 8, 2012 a	an interview was cond	ducted	7			172

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State of Virginia STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING FTAF-008 05/09/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 224 GROVELAND ROAD **VIRGINIA WOMEN'S WELLNESS** VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) T 390 Continued From Page 20 T 390 with the Administrator (LPN, employee #13) in the facility between 1:00 pm and 3:30 PM. The Administrator acknowledged that ADT alarm company was responsible for the inspection and testing of the facility fire alarm system. The Administrator was unable to provide evidence that the fire alarm system had been inspected and tested in accordance with current edition of the Virginia Statewide Fire Prevention Code (27-94 et seq. of the Code of Virginia) to maintain them in serviceable condition. As per the Virginia Department of Health letter dated May 23, 2013. 211 deficiencies cited T 400 12 VAC 5-412-380 Local and state codes and T 400 standards Abortion faculties shall comply with state and local codes, zoning and building ordinances, and the Uniform Statewide Building Code. In addition, abortion facilities shall comply with Part within two years of 5 1550 ance our license. 1 and sections 3.1-1 through 3.1-8 and section 3.7 of Part 3 of the 2010 Guidelines for Design and Construction of Health Care Facilities of the Facilities Guideilnes Institute, which shall take precedence over Uniform Statewide Building Code pursuant to Virginia Code 32.1-127.001. Entities operating as of the effective date of these regulations as identified by the department through submission of Reports of Induced Termination of Pregnancy pursuant to 12 VAC 5-550-120 or other means and that are now subject to licensure may be licensed in their current buildings if such entitles submit a plan with the application for licensure that will bring them into full compliance with this provision within two years from the date of licensure. Refer to Abortion Regulation Facility Requirements Survey workbook for detailed facility requirements. This RULE: is not met as evidenced by:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FTAF-008		MBER:	(X2) MULTI A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED - 05/09/2012		
VIRGINIA WOMEN'S WELLNESS 224 GROV			DORESS, CITY, S VELAND ROA BEACH, VA				
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
T 400	Based on intervier determined the far attestation, HVAC documentation of ventilation of treat exchange informating of insulation. The findings included in the Administry operations Busines between 9:00am at tour there was no state and local code interviewee #21) and 3:00pm. The cacknowledged the provide evidence to local codes and but the Operations Busines in the Community of	w and facility tour it was cility failed to have an duct inspection reportest for fire alarm systement room (MERV 7), ation for treatment room.  de:  2 a facility tour was contator (LPN, employee alator and building ordinators and interview was contator the facility between Operations Business Manager (interview alator ala	architect tts, tem, air ms and  nducted #13) and wee #21) the facility lity met the ances. ducted 2:00pm Manager le to e state and rviewee t that time we uments act t for alarm ERV 7),			e Francisco	

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attachment #1

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# Statement of Ownership

The Ownership of Virginia Women's Wellness is that it is 100% owned by the professional corporation Professional Medical Services, P.C.

Ownership stake in corporations is held via shareholders through their ownership of shares of stock in the corporation. The shares of stock of Professional Medical Services, P.C. are owned by Quality Professional Solutions, Inc. (50%) and U.S. Medical Care, Inc. (50%).

HHachment # 1

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# Virginia Women's Wellness - Addendum to Plan of Correction

Criminal background checks have been completed on the below listed employees / clinicians. All background checks listed no conviction data and have been inserted in to the individuals personnel file.

<u>Title</u>	<u>Date Criminal Background Check Processed</u>
Registerd Nurse # 1	5/10/12
Registerd Nurse # 2	5/10/12
Licensed Practical Nurse # 1	5/10/12
Licensed Practical Nurse # 2	5/10/12
Licensed Practical Nurse # 3	5/10/12
Licensed Practical Nurse # 4	5/10/12
Healthcare Team Member # 3	5/10/12
Healthcare Team Member # 2	5/10/12
Healthcare Team Member # 3	5/10/12
Healthcare Team Member # 4	5/10/12
Healthcare Team Member # 5	5 5/10/12
Healthcare Team Member # 6	5 5/10/12
Healthcare Team Member # 7	7 5/10/12
Healthcare Team Member # 8	5/10/12
Physician # 1	6/6/12

T155

### Virginia Women's Wellness

We realize you as a patient have rights while at our facility and receiving medical care. Likewise you have responsibilities as a patient.

### Your Rights As A Patient:

- You have the right to compassionate, caring, kind, considerate and respectful care regardless of age, race, religion, disabilities or source of payment.
- ❖ You have the right to personal privacy and confidentiality of personal and medical information.
- ❖ You have the right to understandable explanation of treatment and informed consent
- You have the right to make your wishes known regarding an Advanced Directive (Living Will or Power of Attorney). If you have a written Advanced Directive, a copy should be given to this healthcare facility, your family, and your doctor. These documents express your wishes for future care and name someone to speak for you should you be unable to speak for yourself. State information and forms for advanced directive can be found at <a href="http://www.vdh.state.va.us/OLC/Downloadables/index.htm">http://www.vdh.state.va.us/OLC/documents/2008/pdfs/2005%20advanced%20directive%20form.pdf</a>
- You have the right to refuse treatment or seek other medical care.
- ❖ You have to right to know the charges for your visit to the office and medical care.
- You have the right to voice your concerns, questions or complaints. You can do so directly with our staff or if you wish to file a formal complaint, you can do so in writing or via telephone. The name, mailing address, and telephone number for the facility contact person and the OLC complaint unit are provided on the attached copy of this sheet. Complaints may be filed anonymously with the OLC. Complaints will be investigated, a resolution proposed, and complainant notified within 30 days from the date of receipt of the complaint.

Concerns, Questions or Complaints:

Director of Quality Assurance/Improvement
1 Alpha Avenue; Suite # 20
Voorhees, N.J. 08043 and/or
(800) 742-0230

Virginia Department of Health Facility of Licensure and Certification 9960 Mayland Drive, Suite 401 Richmond, VA 23233-1463 (800)955-1819

### Your Responsibilities As A Patient:

- You are responsible to provide us with your complete, accurate, present, and past medical information.
- You are responsible for making an informed decisions and asking for clarification when necessary.
- Responsible to understand your role in your care and report unexpected changes in your condition.
- Responsible for following the treatment plan recommended and keeping your appointments.
- You are responsible for your actions if you refuse treatment or do not follow the treatment plan.
- You are responsible for respecting others privacy and abiding by facility rules and regulations.
- You are responsible to pay your financial obligations.

Patient Signature:	15365111	Date:

attachment #51

### Virginia Women's Wellness

We realize you as a patient have rights while at our facility and receiving medical care. Likewise you have responsibilities as a patient.

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- You have the right to personal privacy and confidentiality of personal and medical information.
- ❖ You have the right to understandable explanation of treatment and informed consent
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- ❖ You have the right to refuse treatment or seek other medical care.
- You have to right to know the charges for your visit to the office and medical care.
- ❖ You have the right to voice your concerns, questions or complaints. You can do so directly with our staff or if you wish to file a formal complaint, you can do so in writing or via telephone. Complaints may be filed anonymously with the OLC. Complaints will be investigated, a resolution proposed, and complainant notified within 30 days from the date of receipt of the complaint.

  \*Concerns, Questions or Complaints:\*

Director of Quality Assurance/Improvement
1 Alpha Avenue; Suite # 20
Voorhees, N.J. 08043 and/or
(800) 742-0230

Virginia Department of Health Facility of Licensure and Certification 9960 Mayland Drive, Suite 401 Richmond, VA 23233-1463 (800)955-1819

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- Responsible to understand your role in your care and report unexpected changes in your condition.
- Responsible for following the treatment plan recommended and keeping your appointments.
- You are responsible for your actions if you refuse treatment or do not follow the treatment plan.
- You are responsible for respecting others privacy and abiding by facility rules and regulations.
- You are responsible to pay your financial obligations.

### PATIENT'S COPY

POLICY AND PROCEDURES MANUAL
Virginia facilities

7175

# 5. Handling & Storage of Soiled Linens

Patients are provided with a blanket when requested. After use these blanket designated soiled linen receptacle. Blankets are transported home in a dispos laundered by a staff member and returned to the facility in a covered contain laundering all blankets are folded and stored in the recovery room in that san container to prevent exposure to the environment.

Water temperatu

# 6. Handling, Storage & Processing of Regulated Medical Waste GENERAL INFORMATION AND IDENTIFICATION:

The Following classes of RMW are generated in the facility:

Class 2 Waste – Pathological Wastes

"Class 2" Human Pathological Wastes, including tissues, and fluids that are removed during surgery or other medical procedures, and specimens of body fluids and their containers. Disposal - Class 2 waste is stored in appropriately labeled bags.

This waste will be collected and transported to the freezer for storage until future transport by RMW carrier.

### Class 3 Waste - Human Blood and Blood Products

"Class 3" Liquid waste human blood: products of blood; items saturated and/or dripping with human blood; or items that were saturated and/or dripping with human blood that are now caked with dried human blood; including serum, plasma, and other blood components, and their containers, which are used or intended for use in either patient care testing and laboratory analysis or the development of pharmaceuticals. Intravenous administration tubing with visible blood and an angiocatheter attached are also included in this category.

Disposal - All Class 3 waste is to be bagged in red bags and shall be collected and transported to the designated RMW holding/preparation area within the center. Body fluids may be discarded in the sanitary sewer via pouring. Body fluids poured into a drain shall be poured during the flushing cycle of a hopper (toilet bowl for urine), and the receptacle discarded into RMW containers.

Note: Personnel performing this task (usually in Scrub) must utilize personal protective equipment, e.g. fluid resistant gowns, gloves, goggles or face shield.

Class 4 Waste – Sharps

"Class 4" Sharps that have been used in patient care or treatment, including hypodermic needles, syringes (with or without the attached needle), Pasteur pipettes, scalpel blades blood vials, needles with attached tubing and culture dishes (regardless of presence of infectious agents). Also included are other types of broken glassware that were in contact with infectious agents such as used slides and cover slips.

Revised: May 7, 2012 28

# Harment # POLICY AND PROCEDURES MANUAL Virginia facilities

# Cleaning of Autoclave

- \* Empty original distilled water out of the autoclave
- \* Fill autoclave with cleaning solution and tap water
- \* Run autoclave through one normal cycle
- \* Drain autoclave again
- \* Remove tray from inside autoclave
- \* Use a brillo pad to scrub this part of the autoclave
- \* Rinse autoclave sterilizing tunnel
- \* Drain
- \* Replace with clean distilled water
- \* Run through one normal cycle
- \* This task shall be performed monthly

# 8. Disposal of Non-reusable Medical Equipment

All items marked disposable or single-use only are to be discarded after each Patient use. Any items soiled or blood tinged shall be disposed of in a proper bio-hazard container. Any disposables that are not blood tinged may be disposed of in regular trash.

# 9. Maintenance & Repair of Equipment

All equipment shall be maintained and repaired in accordance with manufacturer recommendations. Annual preventative maintenance shall be performed by Tidewater Medical or another company with qualified medical technicians.

# 10. Cleaning of Environmental Surfaces

All environmental surfaces shall be thoroughly cleaned and maintained daily. Surfaces shall be cleaned with germicidal wipes or disinfecting solution. Terminal cleaning of the procedure rooms shall be performed monthly. Detailed cleaning of environmental surfaces as outlined below:

Front Lab: All surfaces are fully cleanable. All surfaces should be wiped with germicidal wipes and allow for 2 minutes drying time.

Revised: May 7, 2012

# 7175

Virginia facilities

**Ultrasound Room:** After each patient use, the entire examination table and pillow shall be wiped with germicidal wipes and allow for 2 minutes drying time. The disposable cover on the pillow shall be replaced after each Patient. Once the examination table is fully dry, it may be dressed with new paper covering. Abdominal ultrasound probes shall be cleaned with germicidal wipes and allow for 2 minutes drying time. Vaginal ultrasound probes shall be cleaned with germicidal wipes or T-spray with proper contact time before wiping.

**Procedure / Examination Room:** The specimen jar and all soiled instruments shall be passed through the window. When preparing for the next patient, jars and instruments shall be returned to the room via the doorway. After each patient use, the entire examination table and pillow shall be wiped with germicidal wipes and allow for 2 minutes drying time. The disposable covers on the stirrups and pillow shall be replaced after each patient. Once the examination table is fully dry, it may be dressed with new paper covering.

**Scrub Room:** The specimen jar and soiled instruments are received through the pass through window. The instruments are placed on a pad on the counter. The specimen is then examined, weighed and bagged. The instruments are then counted, washed in a mixture of enzymatic detergent and water and scoured with a stiff bristle brush. Instruments will soak in this mixture for 5 minutes before being thoroughly rinsed. Instruments are then placed in a covered container for transport to the autoclave room. The pad on the counter is replaced before receiving next packet of instruments. Specimen jars are stored in the scrub room and returned to the procedure room via the doorway not the pass through window.

Autoclave Room: Instruments are received in a covered container.

Instruments are removed from the container and are again washed in a mixture of water and enzymatic detergent, allowing for 5 minutes soak time. Instruments are then thoroughly rinsed. Instruments are wrapped in csr wrap or placed in autoclave pouches and ready to be processed in the autoclave at this point. After instruments are removed from the autoclave and allowed to dry, they are stored in the autoclave room or the procedure room for future use.

Alternatively, instruments are removed from the container and placed in a high level disinfectant for 20 minutes. After being removed from the solution, instruments are rinsed in distilled water. Instruments are wrapped in csr wrap or placed in autoclave pouches and ready to be processed in the autoclave at this point. After instruments are removed from the autoclave and allowed to dry, they are stored in the autoclave room or the procedure room for future use.

**Recovery Room:** After each patient use, the entire chair shall be wiped with germicidal wipes and allow for 2 minutes drying time. Once the chair is fully dry, it may be dressed with new disposable covering. At the end of each patient session the cushions shall be removed and the surfaces under the cushions shall be thoroughly cleaned and disinfected. All surfaces in the recovery room are to be wiped with germicidal wipes and allow for 2 minutes drying time.

Revised: May 7, 2012

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Cloud Nine Reusable Pillows 21"x27" (12)

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### CATEGORIES

Bed Linens

Mattress Covers & Pacis

Towels and Washcluths

Nylon and Mesh Laundry

Bath Robes and Children's

Shower Thongs

Personal Hygiene Kits, Amenities, & Ditty Rags

OUR CUSTOMERS SAY

"Currently I have an order from you another dozen pillowcares at I de every year about this time. I wanted to thank you for your company. It is the only one online, or anywhere that will sell ... read more

The Pillow Factory® family of reusable and wipeable pillows feature the SRC® core system as well as high quality fluid resistant and fluid proof covers which can be easily wiped clean.

SRC® adds support and resiliency to resist wear, crumbling and breakdown while providing superior patient support and comfort. Use after use, these pillows retain about 65% of their original height, resulting in better value per patient day.

- 21"x27" 21 oz.
- · Color: Blue

DESCRIPTION

Medium loft

Features:

- · Sold by the case; 12 pillows in each case
- Maximum comfort
- · Soft and quiet

 Stain Resistant Fluid Resistant. · Flame Resistant

• Breathable Non-Allergenic

RECENTLY VIEWED

- Made in the USA
- 100% recycled fiberfill is environmentally responsible

let us know in the comments section of the order.

· Treated Olefin exterior

#### View Al! / Submit Testimonial

VISIT OUR SISTER SITE

usten!

VISIT OUR SISTER SITE







Cloud Nine Wicesbie Pflows 21"x27" (12) \$79.95

\*Standard lead time for Pillow Factory items is 10 business days so allow up to 3 weeks for delivery.

In most cases these wipeable pillows are made to order. If you need this item before a certain date

RELATED ITEMS

Microvent Pillows with Vinyl Cover 20"x27" (12) Comfort Care \*\* Wipeable Pillows 21"x27" (12)

Cloud Nine Wipeable Pillows 21"x27" (12) Comfort Care'm Wipeable Pillows 13"x17" (24)

Comfort Care'r Wipeable Pillows 19"x25" (12) Easy Care® Wipeable Pillows 19"x25" (12)

# attainment # POLICY AND PROCEDURES MANUAL

# Virginia facilities

C. In the Virginia facilities, all 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. All medications used for multiple Patients will be drawn from multi-use bottles. If a bottle or vial is labeled for single use, it will be used for only one Patient and any unused portions will be discarded. When using multi-dose vials or bottles, the calculation of remaining medication left in the vial or bottle will be made by subtracting the amount drawn from the starting volume of unopened vial or bottle. Drugs shall be maintained at appropriate temperatures in accordance with definitions in 18VAC110-20-10.

- D. The mixing, diluting or reconstituting of drugs in the Virginia facilities for administration shall be in accordance with regulations of the Board of Medicine (18VAC85-20-400 et seq.). Mixing, diluting or reconstituting of drugs will be performed by a Physician, Registered Nurse or by a trained HCTM with a second check being performed by a Registered Nurse or Physician. This mixing, diluting or reconstituting shall take place on a designated sanitary work space.
- E. Records of all drugs in Schedules I-V received, sold, administered, dispensed or otherwise disposed of shall be maintained in accordance with federal and state laws, to include the inventory and reporting requirements of a theft or loss of drugs found in § 54.1-3404 of the Drug Control Act of the Code of Virginia.

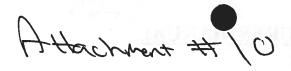
### XIII. Equipment and Supplies.

The facility shall maintain medical equipment and supplies appropriate and adequate to care for patients based on the level, scope and intensity of services provided, including but not limited to:

- 1. A bed or recliner suitable for recovery;
- 2. Oxygen with flow meters and masks or equivalent;
- 3. Mechanical suction;
- 4. Resuscitation equipment to include, as a minimum, resuscitation bags and oral airways;
- 5. Emergency medications, intravenous fluids, and related supplies and equipment;
- 6. Sterile suturing equipment and supplies;
- 7. Adjustable examination light;
- 8. Containers for soiled linen and waste materials with covers; and
- 9. Refrigerator.

Revised: May 7, 2012

T315



## Virginia Women's Wellness Quality Assurance Program

This document outlines the Quality Assurance Program of Virginia Women's Wellness. The purpose of this program is to implement on an ongoing, comprehensive, integrated, self-assessment program of the quality and appropriateness of care and services provided at Virginia Women's Wellness, including data collection, assessment, evaluation and improvement. This program includes the following components:

- I. Data Collection. Data are collected from a number of sources for the Quality Assurance Program. These include, but are not limited to, the following data:
  - a. Staffing patterns and performance and supervision are evaluated on an ongoing basis.
  - b. An annual review of a random sample of medical records shall be conducted.
  - c. Documentation of Patient Satisfaction through follow-up telephone surveys of patients shall be conducted.
  - d. Documentation of Patient Satisfaction through review of patient's hand-written comments on follow-up appointment forms shall be done.
  - e. Complaints are received, documented, and reviewed through written mail, emails, calls to Administration, calls to the Call Center, calls to the Facility, and calls to the OLC.
  - f. Infections, complications and adverse events are documented on the Complication Log.
  - g. Staff concerns regarding patient care are received and reviewed.
- II. The collected data are reviewed evaluated, and assessed by the Quality Improvement Committee which shall meet informally as needed to address any identified problems or concerns. In addition, the full Q/I Committee shall meet on a formal basis, no less than annually, to review, analyze and evaluate the quality of care and to offer suggestions for improvement.
- III. The Quality Improvement Committee shall review all measures implemented to resolve problems or concerns that have been identified.
- IV. The results of the Quality Improvement Committee shall be reported to the Governing Body at least annually and shall include the deficiencies identified and recommendation for corrections and improvements. This report shall be acted upon by the Governing Body and the Facility.
- V. All corrective actions shall be identified and evaluated.
- VI. Any deficiencies identified by the Quality Improvement Committee that jeopardize patient safety shall be reported <u>immediately</u> to the Governing Body.





