VIRGINIA HEALTH GROUP

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FACSIMILE TRANSMITTAL SHEET

TO: Kathleen Keegan

FROM: Melissa Shachnovitz

COMPANY:

DATE: 9-18-12

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER: 2 Ce

☐ URGENT ☐ FOR REVIEW ☐ PLEASE REPLY

RE:

PRINTED: 08/17/2012
FORM APPROVED

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FTAF-0012	A. BUILDING _____ B. WING _____	08/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA HEALTH GROUP	8316 ARLINGTON BLVD, #220 FAIRFAX, VA 22031

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
T 000	12 VAC 5- 412 Initial comments An announced Initial Licensure Abortion Facility inspection was conducted at the above referenced facility on August 6, 2012 through August 7, 2012 by two (2) Medical Facility Inspectors from the Virginia Department of Health's, Office of Licensure and Certification. The facility 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.	T 000		
T 035	12 VAC 5-412-150 Policy and procedure manual. Each abortion facility shall develop, implement and maintain an appropriate policy and procedures manual. The manual shall be reviewed annually and updated as necessary by the licensee. The manual shall include provisions covering at a minimum, the following topics: 1. Personnel; 2. Types of elective and emergency procedures that may be performed in the facility; 3. Types of anesthesia that may be used; 4. Admissions and discharges, including criteria for evaluating the patient before admission and before discharge; 5. Obtaining written informed consent of the patient prior to the initiation of any procedures; 6. When to use ultrasound to determine gestational age and when indicated to assess patient risk; 7. Infection prevention; 8. Risk and quality management; 9. Management and effective response to medical and/or surgical emergency; 10. Management and effective response to fire;	T 035		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Melissa Shachnovitz — CFO — 9-6-12

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T 035	Continued From Page 1 11. Ensuring compliance with all applicable federal, state and local laws; 12. Facility security; 13. Disaster preparedness; 14. Patient rights; 15. Functional safety and facility maintenance; and 16. Identification of the person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the licensee for holding such individual responsible and accountable. These policies and procedures shall be based on recognized standards and guidelines. This RULE: is not met as evidenced by: Based on document review and interviews the facility failed to have a correct policy related to patient's rights. The facility staff failed to post and	T 035		

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T 035	Continued From Page 2 provide patients with facility contact person, address and telephone numbers in order to express a complaint or concern. The findings include: During a tour of the facility on 8/6/12 with the Administrator and the Operations Business Manager a posting of patient's rights was observed in the waiting area. The posting did not list the facility contact person, address or telephone number should a patient want to express a complaint or concern. Information given to patients at the time of their admissions related to filling a complaint did not list the facility contact person, address or telephone number should a patient want to express a complaint or concern. The Administrator stated, "I will fix that."	T 035	These documents have been revised. See attachments #1 & 2.	9/5/12
T 055	12 VAC 5-412-160 C Administrator C. A qualified individual shall be appointed in writing to act in the absence of the administrator. This RULE: is not met as evidenced by: Based on document review and interviews the facility failed to have in writing the person appointed to act in the absence of the administrator. The findings include: On 8/6/12 the Administrator was asked to provide documentation of who was appointed to act in her absence. The Administrator stated, "We do not have that in writing."	T 055	The administrator was misquoted. See attachments #3 & 4.	9/7/12

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T 095	Continued From Page 3	T 095		
T 095	12 VAC 5-412-170 H Personnel H. Personnel policies and procedures shall include, but not be limited to: 1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification; 2. Process for verifying current professional licensing or certification and training of employees or independent contractors; 3. Process for annually evaluating employee performance and competency; 4. Process for verifying that contractors and their employees meet the personnel qualifications of the facility; and 5. Process for reporting licensed and certified health care practitioners for violations of their licensing or certification standards to the appropriate board within the Department of Health Professions. This RULE: is not met as evidenced by: Based on document review and interviews the facility staff failed to ensure they had policies and procedures regarding written job descriptions in their policy and procedure manual, had a process for verifying current licenses and or certifications of healthcare professionals and a process for reporting licensed and certified health care practitioners for violating their licensing and certification standards to the Department of Health Professions. The findings include: The facility policies and procedures were reviewed on 8/6/12. The policies and procedures did not contain a job description for each employee, process for verifying current licenses and or certifications of healthcare professionals and a process for reporting licensed and certified health	T 095	Job descriptions have been inserted into the Policy & Procedures manual. Process for license verification & reporting violations has been inserted in policy & Procedures manual. See attachment #5	9/15/12 9/7/12

