TATEMENT OF NO PLAN OF (F DEFICIENCIES CONNECTION		(X1) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER: AF-0007		LE CONSTRUCTION	COMPLETED 03/10/2018		
		AF-000						
NAME OF PR	OVIDER OR SUPPLIER			OCRESA, CITY, STATE, ZP CODE FORESTWOOD LANE BAS, VA 20110				
AMETHYS:	r Health Center Fo	R WOMEN, INC	The state of the state of the state of					
(X4) ID	(EACH DEPICIENCY MUST BE PRECEDED BY FULL		FULL .	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION	SHOULD BE	(XS) COMPLETE	
TAG	REGULATORY OR	REGULATORY OR LBC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE	
{T 000}	An unannounced First Trimester Abortion Facility Licensure Revisit Inspection, following the facility's October 2014 Bienniel Licensure inspection, was conducted on 03/09/2015 through 03/10/2015. Two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the Inspection. The agency continued to not be in compliance with 12 VAC- 412 Regulations for the Licensure of Abortion Clinics. (Effective 06/20/2013). Deficiencies were cited.			(T 000)				
			facility's on, was 015. Office partment					
(Т 095)	include, but not be I 1. Written job descresponeibility, and or classification; 2. Process for verification; 3. Process for anniperformance and or 4. Process for verifications are precitive imployees meet the facility; and 5. Process for report including appropriate board visually report interview determined the facility and the latter professions. This RULE: is not it is appropriate board visually report interview determined the facility agency policy to do agency policy to do	se and procedures shimited to: imited to: injutions that specify au justifications for each jving current profession tion and training of endent contractors; usity evaluating emplo propetency; jving that contractors a personnel qualification tring licensed and cer inters for violations of to tion standards to the within the Department. The as evidenced by: and document review ity staff failed to imple current annual evalua lividual personnel files	ithority, job nel ordinations of tified heir of it was ment tions and	(T 095)	Amethyst Health Center for practice at the time of the in perform staff evaluations an administrator completed and in January 2015. Due to a mittees evaluations did not inc physicians because they we contractors and not full-time AHCW. Actions to correct the deficience of the defi	spection was to nualty. The nual staff evaluations itsunderstanding, stude the two riced as independent employees at the two performed two performed the two performances and report back to the encles" review.		
		AGUPPLIER REPRESENTA	TVE'S SIGNATUR	ering of the result of the con-	mus	J. / //	709 DATE	
1	me be	irsheus			Presio	unt 4	<u> </u>	

	F DEFICIENCES CONVECTION	(X1) PROVIDENSUPPLIER IDENTIFICATION NUMBER AF-0007	ER:	(X2) MULTIPI A BUILDING B. WING	E CONSTRUCTION	OCS) DATE SUR COMPLETI	Đ	
	OVIDER OR SUPPLIER FHEALTH CENTER FO		STREET ADDI	COMESS, CITY, STATE, ZP CODE FORESTWOOD LANE BAS, VA. 20110				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(XS) COMPLETE DATE	
(1 035)	Continued From Page 1 The findings included: Eight (8) personnel files (Employees #1-#8) were reviewed on 3/9/15 from approximately 2:30 PM to 4:00 PM. The review revealed two (2) employees (Employees #7 and #8) had no evidence of an annual evaluation. Staff #1, interviewed at approximately 12:15 PM on 3/10/15, acknowledged there were no annual evaluations for Employee #7 and #8. Staff #1 stated, "I did not think credentialed staff had to be evaluated because they were contract employees." I will do these evaluations."		0 PM to loyees I an 5 PM nnual IF1 d to be	(1 095)				
(Т 100)	I. A personnel file staff member. Per shall be safeguard unauthorized use. Information shall be the employee's per This RULE: is not Based on interview determined the facility's policy retainformation separate personnel files for The findings included the facility's policy retainformation separates from the findings included the	shall be maintained for esonnel record information ad against loss and Employee health-retates a maintained separately record file. met as evidenced by: and document review, sitly staff falled to implement the to maintaining health ably within the employee four (4) of eight (8) employee four (4) of eight (8) employee	on d within It was nent the in is' kyees. B) were PM to sloyees		Amethyst Health Center for Wo the time of the inspection was a employee health-related inform within the employee's personne manila envelope for confidentia requirement. Actions to correct the deficiently the inspector, the administration is now located in separate from the profiles, and ensured that all health information is now located in separate files. Actions to prevent a recurrent and maintain compliance: An Center for Women's policy of personnel record content refill further, now that the system all future employee health-re will be placed in the separate compliance.	o maintain ation separately if file, in a sealed lifty, meeting the hocy: As requested trator created new related information many personnel atth-related these new, so of the deficiency neithyst Health in employee ects this practice, has been set up, lated information		