Name:			Date:	
Birth Date:	Age:	LMP:	Chart Number: _	ez mies mety
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Rh (+ or -): Ho				
LSPT (+ or -): Sig	nature of Lab Tech.:			
Date:	TOP or D&E at	weeks	LOCAL/TWILIGHT	
PRE-OPERATIVE VITAL	SIGNS:			
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MD initial mature and		the nature and	consequences of her o	condition and the procedure.
PRE-EVACUATION EXA Vagina [] WNL				
Cervix [] WNL	[] Other:			
Adnexa [] WNL				
Uterus [] WNL	[] Other:			
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B/P:/Puls	se:Oz Saturatio	n time.	ampm	Citati o initiatio.
The patient was continuo condition and vital signs	usly monitored using pu ] did [] did not remain v	lse oximetry, bloo vithin normal limi	od pressure reading, a ts at all times during th	nd visual observation. Her medicate procedure.
Procedure Time started:	am/pr	m Tim	ne ended:	am/pm
Paracervical block admin	istered with 20cc 1% Lid	locaine, 4 units \	/asopressin, 4 units Pi	tocin
	mm.			
Cannula type: _	mm	flexible	rigid	
Sharp Curettage	e:[]YES []NO			
Estimated Blood	l Loss:	cc Pr	ocedure Tolerated:	

Physician's Comments:

Et Hachment # 12

Virginia Beach, Va

Invoice for Work: 12B0610

June 10, 2012

Address for Work to Be Done:

Women's Wellness 224 Groveland Road Virginia Beach, Va 23452

Work done:

Sand and Refinish Armrest on four (4) chairs - in recovery room.

Amount Due: \$ 400.00

Thanks,



p.1

Hachment #13

**NEWPORT NEWS, VIRGINIA 23601** 

Phone:

Fax:

INVOICE

Date

: 05/31/12

No.:

212595

Due Date:

06/30/12

Page:

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**PMS** 

PROFESSIONAL MEDICAL SERVICES VIRGINIA BEACH WELLNESS CENTER 224 GROVELAND ROAD VA BEACH: VA 23452

Ship To/Remarks

Via YIM	FOB	Terms 0/ 0/ N30	Your#	Our#	Rep. JB
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THANK YOU VERY MUCH FOR YOUR BUSINESS

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## Evaluation Report Year: 2012

1.	. How effective was the Emergency Prepare	dness Plan? (A	ttach a co	py of supportive data,
	including drill evaluation/ checklist.)	0 7		and alas
	including drill evaluation/checklist.) The drill was effective	and it	uas	e valuetas
	for efferency.			
_	TTA d-ille conducted?			

2. How often are drills conducted?

Bi-annvally

3. Is contact information page faccurate?

Yes, the Administrator is designated as responsible for Fire and Safety Program.

4. Evaluation of Staff Emergency Training: types of emergency preparedness training that occurred, number and percentage of staff who received training, is staff adequate to handle emergency, and is emergency supplies, equipment available.

The staff was trained and participated in an in-service training and demonstration.

The staff also effectively completed a drill and heas sary supplies and egypment was available.

The extinguisher demonstration performed.

5. How effective is the plan in preparing the clinic for internal and external disasters?

The drill was completed well and the plan was effective in evacuating the building safety The plan also will be effective for textural distinctions and recommendations for the plan for the NEXT YEAR

What are the most important recommended areas of emergency preparedness to address?

Ensure every employee is aware of the meeting place and how to operate the PA system.

Report completed by Title Complian & ofer. Date 5/4/12



TOWN NO. 0070-NORFOLK, VA CUSTOMER NO.

ESTIMATE NO. 1-I SNIWW

CUSTOMER

DATE: 6/11/2012

ADT Security Services, Inc. ("ADT")

2550 Elismere Ave, Sulte J Norfalk, VA 23513 Tele. No. (757) 852 5048

Virginia Women's Weliness d/b/a: ("Customer") Customer Billing Information 224 Groveland Road Virginia Beach, VA 23452 Tete. No. (757) 306-4706

Customer Premises Serviced 224 Groveland Road, Virginia Beach, VA 23452 Tele. No. (757) 306-4706

This ADT Commercial Sales Agreement is between Customer and ADT effective as of the date signed by Customer. By entering into this Agreement, ADT and Customer agree to the Terms and Conditions contained in this Agreement. The Equipment and/or Services, collectively the System(s) covered under this Agreement is/are listed in the attached Schedule(s) of Protection I Scape of Work ("SOW").

I. THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AGREEMENT AND ARE INCORPORATED BY REFERENCE:

State Specific Forms, if applicable (e.g., local permit applications) (e)

Customer Installation Acceptance Form (specific to Equipment/Services purchased)

If multiple locations, see attached schedule

(a) ... Hazardous Substance Checklist and Customer Letter Scope of Work / Schedule(s) of Protection

Terms and Conditions

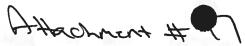
Additional Terms and Conditions

II. Charges and Fees: Customer agrees to pay the Sum of \$0.00 ("Installation Charge") with \$0.00 payable upon acceptance of this Agreement ("Installation Charge Deposit") plus any applicable "Fees" and sales taxes. ADT may trivoice Customer for progress billings based upon Equipment and/or System components delivered or stored, and/or Service: performed before completion of the System/Equipment installation, activation of the System, connection to the CMC, or any other Service(s). All outstanding installation Charges and/or Fees shall be due and payable upon completion of the installation of the Equipment/System and as a precondition to activation of System and, if applicable, connection to ADT's Central Monitoring Center ("CMC") or any other Service(s). Any changes in the STATEMENT OF WORK / SCHEDULE OF PROTECTION made by the Customer after execution of this Agreement, must be agreed to ADT and the Customer in writing and may be subject to additional charges and/or fees. Any equipment ordered by Customer by e-mail or telephone order shall be subject to terms and conditions of the Agreement and may be subject to shippling, handling, and/or restocking fees. For the Service(s) provided as Indicated in this Agreement, Customer agrees to pay Service Charges in the amount of \$3,025.92 per subject to shippling, handling, and/or restocking fees. For the Service(s) provided as Indicated in this Agreement, Customer agrees to pay Service Charges in the amount of \$3,025.92 per subject to shippling, handling, and/or restocking fees. For the Service(s) provided as Indicated in this Agreement, Customer agrees to pay Service Charges in the amount of \$3,025.92 per subject to shippling, handling, and/or restocking fees. For the Service(s) provided as Indicated in this Agreement, Customer agrees to pay Service Charges in the amount of \$3,025.92 per subject to shippling, handling, and/or restocking fees. For the Service(s) provided as Indicated in this Agreement, Customer agrees to pay Service Charges in the amount of \$3,025.92 per subject to shippling, handling, and/or restocking fees. For the Service(s) provided as Indicated in this Agreement, Customer agrees to pay Service Charges in the amount of \$3,025.92 per subject to shippling, handling, and/or restocking fees. For the Service(s) provided as Indicated in this Agreement, Customer agrees to pay Service Charges in the amount of \$3,025.92 per subject to shippling, handling, and/or restocking fees. For the Service(s) provided as Indicated in this Agreement, Customer agrees to pay Service Charges in the amount of \$3,025.92 per subject to shippling, handling, and/or restocking fees. For the Service(s) provided as Indicated in this Agreement, Customer agrees to pay Service Charges in the amount of \$3,025.92 per subject to shippling, handling, and/or restocking fees. For the Service(s) provided as Indicated in this Agreement, Customer agrees to pay Service Charges in the amount of \$3,025.92 per subject to shippling, handling, and the subject to shippling to shippling the subject to shippling the subject to shippling the subject to shippling the shippling the subject to shipplin Agreement. Until Customer has paid ADT the installation Charge and Fees in full, Customer grants to ADT a security interest in the Equipment and all proceeds thereof to secure : such payment. After the Initial Term this Agreement shall automatically renew on alan Annual basis unless terminated by either party upon written notice at least thirty (30) days prior to the anniversary date. ADT shall have the right to increase Annual Service Charge(s) after one (1) year. For termination prior to the end of the Initial Term, Customer agrees to pay, in addition to any outstanding Fees and charges for Service(s) randered prior to termination, 90% of the Annual Service Charge(s) remaining to be paid for the unexpired term of the Agreement as liquidated damages but not as a penalty. Additionally, Customer agrees to pay any assessments, taxes, fees or charges imposed by any governmental body, telephone, communication, or signal transmission company such as false alarm, permitting or connection fees, or administration fees or service charges assessed by ADT related to changes in applicable laws and/or AHJ requirements, the need or reprogram alarm controls/devices to comply with area code, signal transmission, numbering or other changes retating to the installed Equipment and/or Service(s) provided under this Agreement ( 'Fees').

ENTIRE AGREEMENT; CUSTOMER ACCEPTANCE: This Agreement, together with all of its written Amendments, Riders, Scope of Work and/or Exhibits, constitutes the entire agreement between the Customer and ADT releting to the subject matter hereof and supersedes any prior or contemporaneous oral or written agreements and understandings. The terms and conditions of this Agreement will prevail over any conflicting, inconsistant or additional terms and/or conditions contained in any purchase order, agreement, or other document issued by Customer. In signing this Agreement, Customer is not relying on any advice, advertisements, or oral representations of ADT and agrees to be bound to the terms and conditions contained in all the pages of the Agreement. Customer agrees that any representation, promise, condition, inducement or warranty, express or implied, not included in this Agreement will not be binding upon ADT, and that the terms and conditions is this Agreement apply as printed without alteration or qualification, except as specifically modified by a written agreement. Any changes in the Statement of Work or scope of the work requested by the Customer after the execution of this Agreement may result in additional cost to the Customer and any such changes/edditions must be authorized in writing by both the Customer and ADT. Customer's failure to accept and sign this Agreement within ninety (90) days of the date shown above may result in price increases. Customer acknowledges that. (a) ADT has explained the full range of protection, equipment, and services awaitable to Customer; (b) additional protection over and above that provided herein is available and may be obtained from ADT at an additional cost to the Eustomer, (c) Customer desires and has contracted for only the Equipment and/or Service(s) Itemized in this Agreement; (d) the Equipment/Service(s) specified in this Agreement are for Customer's own use and not for the benefit of any third party; (e) Customer owns the premises in which the Equipment is being installed or has the authority to engage ADT to carry out the installation in the cremises; and (f) Customer will comply with all laws, codes and regulations pertaining to the use of the Equipment/Service(s).

ATTENTION IS DIRECTED TO THE WARRANTY, LIMIT OF LIABILITY AND OTHER CONDITIONS CONTAINED IN THE SECTIONS ENTITLED "TERMS AND CONDITIONS" AND "ADDITIONAL TERMS AND CONDITIONS". THIS AGREEMENT REQUIRES FINAL APPROVAL OF AN ADT AUTHORIZED MANAGER BEFORE ANY EQUIPMENT/SERVICES MAY BE PROVIDED. IF APPROVAL IS DENIED, THIS AGREEMENT WILL BE TERMINATED AND ADT'S ONLY OBLIGATION TO CUSTOMER WILL BE TO NOTIFY CUSTOMER OF SUCH TERMINATION AND REFUND ANY AMOUNTS PAID IN ADVANCE.

TERMINATION AND REFUND ANY AMOUNTS PAID IN ADVANCE.	
IF MAINTENANCE SERVICE IS DECLINED, CUSTOMER MUST INITIAL HERE	F A 5-DAY FAMILIARIZATION PERIOD IS REQUESTED, CUSTOMER MUST INITIAL HERE
THE STATE OF THE S	HERE Virginia Women's wellnessily.
Presented by: (Signature of ADT Sales Representative)	Accepted By: (Signeture of Customer's Authorized Representative)
Sales Agent: DCJS##: Sales Representative Registration Number (if applicable):	(Name Printed)
	Fitte: Administrator
r	Date Signed: 10113113





SMOOT CUI

CUSTOMER NO.

JOB NO.

PO NO.

ESTIMATE NO. 1-LSNIWW

#### STATEMENT OF WORK / SCHEDULE OF PROTECTION

TOWN NO.

0070-NORFOLK, VA

IV. STATEMENT OF WORK / SCHEDULE OF PROTECTION ("SOW"): ADT agrees to install or cause to be installed the Equipment and furnish the Service(s), collectively the System on the terms and conditions set out in this Agreement.

A. Ownership of System and/or Equipment: ADT Owned - ADT may remove or upon written notice to the Customer, abandon in whole or in part, all devices, instruments, appliances, cabinets, and other materials associated with the system, upon termination of this agreement, without obligation to repair or redecorate any portion of the Customer's premises upon such removal, and the removal or abandonment of such materials shall not be held to constitute a waiver of the right of ADT to collect any charges which have been accrued or may be accrued hereunder.

B. Services to be Provided ("Services")

Alarm monitoring and Notification Services:

Burglar Alarm and Fire Alarm Monitoring PROVIDED, Monitoring with Additional Group Service

PROVIDED

No Service Selected

No Service Selected

No Service Selected

Maintenance Quality Service Plan and 1 Fire Alarm Inspection PROVIDED

Transmission - Digital Two Line

Videc Surveillance Services (attach Rider Form #####):

Managed Access Control Services:

Videc Equipment:

Quality Service Plan(QSP)Maintenance; Preventive Maintenance/Inspection:

Additional Services:

C. Equipment to be installed ("Equipment"): ADT will install, or cause to be installed, the Equipment as set forth in this SOW in Customer's designated facility(le:). As used herein, "installation" means: (i) affixing all Equipment and materials provided by ADT at such locations within the facility(les) as are designated by Customer, (ii) providing and pulling cables/wires required to connect the Equipment to Customer's Communications Facilities and making such connections; (iii), in the case of a Digital Communicator installation, mount Equipment and plug into RJ31X-phone jack previously installed by Customer; (iv) in the case of radio installation, mount radio Equipment and program Equipment with number fumished by Customer; (v) providing and installating software/firmware required by the Equipment; (vi) performing testing as required to establish that the ADT Equipment is connected, is functioning according to its specifications, and is communicating over Customer's Communications Facilities; and (vii) providing user-level training to Customer's designated representative in the use of such Equipment.

Qıy	Product Name	Location	
1	FIRE/BURG PKG W/D7412GV3		X
1	ALPHA IV COMM CNTR, WHITE		
1	V-F COMMAND CENTER		
7	POPIT II UL, LOW CURRENT		
1	POPEX ZONE EXPANDER		
1	TRANSFORMER KIT UL APPROV		H
9	12V4W ZNX SMK SINGLE BASE		
· 7	SMOKE DET HEAD PHOTOELEC		
2	HEAT DETECTOR		
5	PIR MOTION SENSOR 50 FT FOPIT		
5	Surface Contact		
1	SIRENZ TONE/ INDOOR - ADEMCO SENSORS		
2	Battery 12V 7AH (1)		
6:i0	18/4c, SOL, Unshielded, CMP/FPLP, Plenum, Red, 500 Reel		
2	Hoid-up Hand Button		
1	Permit Fees		
1	Inspections - Fire or Card Access		
30	Wire Mold to run wire upstairs & to several devices.		

D. Scope of Work: This Section is Intended for installation use only. Any language contained in this Section that attempts to modify the Terms and Conditions of this Agreement shall be void and of no effect.

Contract Notes -



TOWN NO. 0070-NORFOLK, VA CUSTOMER NO.

JOB NO.

PO NO.

ESTIMATE NO. 1-LSNIWW

DATE: 6/11/2012

T390

Hachment # 18
ADDITIONAL TERMS AND CONDITIONS

ADT Security Services, inc. ("ADT")

2550 Elismere Ave, Suite J Norfotk, VA 235: 3 Teie. No. (757) 852-5048

Terms and Conditions

Virginia Women's Wellness
dibia:
("Customer")
Customer Billing information
224 Groveland Road,
Virginia Beach, VA 23452

Tele, No. (757) 306-4708

Customer Premises Serviced 224 Groveland Road, Virginia Beach, VA 23452

Tele. No. (757) 306-4706

Notwithstanding anything in the Agreement to the contrary, ADT and Customer agree as follows:

AHJ Approval. Fur fire alarm systems required by law, the protection listed on this Agreement may be required by the AHJ may result in additional charges to the Customer.	38 Subject to approval by the local Authority Playing Julisdicabil (All D). Ally winnings
A/C Power. Customer will supply the necessary 110VAC power as required by ADT.	
Telephony. Customer is responsible for providing telephone company connectivity at control panel k	ocation.
Annual Service Charge – First Three Years. ADT agrees to honor the Annual Service Charge for Ce the Agreement.	entral Station Monitoring Services specified in this Agreement for the first three-years of
All other terms and conditions of the Agreement, excupt those expressly modified herein, shall remain the second figure of ADT Sales Representative)  Sales Agent: 5  Sales Representative Registration Number (if applicable):	Accepted By:  (Signature of Customer's Authorized Representative)  (Name Printed)  Title:  (Late Signed:  (Late Signed:



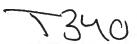
### Virginia Women's Wellness Quality Assurance Program

This document outlines the Quality Assurance Program of Virginia Women's Wellness. The purpose of this program is to implement on an ongoing, comprehensive, integrated, self-assessment program of the quality and appropriateness of care and services provided at Virginia Women's Wellness, including data collection, assessment, evaluation and improvement. This program includes the following components:

- I. Data Collection. Data are collected from a number of sources for the Quality Assurance Program. These include, but are not limited to, the following data:
  - a. Staffing patterns and performance and supervision are evaluated on an ongoing basis.
  - b. An annual review of a random sample of medical records shall be conducted.
  - c. Documentation of Patient Satisfaction through follow-up telephone surveys of patients shall be conducted.
  - d. Documentation of Patient Satisfaction through review of patient's hand-written comments on follow-up appointment forms shall be done.
  - e. Complaints are received, documented, and reviewed through written mail, emails, calls to Administration, calls to the Call Center, calls to the Facility, and calls to the OLC.
  - f. Infections, complications and adverse events are documented on the Complication Log.
  - g. Staff concerns regarding patient care are received and reviewed.
- II. The collected data are reviewed evaluated, and assessed by the Quality Improvement Committee which shall meet informally as needed to address any identified problems or concerns. In addition, the full Q/I Committee shall meet on a formal basis, no less than annually, to review, analyze and evaluate the quality of care and to offer suggestions for improvement.
- III. The Quality Improvement Committee shall review all measures implemented to resolve problems or concerns that have been identified.
- IV. The results of the Quality Improvement Committee shall be reported to the Governing Body at least annually and shall include the deficiencies identified and recommendation for corrections and improvements. This report shall be acted upon by the Governing Body and the Facility.
- V. All corrective actions shall be identified and evaluated.
- VI. Any deficiencies identified by the Quality Improvement Committee that jeopardize patient safety shall be reported <u>immediately</u> to the Governing Body.