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T 095	Continued From Page 4 care practitioners for violating their licensing and certification standards to the Department of Health Professions. The Operations Business Manager stated, "We will get that information approved and in the policy and procedure manual."	T 095		
T 105	12 VAC 5-412-180 A Clinical staff A. Physicians and non-physician health care practitioners shall constitute the clinical staff. Clinical privileges of physicians and non-physician health care practitioners shall be clearly defined. This RULE: is not met as evidenced by: Based on a review of facility documents it was determined the facility failed to clearly define clinical privileges for one (1) of one (1) physician in the survey sample. The findings were: A review of the personnel files revealed clinical privileges had not been defined for the physician that performs procedures at the clinic.	T 105	Governing body has granted clinical privileges to 1 of 1 staff physicians Governing body has documented clinical privileges. Same has been inserted in physicians file. See attachment #6 & 7.	9/6/12
T 155	12 VAC 5-412-210 E Patients' rights 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. The facility shall display a copy of this information in a conspicuous place.	T 155		

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T 155	Continued From Page 5 This RULE: is not met as evidenced by: Based on observations, staff interview and document review the facility staff failed to post and provide patients with facility contact person, address and telephone numbers in order to express a complaint or concern. The findings include: During a tour of the facility on 8/6/12 with the Administrator and the Operations Business Manager a posting of patient's rights was observed in the waiting area. The posting did not list the facility contact person, address or telephone number should a patient want to express a complaint or concern. Information given to patients at the time of their admissions related to filling a complaint did not list the facility contact person, address or telephone number should a patient want to express a complaint or concern. The Administrator stated, "I will fix that."	T 155	See attachments 1+2.	9/5/12
T 175	12 VAC 5-412-220 C Infection prevention C. Written policies and procedures for the management of the facility, equipment and supplies shall address the following: 1. Access to hand-washing equipment and adequate supplies (e.g., soap, alcohol-based hand rubs, disposable towels or hot air dryers); 2. Availability of utility sinks, cleaning supplies and other materials for cleaning, disposal, storage and transport of equipment and supplies; 3. Appropriate storage for cleaning agents (e.g., locked cabinets or rooms for chemicals used for cleaning) and product-specific instructions for	T 175		

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T 175	Continued From Page 6 use of cleaning agents (e.g., dilution, contact time, management of accidental exposures); 4. Procedures for handling, storing and transporting clean linens, clean/sterile supplies and equipment; 5. Procedures for handling/temporary storage/transport of soiled linens; 6. Procedures for handling, storing, processing and transporting regulated medical waste in accordance with applicable regulations; 7. Procedures for the processing of each type of reusable medical equipment between uses on different patients. The procedure shall address: (i) the level of cleaning/disinfection/sterilization to be used for each type of equipment, (ii) the process (e.g., cleaning, chemical disinfection, heat sterilization); and (iii) the method for verifying that the recommended level of disinfection/sterilization has been achieved. The procedure shall reference the manufacturer's recommendations and any applicable state or national infection control guidelines; 8. Procedures for appropriate disposal of non-reusable equipment; 9. Policies and procedures for maintenance/repair of equipment in accordance with manufacturer recommendations; 10. Procedures for cleaning of environmental surfaces with appropriate cleaning products; 11. An effective pest control program, managed in accordance with local health and environmental regulations; and 12. Other infection prevention procedures necessary to prevent/control transmission of an infectious agent in the facility as recommended or required by the department. This RULE: is not met as evidenced by: Based on observations, document review and interviews the facility failed to follow their policy	T 175		

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T 175	Continued From Page 7 and procedures for cleaning reusable medical equipment between patients, failed to store paper towels in a manner so as not to contaminate them from the sink and failed to ensure the exam table in the ultrasound room and a chair in the procedure room were free of tears. The finding include: 1. On 8/7/12 during an observation of patient vital signs being taken the wrist cuff was removed from the container, vitals signs taken on Patient #1 at 9:45 A.M. and the wrist cuff was returned to the holder. The wrist cuff was not cleaned per the facility's protocol with a low level disinfectant and allowed to dry prior to returning it to the protective holder. The Administrator stated, "That is right, that was not done." On 8/7/12 the attending physician was observed washing his hands in an examination room. The paper towels he used to dry his hands where stored behind the faucet and not in a container that would prevent them from becoming wet between use. The Operations Business Manger was made aware of this and stated, "We will get that fixed." 2. On 8/6/12 during the initial tour of the facility the ultrasound room was observed with the administrator. The exam table was observed to have a tear on the lower end of the table. Also during the initial tour of the facility the procedure area was observed and a chair had a tear in the back and upper corner. The tears in the exam table and chair leave	T 175	Staff has been retrained in proper disinfecting of wrist bp cuff. Cuff shall be cleaned w/ low level disinfectant allowing for 3 mins. contact time. Paper Towel dispenser to be installed above sink. Exam table top to be repaired or replaced. The facility and all equipment were inspected by the Administrator. No other areas were found to be in need of correction	8/13/12 9/15/12 9/15/12 9-15-12