MATEMENT OF DEFICENCIES WID PLAN OF CORRECTION		(X1) PROVIDENSUPPLIER IDENTIFICATION NUME		(X2) MARTIP A. BUILDING	LE CONSTRUCTION	COMPLETED		
		AF-0007	1	B. WING 03/1			0/2015	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ADDRESS, CITY, STATE, ZIP CODE				
METHYS	T HEALTH CENTER FO	r women, inc		FORESTWOOD LANS BAS, VA 20118				
OVI) D SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SEQULATORY OF LIBC IDENTIFYING INFORMATION)			uu l	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) XXMPLET DATE	
(T 100)	Staff #1 was interviewed on 3/10/15 at approximately 12:15 PM and acknowledged the surveyor's findings. Staff #1 showed the surveyor he/she had placed all health information dated after the previous survey of 10/21/14 in an envelope for confidentiality, but had left old health information in the file. Staff #1 stated, "I will go through the files and pull all health information and place in confidential manife envelopes."		rveyor ted health I go	(* 100)	All corrections will be complete April 10, 2015.	d by		
	B. Written infection procedures shall inc 1. Procedures for a and visitors for such applying appropriate transmission of com- within the facility; 2. Training of all per prevention technique. 3. Correct hand-wa- indications for use or alcohol-based hand. 4. Use of standard. 5. Compliance with requirements of the Health Administration. 6. Use of personal. 7. Use of safe inject. 8. Plans for annual infection prevention. 9. Procedures for recommended infection. 10. Procedures for retraining of all staff prevention practices.	shing technique, includ if soap and water and u rubs; precautions; blood-bourne pathogen U.S. Occupational Safe in. protective equipment; tion practices; retraining of all person methods; nonitoring staff adheren tion prevention practice documenting annual in recommended infections.	to: ints int on con sing se of sety & nel in coe to se;	Π 170)	Amethyst Health Center for Wom all staff members receive infection emergency training and document these trainings in the personnel if misunderstanding about whether contractor employees were requisitese trainings, the files lacked of the time of the inspection for both Employee #8 and emergency trainings are incommentation to the inspector of Employee #8 received infection pwith the rest of the staff on Janua this documentation was not inclustatement of Deficiencies. Actions to correct the deficiency: and #8 and the rest of the staff wannual emergency training, perfoor Manassas Fire and Rescue Do April 10, 2015. Employee #6 will prevention training before April 1 Actions to prevent a recurrence of and maintain compliance: Ameth for Women's policy requires these conducted annualty for all staff at the personnel record. As part of Quality Assurance program meet administrator will review all personnel each file contains update	n prevention and its evidence of less. Due to a independent red to receive ocumentation at a trainings for ining for presented clear emonstrating that revention training any 6, 2015 but ded in the Employees #6 \$\fomale if the deficiency yst Health Center e trainings to be and documented in AHCW's quarterly ings, the innel files to		

	F DEFICIENCES CORRECTION	(X1) PROVIDENSUPPLIER IDENTIFICATION NUM	BER:	(X2) MALTI A. BURLDIN B. WING	PLE CONSTRUCTION	OCS DATE BUR COMPLETI	50
	OVIDER OR SUPPLIER T HEALTH CENTER F		STREET AC	OPESTWOOD			
(X4) ID PREFIX TAG	(C4) ID SUMMARY STATEMENT OF DEFICIENCIES PRISTIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL.			AS, VA 28110 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(XIS) COMPLETE DATE
(T 179)	Based on intervier determined the fa- employee attends infection preventic documented in pe (8) employees. The findings inclu Eight (8) personn- reviewed on 3/9/1 4:00 PM. The reviewed on 3/9/1 4:00 PM. The reviewed on 5/9/1 4:00 PM. The reviewed	w and document raview, cility staff falled to ensure noe for annual education and emergency trainin recented files for two (2) odd: al files (Employees #1-#5 from approximately 25 lew revealed there was no lon prevention and emergency and	o that i for ig was if eight i) were iii) PM to iii) pency imately indings. I on would	π 170)	of all trainings, including interregency trainings, and in Quality Improvement Commission Patients and Peri will ensure compliance is in All corrections will be comp	aport back to the nittee as part of the ormance" review, which aintained.	
(T 180)	D. The facility sh program that inch 1. Access to reo 2. Procedures to communicable di prevented from w transmission to o 3. An exposure o pathogens; 4. Documentatio immunizations of accordance with recommendation including docume	O D Infection prevention all have an employee he uries: commended vaccines; r assuring that employee seases are identified and rork activities that could not ther personnel or patient control plan for blood-bou or of screening and lered/received by employ statute, regulation or a of public health authori intation of screening for access to hepetitis B vaccess to	s with soult in s; rms yeas in lies,	(T 180)	Amethyst Health Center for the time of the inspection of immunizations offered and staff, but, due to a misund include such documentation Employees #7 and #8, bed independent contractors as employees at AHCW. AHI immunization and screenin "Amethyst Health Center for Hepatitia B Vaccine Conse (See Attached)	vaa to document the any refusals for all erstanding, it did not in for the two physicians, acuse they worked as not not full-time CW documents this ig information in its or Women, inc. Staff	