Birth Date:Age:LMP:Chart Number:	Name:		<u> </u>	Date	: <u></u>	
VITAL SIGNS: BP: / Pulse: Temp: Wt: Ht: Rh (+ or -): Hct: Glu/Pro: / HSPT (+ or -): Signature of Lab Tech.:	Birth Date:	Age:	LMP:	Chart Number:		
Rh (+ or -): Hct: Glu/Pro: / HSPT (+ or -): Signature of Lab Tech.: Signa				125 (12 m) (12 m) (12 m)		N = 1 = 1/10
Date:	/ITAL SIGNS: BP:	/Pulse:	Temp:	_ Wt: Ht	fall to	
Date:	th (+ or -): Ho	t: Glu/Pro:	LL J mr. S	HSPT (+ or -):		
PRE-OPERATIVE VITAL SIGNS:    Jane   Jane						
Jame			weeks	LOCAL/TWILIGHT		
have discussed with the patient the abortion she has requested, and I believe she is sufficiently mature and intelligent to understand the nature and consequences of her condition and the procedure.    PRE-EVACUATION EXAM:     Other:	RE-OPERATIVE VITAL	<u>. SIGNS</u> :				
have discussed with the patient the abortion she has requested, and I believe she is sufficiently mature and intelligent to understand the nature and consequences of her condition and the procedure.    PRE-EVACUATION EXAM:     Other:	/P:/Puls	se: O2 Saturation:	Time:	am/pm	Staff's Initials:	
Content   Cont	RE-EVACUATION EXA	<u>M</u> : [] Other:	Assistantes		man 17 1	rocedure.
Iterus [] WNL [] Other:		[] Other:	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
RE-OP MEDS: [] Midazolammg IV [] Fentanylmcg IV [] Othermg IV  tra-operative vitals signs:  /P:/Pulse:O2 Saturation:Time:am/pm Staff's Initials:  the patient was continuously monitored using pulse oximetry, blood pressure reading, and visual observation. Her medical and ition and vital signs [] did [] did not remain within normal limits at all times during the procedure.  Time ended:am/pm Time ended:am/pm  Taracervical block administered with 20cc 1% Lidocaine, 4 units Vasopressin, 4 units Pitocin  Cervix Dilated tomm.  Cannula type:mmflexiblerigid  Sharp Curettage: [] YES [] NO	2					
tra-operative vitals signs:    P: / Pulse: O2 Saturation: Time: am/pm Staff's Initials:    Pe	ANT [] MID				lengra tota	
tra-operative vitals signs:  /P:/ Pulse: O2 Saturation: Time: am/pm Staff's Initials:  ne patient was continuously monitored using pulse oximetry, blood pressure reading, and visual observation. Her medical and vital signs [] did [] did not remain within normal limits at all times during the procedure.  occedure Time started: am/pm Time ended: am/pm  aracervical block administered with 20cc 1% Lidocaine, 4 units Vasopressin, 4 units Pitocin  Cervix Dilated to mm.  Cannula type: mm flexible rigid  Sharp Curettage: [] YES [] NO	RE-OP MEDS:	[] Midazolam	mg IV			
/P:/Pulse:O2 Saturation:Time:am/pm Staff's Initials: ne patient was continuously monitored using pulse oximetry, blood pressure reading, and visual observation. Her medical and vital signs [] did [] did not remain within normal limits at all times during the procedure.    occedure Time started:am/pm		[] Fentanyl	mcg IV	[] Othe	er <u>100 banda</u>	mg IV
/P:/Pulse:O2 Saturation:Time:am/pm Staff's Initials: ne patient was continuously monitored using pulse oximetry, blood pressure reading, and visual observation. Her medical and vital signs [] did [] did not remain within normal limits at all times during the procedure.    occedure Time started:am/pm	ra-operative vitals signs					
ne patient was continuously monitored using pulse oximetry, blood pressure reading, and visual observation. Her medical and ondition and vital signs [] did [] did not remain within normal limits at all times during the procedure.  Time ended:am/pm  Time ended:am/pm  Trime ended:			Time:	am/pm	Staff's Initials:	
aracervical block administered with 20cc 1% Lidocaine, 4 units Vasopressin, 4 units Pitocin  Cervix Dilated tomm.  Cannula type:mmflexiblerigid  Sharp Curettage: [] YES [] NO	e patient was continuou	sly monitored using pulse	oximetry, blood p	ressure reading, ar	nd visual observatio	
Cervix Dilated tomm.  Cannula type:mmflexiblerigid  Sharp Curettage: [] YES [] NO	ocedure Time started: _	am/pm	Time e	nded:	am/pm	
Cannula type:mmflexiblerigid Sharp Curettage: [] YES [] NO			ine, 4 units Vaso	pressin, 4 units Pite	ocin	
Sharp Curettage: [] YES [] NO	Cervix Dilated to _	mm.				
			xibler	igid		

Physician's Comments:

HACKMEN # 12

Virginia Beach, Va

Invoice for Work: 12B0610

June 10, 2012

Address for Work to Be Done:

Women's Wellness 224 Groveland Road Virginia Beach, Va 23452

Work done:

Sand and Refinish Armrest on four (4) chairs - in recovery room.

Amount Due: \$ 400.00

Thanks,





@ 003 p.1

NEWPORT NEWS, VIRGINIA 23601

Phone:

Fax:

INVOICE

Date Due Date: 05/31/12 06/30/12

No. : Page:

212595 1

**PMS** 

PROFESSIONAL MEDICAL SERVICES VIRGINIA BEACH WELLNESS CENTER 224 GROVELAND ROAD VA BEACH VA 23452

Ship To/Remarks

Via YIM	FOB	Terms 0/ 0/ N30	Υ	OUF#	Our#	Rep. JB
sells.	Description Item Number	Ordered Measure	Shipped Backordered		Unit Price Discount %	Extended
	TER EXAM TABLE TOPS Item #: TMSS J VERY MUCH FOR YOUR BUSINESS	3.0	≅•	3.0	400.0000	1200.00

REMIT TO: 7 **NEWPORT NEWS, VIRGINIA 23601** 

Sub-Total: Tax **Total** 

1200.00 60.00 1260.00

Net To Pay:

1260.00

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Hachney # 18 Virginia Emergency Disaster Preparedness Plan

> Evaluation Report Year: 2012

1. How effective was the Emergency Preparedness Plan? (Attach a copy of supportive data, including drill evaluation/checklist.) The drill was effective and it was evaluated for efficiency.

2. How often are drills conducted? Bi-annually

3. Is contact information page 4 accurate?

the Administrator is designated as responsible for Fire and Safety Program.

4. Evaluation of Staff Emergency Training: types of emergency preparedness training that occurred, number and percentage of staff who received training, is staff adequate to handle emergency, and is emergency supplies, equipment available.

The staff was trained and partia patel in an in-service training and demonstration. The staff also effectively completed a drill and necessary supplies and egropment was available. 5. How effective is the plan in preparing the clinic for internal and external disasters?

The drill was completed well and the plan The pian also will be effective for textornal dishisters CONCLUSIONS AND RECOMMENDATIONS FOR THE PLAN FOR THE NEXT YEAR

What are the most important recommended areas of emergency preparedness to address?

Ensure every employee is aware of the meeting place and how to operate the PA system.

Title Conplian 4 ofer. Date 5/4/12 Report completed by

TOWN NO.

CUSTOMER NO.

IOR NO

PO NO

ESTIMATE NO.

DATE: 6/11/2012

**2**1 00 2

CUSTOMER

ADT Security Services, Inc. ("ADT")

Erofosish kenciltud 2550 Elismere Ave, Suite J Norfolk, VA 23513 Tele. No. (757) 852 5048 Virginia Women's Wellness d/b/e:
("Customer")
<u>Customer Billing Information</u>
224 Groveland Road,
Virginia Beach, VA 23452
Attneticalis, Molson
Tele. No. (757) 306-4706

Customer Pramises Serviced 224 Groveland Road, Virginie Beach, VA 23452 Attn. Michael Victor Tele. No. (757) 306-4706

This ADT Commercial Sales Agreement is between Customer and ADT effective as of the date signed by Customer. By entering into this Agreement, ADT and Customer agree to the Terms and Conditions contained in this Agreement. The Equipment and/or Services, collectively the System(s) covered under this Agreement is/are listed in the attached Schedule(s) of Protection / Scape of Work ("SOW").

- I. THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AGREEMENT AND ARE INCORPORATED BY REFERENCE:
  - (a) .- Hazardous Substance Checklist and Customer Letter
  - (b) Scope of Work / Schedule(s) of Protection
  - (c) 'lerms and Conditions
  - (d) Additional Terms and Conditions

- (e) State Specific Forms, if applicable (e.g., local permit applications)
  - (f) Customer Installation Acceptance Form (specific to Equipment/Services purchased)
  - (g) If multiple locations, see attached schedule

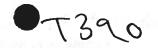
fi. Charges and Fees: Customer agrees to pay the Sum of \$ 0.00 ("Installation Charge") with \$ 0.00 payable upon acceptance of this Agreement ("Installation Charge Deposit") plus any applicable "Fees" and sales taxes. ADT may invoice Customer for progress billings based upon Equipment and/or System components delivered or stored, and/or Service: performed before completion of the System/Equipment installation, activition of the System, connection to the CMC, or any other Service(s). All outstanding installation Charges and/or Fees shall be due and payable upon completion of the System and as a precondition to activation of System and, if applicable, connection to ADT's Central Monitoring Center ("CMC") or any other service(s). Any charges in the STATEMENT OF WCRK / SCHEDULE OF PROTECTION made by the Customer after execution of this Agreement must be agreed to ADT and the Customer in writing and may be subject to additional charges and/or fees. Any equipment ordered by Customer by e-mail or telephone order shall be subject to terms and conditions of the Agreement and may be subject to shopping, handling, and/or restocking fees. For the Service(s) provided as indicated in this Agreement, Customer agrees to pay Service Charges in the amount of \$ 3,025.92 per sannum (the "Annuel Service Charges"), payable in advance "plus applicable state and/or local tax(es) for 5 year(s) (the "Initial Term") effective from the date such Service is operative unter this Agreement. Until Customer has paid ADT the Installation Charge and Fees in full, Customer grants to ADT a security interest in the Equipment and all proceeds thereof to secure such payment. After the Initial Term this Agreement shall automatically renew on alan Annual basis unless terminated by either party upon written notice at least thirty (30) days prior to the anniversary date. ADT shall have the right to increase Annual Service Charge(s) after one (1) year. For termination prior to the end of the Initial Term, Customer agrees to pay, in addition to any outstand

50/

Iff. ENTIRE AGREEMENT; CUSTOMER ACCEPTANCE: This Agreement, together with all of its written Amendments, Riders, Scope of Work and/or Exhibits, constitutes the entire agreement between the Customer and ADT relating to the subject matter hereof and supersedes any prior or commonanceous oral or written agreements and understandings. The terms and conditions of this Agreement will prevail over any conflicting, inconsistent or additional terms and/or conditions contained in any purchase order, agreement, or other document issued by Customer. In signing this Agreement, Customer is not relying on any advice, advertisements, or oral representations of ADT and agrees to be bound to the terms and conditions contained in all the pages of the Agreement. Customer agrees that any representation, promise, condition, inducement or warranty, express or implied, not included in this Agreement will not be binding upon ADT, and that the terms and conditions in this Agreement apply as printed without alteration or qualification, except as specifically modified by a written agreement. Any changes in the Statement of Work or scope of the work requested by the Customer after the execution of this Agreement may result in additional cost to the Customer and any such changes/additions must be authorized in writing by both the Customer and ADT. Customer's failure to accept and sign this Agreement within ninety (90) days of the date shown above may result in price increases. Customer acknowledges that: (a) ADT has explained the full range of protection, equipment, and services available to Customer; (b) additional protection over and above that provided herein is available and may be obtained from 4DT at an additional cost to the Customer, (c) Customer desires and has confirmed from 4DT at an additional cost to the Customer; (c) Customer desires and has confirmed from 4DT at an additional cost to the Customer; (c) Customer desires and has confirmed from 4DT at an additional cost to the Customer; (c) Customer desires and has confirmed from

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F MAINTENANCE SERVICE IS DECLINED, CUSTOMER MUST INITIAL HERE	IF A 5-DAY FAMILIARIZATION PERIOD IS REQUESTED, CUSTOMER MUST INITHERE
£ // / / /	Virginia Women's wellnessiby.
(Signature of ADT Sales Rippresentative)	Accepted By (Signature of Customer's Authorized Representative)
Sales Agent DOJS ##: Bales Representative Registration Number (if applicable):	(Name Printed)
3*	Fitte: Administrator
i.ē.	Date Signed: 6/13/12





ADT Always Theis'

#### ADT COMMERCIAL SALES AGREEMENT

TOWN NO. 0070-NORFOLK, VA CUSTOMER NO.

JOB NO.

PO NO.

**ESTIMATE NO.** 1-LSNIWW

#### STATEMENT OF WORK / SCHEDULE OF PROTECTION

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Alarm monitoring and Notification Services:

Videc Surveillance Services (attach Rider Form #####);

Managed Access Control Services:

Videc Equipment:

Quality Service Plan(QSP)Maintenance; Preventive Maintenance/Inspection;

Additional Services:

Burglar Alarm and Fire Alarm Monitoring PROVIDED, Monitoring with Additional Group Service

PROVIDED

No Service Selected

No Service Selected

No Service Selected

Maintenance Quality Service Plan and 1 Fire Alarm Inspection PROVIDED

Transmission - Digital Two Line

Equipment to be installed ("Equipment"): ADT will install, or cause to be installed, the Equipment as set forth in this SOW in Customer's designated facility(les). As used herein, "installation" means: (i) affixing all Equipment and materials provided by ADT at such locations within the facility(les) as are designated by Customer, (ii) poroviding and puting cables/wires required to connect the Equipment to Customer's Communications Facilities and making such connections; (ii), in the case of a Digital Communicator install ation, mount Equipment and plug into RJ31X phone jack previously installed by Customer, (iv) in the case of radio installation, mount radio Equipment and program Equipment with number fur mished by Customer, (iv) providing and installing software/immware required by the Equipment (vi) performing testing as required to establish that the ADT Equipment is connected, is function ing according to its specifications, and it communicating over Customer's Communications Facilities; and (vii) providing user-level training to Customer's designated representative in the use of such Equipment.

Qh	Product Name	Location
1	FIRE/BURG PKG W/D7412GV3	
= 111	ALPHA IV COMM CNTR, WHITE	
To the second	V-F COMMAND CENTER	
7	POPIT II UL, LOW CURRENT	
1	POPEX ZONE EXPANDER	
1	TRANSFORMER KIT UL APPROV	1-
9	12V4W ZNX SMK SINGLE BASE	
7	SMOKE DET HEAD PHOTOELEC	
2	HEAT DETECTOR	101
5	PIR MOTION SENSOR 50 FT FOPIT	
5	Surface Contact	
1-	SIREN/2 TONE/ INDOOR - ADEMCO SENSORS	
2	Battery 12V 7AH (1)	
6410	18/4c, SOL, Unshielded, CMP/F:PLP, Plenum, Red, 500' Reel	I have been said to be a second
2	Hold-up Hand Button	
1	Permit Fees	
1	Inspections - Fire or Card Access	
10	Wire Mold to run wire upstairs & to several devices.	

Scope of Work: This Section is intended for installation use only. Any language contained in this Section that attempts to modify the Terms and Conditions of this Agreement shall be void and of no effect.

Contract Notes -



TOWN NO. 0070-NORFOLK, VA

CUSTOMER NO.

JOB NO.

PO NO.

ESTIMATE NO. 1-LSNMW

DATE: 6/11/2012



ADDITIONAL TERMS AND CONDITIONS

ADT Security Services, Inc. ("ADT")

2550 Elismere Ave, Suite J Nortolk, VA 235'3 Tele. No. (757) 852-5048

Virginia Women's Wellness d/b/a: ("Customer") Customer Billing Information 224 Groveland Road, Virginia Beach, VA 23452 Tele. No. (757) 306-4705

Customer Premises Serviced 224 Groveland Road, Virginia Beach, VA 23452 Tele. No. (757) 306-4706

Notwithstanding anything in the Agreement to the contrary, ADT and Customer agree as follows:

Tems	and	Conditions
' GIIII G		COUNTRY

AHJ Approval. Fur fire alarm systems required by law, the protection listed on this Agreement may be subject to approval by the local Authority Having Jurisdiction (AHJ). Any changes required by the ArLJ may result in additional changes to the Customer.

A/C Power. Customer will supply the necessary 110VAC power as required by ADT.

Telephony. Customer is responsible for providing telephone company connectivity at control penel location.

Annual Service Charge - First Three Years. ADT agrees to honor the Annual Service Charge for Central Station Monitoring Services specified in this Agreement for the first three years of the Agreement.

All other terms and conditions of the Agreement, except those expressly modified herein, shall remain	in in till forme and offert treezing women's we kness by
Presented by: (Signature of ADT Sales Representative)	Accepted By:
Sales Agent Sales Agent DGTS	(Signature of Customer's Authorized Representative)
Sales Representative Registration Number (if applicable):	(Name Printed) Title: Advisor
	Clate Signed: 61317

RECEIVED
JUL 26

	STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDE B. WING		(X3) DATE		
FTAF-008			8				05/09/2012	
NAME OF F	PROVIDER OR SUPPLIER		STREET	DORESS, CITY,	STATE, ZIP CODE			
VIRGINIA	WOMEN'S WELLNE	<b>S</b> \$		VELAND RO BEACH, V				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	' FULL	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTK CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETE DATE	
	Based on interview determined the faci attestation, HVAC of documentation of treatm exchange informati rating of insulation.  The findings include	and facility tour it willity failed to have an duct inspection reported for fire alarm system from (MERV 7) on for treatment root or (LPN, employee as Manager (interview of 11:30am. During twidence that the facility and building ordinates Manager the facility between a perations Business Manager the facility was unable the facility was unable the facility was unable the facility met the facility met the facility met the facility ordinances.	architect rts, tern, , air ms and nducted #13) and wee #21) he facility ity met the ances. ducted 2:00pm Manager e to state and	T 400	DEFICIENCY			
i a	#21) provided a writte contained the following do not have the following available: architect all inspection reports, do system, ventilation of hir exchange information."	en acknowledgment ng content: "At this ti wing requested docu testation, HVAC duo cumentation of test treatment room (ME	that ime we iments at for alarm ERV 7),					

State of Virginia

GIFG11

attachment #1

TO15

#### Statement of Ownership

The Ownership of Virginia Women's Wellness is that it is 100% owned by the professional corporation Professional Medical Services, P.C.

Ownership stake in corporations is held via shareholders through their ownership of shares of stock in the corporation. The shares of stock of Professional Medical Services, P.C. are owned by Quality Professional Solutions, Inc. (50%) and U.S. Medical Care, Inc. (50%).

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VDH/OLC

Attachment #20

TOJO

#### Virginia Women's Wellness - Addendum to Plan of Correction

Criminal background checks have been completed on the below listed employees / clinicians. All background checks listed no conviction data and have been inserted in to the individuals personnel file.

Date Criminal Background Check Processed
5/10/12
5/10/12
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3 5/10/12
5/10/12
5 5/10/12
5/10/12
7 5/10/12
5/10/12
6/6/12

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#### Virginia Women's Wellness

We realize you as a patient have rights while at our facility and receiving medical care. Likewise you have responsibilities as a patient.

#### Your Rights As A Patient:

- You have the right to compassionate, caring, kind, considerate and respectful care regardless of age, race, religion, disabilities or source of payment.
- You have the right to personal privacy and confidentiality of personal and medical information.
- You have the right to understandable explanation of treatment and informed consent
- You have the right to make your wishes known regarding an Advanced Directive (Living Will or Power of Attorney). If you have a written Advanced Directive, a copy should be given to this healthcare facility, your family, and your doctor. These documents express your wishes for future care and name someone to speak for you should you be unable to speak for yourself. State information and forms for advanced directive can be found at <a href="http://www.vdh.state.va.us/OLC/Downloadables/index.htm">http://www.vdh.state.va.us/OLC/Downloadables/index.htm</a> and <a href="http://www.vdh.state.va.us/OLC/documents/2008/pdfs/2005%20advanced%20directive%20form.pdf">http://www.vdh.state.va.us/OLC/documents/2008/pdfs/2005%20advanced%20directive%20form.pdf</a>
- You have the right to refuse treatment or seek other medical care.
- You have to right to know the charges for your visit to the office and medical care.
- You have the right to voice your concerns, questions or complaints. You can do so directly with our staff or if you wish to file a formal complaint, you can do so in writing or via telephone. The name, mailing address, and telephone number for the facility contact person and the OLC complaint unit are provided on the attached copy of this sheet. Complaints may be filed anonymously with the OLC. Complaints will be investigated, a resolution proposed, and complainant notified within 30 days from the date of receipt of the complaint.

Concerns, Questions or Complaints:

Director of Quality Assurance/Improvement
1 Alpha Avenue; Suite # 20
Voorhees, N.J. 08043 and/ or
(800) 742-0230

Virginia Department of Health Facility of Licensure and Certification 9960 Mayland Drive, Suite 401 Richmond, VA 23233-1463 (800)955-1819

#### Your Responsibilities As A Patient:

- You are responsible to provide us with your complete, accurate, present, and past medical information.
- You are responsible for making an informed decisions and asking for clarification when necessary.
- Responsible to understand your role in your care and report unexpected changes in your condition.
- Responsible for following the treatment plan recommended and keeping your appointments.
- You are responsible for your actions if you refuse treatment or do not follow the treatment plan.
- You are responsible for respecting others privacy and abiding by facility rules and regulations.
- You are responsible to pay your financial obligations.

Patient Signature:		Date:
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#### Virginia Women's Wellness

We realize you as a patient have rights while at our facility and receiving medical care. Likewise you have responsibilities as a patient.

#### Your Rights As A Patient:

- You have the right to compassionate, caring, kind, considerate and respectful care regardless of age, race, religion, disabilities or source of payment.
- You have the right to personal privacy and confidentiality of personal and medical information.
- You have the right to understandable explanation of treatment and informed consent
- You have the right to make your wishes known regarding an Advanced Directive (Living Will or Power of Attorney). If you have a written Advanced Directive, a copy should be given to this healthcare facility, your family, and your doctor. These documents express your wishes for future care and name someone to speak for you should you be unable to speak for yourself. State information and forms for advanced directive can be found at <a href="http://www.vdh.state.va.us/OLC/Downloadables/index.htm">http://www.vdh.state.va.us/OLC/documents/2008/pdfs/2005%20advanced%20directive%20form.pdf</a>
- You have the right to refuse treatment or seek other medical care.
- You have to right to know the charges for your visit to the office and medical care.
- You have the right to voice your concerns, questions or complaints. You can do so directly with our staff or if you wish to file a formal complaint, you can do so in writing or via telephone. Complaints may be filed anonymously with the OLC. Complaints will be investigated, a resolution proposed, and complainant notified within 30 days from the date of receipt of the complaint.