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T 175	Continued From Page 8 exposed porous surfaces which prevent them being properly cleaned to prevent the spread of infections.	T 175	The Administrator will Monitor foam table tops Monthly to assure they are free from cracks or tears.	9-15-12
T 275	12 VAC 5-412-260 C Administration, storage and dispensing of dru C. Drugs maintained in the facility for daily administration shall not be expired and shall be properly stored in enclosures of sufficient size with restricted access to authorized personnel only. Drugs shall be maintained at appropriate temperatures in accordance with definitions in 18 VAC 110-20-10 This RULE: is not met as evidenced by: Based on observations, document review and interviews the facility failed to ensure medications that were opened and accessed were dated and then discarded when expired and that emergency medications were not expired and were available for use (broken vial). The findings include: On 8/6/12 during the initial tour of the facility with the Administrator and Operations Business Manager the following was noted: one (1) vial of Tuberculin Purified Derivative was opened and accessed and available for used was dated 5/12 as to when it was opened and accessed. The Centers for Disease Control Injection Safety updated February 9, 2011 recommended the following: Medication vials should always be discarded whenever sterility is compromised or questionable. In addition, the United States Pharmacopeia (USP) General Chapter 797 [16 </injectionsafety/providers/references.html>] recommends the following for multi-dose vials of sterile pharmaceuticals: If a multi-dose has been opened or accessed	T 275	1 vial of PPD dated 5/12/12 has been discarded 4 capsules that were expired of diphenhydramine have been discarded 1 broken ampule of atropine sulfate has been discarded 8/6/12	9/15/12

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T 275	Continued From Page 9 (e.g., needle-punctured) the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. In the emergency medication/treatment box were 4 capsules of diphendydramine 25 mg (milligrams) with an expiration date of 12/1/11. The box also contained a box of atropine sulfate 1 mg that when opened revealed a broken vial/syringe (pre-filled).	T 275	All medications have been examined. No other exp'ed medications or broken ampules found.	
T 340	12 VAC 5-412-310 Medical records An accurate and complete clinical record or chart shall be maintained on each patient. The record or chart shall contain sufficient information to 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 history and physical examination; 3. Signed consent; 4. Confirmation of pregnancy; and 5. Procedure report to include: a. Physician orders; b. Laboratory tests, pathologist's report of tissue, and radiologist's report of x-rays; c. Anesthesia record; d. Operative record; e. Surgical medication and medical treatments; f. Recovery room notes; g. Physician and nurses' progress notes, h. Condition at time of discharge, i. Patient instructions, preoperative and postoperative; and j. Names of referral physicians or agencies.	T 340	The Administrator will Continuously monitor all medications on a bi-weekly basis, Any exp'ed medications or broken ampules will be properly disposed of.	9-15-12

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T 340	Continued From Page 10 This RULE: is not met as evidenced by: Based on document review and interviews the facility staff failed to have a medical record that included orders from the physician and documentation at the time of discharge for 1 of 1 patients, Patient #1. The findings include: On 8/7/12 the medical record of Patient #1 was reviewed. The record did not contain a physicians's order for lab work that was performed at the facility. The medical record also did not contain a progress note from the nurse describing the patients condition at discharge. The Operations Business Manager stated, "We will fix our forms so that is included."	T 340	Physicans orders for lab work performed have been inserted in medical record. See attachment #8. Recovery room record includes patients condition at discharge. See attachment #9.	9/10/12
T 355	12 VAC 5-412-330 B Reports B. Abortion facilities shall report all patient, staff or visitor deaths to the OLC within 24 hours of occurrence. This RULE: is not met as evidenced by: Based on document review and interviews the facility failed to have a policy or procedure for reporting all patients, staff or visitors deaths to the Office of Licensure and Certification within 24 hours. The findings include: On 8/6/12 during a review of the facility's policies and procedures the Administrator was asked to provide their policy on reporting all patients, staff or visitors deaths to the Office of Licensure and Certification within 24 hours. She stated, "We don't have a policy to do that."	T 355	The Administrat will randomly review charts monthly to assure proper forms are in use. The administrator was mistaken. There was an existing policy & procedure for reporting patient, staff or visitor deaths. See attachment # 10.	9-15-12 5/7/12

