State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FATF-009	A. BUILDING _____ B. WING _____	03/26/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND MEDICAL CENTER FOR WOMEN	118 NORTH BOULEVARD RICHMOND, VA 23220

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T 000	12 VAC 5- 412 Initial comments Two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted an unannounced Licensure Revisit survey to the Initial survey performed May 15, 2012 through May 16, 2012. The Revisit survey was conducted March 26, 2013. The following are citations from the Initial survey, which were not corrected and therefore repeat citations: 12 VAC 5-412-220 (C) [Infection prevention] 12 VAC 5-412-260 (C) [Administration, storage and dispensing of drugs] 12 VAC 5-412-380 [Local and State Codes and standards]. The following citation is a new finding 12 VAC 5-412-170 (H) [Personnel]. The agency was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Clinics. (Effective 12/29/2011)	T 000		
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	T 095		

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

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T 095	Continued From Page 1 Health Professions. This RULE: is not met as evidenced by: Based on employee record review and staff interview, the center staff failed to ensure job descriptions for employees were reviewed at least annually for one (#4) of thirteen (#1-#13) employee records reviewed as required in Section 12 VAC 5-412-170. H.3. The findings included: 1. On March 26, 2013, at 11:00 a.m., employee records were reviewed, in the facility's office. Of the thirteen records reviewed, one employee (#4) failed to have evidence that an annual job performance was conducted. Employee #4 was hired on July 12, 2013. Review of the Policy and Procedure manual stated that job evaluations would be performed annually. 2. On March 26, 2013, at 12:05 p.m., Staff #1 acknowledged during interview, that the annual evaluations were not completed for Staff #4.	T 095		
T 175	12 VAC 5-412-220 C Infection prevention C. Written policies and procedures for the management of the facility, equipment and supplies shall address the following: 1. Access to hand-washing equipment and adequate supplies (e.g., soap, alcohol-based hand rubs, disposable towels or hot air dryers); 2. Availability of utility sinks, cleaning supplies and other materials for cleaning, disposal, storage and transport of equipment and supplies; 3. Appropriate storage for cleaning agents (e.g., locked cabinets or rooms for chemicals used for cleaning) and product-specific instructions for use of cleaning agents (e.g., dilution, contact time, management of accidental exposures); 4. Procedures for handling, storing and	T 175		

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T 175	Continued From Page 2 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 and interview it was determined the facility failed to ensure the implementation of infection prevention practices as required in Section 12 VAC 5 412-220 C., as evidenced by:	T 175		

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T 175	Continued From Page 3	T 175		

1. Dried blood was observed on the outside metal cover of the exam light in the procedure room..
2. Gel pads used in the leg rests for the procedure table had multiple tears . The non-intact areas prevented proper disinfection of the gel pads.
3. One of the metal leg and foot support's to the procedure table had a dried yellowish brown stain on the footrest portion.
4. Snacks provided for patients were multiple unwrapped items in a large Tupperware like container which increased cross-contamination of the food products.

The findings were:

A tour of the facility was conducted on March 26, 2013 with the Administrator beginning at 10:10 A.M.

While in the procedure room this inspector noted a yellowish brown dried substance on the footrest portion of a leg and footrest support for the procedure table. This inspector pointed to the dried substance on the footrest and asked the Administrator what she thought it was. The Administrator responded, "Oh, that's Betadine," and then got a disinfectant wipe and gloves to clean it off. Betadine is a brown liquid that is used to clean surgical areas before a procedure is started. The facility uses large gel pads to cover and cushion the leg supports for the table. Both gel pads had multiple small tears in them preventing the proper disinfection of their surface. When examining the gel pads more closely the Administrator commented, "We can order more." The exam light next to the procedure table also had a dried reddish brown stain on the metal lamp shade and again this inspector pointed to it and asked, what do you think this is? The

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T 175	Continued From Page 4 Administrator looked at the light and responded, "That's blood," and proceeded to clean it off. A tour of the Recovery room followed the procedure room tour. Sitting on top of the nourishment refrigerator was a large Tupperware type container that appeared to have unwrapped cookies and crackers inside. The Administrator stated, "That is food for the patient's, we used to put them in individual baggies but I guess we got away from that and we shouldn't have."	T 175		
T 275	12 VAC 5-412-260 C Administration, storage and dispensing of dru C. Drugs maintained in the facility for daily administration shall not be expired and shall be properly stored in enclosures of sufficient size with restricted access to authorized personnel only. Drugs shall be maintained at appropriate temperatures in accordance with definitions in 18 VAC 110-20-10 This RULE: is not met as evidenced by: Based on observations and staff interviews it was determined that the facility's staff failed to discard expired medications and medications that had not been dated when opened as required in Section 12 VAC 5-412- 220 C.. The findings included: An observation and interview was conducted on March 26, 2013 from 10:10 a.m. to 11:30 a.m. with Staff #1 during the initial tour of the procedure room and Recovery Room. The observation by both Staff #1 and this inspector revealed the following medications were expired and available for administration: 50% Dextrose 25 grams expired 7/1/12,	T 275		

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T 275	Continued From Page 5 1 vial Vasopressin 30 Units/ml (milliliter) expired June 2012, 1 vial Lidocaine 2% 20 mg/ml 100 mg (milligrams) expired January 2013, 10% Calcium Chloride 100 mg/ml expired June 2012, 1 glass Abboject of Epinephrine 1:10,000 expired February 1, 2013, 2 ampoules of Atropine 1 mg expired December 2012, 2 ampoules of Isuprel 1:5000 expired January 1, 2013, 2 ampoules of Epinephrine 1:1000 expired October 1, 2012, 4 vials of Adenosine 3 mg/ml expired January 2012, 3 ampoules of Methergine 20 mg expired January 2013 The following medications were not dated when opened: One tube of KY jelly.	T 275		
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 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	T 400		

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T 400	Continued From Page 6 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 interview and facility tour it was determined the facility failed to have an architect's attestation and failed to meet FGI (AIA) Guidelines for Chapters 3.1 and 3.7 as required in Section 12 VAC 5-412-380. The findings include: 1. On March 26, 2013 a facility tour was conducted with the Administrator between 10:10 a.m. and 11:30 a.m. The facility failed to have an attestation from a licensed Architecture stating that the facility met the required FGI (AIA) guidelines. There was no over head shelter for Buildings #1 and #2 to protect patients from inclement weather. The refrigerator that housed nourishments for the clients and a small compact refrigerator both in the Recovery Room; failed to have documentation of a temperature logs for the refrigerator. No temperature control or separate ventilation was noted in the Clean Storage Room. The facility's Public Corridors failed to meet the minimum 5 feet width. The Administrator was unable to provide documentation that the insulation provided conservation of energy, protected personnel,	T 400		

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T 400	Continued From Page 7 prevented vapor condensation and reduced noise. Insulation must have a flame-spread rating of 25 or less and a smoke-developed rating of 50 or less in accordance with NFPA 255. The facility was unable to provide any information for HVAC ductwork and no manual for the fire system was available as required. 2. On March 26, 2013 at 12:10 p.m., an interview was conducted with the Administrator in the agency's office. The Administrator acknowledged that the facility was unable to provide evidence that the facility met the state and local codes and building ordinances.	T 400		