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- You are responsible for your actions if you refuse treatment or do not follow the treatment plan.
- You are responsible for respecting others privacy and abiding by facility rules and regulations.
- You are responsible to pay your financial obligations.

#### PATIENT'S COPY

## 175

#### 5. Handling & Storage of Soiled Linens

No reusable linens are used in the facility.

## 6. Handling, Storage & Processing of Regulated Medical Waste GENERAL INFORMATION AND IDENTIFICATION:

The Following classes of RMW are generated in the facility:

#### Class 2 Waste - Pathological Wastes

"Class 2" Human Pathological Wastes, including tissues, and fluids that are removed during surgery or other medical procedures, and specimens of body fluids and their containers. Disposal - Class 2 waste is stored in appropriately labeled bags.

This waste will be collected and transported to the freezer for storage until future transport by RMW carrier.

#### Class 3 Waste - Human Blood and Blood Products

"Class 3" Liquid waste human blood: products of blood; items saturated and/or dripping with human blood; or items that were saturated and/or dripping with human blood that are now caked with dried human blood; including serum, plasma, and other blood components, and their containers, which are used or intended for use in either patient care testing and laboratory analysis or the development of pharmaceuticals. Intravenous administration tubing with visible blood and an angiocatheter attached are also included in this category.

Disposal - All Class 3 waste is to be bagged in red bags and shall be collected and transported to the designated RMW holding/preparation area within the center. Body fluids may be discarded in the sanitary sewer via pouring. Body fluids poured into a drain shall be poured during the flushing cycle of a hopper (toilet bowl for urine), and the receptacle discarded into RMW containers.

Note: Personnel performing this task (usually in Scrub) must utilize personal protective equipment, e.g. fluid resistant gowns, gloves, goggles or face shield.

#### Class 4 Waste – Sharps

"Class 4" Sharps that have been used in patient care or treatment, including hypodermic needles, syringes (with or without the attached needle), Pasteur pipettes, scalpel blades blood vials, needles with attached tubing and culture dishes (regardless of presence of infectious agents). Also included are other types of broken glassware that were in contact with infectious agents such as used slides and cover slips.

Disposal - "Class 4" Sharps are placed in sharps containers provided throughout all areas. All used sharps are to be collected and transported to the designated RMW holding/preparation area within the center.

#### REGULATED MEDICAL WASTE SPILL CLEANUP PRODEDURES

# 1-Hacking the POLICY AND PROCEDURES MANUAL

#### Virginia facilities

#### Cleaning of Autoclave

- \* Empty original distilled water out of the autoclave
- \* Fill autoclave with cleaning solution and tap water
- \* Run autoclave through one normal cycle
- \* Drain autoclave again
- \* Remove tray from inside autoclave
- \* Use a brillo pad to scrub this part of the autoclave
- \* Rinse autoclave sterilizing tunnel
- \* Drain
- \* Replace with clean distilled water
- \* Run through one normal cycle
- \* This task shall be performed monthly

#### 8. Disposal of Non-reusable Medical Equipment

All items marked disposable or single-use only are to be discarded after each Patient use. Any items soiled or blood tinged shall be disposed of in a proper bio-hazard container. Any disposables that are not blood tinged may be disposed of in regular trash.

#### 9. Maintenance & Repair of Equipment

All equipment shall be maintained and repaired in accordance with manufacturer recommendations. Annual preventative maintenance shall be performed by Tidewater Medical or another company with qualified medical technicians.

#### 10. Cleaning of Environmental Surfaces

All environmental surfaces shall be thoroughly cleaned and maintained daily. Surfaces shall be cleaned with germicidal wipes or disinfecting solution. Terminal cleaning of the procedure rooms shall be performed monthly. Detailed cleaning of environmental surfaces as outlined below:

Front Lab: All surfaces are fully cleanable. All surfaces should be wiped with germicidal wipes and allow for 2 minutes drying time.

Ultrasound Room: After each patient use, the entire examination table and pillow shall be wiped with germicidal wipes and allow for 2 minutes drying time. The disposable cover on the pillow shall be replaced after each Patient. Once the examination table is fully dry, it may be dressed with new paper covering. Abdominal ultrasound probes shall be cleaned with germicidal wipes and allow for 2 minutes drying time. Vaginal ultrasound probes shall be cleaned with germicidal wipes or T-spray with proper contact time before wiping.

Procedure / Examination Room: The specimen jar and all soiled instruments shall be passed through the window. When preparing for the next patient, jars and instruments shall be returned to the room via the doorway. After each patient use, the entire examination table and pillow shall be wiped with germicidal wipes and allow for 2 minutes drying time. The disposable covers on the stirrups and pillow shall be replaced after each patient. Once the examination table is fully dry, it may be dressed with new paper covering.

Scrub Room: The specimen jar and soiled instruments are received through the pass through window. The instruments are placed on a pad on the counter. The specimen is then examined, weighed and bagged. The instruments are then counted, washed in a mixture of enzymatic detergent and water and scoured with a stiff bristle brush. Instruments will soak in this mixture for 5 minutes before being thoroughly rinsed. Instruments are then placed in a covered container for transport to the autoclave room. The pad on the counter is replaced before receiving next packet of instruments. Specimen jars are stored in the scrub room and returned to the procedure room via the doorway not the pass through window.

Autoclave Room: Instruments are received in a covered container.

Instruments are removed from the container and are again washed in a mixture of water and enzymatic detergent, allowing for 5 minutes soak time. Instruments are then thoroughly rinsed. Instruments are wrapped in csr wrap or placed in autoclave pouches and ready to be processed in the autoclave at this point. After instruments are removed from the autoclave and allowed to dry, they are stored in the autoclave room or the procedure room for future

Alternatively, instruments are removed from the container and placed in a high level disinfectant for 20 minutes. After being removed from the solution, instruments are rinsed in distilled water. Instruments are wrapped in csr wrap or placed in autoclave pouches and ready to be processed in the autoclave at this point. After instruments are removed from the autoclave and allowed to dry, they are stored in the autoclave room or the procedure room for future use.

Recovery Room: After each patient use, the entire chair shall be wiped with germicidal wipes and allow for 2 minutes drying time. Once the chair is fully dry, it may be dressed with new disposable covering. At the end of each patient session the cushions shall be removed and the surfaces under the cushions shall be thoroughly cleaned and disinfected. All surfaces in the recovery room are to be wiped with germicidal wipes and allow for 2 minutes drying time.

tachment #

Page 1 of 2

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Live Customer Service is Available M-F - 9em - 5:30pm - SAT 1 1em - 4pm - ES

Home | About Us | Shipping & Handling | Return Policy | FAQs | Policies | Contact us

SHOPPING SAG @

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ornized invalence bited 1-800-432-7571

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#### CATEGORIES

Bed Lineas

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Bath Robes and Child Cover Up

Shower Thomas

Personal Hygiene Kits, Amenities, & Ditty Roge

Floor/Entrance Mats

#### OUR CUSTOMERS SAY.

"Currently I have an order from you another duson pillouchies as I do every year about the time. I wanted to thank you for y company. It is the only an online, or anywhere that a self ... read more

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VISIT OUR SISTER SITE



VISIT OUR SISTER SITE



RECENTLY VIEWED

# Q. CINCK TO SHRAPGS

Cloud Nine Reusable Pillows 21"x27" (12)

of51107-050

179.95

Rhears PRiow; by the Case . Cloud Nine Wipe-thle Pflows 21"x27" (12)

ID SEND PAGE TO A FEEHD



DESCRIPTION

The Pillow Factory® family of reusable and wipeable pillows feature the SRC® core system as well as high quality fluid resistant and fluid proof covers which can be easily wiped clean.

SRC® adds support and resiliency to resist wear, crumbling and breakdown while providing superior patient support and comfort. Use after use, these pillows retain about 65% of their original height. resulting in better value per patient day.

- 21"x27" 21 oz.
- Color: Blue
- Medium loft
- Sold by the case; 12 pillows in each case
- Maximum comfort
- Soft and quiet
- Made in the USA
- 100% recycled fiberfill is environmentally responsible
- Treated Olefin exterior

#### Features:

- Stain Resistant
- Fluid Resistant
- Flame Resistant
- Breathable
- Non-Allergenic

\*Standard lead time for Pillow Factory items is 10 business days so allow up to 3 weeks for delivery. In most cases these wipeable pillows are made to order. If you need this item before a certain date let us know in the comments section of the order.

> able Pflows 21"x27" (12) \$79.95

VISIT OUR SISTER SHE

RESATED ITEMS

Microvent Pillows with Vinyi Cover 20"x27" (12) Comfort Care™ Wipeable Pillows 21"x27" (12)

Cloud Nine Wipeable Pillows 21"x27" (12) Comfort Care<sup>ra</sup> Wipeable Pillows 13"x17" (24)

Comfort Care'" Wipeable Pillows 19"x25" (12) Easy Care® Wipeable Pillows 19"x25" (12)

# POLICY AND PROCEDURES MANUAL

#### Virginia facilities

C. In the Virginia facilities, all 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. All medications used for multiple Patients will be drawn from multi-use bottles. If a bottle or vial is labeled for single use, it will be used for only one Patient and any unused portions will be discarded. When using multi-dose vials or bottles, the calculation of remaining medication left in the vial or bottle will be made by subtracting the amount drawn from the starting volume of unopened vial or bottle. Drugs shall be maintained at appropriate temperatures in accordance with definitions in 18VAC110-20-10.

- D. The mixing, diluting or reconstituting of drugs in the Virginia facilities for administration shall be in accordance with regulations of the Board of Medicine (18VAC85-20-400 et seq.). Mixing, diluting or reconstituting of drugs will be performed by a Physician, Registered Nurse or by a trained HCTM with a second check being performed by a Registered Nurse or Physician. This mixing, diluting or reconstituting shall take place on a designated sanitary work space.
- E. Records of all drugs in Schedules I-V received, sold, administered, dispensed or otherwise disposed of shall be maintained in accordance with federal and state laws, to include the inventory and reporting requirements of a theft or loss of drugs found in § 54.1-3404 of the Drug Control Act of the Code of Virginia.

#### XIII. Equipment and Supplies.

The facility shall maintain medical equipment and supplies appropriate and adequate to care for patients based on the level, scope and intensity of services provided, including but not limited to:

- 1. A bed or recliner suitable for recovery;
- 2. Oxygen with flow meters and masks or equivalent;
- 3. Mechanical suction;
- 4. Resuscitation equipment to include, as a minimum, resuscitation bags and oral airways;
- 5. Emergency medications, intravenous fluids, and related supplies and equipment;
- 6. Sterile suturing equipment and supplies;
- 7. Adjustable examination light;
- 8. Containers for soiled linen and waste materials with covers; and
- 9. Refrigerator.

AND PLAN C	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLI IDENTIFICATION NO FTAF-00	MBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING	(>3) DATE SURVEY COMPLETED
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State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING FTAF-008 05/09/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROMDER OR SUPPLIER 224 GROVELAND ROAD **VIRGINIA WOMEN'S WELLNESS** VIRGINIA BEACH, VA 23452 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BIE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY Calculation of the T 265 | Continued From Page 9 T 265 remaining medication left in Vials will be substance single dose vials. The findings included: made by subtracting the amount drown An observation and interview conducted on May 8 2012 at 10:00 a.m. with Staff #13 during review of from the starting Volume of an unopened tottle / vial. the facility's system for controlled substances. Staff #13 reported the facility's patient had a choice between local anesthesia and conscious sedation (moderate sedation). Staff #13 reported the facility used an injection of Fentanyl and Midazolam (Versed). Staff #13 opened the locked See Attachment #9 box, on inspection the box contained: an opened vial of Fentanyl 2500 mcg (micrograms)/50 ml (milliliters). The staff had not documented the opened date on the vial. Staff #13 reviewed the log sheet and reported the vial was last used on May 5, 2012 and the vial count changed on May 2. 2012. Staff #13 reported the vial " was probably opened on May 2, 2012; but there is no way to know for sure. " Staff #13 reported the nurse could draw up to twenty-five (25) doses from a fifty (50) ml vial. Staff #13 reported that each dose drawn would be used for a different patient. When asked, Staff #13 read the vial label, which read: 1 Single dose vial. " Staff #13 replaced the partially used vial of Fentanyl into the lock box. The observation revealed five vials of Midazolam 5 mg (milligrams)/5 ml. One vial was opened without a documented opened on date. The vial label read "Single use vial. Discard unused portion. " Staff #13 reported that each Midazolam and Fentanyl vials were used for multiple patients. [Fentanyl is a short duration analgesic. Midazolam is a preoperative sedative.] Review of the controlled substance log was conducted on May 8, 2012 at 10:09 a.m. with Staff #13. Staff #13 reported the recorded amounts of medication left in the Fentanyl vial and the Midazolam vial were " quesstimates."

	Virginia NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILD		FORM (×3) DATES COMPL	APPROVI		
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T 280	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION The estimation of the medication left in the suse vials for later use ranged from 4/5 to 19/5 Staff #13 reported the staff had not calculate amount left but had "eyeballed" the amoun Staff #13 agreed that 4/5 for one person could different for another person estimating the stamount.  Review of the package insert for Fentanyl indicated the medication "Contained no preservatives" and listed the 50 ml vial as a single dose vial. The package insert for Midazolam indicated the vial was for single used unused portions of the vial were to be discarded.  12 VAC 5-412-260 D Administration, storage dispensing of dru  D. The mixing, diluting or reconstituting of dru for administration shall be in accordance with regulations of the Board of Medicine (18 VAC 85-20-400 et seq).  This RULE: is not met as evidenced by: Based on observations made during the initial of the facility and interviews, it was determined that the facility and interviews, it was determined to the facility and interview		The estimation of the medication left in the single use vials for later use ranged from 4/5 to 19/20. Staff #13 reported the staff had not calculated the amount left but had "eyeballed" the amount. Staff #13 agreed that 4/5 for one person could be different for another person estimating the same amount.  Review of the package insert for Fentanyl indicated the medication "Contained no preservatives" and listed the 50 ml vial as a single dose vial. The package insert for Midazolam indicated the vial was for single use and unused portions of the vial were to be liscarded.  2 VAC 5-412-260 D Administration, storage and ispensing of dru.  3. The mixing, diluting or reconstituting of drugs or administration shall be in accordance with equilations of the Board of Medicine (18 VAC 5-20-400 et seq).  This RULE: is not met as evidenced by: assed on observations made during the initial tour the facility and interviews, it was determined at the facility's staff failed to ensure that ectable medications for local anesthesia were exed and labeled in accordance with the gulations for the Board of Medicine, 18 VAC -20-400. More specifically, 23 multi-dose 50 cc also for 1% Lidocaine each had a label attached to		T 2  In left in the single om 4/5 to 19/20, not calculated the " the amount. e person could be mating the same  T Fentanyl ained no ) ml vial as a nisert for single use were to be  tion, storage and T 28  stituting of drugs ordance with tine (18 VAC)  ced by: ing the initial tour is determined ure that testhesia were		All medication De mixed by HD, or by a tr Second check p ya registered physician Th nedications p properly label mixed, date and	ens Will an RN or reined reitermed nurse or ese mixed will be ed with	1371 15 15 15 15 15 15 15 15 15 15 15 15 15
a n m	dded to each the via ot contain the amou nedications added or nedications were add	ils. The attached labe nt or strength of the the date the addition:	el did	1	nixing, and the interpretations. The person mixing the second check	ing the			
T	he findings were:		<u></u>	C	estormed the	2			
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AND PLAN OF CORRECTION IDENTIFICATION		F CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A BUILD B. WING		(X3) DATE:	LETED
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a for	8, 2012 beginning a room, a room used their procedure in, cabinet. The Admit open the cabinet for content. The Admit the cabinet contains and oral medication multiple boxes of m procedures. In the the shelf was an opeach had a manufa "1% Lidocaine, 50 r	e facility was conduct at 9:55 AM. The Recolor patients to recove contained a large locustrator was asked in this inspector to vie nistrator opened the ed various types of irms. On the second site dications that are used to back on the right hairen box containing 23 cturer's label on it that a large to the lattached labels failed gith of the Pitocin or in on the labels and a large marker. The agic marker. The agic marker. The administrator was a written on the vials ee #25, an LPN (Liccus e administrator was a written on the vials the land Vassopressin sels) that was added its not," and then poin with initials on the sicus when she mixed the sthe person who mixed what the vials we very patient gets this	covery ver from cked metal if she could ew its cabinet, njectable helf were ised during nd side of 3 vials; at read, vial also t read: d to have also failed e side of f initials and strator ensed also e amount l and nted to de of the m." xed the N. The ere used i, it's		Registered Nors  Physician proving  Sowond check in  Initial  Mixed medications  be disposed on  Used within in  mixing.  All medications  mixed diluted a  in a designated  area.  Administrator to a  perodic checks.  See Attachment	oing the  ill 2/so  lions will  fif not  hrs of  will be  or drawn  d scinit	lo Itiv

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B. Do	ctors of medicine	or osteopathic medi ate-use mixing, dilutir	ng or		GIFG11	If continuation sheet	11311 1131-11

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T 280	reconstituting shall 3 Establish and ir verification of the a been mixed, dilute second check prefi or asteopathic mec physician assistant been specifically tr of this subsection if diluting or reconstit 4. Provide a design equipment appropr The administrator a 10:15 AM that the v	nplement procedures accuracy of the product, or reconstituted to income the product of the process of the product of the product of the process of the process of the product of the produ	ct that has include a medicine t, or by a e who has odivision 2 ing, space and outlations;"	T 280			
i i i i i i i i i i i i i i i i i i i	A. The abortion factoring ongoing, comprehenself-assessment properties of concluding services progreement. The production of the confection of the confectio	ogram of the quality as care or services provi- rovided under contrac- ogram shall include pron/analysis, assessm valuation. The finding tentified problems and s, as necessary.  The finding tentified problems and s, as necessary.  The finding tentified problems and record review the uality assurance program of the progr	nd ded, et or rocess, ent and gs shall d revise facility ram with		We believe the dre in full composite in full composite with 12 VACS-412 as written. We this deficiency and nongoing, composite self-program further, that claims she was a content of the evice for this deficien	dispute dispute VWW DAS had Prehensi DSSESSME DURE STA DISPUTE DI	ot

FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES (X1) PROMDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING **FTAF-008** 05/09/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 224 GROVELAND ROAD VIRGINIA WOMEN'S WELLNESS VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES PROMDER'S PLAN OF CORRECTION (X4) ID EACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) The data was collected T 315 T 315: Continued From Page 14 for the MAY Juis QI meeting Review of the facility's policy and procedure This includes complication manual included the wording from the State of legs, ehert reviews, random Samples of phone interviews with Virginia; 12VAC5-412-300 (A). The facility did not provide evidence of a quality assurance plan or fatients feedback for documented processes for data collection, fullow-up examinations. Patient demplaint reviews a emals, staff attendance analysis, or assessment based on the data collected. The facility did not have a written process for improvement and evaluation of their overall program. pritormance a compet ener An interview was conducted on May 8, 2012 at evaluations. All of this 3:40 p.m. with Staff #13 and Staff #21. Staff #21 formed the basis of the QI verbally confirmed the facility did not have quality committee's analysis, assurance processes. Staff #21 reported data had not been collected for the outcomes assessment + evaluation the Hey 2013 OF committee decomented their meeting a les findings. All parties signed the minites. discussed during the May 2012 Quality Assurance Committee meeting. T 340 T 340 12 VAC 5-412-310 Medical records See Attachment \$10 An accurate and complete clinical record or chart shall be maintained on each patient. The record From hense forward or chart shall contain sufficient information to The operative report |
1025 updated to include in the documentation of 5 satisfy the diagnosis or need for the medical or surgical service. It shall include, but not limited to the following: 1. Patient identification; 2. Admitting information, including a patient the dusing of Pitocin + Vassopressin & continued on bottom history and physical examination; 3. Signed consent, 4. Confirmation of pregnancy; and See Attackment # 11 Procedure report to include: a. Physician orders; The examination tables b. Laboratory tests, pathologist's report of will be repaired or tissue, and radiologist's report of x-rays: c. Anesthesia record; replaced to eliminate the tiny, minute tears d. Operative record; e. Surgical medication and medical treatments; f. Recovery room notes; It the bend points and It the feet. g. Physician and nurses' progress notes, h. Condition at time of discharge,

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The staff and physicians have been trained in the use of the operative updated report. The administrative will continuesly monitor use of same.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING FTAF-008 05/09/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 224 GROVELAND ROAD VIRGINIA WOMEN'S WELLNESS VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) IO PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) T 340 Continued From Page 15 T 340 i. Patient instructions, preoperative and postoperative; and j. Names of referral physicians or agencies. This RULE: is not met as evidenced by: Based on observations made during the initial tour of the facility and clinical record review, it was determined that facility staff failed to ensure all medications given to each patient were documented in their clinical record. Specifically, thirteen (13) of thirteen (13) patients who had a surgical abortion performed at the facility failed to have listed in their record that received Lidocaine, Pitocin and Vassopressin medications in the local anesthetic that the doctor gave to each patient, (patient records #1, 3 - 8, 10, 11, 13 - 15 & 17). The findings were: Clinical records were reviewed in the Counseling office on 5/8/12 beginning at 12 noon. Records #1, 3 - 8, 10, 11, 13 - 15 & 17, all had documented evidence that the patients had surgical abortions performed at the facility. All of the above referenced records had documented evidence that the patient(s) received 20 cc of 1% Lidocaine. There was no mention of Pitocin or Vassopressin in the records reviewed. The administrator who is also a nurse stated in an interview on 5/8/12 that all patients who have a surgical abortion receive Lidocaine, Pitocin and Vassopressin as a local. Staff member #21 stated, "We have a policy about this." On 5/8/12 at 2:45 PM the facility's policy regarding Local Anesthesia was reviewed and read in part. "Local anesthesia consists of a series of injections into the cervix, typically with medications.