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T 400	12 VAC 5-412-380 Local and state codes and standards Abortion facilities shall comply with state and local codes, zoning and building ordinances, and the Uniform Statewide Building Code. In addition, abortion facilities shall comply with Part 1 and sections 3.1-1 through 3.1-8 and section 3.7 of Part 3 of the 2010 Guidelines for Design and Construction of Health Care Facilities of the Facilities Guidelines Institute, which shall take precedence over Uniform Statewide Building Code pursuant to Virginia Code 32.1-127.001. Entities operating as of the effective date of these regulations as identified by the department through submission of Reports of Induced Termination of Pregnancy pursuant to 12 VAC 5-550-120 or other means and that are now subject to licensure may be licensed in their current buildings if such entities submit a plan with the application for licensure that will bring them into full compliance with this provision within two years from the date of licensure. Refer to Abortion Regulation Facility Requirements Survey workbook for detailed facility requirements. This RULE: is not met as evidenced by: Based on observations and interview it was determined the facility failed to comply with state and local codes, zoning and building ordinances, and the Uniform Statewide Building Code. The findings were: A facility tour conducted on 8/6/12 at approximately 11a.m. with the administrator and business operations manager. During the tour it was noted that the facility had no evidence that the sterile supply room meets ventilation, humidity and temperature control provisions, doorways where not 5 foot wide, hallway was less than 5 feet in	T 400	We dispute that we are not in compliance w/12 VAC 5-412-380 for 2 reasons. 1st, we previously submitted a plan w/ our application for licensure that was accepted. 2nd, under the Virginia Board of Health's recent ruling we are not required to comply w/ these requirements because we are grand-fathered in. 9/6/12 as an ongoing demonstration of our good faith, however, we have submitted an updated plan taking into consideration the Virginia Board of Health's recent ruling. See attachments #11+12.	

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T 400	Continued From Page 12 areas where patients would have access, the laboratory did not have a reclining chair, and the environmental services supplies were stored under the kitchen sink. The facility had a closet for environmental services however; the closet also held medical equipment and failed to contain a service sink or floor basin. The ventilation system setup was such that air output only occurred on the left side of the building and is likely it would not pass current codes. An interview with the administrator and business operations manager was conducted on 8/6/12 at approximately 1 p.m. The business manager stated the facility did not have an attestation from a licensed architecture "we already figured if the regulations passed we would have to move".	T 400	Environmental supplies stored under the sink have been moved to environmental supply closet for storage. Out of service medical equipment has been removed from this closet.	8/31/12

Attachment #1

Virginia Health Group, P.C.

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 http://www.vdh.state.va.us/OLC/Downloadables/index.htm and http://www.vdh.state.va.us/OLC/documents/2008/pdfs/2005%20advanced%20directive%20form.pdf
- 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 will be investigated, a resolution proposed, and complainant notified within 30 days from the date of receipt of the complaint. Patients have the right to voice their complaints, concerns, or questions to Virginia Department of Health, Office of Licensure and Certification, 9960 Mayland Drive, Suite 401, Richmond, VA 23233-1463 or call (800)955-1819. You also have the right to contact the Administrator and/ or Director of Quality Assurance and Improvement at the address and telephone number listed below.

Concerns, Questions or Complaints may be directed to:

Administrator
8316 Arlington Blvd.; #220
Fairfax, VA 22031
(703)205-9310

and/ or

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

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:** _____

**Patient, Please take the attached copy for your records, Thank you.

Attachment #4

Patient Rights and Responsibilities

We realize patients have rights while at our facility and receiving medical care. Likewise patients have responsibilities to themselves as well as the facility.

Patient Rights:

Patients have the right to compassionate, caring, kind, considerate and respectful care regardless of age, race, religion, disabilities or source of payment.

Patients have the right to personal privacy and confidentiality of personal and medical information.

Patients have the right to understandable explanation of treatment and informed consent

Patients have the right to make their wishes known regarding an Advanced Directive (Living Will or Power of Attorney). If they have a written Advanced Directive, a copy should be given to us, their family, and their doctor. These documents express their wishes for future care and name someone to speak for them should they be unable to speak for themselves.

Patients have the right to refuse treatment or seek other medical care.

Patients have to right to know the charges for your visit to the office and medical care.

Patients have the right to voice their concerns, questions, or complaints.

If a patient has a concern or complaint with us, the complaint will be recorded and logged. The Director of Quality Assurance will maintain of log of complaints, investigative findings, and resolutions. Complaints are investigated, resolution proposed and complainant notified within 30 days from the date of receipt of the complaint. Patients have the right to voice their complaints, concerns, or questions to Virginia Department of Health, Office of Licensure & Certification, 9960 Mayland Ave Suite 401Richmonda, VA 23233-1463 or call (800) 955-1819. You also have the right to contact the Administrator and/ or Director of Quality Assurance and Improvement at the address and telephone number listed below.

Complaints or concerns may be directed to:

Administrator
8316 Arlington Blvd, Suite 220
Fairfax, VA 22031
(703) 205-9311

and/ or

Director of Quality Assurance
1 Alpha Ave, Suite 20
Voorhees, NJ 08043
(800) 742-0230

Patient Responsibilities

Patients are responsible to provide us with your complete, accurate, present, and past medical information.

Patients are responsible for making an informed decisions and asking for clarification when necessary. As well as, responsible to understand their role in their care and report unexpected changes in their condition.

Patients are responsible for following the treatment plan recommended and keeping their appointments.

Patients are responsible for their actions if they refuse treatment or do not follow the treatment plan.

Patients are responsible for respecting others privacy and abiding by facility rules and regulations, and are responsible to pay their financial obligations.

Attachment #3

POLICY AND PROCEDURES MANUAL
Virginia facilities

Have dim corners of the parking lot or building lit with spotlights.

Facility Maintenance

The Office Manager (Administrator) is responsible to ensure proper facility and equipment maintenance. The Office Manager is responsible for ensuring that all patient monitoring equipment is properly maintained, inspected, and calibrated at appropriate intervals (at minimum annually). Maintenance logs are kept for all patient monitoring equipment.

16. Identification of the Person to Whom Responsibility for Operation and Maintenance of the Facility is Delegated and Methods Established for Holding Such Individual Responsible and Accountable

The Administrator (Office Manager) is the person to whom responsibility for operation and maintenance of the facility are delegated. The methods which have been established to hold such individual responsible and accountable for operating and maintaining the facility include the following:

1. Frequent telephone contact between the Administrative team and the Administrator and facility staff.
2. Compliance Audits and on-site inspections of the facility.
3. Daily feedback from patients to the Call Center.
4. Daily feedback from patients to the Community Outreach Specialist and the Director of Quality Assurance in Administration.
5. Receipt and investigation of patient complaints when received on the toll-free hotline in Administration.
6. Quality Assurance reviews of patient files and medical records.
7. District Manager and/or Operations visits to the facility.
8. In-person District Manager meetings.
9. In-person Manager's Meetings.
10. Human Resources review of HR files.
11. Financial audits of the facility.

II. Administrator.

A. The governing body shall select an Administrator whose qualifications, authority and duties shall be defined in a written statement adopted by the governing body. Those qualifications include at least 1 years' experience working in a medical office, appropriate recommendations, and a background in nursing, management, women's studies or women's health, and/or medicine. The Administrator in Virginia Beach is [redacted], L.P.N. The Administrator in Fairfax is Dr. [redacted].

Attachment #4

POLICY AND PROCEDURES MANUAL
Virginia facilities

B. Any change in the position of the administrator shall be reported immediately by the governing body to the department of health in writing.

C. A qualified individual shall be appointed in writing to act in the absence of the administrator. The Governing Body designates the Assistant Administrator as the individual to act in the absence of the Administrator.

III. Personnel.

A. The facility shall have a staff that is adequately trained and capable of providing appropriate service and supervision to patients. The policies and procedures necessary to ensure and document appropriate staffing by licensed clinicians include: online verification of licensure of all licensed clinicians, verification of reference checks, verification of background and training and direct first-had observation of patient care performance by the licensed clinician, and documentation in the file of all licensed personnel.

B. Written applications for employment shall be obtained from all staff. The Administrator and/or Human Resources shall obtain and verify information on the application as to education, training, experience, appropriate professional licensure, if applicable, and the health and personal background of each staff member.

C. A criminal history record check pursuant to § 32.1-126.02 of the Code of Virginia shall be obtained on any compensated employee or clinician whose job duties provide access to controlled substances within the facility.

D. When abortions are being performed, at least one staff member currently certified to perform cardio-pulmonary resuscitation shall be available on site for emergency care.

E. It shall be the policy and procedure of the facility to document that its' staff participate in initial and ongoing training and education that is directly related to staff duties, and appropriate to the level, intensity and scope of services provided. This shall include documentation of annual participation in fire safety and infection prevention in-service training.

F. Job Descriptions.

1. Written job descriptions that adequately describe the duties of every position shall be maintained in the policy and procedure manual and in each employees personnel file .

2. Each job description shall include: position title, authority, specific responsibilities and minimum qualifications.

3. Job descriptions shall be reviewed at least annually, kept current and given to each employee and volunteer when assigned to the position and when revised.