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AND PLAN OF CORRECTION DENTIFICATION N		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	A. BUILDO B. WING		(X3) DATES COMPL	EURVEY ETED
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	patient will receive allergies prohibit It Cross reference to 280.	In and Vassopressin. I local anesthesia unless administration."  12VAC5-412-260 D.	es <b>s</b>	T 340		Automotive construction of the construction of	
	and all equipment cooling, ventilation be all be kept in go condition. Areas u maintained in good hazards. All wood with non-lead-base shellac that will alk This RULE: is not Based on observat #21, it was determi (#1 - #4) reclining Recovery Room, a #3) examination to required in Section The findings include the Surveyors are #1 - #4) of four (#1 - #4) of four (#1 - #4) reclining cline bilateral lacquer three (#1 - #3) patie ears at the bend potential paties.	ructure, its component such as elevators, he and emergency light ood repair and operations and the sent surfaces shall be sent paint, lacquer, varmow sanitization.  The as evidenced by: light shall be sent as evidenced by: light shall be sent and interview with the sent surfaces for the Patients and three (#1 - #3) of the series of the	ating, ing, shall ing, shall ing be of sealed ish, or ith Staff #1 - #4) of s in the three (#1 - I repair as A.  I Facility that four ing chairs eclining chairs eclining is along #3) of es had in the		ce Attachment to	rent and ry condit  les ever have leaned thermore of their on their structure structure aled all	sign.  significant of the signif

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER: 8	A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED 05/09/2012	
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T 375	chairs were uncles wooded surfaces: Examination Table during the tour of 10:10 a.m10:28:	that the recovery room an and had breaks in and tears were presences. This interview occ the facility, on 5/8/12, a.m.  DB Maintenance	the nt in all curred between	T 375	the examination of the examination of the tiry, min at the lend and at the formaching of the packet	nired of Viminate Vte tear points Feet. Ment # 13 ne	C312
	B. When patient monitoring equipment is utilized, a written preventative maintenance program shall be developed and implemented. This equipment shall be checked and/or tested in accordance with manufacturer's specifications at periodic intervals, no less than annually, to ensure proper operation and a state of good repair. After repairs and/or alterations are made to any equipment, the equipment shall be thoroughly tested for proper operation before it is returned to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance.  This RULE: is not met as evidenced by: Based on interview and tour of the facility, it was determined that the facility failed to show that there was preventative maintenance service on one (1) EKG machine, one (1) lamp and two (2) microscopes.  The findings include:  1. On May 8, 2012 a facility tour was conducted with the Administrator (LPN, employee #13) and Operations Business Manager (interviewee #21)			have all had maintenance by a licenso technician a been properior See Attachm	prevente pertorme d biome and have y labele ent 14	tive ed 5-10	
	with the Administra Operations Busine between 9:00 am a Room there was a evidence of its pre- In the supply close	ator (LPN, employee #	#13) and wee #21) Recovery no e service. evidence				

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROMDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING FTAF-008 05/09/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 224 GROVELAND ROAD VIRGINIA WOMEN'S WELLNESS VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) IO PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD IS)E COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY T 380 T 380, Continued From Page 18 were two (2) microscopes, one (1) in the Procedure Room and one (1) in the Treatment Room with no evidence of preventative maintenance service 2. On May 8, 2012 an interview was conducted with the Operations Business Manager (interviewee #21) in the facility between 9:00 am and 11:30 am. The Operations Business Manager acknowledged that the one (1) EKG machine, one (1) lamp and two (2) microscopes failed to have the preventative maintenance service. We dispute this deticiency. Employee T 385 | 12 VAC 5-412-370 A Fire-fighting equipment and T 385 systems #13 eleims she was A. Each abortion facility shall establish a monitoring program for the internal enforcement misquoted and that wo of all applicable fire and safety laws and are in full compliance with this deficiency.
The designated individual to munitor the fire 58 Administrator Fire regulations and shall designate a responsible employee for the monitoring program. This RULE: is not met as evidenced by: Based on facility tour and interview, it was determined that the facility failed to have a monitoring program for fire and safety nor a responsible employee for the monitoring program. Safety training athe proper use of a fire extinguisher use of a fire extinguisher use performed on Hay of 2012. This is documented both in the employee files ain the Emergency Disaster Plen. The findings include: 1. On May 8, 2012 a facility tour was conducted with the Administrator (LPN, employee #13) and the Operations Business Manager (interviewee #21) between 9:00 am and 11:30 am. Present were fire extinguishers and fire exit plans located throughout the facility. 2. On May 8, 2012 an interview was conducted with the Administrator (LPN, employee #13) in the See Attachment # 15 facility between 1:dpm and 3:dpm. The

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING FTAF-008 05/09/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 224 GROVELAND ROAD VIRGINIA WOMEN'S WELLNESS VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY T 385 Continued From Page 19 T 385 Administrator acknowledged that the facility did not have an individual responsible to monitor a fire and safety program. The Administrator acknowledged that there had been no training on the use of the fire extinguishers and/or other fire and safety activities. The Administrator acknowledged that there was no evidence to show for a monitoring program for fire/safety activities. All fire protection and alarm systems
and other fire fighting
egoipment shall be (
inspected and tested
as required. T<sub>3</sub>390 | 12 VAC 5-412-370 B Fire-fighting equipment and T 390 systems B. All fire protection and alarm systems and other fire fighting equipment shall be inspected and tested in accordance with current edition of the Virginia Statewide Fire Prevention Code (27-94 et seq. of the Code of Virginla) to maintain them in serviceable condition. ee Attachment #5 16, 17, 18 This RULE: is not met as evidenced by: Based on facility tour and interview it was determined that the facility failed to have evidence that the fire alarm was inspected and tested in accordance with the current edition of the Virginia Statewide Fire Prevention Code (27-94 et seq. of the Code of Virginia) to maintain them in serviceable condition. The findings include: 1. On May 8, 2012 a facility tour was conducted with the Administrator (LPN, employee #13) and the Operations Business Manager (interviewee #21) between 9:00 am and 11:30 am. During the tour the Administrator identified that the fire alarm system was integrated within the safety alarm system under contract with ADT Company. 2. On May 8, 2012 an interview was conducted

State of Virginia

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State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (XC3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING FTAF-008 05/09/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE VIRGINIA WOMEN'S WELLNESS 224 GROVELAND ROAD VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (XS) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) T 390 | Continued From Page 20 T 390 with the Administrator (LPN, employee #13) in the facility between 1:00 pm and 3:30 PM. The Administrator acknowledged that ADT alarm company was responsible for the inspection and testing of the facility fire alarm system. The Administrator was unable to provide evidence that the fire alarm system had been inspected and tested in accordance with current edition of the Virginia Statewide Fire Prevention Code (27-94 et seq. of the Code of Virginia) to maintain them in serviceable condition T 400 12 VAC 5-412-380 Local and state codes and As per the Virginia Department of Health letter dated May 23, 2012. Dil det riencies crted T 400 standards. Abortion faculties shall comply with state and local codes, zoning and building ordinances, and the Uniform Statewide Building Code. In addition, abortion facilities shall comply with Part 1 and sections 3.1-1 through 3.1-8 and section under 12 VACS-412 -390 3.7 of Part 3 of the 2010 Guidelines for Design will be completed within two years of issuance our license. and Construction of Health Care Facilities of the Facilities Guidelines Institute, which shall take precedence over Uniform Statewide Building Code pursuant to Virginia Code 32.1-127.001. Entities operating as of the effective date of these regulations as identified by the department through submission of Reports of Induced Termination of Pregnancy pursuant to 12 VAC 5-550-120 or other means and that are now subject to licensure may be licensed in their current buildings if such entitles submit a plan with the application for licensure that will bring them into full compliance with this provision within two years from the date of licensure. Refer to Abortion Regulation Facility Requirements Survey workbook for detailed facility requirements. This RULE: is not met as evidenced by:

Virginia Women's Wellness 224 Groveland Road Virginia Beach, Va 23452 (757) 306-4706

RECEIVED

JUL 2 6 2012

VDH/OLC

June 29, 2012

Eric Bodin Director Office of Licensure and Certification Virginia Department of Health 9960 Mayland Drive, Suite # 401 Henrico, Virginia 23233

Re: Plan of Correction

Dear Mr. Bodin:

Enclosed please find our Plan of Correction to the Statement of Deficiencies that Virginia Women's Wellness (VWW) received during our initial licensure application. This Plan of Correction contains revisions and is accompanied by 18 different attachments evidencing the corrective actions already taken. Some of these corrective actions are already fully completed, and some are in the process of being completed.

We hope that our plan of correction is acceptable to the Department.

Thank you very much for your time and attention in reviewing our Application, our Plan of Correction, and our eighteen Attachments.

Sincerely yours,

Melissa Sachnovitz

Operations Business Manager

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU FTAF-00	MBER:	A. BUILDI B. WING		(≈3) DATE	SURVEY PLETED	
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T 000	12 VAC 5- 412 Initia	comments		T 000	our olenot)		-	
	An announced Initial inspection was cond facility on May 8 & 9, Facility Inspectors for Health's, Office of Lie The facility had multiple also investigated duration Compliant Identificate 2012-AC001 through through AC010, AC0 Ten of the eleven concurs SUBSTANTIATED was SUBSTANTIATED as SUBSTANTIATED	ucted at the above in 2012 by four (4) Me om the Virginia Deparation and Certificate of the initial inspection numbers were:  AC005, 2012-AC0012 and AC013.  AC005 with associated	eferenced dical artment of ation. were ion.					
tt R D aı	/A Women's Wellnes /irginia Beach was for ne State Board of Heat legulations for Abortic lecember 29, 2011. [ and cited, and will follo	and out of compliance of the second of the s	e with					
B. ow to ind total add	2 VAC 5-412-140 B O anagement  There shall be discked in the case of the CLC and in the case of the case of the CLC and in the case of the case of the CLC and in the CLC shall anges in ownership.	esure of facility interest shall be repo use of corporations, a lding 5.0% or more of identified by name a		P	Separate state  f ownership in provided to the  rounded to the	0,20	1512	
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JUL 2 6 2012

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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NI FTAF-00	UMBER:	(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION IG	(><3) DATE COMP	SURVEY LETED	
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/IRGINLA	GINIA WOMEN'S WELLNESS 224		224 GRO VIRGINIA	REET ADDRESS, CITY, STATE, ZIP CODE  4 GROVELAND ROAD  RGINIA BEACH, VA 23452				
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T 015	O15 Continued From Page 1 owner(s) of the facility are.			T 015				
i i	The findings were:  On 5/9/12 during the facility at approximate representative was: owners of this facility stated, we are owned later that day the representative would under another corporate representational corporate representational exprovamentally 5:55 P	Itely 9 AM, the corporative who the owner y are. The represent by a corporation. It is a corporation. It is a corporation. It is a corporation.  The policy and as reviewed with the tive on 5/10/12 at it is the administrate.	rate r or tative Again ed who pration					
til O of ag	office. The chart did aclity, a date, or any tle/position boxes.  on 5/10/12 on or about the corporation gain, who the owner epresentative again s	ut 6 PM in the admin representative was a of this facility is. The	istrator's				m = 1	
sa pe pe sai	nen asked to be more asked to be more aid, "I think it's (nate of interest around has in the corporate," I don't know."	e specific the repres me)." When asked to or ownership that the oration, the represen	entative he					
C. hist the emp	VAC 5-412-170 C P Each abortion facility tory record check put Code of Virginia on a ployee not licensed b armacy, whose job du trolled substances was	y shall obtain a criming suant to 32.1-126.02 any compensated by the Board of utility success.	nal 2 of	ch 06 C/1 to	iminal backgrou tained on all sincians with a controlled subs ese documents	taff'/ acess (=	1-12	

STATEME AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION IN	ERICLIA UMBER:	(X2) MUI	TIPLE CONSTRUCTION	(X3) DATI	RM APPRO
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	To70 Continued From Page 2  This RULE: is not met as evidenced by: During the survey the facility was assessed compliance with the provisions of the Code Virginia, 1950 as amended and (Section 32.1-162.9:1 as amended. The Code Secti requires that licensed home care organization home care organizations exempt under 32.1-162.8:3 (a) (b) (c) of the Code of Virgin conduct criminal records check for compensemployees hired after July 1, 1992.  These same Code sections also prohibit the employment, by abortion facility's, of persons convicted of certain crimes specified in Secti 32.1-126:02. That same Section requires employees not licensed by the Board of Pharmacy, whose job duties provide access		sed for ode of section cations or sensated the consection s	T 070	been inserted in personnel file. See Attachment #	their	DATE
Ti Ba	riust have a criminal firginia State Police. the above Statue was ased on the review of terview with the Adm at nine (#1 - #4, #9)	within the abortion forecord report through s not met as evidence of personnel files, and finistrator, it was dete #12 - #13, #17 and #	ed by:				
na the VA	rsonner that had the rcotics failed to have surveyor to review C 5-412-170.C.	#13, #17 and #19) potential to dispense criminal record chec as required in Section	ks for n 12				
1. 2. Nur. 3.	Personnel #1 - #4 w Personnel #9 and # ses.	The staff included:					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIND PLAN OF CORRECTION (X1) PROVIDER/SUPPLINDER/SUPPLI		ER/CLIA IMBER:	A BUILD		(X3) DATE COMP	SURVEY LETED
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NAME OF	AME OF PROVIDER OR SUPPLIER STRE			DRESS, CIT	. STATE, ZIP CODE	05/0	99/2012
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T 070	Continued From P	age 3		T 070	3 30		
	criminal record che the Inspection.	verified that the resul acks were mailed the urred on 5/8/12, in the	day before			100	
T 155	12 VAC 5-412-210	E Patients' rights		T 155	All patients	Ere Bilen	
	designee with the nate lephone number of 1. Facility contact part of 2. The OLC Complaint of the complaint of the facility shall distinformation in a contact the submit complaints and the facility shall distinformation in a contact the submit complaints and the facility shall distinformation in a contact the submit of the	person; and laint Unit, including the laint Unit, including the lating the la	s, and le ents may		All patients of to a copy of to your Rights of form which do proper comple This document in the name, add toll free pho	includes lress and ne	dures
F S n n L gin	This RULE: is not make a saled on interview a failed to provide the designees with the magency.  The findings included An interview with State approximately 9:15 a received patient right as part of the admiss surgical procedure parame, address, and the number of the state like incensure and Certificative to the patients of the patie	and record review the patients or patient's name, address, and to number of the state of:  Iff #13 on May 8, 201.  Im. revealed each pass and complaint information process.  It is in packs for medical tients did not include coll-free complaint tekensure agency (Offication). The information patient's designee of the pat	oll-free licensure  2 at attent mation at and a the ephone ce of ion did not a filing		number for the	e ole.	

State of Virginia

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N	UMBER:	A BUILD		(X3) DATE COM	SURVEY
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NAME OF PROVIDER OR SUPPLIER		STREET AS	DORESS, CITY	. STATE, ZIP CODE	05/	09/2012
VIRGINIA WOMEN'S WELLNE	33	224 GRO	VELAND REBEACH, V	OAD	The Presidents	
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T 155 Continued From Pa	age 4		T 155		i – u fine.	
200004			v in	1		
agency.		ı		}		1
VII INGIVIEW MSS CO	onducted on May 8,	2012 at		it. The state of t		
and Stoff #24	#13 and Staff #21.	Staff #13				!
'Stoff #42 second of	wed the admission p	acks.	i			
designed and	he patient or the pati	ent's		responding to the second	1369	
i designee only recei	ved the information is	actuded in			02 - 10 - 10	
ule admission packs	s. Staff #13 and Sta	ff #21	i			
verified the complain	nt information given (	did not			11 12 2 21 2	
include name, addre	ess, and toll-free com	plaint '			į	
telephone number o	f the state licensure	agency or			1000	
Leigren to thing all at	TONYMOUS complaint	with the			The same of	
state licensure agen	су.	- 1			There is the	
T 175 12 VAC 5 440 000 0						
T 175 12 VAC 5-412-220 C	Infection prevention		T 175	VWW meinteins	41.4	
C. Written policies o				Sup Guard	LIGE	
C. Written policies a management of the fi	ocilibs assumes for the	В		our excellent tr	2CK	- 1
supplies shall addres	acility, equipment an	d	- 14	record of sof	22-40-4	
1. Access to hand-w	a ule lollowing:		10	PACE OCALLYS +6.7+	102.002	
adequate supplies (e.	asimy equipment an	a i		care proves that Afection prevent	601	- 1
hand rubs, disposable	y., suap, alconol-bas	ed	i':	VITECTION PREUDINZ	Tion	- 1
2. Availability of utility	Sinks despine com	ers);	! "	THELICES ANDONA	10/1/	
and other materials fo	r cleaning disposet	nes	P	rotretour patien	ets Tail	
storage and transport	of equipment and ou		/<:	200 02 00 11	123. TU 5	
3. Appropriate storage	e for cleaning and 50	pplies;	[7]	Pen of more than	1.15 years	
locked cabinets or roo	ms for chemicals use	(e.g.,	עו	WW WAS DAT DAY	1 3 5	- 1
cleaning) and product-	Specific instructions	fa	107	はまだり しんけん ヨ カル	211112 - 11.	- 1
use of cleaning agents	(e.g. dilution contact	<b>→</b>	N 6	STIDUS INTERTION	:7 m -/	
ume, management of a	accidental evonsurae	1.	KI	nown dases of pa	3-10	- 1
4. Procedures for hand	dling, storing and		14.	Cat. A	CENT -	
transporting clean linen	s, clean/sterile suppl	ies	100	- Patient trans	MISSION	- 1
l and equipment		1 2	107	intection.		= 1
5. Procedures for hand	lling/temporary	- 1				
storage/transport of soil	led linens;	- 1	V'n	IN VIGOROUSIN d	ISPITED	
6. Procedures for hand	ling, storing, process	ing	110	it any area laf.	000223	
l and hansporting regulat	ed medical waste in	-	1,2	11 1 1 1 1 1 1 0	of other	
accordance with applica	ble regulations;	.	1/3	IN Vigorously diet any area of o dirty! All aspects of aulity are all	ets of	
7. Procedures for the pr	ocessing of each typ	e of	the	tability are al	Maney	
reusable medical equipm	Dent belween uses o	n	7211	y and the DOH d	dnot	
different patients. The p	rocedure shall addre:	ss.				
i		;	1116	MFIEL BAND CONTENT	21 .	- 1
FORM			116	ntify any purties	of the	_   _