Attachment #10

POLICY AND PROCEDURES MANUAL
Virginia facilities

4. An appropriately trained and licensed nurse (L.P.N. or R.N.) shall remain in the recovery room until all patients have been discharged and left the facility. If any patients become medically unstable or begin to bleed excessively, the recovery room nurse should immediately notify the physician. Patients should not be discharged from the facility until they are medically stable, their vital signs are within normal limits, their bleeding is within normal limits, the patient herself feels ready to leave, the patient has received written discharge instructions with a toll-free phone number to call for questions or concerns, the patient has received any prescriptions for antibiotics or other medications, the patient has received a return follow-up appointment, and the patient has recovered for at least 60 minutes (unless the patient signs out Against Medical Advice).

D. Licensed practical nurses, working under direct supervision and direction of a physician or a registered nurse, may be employed as components of the clinical staff.

E. Initial professional licensing or certification of healthcare practitioners will be verified via online resources and/or contacting the licensing/certification originators. A copy of the current license and/or certification will be provided to the Human Resources department, who will conduct ongoing verification of licensing on a quarterly basis.

In the event that any disciplinary remarks appear on licensing, Human Resources will immediately contact the Governing Body. If any practitioner is found to be in violation of their license the appropriate Board will be contacted.

V. Consent of the Patient

A physician shall not perform an abortion without first obtaining the informed written consent of the patient pursuant to the provisions of § 18.2-76 of the Code of Virginia.

VI. Minors

No abortion procedures may be performed in the Virginia facilities upon an unemancipated minor unless informed written consent is obtained from the minor and the minor's parent, guardian or other authorized person. If the unemancipated minor elects not to seek the informed written consent of an authorized person, a copy of the court order authorizing the abortion entered pursuant to § 16.1-241 of the Code of Virginia shall be obtained prior to the performance of the abortion.

VII. Patient Rights

A. The facility shall have a protocol relating to the rights and responsibilities of patients consistent with the current edition of the Joint Commission Standards of Ambulatory Care. Patients shall be given a copy of their rights and responsibilities upon admission. This protocol and these patient

Attachment #6

Virginia Health Group
8316 Arlington Blvd #220
Fairfax, Virginia 22031
703-205-9310

Memorandum

To: Craig Cropp, M.D.

From: The Governing Body of Virginia Health Group

Date: September 5, 2012

Re: Clinical Privileges

Dear Dr[redacted],

I am pleased to inform you that the CEO of Virginia Health Group ("VHG") has granted you the clinical privileges detailed below and that this decision has met with the approval of the Governing Body. This decision was made after careful review and verification of your credentials and after direct observation of you while engaged in patient care. You are hereby granted clinical privileges for the following:

1. Office gynecological care including annual exams, breast exams, Papanicolaou smears and the diagnosis and treatment of all gynecological problems, including but not limited to: ovarian cysts, fibroids, abnormal uterine bleeding, endometriosis, vaginal discharge, yeast infections, and evaluation and referral for treatment of abnormal Pap smears;

2. Office family planning services, including but not limited to, prescription of contraceptives, fitting for diaphragms, IUD insertion, Depo-Provera injections, Explanon insertion, and counseling patients regarding these different methods. This also includes non-surgical tubal sterilization.

3. Diagnosis and treatment of all standard sexually transmitted infections, including Chlamydia, Gonorrhea, Syphilis, Herpes, trichomoniasis, chancroid, H.P.V., pediculosis pubis, P.I.D. and testing for H.I.V. infection.

4. Pregnancy termination services including the performance of surgical abortions up to 14 weeks, non-surgical abortions up to nine weeks utilizing either methotrexate or mifepristone in

Attachment #7

combination with misoprostol, insertion of laminaria for cervical dilation in preparation for surgical abortions performed either by yourself or other physicians affiliated with VHG, accepting telephone calls from any of VHG patients with problems, concerns or complications following an abortion, offering out-patient treatment to any of VHG's patients who are suffering complications of abortion.

5. Office treatment for patients with infertility problems which are sufficiently straightforward as to be diagnosable and treatable in an office setting.

In addition to those services specifically mentioned above, you may also personally provide any and/or all other medical services which are customarily performed by physicians practicing in an outpatient Ob/Gyn setting. We ask that you provide all such services to patients in a prompt, courteous and competent manner, and you show all due and proper respect to VHG's staff and patients. In addition, we also expect that you will provide all such professional services in accordance with generally accepted professional standards and as well as the standards of VHG.

If you have any questions or concerns about these privileges, please do not hesitate to contact me.

Thank you very much for your ongoing service for the patients of Virginia Health Group.

Sincerely yours,

[redacted]itz
Acting Director of Quality Improvement
On behalf of the Governing Body of
Virginia Health Group

Attachment #8

Virginia Health Group, P.C.
8316 Arlington Blvd. #220
Fairfax, VA 22031

ABORTION PROCEDURE RECORD

Name: _____ Date: _____

Birth Date: _____ Age: _____ LMP: _____ Chart Number: _____

Physician Standing Order for the following pre-operative laboratory testing:

VITAL SIGNS: BP: _____/_____ Pulse: _____ Temp: _____ Wt: _____ Ht: _____

Rh (+ or -): _____ Hct: _____ Glu/Pro: _____/_____ HSPT (+ or -): _____

LSPT (+ or -): _____ Signature of Lab Tech.: _____

Date: _____ TOP or D&E at _____ weeks LOCAL/TWILIGHT

PRE-OPERATIVE VITAL SIGNS:

B/P: _____/_____ Pulse: _____ O2 Saturation: _____ Time: _____ am/pm Staff's Initials: _____

_____ I have discussed with the patient the abortion she has requested, and I believe she is sufficiently
MD Initial *mature and intelligent to understand the nature and consequences of her condition and the procedure.*

PRE-EVACUATION EXAM:

Vagina [ ] WNL [ ] Other: _____
Cervix [ ] WNL [ ] Other: _____
Adnexa [ ] WNL [ ] Other: _____
Uterus [ ] WNL [ ] Other: _____
[ ] ANT [ ] MID [ ] POST SIZE: _____ weeks [ ] Other: _____

PRE-OP MEDS: [ ] Midazolam _____ mg IV [ ] Ketamine _____ mL IV / PO
[ ] Fentanyl _____ mcg IV [ ] Other: _____ IV / PO

Intra-operative vitals signs:

B/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 condition and vital signs [ ] did [ ] did not remain within normal limits at all times during the procedure.

Procedure Time started: _____ *am/pm* *Time ended:* _____ *am/pm*

Paracervical block administered with 20cc 1% Lidocaine, 4 units Vasopressin, 4 units Oxytocin

Cervix Dilated to _____ mm.

Cannula type: _____ mm _____ flexible _____ rigid

Sharp Curettage: [ ] YES [ ] NO

Estimated Blood Loss: _____ *cc* *Procedure Tolerated:* _____

Physician's Comments:

Attachment #9

Virginia Health Group, P.C

Recovery Room Record

Patient Name: _____ Chart#: _____

Date: _____ Type Of Procedure: _____ # of Weeks: _____

				Bleeding			Cramping			Comments
Time	BP	P	Initials	Min	Mod	Hvy	Min	Mod	Hvy	
	/									
	/									
	/									
	/									
	/									
	/									

[ ] Ibuprofen/ Tylenol administered for abdominal cramping
(Ibuprofen/Tylenol administrado para el dolor abdominal)

[ ] Nourishment given post-abortion (Alimento dado despues del aborto)

[ ] Urged patient to stay for one hour (Instó al paciente a permanecer por una hora)

[ ] Instructed patient to follow-up with a 2 week visit
(Paciente fue instruido a regresar en a semanas para seguimiento)

[ ] Verbal and written post-operative instructions, emergency contact and 24 hour hotline number given to patient with her understanding
(Instrucciones verbales y escrita posoperativas, contacto de emergencia número de línea directa dado al paciente con su comprensión)

[ ] Antibiotic given and explained to pt. with pt.'s understanding
(Antibiótico dado y explicado al pt. con la comprensión de pt.)

I have received the above information and medications: _____
(He recibido dc información y medicinas) Patient Signature
(La firma del paciente)

Patient stable for discharge: _____
Physician Signature and Date

_____ _____ _____
Recovery Room Nurse Signature Date Time

Attachment #10

XVIII. Records Storage

Provisions shall be made for the safe storage of medical records or accurate and eligible reproductions thereof according to applicable federal and state law, including the Health Insurance Portability and Accountability Act (42 USC § 1320d et seq.). In the event of closure, the facility shall notify OLC concerning the location where patient medical records are stored.

XIX. Reports

A. The facility shall comply with the fetal death and induced termination of pregnancy reporting provisions in the Board of Health Regulations Governing Vital Records (12VAC-5-550-120).

B. The facility shall report all patient, staff or visitor deaths to the OLC within 24 hours of occurrence.

XX. Policies and procedures

The facility shall implement and maintain the policies and procedures contained within the Emergency Disaster Preparedness Plan and Policy of the facility to ensure safety within the facility and on its grounds and to minimize hazards to all occupants.