State of Virginia

State of	Virginia					FOR	M APPROVE		
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLII	JMBER:	(X2) MUL A. BUILD B. WING		(×3) DATE	SURVEY		
NAME OF	PROVIDER OR SUPPLIER	FTAF-00				05/0	09/2012		
	WOMEN'S WELLNE	SS	224 GRC	T ADDRESS, CITY, STATE, ZIP CODE  ROVELAND ROAD  NIA BEACH, VA 23452					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		S	PREFIX TAG	PROVIDERS PLAN OF COME (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOUR DO DE	(X5) COMPLETE DATE		
1 1 E U U P C C C C C C C C C C C C C C C C C	(i) the level of cleato be used for each (ii) the process (e. disinfection, heat st (iii) the method for recommended level has been achieved. reference the manuand any applicable control guidelines;  8. Procedures for a non-reusable equipm 9. Policies and procedures for commental required with manufacturer results and procedures for confection accordance with appreciate with a regular to the required by the depth of required by the depth is RULE: is not measured and observation the facility failed to har recedures to prevent to conduct the procedures to prevent to conduct the facility failed to har recedures to prevent to conduct the prevent to conduct the facility failed to har recedures to prevent to conduct the facility failed to prevent to conduct the conduct the facility failed to prevent to conduct the co	aning/disinfection/ster type of equipment, g., cleaning, chemica erilization); and r verifying that the dof disinfection/sterili The procedure shall facturer's recomment state or national infect ppropriate disposal of ment; redures for of equipment in according of environment oriate cleaning product control program, mit ocal health and attions; and revention procedures (control transmission of facility as recomment oriate as evidenced by: a) (4), (5), (7), (10), a) a, interview and recording or infection control or cross-contamination diling of clean and dirt attients and staff's known anown and staff's known and staff's known and staff's known and sta	ization It Idations It Idation		or inadequately we believe the used to identify rooms inaccurate. No of the facility and the entire is clean. For e every patient, the patients been sterilized to use and all particular out from infection to particular out of particular out in particular out is especial sinfected twice having been structured twice he goals of continuity in proceed will implement the goals of continuity in plement will implement the isot.	nomendary of early are distants and priors and priors extents	TOP DE LA CONTRACTION DE LA CO		

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU FTAF-00	JMBER:	(X2) MUL A. BUILDI B. WING	TIPLE CONSTRUCTION NG	(X3) DATE:	LETED
NAME OF E	PROVIDER OR SUPPLIER			DOESS OFFI	STATE, ZIP CODE	05/0	9/2012
	WOMEN'S WELLNI	:\$ <b>5</b>	224 GRO	/ELAND ROBEACH, V	DAD		
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	6:26 p.m. to 8:35 pre-useable glass values passed by staff throther the "clea "dirty scrub" room. separate clean and instruments and explaced a disposable #20 retrieved a cleadesignated dirty singar on the pad. Find the physician react and placed the "dirty procedure onto the jar. Staff #20 retrieved and placed in the "clean vacuum jar utilized collected conception opening. Staff #12 on the pad. Staff #12 on the pa	o.m. revealed the faci- acuum jars for proce- cough an in-wall open in procedure room as The facility staff did d dirty areas for hand- quipment. within the "dirty scrub e pad on the counter an vacuum jar from a nk and placed the clea- com the "clean" proced- ned through the in-wall y" instruments used pad next to the clear red the dirty instrument them in the sink. Staff on the counter top. In procedure room paduring the procedure in material through the placed the "dirty" vac- 20 handed the clean vacuum jar. Inducted on May 9, 20 #20. Staff #20 report ime for the dirty instructes." The label on the ead "Recommended of aff #20 did not have a sure the manufacture ere followed. Staff # tration of enzymatic co one (1) gallon of wa we measuring devices much water or enzym	dures; ing and the not set up ling are room, top. Staff above the an vacuum dure room aff #20 did Staff #12 assed the with the e in-wall suum jar vacuum en se gloves 012 at ted the uments e contact at timer or er's 20 aleanser ter. and atic.		(1) All reusable Is cleened as p manufacturers All items labele Use are dispose each patient has been prop In the handlin fatients.  (2) No reusable Used in this t see and Hanval has to Include to Cevisions. S	equipment recommended for sing sed of att use. Staff equipment and processed modeling follows the follows that thes	wons. Her wed ment

State of Virginia						ED: 05/17/2( RM APPROV
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLI	MBER:	(X2) MUI A. BUILD B. WING		(X3) DATE	
NAME OF PROVIDER OR SUPPLIER	FTAF-00		_ 1_		081	000040
		STREET AC	DORESS, CITY	Y, STATE, ZIP CODE	03/	09/2012
VIRGINIA WOMEN'S WELLNI	E53	224 GRO	<b>VELAND</b> R	COAD		
(XA) ID SUMMARY ST	ATEMENT OF DEFICIENCIE	VIRGINIA	BEACH, V	A 23452		
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T 175; Continued From P	age 7		T 175			-
Staff #12 reported was taken home by An interview was conception and dirty resinstruments/equipm procedure rooms. So cleth pillow was not disposable pillowcas down between patien 2. An observation at May 8, 2012 at approximate a procedure rooms and in the staff of	anducted on May 9, 2 #21. Staff #21 was it ed to the cross-contain useable tent between the scruptaff #21 acknowledge completely covered by se and could not be wents. and interview with States and interview with Staff #13 report sidered part of the of the scrub room. Atteriew with Staff #13 aroom. Staff #13 report attered uncovered on a aroom. Atte	pillow. e soiled it  012 at informed mination b and ed the by the iped  ff #13 on ith Staff k were ied to ited the orted uring vere ff #13 usiy'' d, g the		been retrained aspects of ale.  Lenvironmental see Attachment a live ated between room list any us the specimen jo all start have form via the frequent and assure strictly all the frequent and so and all the frequent and so and	in the scrub of sor	w 6. Calbir
procedure directing sta	ff how to temporarily a	store	برن ا	szymatie deterge	ent.	
the soiled blankets, was and how to transport th	sn ine blankets at hor e dean blankets back	ne	1		1 .	- 1
ine racinty.		i	1/20	E Cloth pillow has	been	1
An interview was condu 3:30 p.m. with Staff #13 acknowledged the facilit	and Staff#21 Staff:	#24	10	e cloth pillow has Plaged with a flui sistant, antimiero.	bial,	
FORM	621190		12.76	esnable fillowsee	Attachment	#6



STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY ANO PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING **FTAF-008** 05/09/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 224 GROVELAND ROAD VIRGINIA WOMEN'S WELLNESS VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X4) IO ID (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY T 000 12 VAC 5- 412 Initial comments T 000 An announced Initial Licensure Abortion Facility inspection was conducted at the above referenced facility on May 8 & 9, 2012 by four (4) Medical Facility Inspectors from the Virginia Department of Health's, Office of Licensure and Certification. The facility had multiple complaints which were also investigated during the initial inspection. Compliant Identification numbers were: 2012-AC001 through AC005, 2012-AC007 through AC010, AC012 and AC013. Ten of the eleven complaints were UNSUBSTANTIATED. Complaint # 2012-ACO10 was SUBSTANTIATED with associated deficiencies cited in this report. VA Women's Wellness Center, which is located in Virginia Beach was found out of compliance with the State Board of Health 12 VAC 5-412, Regulations for Abortion Facility's, effective December 29, 2011. Deficiencies were identified and cited, and will follow in this report. A Separate statement of ownership will be provided to the OLC T 015 12 VAC 5-412-140 B Organization and T 015 management B. There shall be disclosure of facility ownership. Ownership interest shall be reported ( -15-12 to the OLC and in the case of corporations, all individuals or entities holding 5.0% or more of total ownership shall be identified by name and address. The OLC shall be notified of any changes in ownership. This RULE: is not met as evidenced by: Based on review of the policy and procedure manual and interview, it was determined that the facility failed to identify and document who the LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATE FORM

State of Virginia

021198

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If continuation sheet 1 of 22

State of \	/irginia						January Committee
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM	ABER:	(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SU COMPLE 05/09	
NAME OF D	ROVIDER OR SUPPLIER	F174-000		DRESS, CITY,	STATE, ZIP CODE		L
	WOMEN'S WELLNE	SS		/ELAND ROBEACH, VA		1 70 5 4	4-14-4-4
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T 015	owner(s) of the fac	illty are.		T 015			
	facility at approximate representative was owners of this facilistated, we are own later that day the rethe owner(s) of this	ne entrance conference ately 9 AM, the corpo- asked who the owner ity are. The represen- ed by a corporation. apresentative was asl a facility are. The lid only say it's a corp	orate er or atative Again ked who				=1.0
	procedure manual corporate represent approximately 5:55 office. The chart d	chart in the policy ar was reviewed with the stative on 5/10/12 at i PM in the administra id not have the name ny names in the job	e ator's	1 11 1			
	office the corporation again, who the owr representative again when asked to be read, "I think it's percentage of inter-	bout 6 PM in the admon representative was ner of this facility is. I in said, "it's a corporamore specific the representation of the corporation, the representation, the representation."	s asked The ation," resentative d the	πĝ		AV 1	
Т 070	C. Each abortion for history record chec the Code of Virginia employee not ilcens Pharmacy, whose j	acility shall obtain a c k pursuant to 32.1-12 a on any compensate	26.02 of did not be seen to	Т 070	Criminal backgi Checks have be Obtained on all Clinicians with to controlled s These documen	l staff'  2 ccess :ubstances	6-7-12
STATE FOR	M		021198		GIFG11	if continuati	on sheet 2 of 22

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	(X2) MUL A. BUILOI B. WING		(X3) DATE S	ETED
NAME OF B	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE			05/0	9/2012
	WOMEN'S WELLNE		224 GROV VIRGINIA	ELAND R	OAD		
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	Continued From Page 2  This RULE: is not met as evidenced by: During the survey the facility was assessed for compliance with the provisions of the Code of Virginia, 1950 as amended and (Section 32.1-162.9:1 as amended. The Code Section requires that licensed home care organization home care organizations exempt under 32.1-162.8:3 (a) (b) (c) of the Code of Virginia conduct criminal records check for compensa employees hired after July 1, 1992.  These same Code sections also prohibit the employment, by abortion facility's, of persons convicted of certain crimes specified in Section 32.1-126:02. That same Section requires employees not licensed by the Board of Pharmacy, whose job duties provide access to controlled substances within the abortion facility must have a criminal record report through the			Т 070	been inserted i personnel file		
1 2 1 3	Based on the review interview with the Authat nine (#1 - #4, #9, #1) personnel that had the Surveyor to review /AC 5-412-170.C.  The Surveyors review rarious times on 5/8  Personnel #1 - #2.  Personnel #9 and durses.	vas not met as evider v of personnel files, a dministrator, it was di 9, #12 - #13, #17 and 12 - #13, #17 and #19 the potential to disper ave criminal record cl ew as required in Sec wed all personnel file 1/12. The staff include 1/4 were Physicians. 1/14 and #19 were Lie 1/14 and #19 were Lie	and etermined 1 #19) of 9) nse hecks for ation 12 as at ad:				

State of V	<u> 'irginia</u>			T			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NO FTAF-00	JMBER:	(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION  IG	(X3) DATE SI COMPLE - 05/09	
				DRESS, CITY.	STATE, ZIP CODE		
	ROVIDER OR BUPPLIER WOMEN'S WELLNI		224 GRO	/ELAND ROBEACH, V/	AD	Jen II Pyw	
(X4) ID PREFIX TAG	/EACH DEFICIEN	TATEMENT OF DEFICIENCE CY MUST BE PRECEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Т 070	criminal record ch	r verified that the rest necks were mailed the curred on 5/8/12, in the	e day before	Т 070			
T 155	E. The facility sh designee with the telephone number 1. Facility contact 2. The OLC Comtoll-free complaint submit complaint The facility shall of	O E Patients' rights all provide each paties name, mailing addres or of the: at person; and aplaint Unit, Including t hotline number. Pa a anonymously to the display a copy of this conspicuous place.	the tients may	T 155	All patients a copy of to " your Rights of form, which a proper Comple This document the name, ad toll free pho	includes dress and	
	Based on intervier failed to provide the designees with the complaint telephoragency.  The findings incluing approximately 9: received patient reas part of the adrigue of the adrigue of the adrigue of the staticensure and Cegiven to the patie include informatic	Staff #13 on May 8, 3 15 a.m. revealed each rights and complaint i	the facility It's Id toll-free ate licensure 2012 at In patient Information Idical and Idiude the It telephone (Office of Imation Inee did not Ility to filing		number for to	he OLC.	
STATE FOR	M		021199		GIFG11	if continuati	on sheet 4 of 22

STATE FORM

State of	Virginia	VIII.				FORM	IAPPROVEL
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE S COMPLI	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY	STATE, ZIP CODE		
	VIRGINIA WOMEN'S WELLNESS 2		224 GRO	VELAND RI BEACH, V	OAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF OEFICIENCIE Y MUST BE PRECEDED BY SC IOENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	(X5) COMPLETE DATE	
T 175	3:30 p.m. with Staf and Staff #21 revies Staff #13 reported designee only receiver the admission pack verified the complainclude name, additelephone number related to filing an a state licensure age 12 VAC 5-412-220 C. Written policies management of the supplies shall address to hand 1. Access to ha	onducted on May 8, 2 f #13 and Staff #21. Inwed the admission puthe patient or the patieved the information its. Staff #13 and Statint information given ress, and toll-free corrof the state licensure anonymous complain necy.  C Infection prevention and procedures for the facility, equipment a ress the following: washing equipment a feed, soap, alcohol-bible towels or hot air dility sinks, cleaning surfor cleaning, disposator of equipment and received instruction for the facility in the following and received in the facility in the facil	Staff #13 acks. ient's included in iff #21 did not inplaint agency or it with the and ased lryers); ipplies al, supplies; its (e.g., used for its for itact res); ipplies essing in i type of es on		VWW maintains to our excellent trace record of safe por Care proves that a infection prevention of more than VWW has not had patient with a document of infection a known cases of patient transitor of infection.  VWW Vigorously diffect any area of our infection.	atient sur son rely ts. In a 15 years o single and no tient- mission	
	uniciciit patients. 11	he procedure shall ad	JUI 692.		CENTITY CAY POSTION	oiled	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLET	
FTAF-008 B. WING 05/09	9/2012
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	15 5 1 1 1 1
VIRGINIA WOMEN'S WELLNESS  224 GROVELAND ROAD VIRGINIA BEACH, VA 23452	
(XA) IO SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  ON THE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(i) the level of cleaning/disinfection/sterilization to be used for each type of equipment, (ii) the process (e.g., cleaning, chemical disinfection, heat sterilization); and (iii) the method for verifying that the recommended level of disinfection/sterilization has been achieved. The procedure shall reference the manufacturer's recommendations and any applicable state or national infection control guidelines; 8. Procedures for appropriate disposal of non-reusable equipment; 9. Policies and procedures for maintenance/repair of equipment in accordance with manufacturer recommendations; 10. Procedures for cleaning of environmental surfaces with appropriate cleaning products; 11. An effective pest control program, managed in accordance with local health and environmental regulations; and 12. Other infection prevention procedures necessary to prevent/control transmission of an infectious agent in the facility as recommended or required by the department.  This RULE: is not met as evidenced by: 12 VAC 5-412-220 (C) (4), (5), (7), (10), and (12) Based on observation, interview and record review the facility staffs handling of clean and dirty equipment between patients and staffs knowledge of manufacturer's recommendations for cleaning re-usable equipment between patients.  2. Transporting clean linery blankets, for handling, temporary storage/transporting soiled linens; and 3. Cleaning environmental surfaces. The findings included: 1. Observations conducted on May 9, 2012 from	N, M

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU  FTAF-00	IMBER:	(X2) MULT A. BUILDII B. WING	TIPLE CONSTRUCTION NG	(X3) DATE S COMPL	
NAME OF F	PROVIDER OR SUPPLIER		-	DRESS, CITY.	STATE, ZIP CODE	000	012012
	WOMEN'S WELLN		224 GROV	ELAND ROBEACH, V	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TO MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
	re-useable glass of passed by staff the between the "clear and instruments and e Staff #20 located placed a disposable #20 retrieved a clear and placed a disposable #20 retrieved a clear and placed the "disprocedure onto the jar. Staff #20 retrieved and placed the "disprocedure onto the jar. Staff #20 retrieved and placed in the "clear vacuum jar utilized collected conception opening. Staff #12 on the pad. Staff #13 couple of min enzymatic clearer in time 5 minutes." Sclock available to e recommendations or reported the conceives one (1) ounce Staff #20 did not had could not state how cleaner had been p An observation and 8:30 p.m., by two staff #30 p.m.	p.m. revealed the facilitation and in-wall open in procedure room as. The facility staff did did dirty areas for handiquipment. within the "dirty scrubile pad on the counter an vacuum jar from ank and placed the clear om the "clean" procedure the dirty instruments used a pad next to the clear eved the dirty instrument of them in the sink. Staff on the counter top, an procedure room part of the procedure room part of the placed the "dirty" vact of the clean aff #12 did not change the clean vacuum jar. Conducted on May 9, 2 f #20. Staff #20 report time for the dirty instrumentes." The label on the read "Recommended the them and the clean vacuum jar. The label on the clean was the manufactum were followed. Staff #ntration of enzymatic of the clean one (1) gallon of was the measuring devices much water or enzymatic of the contraction of enzymatic of the clean of the clean of the clean of the clean was the manufactum were followed. Staff #ntration of enzymatic of the clean was the manufactum were followed. Staff #ntration of enzymatic of the clean was the manufactum were followed. Staff #ntration of enzymatic of the clean o	dures; ing and the not set up ling of the not set up ling of top. Staff above the an vacuum dure room all opening during the not vacuum ents from aff #20 did Staff #12 assed the evith the ein-wall cuum jar vacuum e gloves of the line contact a timer or er's and natic.		(1) All revsable of is cleaned as man of acture and ations. As labeled for si disposed of affines been proposed of attents.  (2) The Policy and Patients.  (2) The Policy and has been proposed in a covered of an actured to include the formal formal formal paralle of the policy and stored in a covered of and stored in a covered of and stored in a covered of an actual formal fully from the environment of the env	equipment per the ris recom it items ingle use of the handli the recovere	res d (02312 1014 1014 1014 1014 1014 1014 1014 10

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE S COMPLI 05/0	
NAME OF P	ROVIDER OR SUPPLIER	utarwa in	STREET AD	DRESS, CITY	STATE, ZIP CODE		The second
	WOMEN'S WELLNE	<b>58</b>		VELAND R			Falls of the
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .SC IDENTIFYING INFORMA	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
	pillowcase did not Staff #12 reported was taken home by An interview was come and staff the findings related from the findings and the findings and the findings from the fi	ervation revealed the completely cover the with the pillow becamy staff and washed. Onducted on May 9, 2 f #21. Staff #21 was ted to the cross-contae-useable nent between the scr Staff #21 acknowledget completely covered use and could not be ients. and interview with Staff #13 reported part of the scr be of the scrub room. Staff #13 reported uncovered or y room. Staff #13 reported the blanket between patients. Staff #13 reported the blanket became "obe blankets became "obe blankets became "obe blankets home, was	pillow. ne soiled it 2012 at informed amination ub and ged the by the wiped  taff #13 on with Staff ack were used to corted the #13 on . revealed n a wire eported as during ts were Staff #13 viously" shed, ure to orting the a rily store home back to 012 at Staff #21	•	been retrained aspects of ale environmental: The pass-throw located between room is only us passing instrumental sterile may returned to the retained on han and the frequence of the recommendation to assure structor assure structor assure structor assure structor and so recommendation diluting and so enzymatic determinent of pillow in resistant, antimic cleanable pillow.	aning of surfaces of windo a scrub a s	ed b. Se Colbin De

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	(X2) MUI A. BUILD B. WING		(X3) DATE S COMPL	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY LSC IDENTIFYING INFORMALISC IDENTIFYING IDE	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
T 175	policy or procedur laundering the bla facility did not have transporting soiled 3. An observation environmental sur May 8, 2012 at ap Staff #21. Staff #2 products used to the products in us times. An observationers revealed food particles bene cushion. Staff #21 recliners were not Review of the facili manual did not have clean environment During an interview 3:30 p.m. Staff #2	es related to their prankets. Staff #13 verile procedures for hand or clean linens (blanked) and interview related face cleaning was corproximately 11:30 a.m. 21 discussed the two disinfect environmentale had different surfaction of the recovery of the four recline eath the removable selection of the four recline eath the removable selection acknowledged the folicies. It is policy and procedure procedures related all surfaces. It is conducted on May 81 reported the facility occurred related to clean.	fied the dling and kets). I to Inducted on	T 175	All sterile postored in ole Although recover chairs were all an additional cleaning and distance follow + Properties been performed has been to include the eleaning of so	en room eny room vays clea thorough sinfection rimed redures n update	s. ned, g GBIL
	dispensing of dru  A. Controlled subs 54.1-3401 of the Di Virginia, shall be st dispensed in accord laws. The dispension manufacturers' san with Chapter 33 of Virginia, Regulation Pharmacy (18 VAC This RULE: is not a Based on observation the facility failed to 1	A Administration, sto tances, as defined in rug Control Act of the ored, administered and dance with federal and of drugs, excluding ples, shall be in accounties 54.1 of the Code is Governing the Pract 110-30).  The as evidenced by: on, interview and recording the code is color manufacturer's distration of controlled	Code of add state gordance of ctice of cordance or ctice or		All medications of multiple patient be drawn from dose bottles. I bottle fuel is a for single use, be used for on patient and un portions will be discarded. Property of the discarded of the property of the discarded of the disc	ts will multi- ef a labeled it will ly one used le	2312

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STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:	A. BUILDII B. WING	-	(X3) DATE SU COMPLET	
	ROVIDER OR SUPPLIER			DRESS, CITY,	STATE, ZIP CODE		
	WOMEN'S WELLN		224 GROV VIRGINIA	/ELAND RO BEACH, V	A 23452		\ \$=
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T 265	substance single The findings inclu An observation at 2012 at 10:00 a.n the facility's syste Staff #13 reporter choice between to sedation (modera the facility used a Midazolam (Versi box, on inspection vial of Fentanyl 2 (milliliters). The so opened date on to log sheet and re May 5, 2012 and 2012 Staff #13	dose vials.  Ided:  Ind interview conducte In. with Staff #13 durin Im for controlled subside the facility's patient local anesthesia and cute sedation). Staff #1 In injection of Fentany In the box contained: In the box contained: In the box contained: In the solution of the vial. Staff #13 revises the vial. Staff #13 revises the vial count change reported the vial " was last the vial count change reported the vial " was last the vial count change reported the vial " was last the vial count change reported the vial " was last the vial count change reported the vial " was last the vial count change reported the vial " was last the vial count change reported the vial " was last t	g review or tances. had a onscious 13 reported of the locked an opened is 1/50 ml onted the tewed the trused on May 2 s probably		Calculation of remaining medials in Vials in Made by substitute amount of from the state vial.	dication will be tracting drawn orting unopenes	  }
	know for sure. " could draw up to (50) ml vial. Staff drawn would be asked, Staff #13 Single dose vial. used vial of Fent observation reve (milligrams)/5 ml documented ope " Single use vial. #13 reported tha vials were used for a short duration a preoperative sed  Review of the co conducted on Ma #13. Staff #13 re medication left in	2, 2012; but there is not Staff #13 reported the twenty-five (25) dose if #13 reported that eaused for a different paread the vial label, where staff #13 replaced anyl into the lock boxualed five vials of Mida. One vial was opened and on date. The vial Discard unused ported teach Midazolam and for multiple patients. [analgesic. Midazolam lative.]  Introlled substance logary 8, 2012 at 10:09 a. aported the recorded at the Fentanyl vial and were "guesstimates."	e nurse s from a fift ach dose atient. Whe nich read: " the partiall The zolam 5 mg d without a l label read ion. " Stafi d Fentanyl is i is a g was m. with Star mounts of I the	, d	July 10 years		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:	(X2) MULTI A. BUILDIN B. WING _	PLE CONSTRUCTION	(X3) DATE S COMPLE	URVEY TEO 3/2012
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY,	STATE, ZIP CODE		
VIRGINIA	WOMEN'S WELLN	ESS		ELAND ROBEACH, VA		AL INEXT	6146
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL :	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
Т 265	The estimation of use vials for later Staff #13 reported amount left but he Staff #13 agreed different for anoth amount.  Review of the padindicated the med preservatives " as single dose vial. Midazolam indicated.	Page 10  I the medication left in the use ranged from 4/5 to the staff had not calculated "eyeballed" the aid that 4/5 for one personer person estimating the characteristic of the staff had been declared in the package insert for the package insert for the the vial was for sinons of the vial were to be	o 19/20. ulated the mount. n could be he same  yl as a gle use	T 265			
1	D. The mixing, di for administration regulations of the 85-20-400 et seq) This RULE: is no Based on observa of the facility and it that the facility and it that the facility and it mixed and labeled regulations for the 85-20-400. More vials of 1% Lidoca them that stated to added to each the not contain the arm	t met as evidenced by: ations made during the interviews, it was deter taff failed to ensure tha tions for local anesthes I in accordance with the Board of Medicine, 18 specifically, 23 multi-de ine each had a label a wo additional drugs had vials. The attached la tount or strength of the d or the date the additional added.	of drugs with VAC initial tour mined it sia were e VAC ose 50 cc ttached to d been ibel did		All medication be mixed by HD, or by a to staff member second check by registered physician. The property labe, mixed, date and mixing, and the he person mixed check overformed the person overformed the person overformed.	an RN or rained or with a performed horse mixed with of medical interest of time of initials of the try the try a	1 (2342 4005

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STATEMEN' AND PLAN (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUMBER STAF-001	ABER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 05/09/2012	
	ROVIDER OR SUPPLIER			RESS, CITY,	STATE, ZIP CODE		
	WOMEN'S WELLNE	SS	<b>224 GROV</b>	ELAND ROBEACH, V	A 23452		1 111
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SCIDENTIFYING INFORM	FULL :	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE ROPRIATE	(X5) COMPLETE DATE
T 280	8, 2012 beginning room, a room used their procedure in, cabinet. The Adm open the cabinet frontent. The Adm the cabinet contain and oral medication multiple boxes of a procedures. In the the shelf was an of each had a manuf "1% Lidocaine, 50 had an additional "Lidocaine 1%, Pitocin, Vassopressin Date mixed:  All 23 vials with the amount or street Vassopressin write to have the "Date each vial was a dawritten with black administrator was asked who mixed stated it was employeractical nurse), asked where was of Pitocin (a horm (constricts blood when; she replied the handwritten davial and said, "her When asked who vials the administrator was for and she replied	e facility was conduct at 9:55 AM. The Red of for patients to recove contained a large loc inistrator was asked for this inspector to vie dinistrator opened the ned various types of it ons. On the second some dications that are to back on the right happen box containing 2 facturer's label on it the mit (amount)." Each label attached to it that the did it will be a second some dications that are to back on the right happen box containing 2 facturer's label on it the mit (amount)." Each label attached to it that the second some and a second it written on the vials one) and Vassopress ressels) that was adding the with initials on the e's when she mixed the was the person who hat a sked what the vials of every patient gets the total that the doctor injection in the containing the person who hat the that the doctor injection in the containing that the doctor injection is a sked what the vials of that the doctor injection is a sked what the doctor injection	expery er from sked metal of she could ew its cabinet, njectable helf were used during and side of 3 vials; eat read, vial also at read:  ed to have also failed the side of of initials its and nistrator censed in ed and ointed to side of the hem."  mixed the LPN. The were used his, it's		Registered Norse Physician providing Second check with Institute.  Mixed medication be disposed of used within 10th mixing.  All medications within a designated area.	ons will of not ors of	6BIV

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE S COMPLE - 05/01	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADO	DRESS, CITY, ST	ATE, ZIP CODE		7.0
	WOMEN'S WELLNE	:33		ELAND ROA BEACH, VA	23452	kaluusiili sausiin	
(X4) ID PREFIX TAG	FACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL :	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	'ION SHOULD BE 'HE APPROPRIATE	COMPLETE DATE
T 280	Recovery room the where does the number of the despatients and write "Here." The desk where patients recovered and instructions or any specifies or indicapreparation and an hours, the mixing, be in accordance contact contamination from secretions from mused in the practic administration of a after the complete administration does expiration does not a contamination from the complete administration does expiration date of a contamination from the complete administration does expiration date of a contamination for a contamination from the complete administration does expiration date of the complete administration does expiration date of the complete administration does expiration date of the complete and the complete administration does expiration date of the complete and the complete administration date of the complete administrat	eximately 6 PM, agained administrator was a surse mix the Lidocained vials? The administration where nurses sit and their progress notes a sits in front of the receptor after their process. The administration of Draw and the administration beging the administration beging the administration of less the administration	sked a, Pitocin ator d observe and said, liners dures. ae, reads in ugs for  mixing, factured ontact s within 10 tion shall facturers' dard ae between han 10 ing shall No direct is no skin or ency drugs and 10 hours provided cified d there is				
	B Doctors of med	dicine or osteopathic r mediate-use mixing, o	medicine liluting or				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:	(X2) MULT A. BUILDII B. WING	IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE 05/09	
NAME OF P	ROVIDER OR SUPPLIER	13000	STREET ADD	RESS, CITY,	STATE, ZIP CODE		
VIRGINIA	WOMEN'S WELLNE	:55	224 GROV VIRGINIA	ELAND ROBEACH, V	23452	TH 27/2 40	MAR W
(X4) ID PREFIX TAG	/FACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL ;	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
T 280	verification of the abeen mixed, dilute second check pre or osteopathic me physician assistanteen specifically to this subsection diluting or reconst.  4. Provide a design equipment appropriate administrator 10:15 AM that the	II  mplement procedures accuracy of the product, or reconstituted to formed by a doctor of dicine or a pharmacist or a registered nurs rained pursuant to suin immediate-use mis	ict that has include a medicine it, or by a e who has bdivision 2 king,  space and pulations;"	T 280			
T 315	A. The abortion facingoing, comprehenself-assessment gappropriateness concluding services agreement. The processed to correct policies and practically and practically and processes for data		and vided, act or process, ment and ings shall and revise  t: he facility ogram with	T 315	We believe the are in full composite in full composite with 12 vacs-412 as written. We this deficiency does have and an ongoing, composited self program further that delims she misquoted in the statements whis part of the evilor this deficient	ollance -300 disputo has had prehens -2ssessm more, si was he dence ney.	ve, ent exf
STATE FOR			021100		GIFG11		n sheet 14 of 2

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM  FTAF-004	MBER:	(X2) MULT A BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/09/2012
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE	
	WOMEN'S WELLNE	35		ELAND ROBEACH, VA	23452	
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL ,	PREFIX TAG	PROVIDER'S PLAN OF CORRECT  (EACH CORRECTIVE ACTION SHO  CROSS-REFERENCED TO THE APPL  DEFICIENCY)	DULD BE COMPLETE ROPRIATE DATE
	manual included the Virginia; 12VAC5-provide evidence of documented process collected. The fact process for improving overall program. An interview was 3:40 p.m. with Starverbally confirmed assurance process had not been colled discussed during the Committee meeting the continuous control of the following:  12 VAC 5-412-310  An accurate and continuous attisfy the diagnost surgical service. It to the following:  1. Patient identified: 2. Admitting information of the control of the following: 3. Signed consential control of the	ity's policy and procedule wording from the S412-300 (A). The factor a quality assurance esses for data collection and the dility did not have a wrament and evaluation conducted on May 8, ff #13 and Staff #21. Ithe facility did not have as Staff #21 reported for the outcomest the May 2012 Quality 19.  Medical records complete clinical record on each patient. The facility did not have as staff clinical record on each patient. The facility and the met shall include, but not estation; mation, including a part to include: ers; ts, pathologist's report of x-rays; cord; action and medical tree notes; nurses' progress note.	itate of ility did not plan or on, lata itten nof their 2012 at Staff #21 ve quality ed data s Assurance dical or to limited it of atments;	T 340	The data was colleged the may sois of the may sois of logs, chart reviews, respectively patients feedback follow-up examinate remails, staff attender formance a conformations. All of formed the basis of committee's analysis assessment a evaluation of the minites.  The operative of the minites.  The documentation of the dosing of the disconnection of the the minites.  The examination of the disconnection of the disconnection of the disconnection of the the feet.	pleation plation andon Samples with k for views a signed ance are the at is, at ion mittee meeting t ines signed include intocin
	e. Surgical medic f. Recovery room a. Physician and	ation and medical tre notes; nurses' progress note	- 1		the tiny, minut at the bend por at the feet.	nts and

State of V	/irginia			<del></del>			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUMBER TRAF-008	ABER:	(X2) MULTI A. BUILDIN B. WING _	PLE CONSTRUCTION	(X3) DATE SI COMPLE - 05/09	
NAME OF P	ROVIDER OR SUPPLIER			ORESS, CITY,	STATE, ZIP CODE		
	WOMEN'S WELLNE	88		ELAND ROBEACH, VA			1,4 . 111
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
T 340		ons, preoperative and	i	T 340	the digital of the state of the		
	postoperative; and j. Names of refer	al physicians or ager	nci <b>es</b> .			We have	
	Based on observation of the facility and of the facility and of determined that facility and ocumented in the thirteen (13) of third surgical abortion phave listed in their Pitocin and Vasso anesthetic that the (patient records #1)	met as evidenced by ions made during the linical record review, cility staff failed to ento each patient were in clinical record. Speteen (13) patients wherformed at the facilit record that received pressin medications in doctor gave to each , 3 - 8, 10, 11, 13 - 15	initial tour it was sure all ecifically, o had a y failed to Lidocaine, in the local patient,				
1	office on 5/8/12 be #1, 3 - 8, 10, 11, 1 evidence that the p performed at the fa referenced records the patient(s) recei	ere reviewed in the Co ginning at 12 noon. I 3 - 15 & 17, all had ob patients had surgical a acility. All of the above the had documented ev ved 20 cc of 1% Lido tion of Pitocin or Vas ewed.	Records ocumented abortions ocumented idence that ocaine.				
	interview on 5/8/12 surgical abortion re	who is also a nurse so that all patients who aceive Lidocalne, Pito local. Staff member a policy about this."	have a cin and				
	Local Anesthesia v	PM the facility's policy was reviewed and rea consists of a series of cally with medications	d in part, f injections				

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	patient will receive allergies prohibit i	cin and Vassopressin.  Is local anesthesia unle  Is administration."  O 12VAC5-412-260 D.	985	201			
T 375	A. The facility's sand all equipment cooling, ventilation be all be kept in good hazards. All woo with non-lead-basshellac that will all this RULE: is not be assed on observing the surveyors (#1 - #4) reclining Recovery Room, #3) examination required in Section The findings included by the Surveyors (#1 - #4) of four (#1 - #4) reclining the Recovery Room, the surveyors (#1 - #4) reclining the surveyors (#1 - #4) reclining the bilateral lacquithree (#1 - #3) patears at the bend	tructure, its component to such as elevators, he nand emergency light good repair and operatused by patients shall be den surfaces shall be ded paint, lacquer, varillow sanitization.  It met as evidenced by ations, and interview whined that four of four g chairs for the Patien and three (#1 - #3) of tables were not in good on 12 VAC 5-412.360.	eating, ting, shall ting be of sealed nish, or   r: with Staff (#1 - #4) or ts in the three (#1 - three (#1 - three chairs A.  on Facility d that four ning chairs reclining #4) of four the salong - #3) of bles had in the		Cur recovery soll have always been will continue to be after every patient kept in Sanitary Stating the chair unclean! They have stating the chair unclean! They have been clearly furth the arms of our were not broken the small linch in the Lacquer of Surface of the sound chairs will sanded a reseat to eliminate a scratches in the	e cleaned conditions ever and conditions were aned considered aned control of the arms structured aled	er, es

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T 375	Staff #21 verified to chairs were unclea wooded surfaces a Examination Table	hat the recovery room in and had breaks in and tears were presens. This interview occ the facility, on 5/8/12,	the nt in all curred	Т 375	the examination will be repaired to entry minuted the bend pand at the fe	ined of innete te tears			
T 380	utilized, a written p program shall be of This equipment sh accordance with m periodic intervals, ensure proper ope repair. After repair to any equipment, thoroughly tested of returned to service maintained on each indicate its history This RULE: is not Based on interview determined that th there was prevent	nonitoring equipment reventative maintenal leveloped and impler all be checked and/onanufacturer's specification and a state of rs and/or alterations the equipment shall for proper operation is. Records shall be the piece of equipment of testing and maintenant met as evidenced by and tour of the facility failed to should be active maintenance senine, one (1) lamp and	nnce mented. or tested in cations at or, to good are made be before it is t to enance.	T 380	(1) EKG maching (1) lamp & (2) m have all had maintenance by a license technician a been properly	oreventative performed d biomed 53+02 nd have			
	The findings included in the findings included in the findings included in the finding included in the findings i	de: a facility tour was control (LPN, employee less Manager (intervier and 11:30 am. In the n EKG machine with ventative maintenance twas a lamp with no maintenance service	#13) and wee #21) Recovery no ce service. evidence						
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		MBER:	A. BUILDIN B. WING _		COMPLE	(X3) DATE SURVEY COMPLETED 05/09/2012	
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	were two (2) microprocedure Room Room with no evimaintenance sensor 2. On May 8, 201 with the Operation (interviewee #21) and 11:30 am. The acknowledged the (1) lamp and two the preventative of the preventative of the preventation of all applicable for the regulations and semployee for the This RULE: is not a semployee for the This RU	Page 18 rescopes, one (1) In the and one (1) in the Tresidence of preventative vice  2 an interview was come Business Manager in the facility between the Operations Busines at the one (1) EKG maintenance service.  70 A Fire-fighting equipal facility shall establish am for the internal enformation and safety laws and the signate a responsibility of the service of the monitoring program.  1 the tas evidenced by tour and interview, it was the facility failed to have any for fire and safety response for the monitoring program.	e eatment  nducted n 9:00 am is Manager achine, one d to have  oment and a orcement d onsible /: //as //e a nor a g program.  onducted #13) and erviewee Present	Т 385	We dispute deficiency. En #13 eleims sh misquoted and are in full combited to monitor to safety program safety program use of a fire was performed to the designation of a fire was performed to the files of a fire files of a files of a fire files of a file	this employee e was that we pliance elency: ed individ he fire ng +the fi extincia	5-8-12 roper
	with the Administ	cility. 2 an interview was col rator (LPN, employee :dpm and 3:dpm. The	nducted #13) in the		Disaster Pla	Emergen en	ey .
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 		
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Т 385	not have an indivi- and safety progra- acknowledged that the use of the fire and safety activiti- acknowledged that for a monitoring p	nowledged that the fadual responsible to mome. The Administrator at there had been no to extinguishers and/or es. The Administrator at there was no evider program for fire/safety	onitor a fire raining on other fire nce to show activities.	T 385			
Т 390	systems  B. All fire protect other fire fighting and tested in accepte Virginia State (27-94 et seg. of	ion and alarm systems equipment shall be incordance with current ewide Fire Prevention (the Code of Virginia) to serviceable condition.	s and spected edition of Code	Т 390	All fire product and alarm sy and other fire equipment. Inspected an as required.	tection istems e fightin shall be d tested	(6.73.72
	Based on facility determined that the that the fire alarm accordance with Statewide Fire Pr		as e evidence ested in he Virginia et seq. of				
	with the Administ the Operations Bi #21) between 9:0 tour the Administ system was integ system under cor	2 a facility tour was corator (LPN, employee usiness Manager (Inte 0 am and 11:30 am. Erator identified that the rated within the safety ntract with ADT Compact 2 an interview was col	#13) and arviewee During the fire alarm alarm any.				
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State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING S. WING 05/09/2012 **FTAF-008** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 224 GROVELAND ROAD **VIRGINIA WOMEN'S WELLNESS** VIRGINIA BEACH, VA 23452 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX ID PREFIX COMPLETE DATE TAG TAG DEFICIENCY) T 390 T 390 Continued From Page 20 with the Administrator (LPN, employee #13) in the facility between 1:00 pm and 3:30 PM. The Administrator acknowledged that ADT alarm company was responsible for the inspection and testing of the facility fire alarm system. The Administrator was unable to provide evidence that the fire alarm system had been inspected and tested in accordance with current edition of the Virginia Statewide Fire Prevention Code (27-94 et seq. of the Code of Virginia) to maintain them in serviceable condition. As per the Virginia Department of Health letter dated May 23, 2012.