XXI. Disaster Preparedness

A. The facility shall develop, implement and maintain policies and procedures to ensure reasonable precautions are taken to protect all occupants from hazards of fire and other disasters. The policies and procedures shall include provisions for evacuation of all occupants in the event of a fire or other disaster. These policies and procedures are contained within the Emergency Disaster Preparedness Plan and Policy of the facility.

B. The facility does not participate in a community disaster plan.

XXII. Maintenance

A. The facility's structure, its component parts, and all equipment such as heating, cooling, ventilation and emergency lighting, shall be kept in good repair and operating condition. Areas used by patients shall be maintained in good repair and kept free of hazards. All wooden surfaces shall be sealed with non-lead-based paint, lacquer, varnish, or shellac that will allow sanitization.

Attachment #11

Virginia Health Group
8316 Arlington Blvd #220
Fairfax, Virginia 22031
703-205-9310

September 6, 2012

Erik O. Bodin,
Acting Director
Office of Licensure and Certification
Virginia Department of Health

Re: Updated Plan for how VHG will come into compliance with 12 VAC 5-412-380

Dear Dr. Bodin:

As part of the requirements for licensure, Virginia Health Group ("VHG") is required to comply with 12 VAC 5-412-380 ("380") regarding local and state codes and standards. VHG does not dispute that our current facility may possibly not comply with all of the standards promulgated by the 2010 Guidelines for Design and Construction of Health Care Facilities ("Guidelines") as required by 380. However, 380 permits entities operating as of the effective date of these regulations (which applies to VHG) to be licensed in our current building if we submit a "Plan" with our application for licensure that will bring us into compliance within two years of the date of licensure. We had previously submitted such a Plan to you with our initial licensure application and that Plan was accepted, to the best of our knowledge (please find enclosed). However, during the initial licensure survey it was noted that certain aspects of our facility may not currently meet the standards of the Guidelines. Again, we do not dispute this finding. Since the time of our licensure application, however, it is the understanding of VHG that the Virginia Board of Health has voted to "grandfather in" existing facilities and to exempt us from the construction requirements contained in 380. In addition, since submission of our application VHG has undergone inspection and has been provided with a Statement of Deficiencies, including deficiencies related to adherence to 380. As part of our Plan of Correction, VHG proposed to submit an updated Plan for compliance with 380 taking into consideration the recent ruling of the Virginia Board of Health. VHG hereby respectfully requests that you kindly accept this letter as our updated Plan describing how we hope to comply with 380. Our Plan is to follow the following steps:

STEP ONE: Obtain licensure as an abortion facility.

STEP TWO: Await a final determination from the Governor of the Commonwealth of Virginia and the Virginia Board of Health (the "Board") regarding the ruling issued by the Board exempting VHG and other existing facilities from compliance with most of the requirements of 380. If the Board's ruling stands, then VHG will already be in full compliance and no further action will be necessary by VHG.

STEP THREE: If, sometime in the future, the Board reverses its current ruling exempting VHG from 380, then, at that future time, VHG will review which aspects of 380 (under the Board's new ruling) apply to VHG and which do not (if any). If VHG is already in compliance with whichever aspects of 380 apply to it, then VHG will already be in compliance and no further

Attachment #12

action will be necessary. If, however, at some future date the Board reverses itself, and if the Governor upholds that reversal, and if after that reversal some aspect of 380 apply to VHG which VHG is not currently in compliance with, then at that time, VHG will proceed with the next steps in this Plan.

STEP FOUR: 12VAC5-412-90 permits the State Health Commissioner to issue variances to standards when the requirement poses an impractical hardship upon the facility and when the variance would not endanger the safety or well-being of patients, employees or the public. Consistent with these requirements, if necessary, VHG Plans to formally request a variance from 380 within the first 120 days of the Governor's approval of the Board's reversal of its' ruling exempting VHG from 380.

STEP FIVE: VHG will then await the response of the State Health Commissioner to its request for a variance to 380.

STEP SIX: If the request for a variance is fully granted, then we will be in full compliance and no further action will be necessary. If the request is fully denied, and if we cannot make the necessary renovations, then we will be forced to relocate to new premises and we will begin immediately looking for a new location that can be brought into compliance. If the request is partially granted and partially denied, then we will hire an architect and evaluate the feasibility of remaining in our current premises and making renovations, or if that is not possible, leaving and moving to a new location.

VHG hereby respectfully submits this letter describing our updated Plan of how we hope to bring our facility into compliance with 380. I hope that this Plan satisfactorily addresses this issue. If you have any questions about this Plan, please do not hesitate to contact me.

Sincerely yours,

Melissa Shachnovitz
Operations Business Manager