211 def Rienaies cited under , 2 VACS-412-380 T 400 T 400 12 VAC 5-412-380 Local and state codes and standards Abortion faculties shall comply with state and local codes, zoning and building ordinances, and the Uniform Statewide Building Code. in addition, abortion facilities shall comply with Part 1 and sections 3.1-1 through 3.1-8 and section 3.7 of Part 3 of the 2010 Guidelines for Design within two years of issuance our license. and Construction of Health Care Facilities of the Facilities Guidelines Institute, which shall take precedence over Uniform Statewide Building Code pursuant to Virginia Code 32.1-127.001. Entities operating as of the effective date of these regulations as identified by the department through submission of Reports of Induced Termination of Pregnancy pursuant to 12 VAC 5-550-120 or other means and that are now subject to licensure may be licensed in their current buildings if such entities submit a plan with the application for licensure that will bring them into full compliance with this provision within two years from the date of licensure. Refer to Abortion Regulation Facility Requirements Survey workbook for detailed facility requirements. This RULE: is not met as evidenced by:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DENTIFICATION N		R/CLIA MBER:	A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SI COMPLE		
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	determined the fa attestation, HVAC documentation of ventilation of treat	w and facility tour it want citity failed to have all cities for fire alarm systement room (MERV 7) ation for treatment room.	architect rts, tem, , air					
	The findings include:			h.				
	with the Administrations Busin between 9:00am	2 a facility tour was co rator (LPN, employee ess Manager (intervie and 11:30am. During evidence that the fac odes and building ordin	#13) and wee #21) the facility ility met the					
	with the Operation (interviewee #21) and 3:00pm. The acknowledged the provide evidence local codes and b	2 an interview was cons Business Manager in the facility betweer Operations Business at the facility was unatthat the facility met thoulding ordinances.	n 2:00pm Manager ble to e state and	<b>1</b>				
	The Operations Business Manager (interviewee #21) provided a written acknowledgment that contained the following content: "At this time we do not have the following requested documents available: architect attestation, HVAC duct inspection reports, documentation of test for alam system, ventilation of treatment room (MERV 7), air exchange information for treatment rooms and rating of insulation."			1 .				
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#### VA Beach

## Complaint ID # 2012-AC001

A complaint was received at the Virginia Department of Health's Office of Licensure and Certification's Complaint Unit on January 4, 2012. The complaint had multiple allegations. The first allegation was in regard to the safety of its patients. The clinic is located on the second floor of an office building that does not have an elevator and if an emergency would arise with one of its patient's, would the emergency responders be able to transport the patient safely from the second floor to an ambulance without the use of an elevator. Another allegation, questions the background of the owner and physicians employed at the clinic.

An onsite visit was made to the clinic on May 8 & 9, 2012. A tour of the facility was conducted and multiple documents were requested and reviewed. Interviews were conducted with the Administrator, an Alternate to the Administrator and a corporation representative.

## **Findings**

The abortion facility is located on the second floor of an office building. At the present time there are no other occupants or businesses located in the building. The front entrance to the building has approximately four steps to climb before entering the building, the steps are of acceptable depth and are wide enough to allow easy access for emergency personnel and their equipment. Once entering the building there is a wide staircase that is separated by an abrupt left turn halfway up the staircase. Handrails are present for the entire staircase. Multiple telephone calls were made to private medical transport companies and the city's emergency medical transport service's (EMS), who service this area of the city. An Operation's Supervisor for a private nonemergency transport and a representative for the city's EMS both confirmed that the transport of a patient from the second floor of this office building could be accomplished with no difficulties encountered. Emergency transport would be accomplished through the use of a "Stair chair, collapsible stretcher or a backboard" should the need arise. The EMS person stated that they have transported patients in this type situation (no elevator) before and are prepared for all types of situations.

The personnel files and physician credentials were reviewed at this facility. All licensed employees had a current license(s) in good standing. The owner is not an employee at this clinic.

## Conclusion

#### VA Beach

## Complaint ID # 2012-AC002

A complaint was received at the Virginia Department of Health's Office of Licensure and Certification's Complaint Unit on January 4, 2012. The allegation is in regard to the safety of its patients. The clinic is located on the second floor of an office building that does not have an elevator and if an emergency would arise with one of its patient's, would the emergency responders be able to transport a patient safely from the second floor to an ambulance without the use of an elevator.

An onsite visit was made to the clinic on May 8 & 9, 2012. A tour of the facility was conducted and multiple documents were requested and reviewed. Interviews were conducted with the Administrator, an Alternate to the Administrator and a corporation representative.

## **Findings**

The abortion facility is located on the second floor of an office building. At the present time there are no other occupants or businesses located in the building. The front entrance to the building has approximately four steps to climb before entering the building, the steps are of acceptable depth and are wide enough to allow easy access for emergency personnel and their equipment. Once entering the building there is a wide staircase that is separated by an abrupt left turn halfway up the staircase. Handrails are present for the entire staircase. Multiple telephone calls were made to private medical transport companies and the city's emergency medical transport service's (EMS), who service this area of the city. An Operation's Supervisor for a private nonemergency transport and a representative for the city's EMS both confirmed that the transport of a patient from the second floor of this office building could be accomplished with no difficulties encountered. Emergency transport may be accomplished through the use of a "Stair chair, collapsible stretcher or a backboard" should the need arise. The EMS person stated that they have transported patients in this type situation (no elevator) before and are prepared for all types of situations.

Interviews were conducted on May 8, 2012 with the Administrator and the Alternate to the Administrator. Both employees stated that the emergency transport of a patient from their facility would not present a problem to the EMS. One patient years ago was transported out and no problems were encountered.

#### Conclusion

#### VA Beach

## Complaint ID # 2012-AC003

A complaint was received at the Virginia Department of Health's Office of Licensure and Certification's Complaint Unit on January 4, 2012. The allegation is in regard to the safety of its patients. The clinic is located on the second floor of an office building that does not have an elevator and if an emergency would arise with one of its patient's, would the emergency responders be able to transport a patient safely from the second floor to an ambulance without the use of an elevator.

An onsite visit was made to the clinic on May 8 & 9, 2012. A tour of the facility was conducted and multiple documents were requested and reviewed. Interviews were conducted with the Administrator, an Alternate to the Administrator and a corporation representative.

#### **Findings**

The abortion facility is located on the second floor of an office building. At the present time there are no other occupants or businesses located in the building. The front entrance to the building has approximately four steps to climb before entering the building, the steps are of acceptable depth and are wide enough to allow easy access for emergency personnel and their equipment. Once entering the building there is a wide staircase that is separated by an abrupt left turn halfway up the staircase. Handrails are present for the entire staircase. Multiple telephone calls were made to private medical transport companies and the city's emergency medical transport service's (EMS), who service this area of the city. An Operation's Supervisor for a private nonemergency transport and a representative for the city's EMS both confirmed that the transport of a patient from the second floor of this office building could be accomplished with no difficulties encountered. Emergency transport may be accomplished through the use of a "Stair chair, collapsible stretcher or a backboard" should the need arise. The EMS person stated that they have transported patients in this type situation (no elevator) before and are prepared for all types of situations.

Interviews were conducted on May 8, 2012 with the Administrator and the Alternate to the Administrator. Both employees stated that the emergency transport of a patient from their facility would not present a problem to the EMS. One patient years ago was transported out and no problems were encountered.

## Conclusion

#### **VA Beach**

## Complaint ID # 2012-AC004

A complaint was received at the Virginia Department of Health's Office of Licensure and Certification's Complaint Unit on January 5, 2012. The allegations referenced a physician with a possible criminal history, previous civil lawsuits against the above referenced facility and physician credentials. An onsite visit was made to the clinic on May 8 & 9, 2012. A tour of the facility was conducted and multiple documents were requested and reviewed. Interviews were conducted with the Administrator, an Alternate to the Administrator and a corporation representative.

## Findings

The personnel and credentialing files for all employees and physicians at this facility were reviewed in the facility on May 8, 2012. All files for licensed employees contained current active licenses in good standing. The physician's file also contained a current active license in good standing. The physician listed in the allegation as having a possible positive criminal record is not an active practicing physician of this facility.

The allegation referencing previous civil lawsuits brought against this facility occurred between 2001 and 2002. This facility was not required to be licensed (by the state) during that period of time and therefore was not under any regulatory requirements.

## Conclusion

Based on select document review and an interview, the complaint allegations are not substantiated.

### VA Beach

## Complaint ID # 2012-AC005

A complaint was received at the Virginia Department of Health's Office of Licensure and Certification's Complaint Unit on January 9, 2012. One of the allegations was in regard to the safety of its patients. The clinic is located on the second floor of an office building that does not have an elevator and if an emergency would arise with one of its patient's, would the emergency responders be able to transport the patient safely from the second floor to an ambulance without the use of an elevator. A second allegation questions the credentials of the doctors employed at this clinic.

An onsite visit was made to the clinic on May 8 & 9, 2012. A tour of the facility was conducted and multiple documents were requested and reviewed. Interviews were conducted with the Administrator, an Alternate to the Administrator and a corporation representative.

## **Findings**

The abortion facility is located on the second floor of an office building. At the present time there are no other occupants or businesses located in the building. The front entrance to the building has approximately four steps to climb before entering the building, the steps are of acceptable depth and are wide enough to allow easy access for emergency personnel and their equipment. Once entering the building there is a wide staircase that is separated by an abrupt left turn halfway up the staircase. Handrails are present for the entire staircase. Multiple telephone calls were made to private medical transport companies and the city's emergency medical transport service's (EMS), who service this area of the city. An Operation's Supervisor for a private nonemergency transport and a representative for the city's EMS both confirmed that the transport of a patient from the second floor of this office building could be accomplished with no difficulties encountered. Emergency transport may be accomplished through the use of a "Stair chair, collapsible stretcher or a backboard" should the need arise. The EMS person stated that they have transported patients in this type situation (no elevator) before and are prepared for all types of situations.

The personnel files and physician credentials were reviewed at the facility. All licensed employees have a current license(s) and in good standing.

#### Conclusion

### VA Beach

# Complaint ID # 2012-AC007

A complaint was received at the Virginia Department of Health's Office of Licensure and Certification's Complaint Unit on January 17, 2012. The allegation is in regard to the safety of its patients. The clinic is located on the second floor of an office building that does not have an elevator and if an emergency would arise with one of its patient's, would the emergency responders be able to transport the patient safely from the second floor to an ambulance without the use of an elevator.

An onsite visit was made to the clinic on May 8 & 9, 2012. A tour of the facility was conducted and multiple documents were requested and reviewed. Interviews were conducted with the Administrator, an Alternate to the Administrator and a corporation representative.

## **Findings**

The abortion facility is located on the second floor of an office building. At the present time there are no other occupants or businesses located in the building. The front entrance to the building has approximately four steps to climb before entering the building, the steps are of acceptable depth and are wide enough to allow easy access for emergency personnel and their equipment. Once entering the building there is a wide staircase that is separated by an abrupt left turn halfway up the staircase. Handrails are present for the entire staircase. Multiple telephone calls were made to private medical transport companies and the city's emergency medical transport service's (EMS), who service this area of the city. An Operation's Supervisor for a private nonemergency transport and a representative for the city's EMS both confirmed that the transport of a patient from the second floor of this office building could be accomplished with no difficulties encountered. Emergency transport may be accomplished through the use of a "Stair chair, collapsible stretcher or a backboard" should the need arise. The EMS person stated that they have transported patients in this type situation (no elevator) before and are prepared for all types of situations.

Interviews were conducted on May 8, 2012 with the Administrator and the Alternate to the Administrator. Both employees stated that the emergency transport of a patient from their facility would not present a problem to the EMS. One patient years ago was transported out and no problems were encountered.

## Conclusion

#### VA Beach

## Complaint ID # 2012-AC008

A complaint was received at the Virginia Department of Health's Office of Licensure and Certification's Complaint Unit on January 26, 2012. The complaint had multiple allegations; the first allegation is in regard to the safety of its patients. The clinic is located on the second floor of an office building that does not have an elevator and if an emergency would arise with one of its patient's, would the emergency responders be able to transport the patient safely from the second floor to an ambulance without the use of an elevator. Another allegation questions the owner's credentials and lastly, the complainant questions if abortions are done in the house behind the clinic.

An onsite visit was made to the clinic on May 8 & 9, 2012. Interviews were conducted with the Administrator, an Alternate to the Administrator and a corporation representative. A tour of the facility was conducted and multiple documents were requested and reviewed.

## **Findings**

The abortion facility is located on the second floor of an office building. At the present time there are no other occupants or businesses located in the building. The front entrance to the building has approximately four steps to climb before entering the building, the steps are of acceptable depth and are wide enough to allow easy access for emergency personnel and their equipment. Once entering the building there is a wide staircase that is separated by an abrupt left turn halfway up the staircase. Handrails are present for the entire staircase. Multiple telephone calls were made to private medical transport companies and the city's emergency medical transport service's (EMS), who service this area of the city. An Operation's Supervisor for a private nonemergency transport and a representative for the city's EMS both confirmed that the transport of a patient from the second floor of this office building could be accomplished with no difficulties encountered. Emergency transport may be accomplished through the use of a "Stair chair, collapsible stretcher or a backboard" should the need arise. The EMS person stated that they have transported patients in this type situation (no elevator) before and are prepared for all types of situations.

A small house is located next to the back parking lot of the building and has a house number above the door, "3272". There are two entrances to the house, both were locked and the blinds were closed on all downstairs windows except one. An inspector looked into the window that had no blind's on it; the room was bare with no furniture in it. From the outside, the house does not appear to be lived in or used by a business. During the entrance conference the Administrator was asked about the house in the rear parking lot. The Administrator stated that the house is vacant and was up for sale at one time, the owner is now trying to rent the house but it is zoned as commercial not residential. The Administrator was also asked if they use that house for anything and she replied no, but years ago when we had flood damage (approximately 2007), we used the house as storage until repairs could be made to our clinic.

The personnel files and physician credentials were reviewed at the facility. All licensed employees have a current license(s) and in good standing.

#### Conclusion

#### **VA Beach**

## Complaint ID # 2012-AC009

A complaint was received at the Virginia Department of Health's Office of Licensure and Certification's Complaint Unit on January 30, 2012. The complaint had multiple allegations. The first allegation was in regard to the safety of its patients. The clinic is located on the second floor of an office building that does not have an elevator and if an emergency would arise with one of its patient's, would the emergency responders be able to transport the patient safely from the second floor to an ambulance without the use of an elevator. Another allegation, questions the background of the owner and physicians employed at the clinic.

An onsite visit was made to the clinic on May 8 & 9, 2012. A tour of the facility was conducted and multiple documents were requested and reviewed. Interviews were conducted with the Administrator, an Alternate to the Administrator and a corporation representative.

## **Findings**

The abortion facility is located on the second floor of an office building. At the present time there are no other occupants or businesses located in the building. The front entrance to the building has approximately four steps to climb before entering the building, the steps are of acceptable depth and are wide enough to allow easy access for emergency personnel and their equipment. Once entering the building there is a wide staircase that is separated by an abrupt left turn halfway up the staircase. Handrails are present for the entire staircase. Multiple telephone calls were made to private medical transport companies and the city's emergency medical transport service's (EMS), who service this area of the city. An Operation's Supervisor for a private nonemergency transport and a representative for the city's EMS both confirmed that the transport of a patient from the second floor of this office building could be accomplished with no difficulties encountered. Emergency transport would be accomplished through the use of a "Stair chair, collapsible stretcher or a backboard" should the need arise. The EMS person stated that they have transported patients in this type situation (no elevator) before and are prepared for all types of situations.

The personnel files and physician credentials were reviewed at this facility. All licensed employees had a current license(s) in good standing. The owner is not an employee at this clinic.

#### Conclusion

#### VA Beach

## Complaint ID # 2012-AC010

A complaint was received at the Virginia Department of Health's Office of Licensure and Certification's Complaint Unit on February 9, 2012. The complainant had multiple allegations some of which included: the questionable safety of patients seen in the clinic, and the allegation that the facility is not in compliance with Abortion Facility State Regulations. The complainant also referenced allegations against the owner in other states. Those allegations will not addressed since they are in regard to activities outside of Virginia and therefore not regulated by the Virginia Abortion Facility Regulations.

An onsite visit was made to the clinic on May 8 & 9, 2012. Interviews were conducted with the Administrator, an Alternate to the Administrator and a corporation representative. A tour of the facility was conducted and multiple documents were requested and reviewed.

## **Findings**

The abortion facility is located on the second floor of an office building. At the present time there are no other occupants or businesses located in the building. The front entrance to the building has approximately four steps to climb before entering the building, the steps are of acceptable depth and are wide enough to allow easy access for emergency personnel and their equipment. Once entering the building there is a wide staircase that is separated by an abrupt right turn halfway up the staircase. Handrails are present for the entire staircase. Multiple telephone calls were made to private medical transport companies and the city's emergency medical transport service's (EMS), who service this area of the city. An Operation's Supervisor for private nonemergency transport and a representative for the city's EMS both confirmed that the transport of a patient from the second floor of this office building could be accomplished with no difficulties encountered. Emergency transport may be accomplished through the use of a "Stair chair, collapsible stretcher or a backboard" should the need arise. The EMS person stated that they have transported patients in this type situation (no elevator) before and are prepared for all types of situations.

The personnel files and all physician credentials were reviewed at the facility. All licensed employees have a current license(s) and in good standing.

An Initial Abortion Facility Inspection was conducted in conjunction with this complaint investigation. The facility was found out of compliance with the State Board of Health 12VAC5-412 Regulations for Abortion Facility's, effective December 29, 2011.

#### Conclusion

Based on observations, select document review and an interview, the complaint is substantiated. Deficiencies were identified and cited.

#### VA Beach

# Complaint ID # 2012-AC0012

A complaint was received at the Virginia Department of Health's Office of Licensure and Certification's Complaint Unit on March 8, 2012. The complaint allegations are: abortions may have been performed on women who were later than their first trimester of pregnancy, and secondly, are appropriate consent(s) obtained for minors.

An onsite visit was made to the facility on May 8 & 9, 2012. During the entrance conference the facility's staff was informed of the reason for this visit and a vague explanation of the complaint allegations was given. Interviews were conducted with the Administrator, an Alternate to the Administrator and a corporation representative. A tour of the facility was conducted and multiple documents were requested and reviewed.

## **Findings**

Twenty (20) clinical records were requested and reviewed during this onsite visit. Records reviewed included patients that were seen on February 29, 2012. The findings for those record reviews were as follows:

Medical and surgical abortions are performed at the facility;

Ultrasonography (Ultrasound) is used to determine the age of the fetus prior to an abortion;

No abortion was performed on mother whose pregnancy was beyond the first trimester;

No abortions were performed on minors without the appropriate consent(s)

The facility's Policy and Procedure manual was also reviewed during the onsite visit. The manual contained appropriate policies regarding the age of the fetus prior to an abortion and protocols to follow when a minor is seen in the facility.

#### Conclusion

Based on record review, select document review and interviews, it was determined that the above referenced complaints are not substantiated. No abortions were documented as being performed on women who were beyond their first trimester of pregnancy and minors had the appropriate consents in their records.

#### **VA Beach**

## Complaint ID # 2012-AC0013

A complaint was received at the Virginia Department of Health's Office of Licensure and Certification's Complaint Unit on March 9, 2012. The complaint allegations are: abortions may have been performed on women who were later than their first trimester of pregnancy, and secondly, are appropriate consent(s) obtained for minors.

An onsite visit was made to the facility on May 8 & 9, 2012. During the entrance conference the facility's staff was informed of the reason for this visit and a vague explanation of the complaint allegations was given. Interviews were conducted with the Administrator, an Alternate to the Administrator and a corporation representative. A tour of the facility was conducted and multiple documents were requested and reviewed.

## **Findings**

Twenty (20) clinical records were requested and reviewed during this onsite visit. Records reviewed included patients that were seen on February 29, 2012. The findings for those record reviews were as follows:

Medical and surgical abortions are performed at the facility;

Ultrasonography (Ultrasound) is used to determine the age of the fetus prior to an abortion;

No abortion was performed on a mother whose pregnancy was beyond the first trimester;

No abortions were performed on minors without the appropriate consent(s)

The facility's Policy and Procedure manual was also reviewed during the onsite visit. The manual contained appropriate policies regarding the age of the fetus prior to an abortion and protocols to follow when a minor is seen in the facility.

## Conclusion

Based on record review, select document review and interviews, it was determined that the above referenced complaints are not substantiated. No abortions were documented as being performed on women who were beyond their first trimester of pregnancy and minors had the appropriate consents in their records.

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