STATEMENT O AND PLAN OF	F DEFICIENCIES CONNECTION	(X1) PROVIDENSUPPLIES IDENTIFICATION NUM	RICLIA IBER:	(X2) MULTI	PLE CONSTRUCTION 10	(X3) DATE SURVEY COMPLETED			
		AF-000	7	B. WING_		03/10/2015			
AMETHYST HEALTH CENTER FOR WOMEN, INC.			9330-B F	STREET ADDRESS, CITY, STATE, ZP CODE 9389-8 FORESTWOOD LANE MANASSAS, VA 20118					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD SE COMPL THE APPROPRIATE DATE	LETE		
(T189)	Occupational Safe reporting of workpl exposure to infection the second on interview was determined the evidence that scre tuberculosis and high two (2) of eight. The findings included the second of immunizations of immunizations of immunizations of immunications. Employee #7 and During an interview 12:15 PM, Staff #1 evidence of immuni #7 and #8. Staff #1 of credentialed em	th requirements of the U ty & Health Administraticace-associated injuries on. met as evidenced by: v and documentation reversely and documentation reversely and immunization expetitis B were offered/(8) employees. of eight employees (Employees (Employees, evidence of screenings ared/received by employees attute, regulation or of public health authorities. w on 3/10/15, at approxicature, regulation or offered for Employees were required in tasted, "I did not know ployees were required in, but that it would be re-	on for or o	(7 180)	Actions to correct the deficie completed the documentatic and Employee #8 completed March 25, 2015 and it was a Actions to prevent a recurre and maintain compliance: A for Women's policy requires screenings and immunizatio declined by employees and consultants." As part of AHC Assurance program meeting review all personnel files to contains updated immunization report back to the Chalitty in as part of the "Staffing Patte VDH/OLC inspection Deficie will ensure compliance is mu. All corrections will be compliance."	oncy: Employee #7 in on March 24, 2015, if the documentation on scorded in their files, noe of the deficiency methyst Health Center documentation of ns "offered/received/ credentialed DW's quarterly Quality is, the administrator will ensure each file ion documentation, and provement Committee ms and Performance: incles" review, which aintained.			
STATE FORM			\$77 5 \$		XV2L12	if continuation shee	at 5 of		

AMETHYST HEALTH CENTER FOR WOMEN, INC. STAFF HEPATITIS B VACCINE CONSENT FORM

I have read the information pertaining to the Hepatitis B vaccine. I have had an educational session addressing Hepatitis B viral infection. I have had the opportunity to ask questions, and they have been answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and consent to receive the vaccine.

Vame		Age
Signature		Date
AMETHYST HEALTH CENT	ER FOR WOMEN, INC. S	STAFF HEPATITIS B VACCINE DECLINATION FORM
understand that due to n	ny occupational exposi 3 Hepatitis B virus (HBV	ire to blood or other potentially infectious materials) infection. I have been given the opportunity to be
vaccinated with Hepatitis continue to be at risk of accupational exposure to with the Hepatitis B vaccin	B vaccination at this tir cquiring Hepatitis B a s blood or other potenti ne, I can receive the va	ne. I understand that by declining this vaccine, I erious disease. If in the future I continue to have ally infectious materials and I want to be vaccinated ccination series at no charge to me.
vaccinated with Hepatitis continue to be at risk of a cocupational exposure to with the Hepatitis B vaccir I have already received the	B vaccination at this tir cquiring Hepatitis B a s blood or other potenti ne, I can receive the va	ne. I understand that by declining this vaccine, I erious disease. If in the future I continue to have ally infectious materials and I want to be vaccinated ccination series at no charge to me.
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vaccinated with Hepatitis continue to be at risk of accupational exposure to with the Hepatitis B vaccin	B vaccination at this tir cquiring Hepatitis B a s blood or other potenti ne, I can receive the va	ne. I understand that by declining this vaccine, I erious disease. If in the future I continue to have ally infectious materials and I want to be vaccinated
vaccinated with Hepatitis continue to be at risk of accordinue to be at risk of according to be according to the Hepatitis B vaccing the already received the time.	B vaccination at this tir cquiring Hepatitis B a s blood or other potenti ne, I can receive the va	ne. I understand that by declining this vaccine, I erious disease. If in the future I continue to have ally infectious materials and I want to be vaccinated ccination series at no charge to me. and have proof that I do not need the vaccine at this

AMETHYST HEALTH CENTER FOR WOMEN, INC. EMPLOYEE TUBERCULOSIS (MANTOUX) SCREENING TEST CONSENT FORM

I have had an educational session on Tuberculosis (TB). This session included information regarding the Mantoux skin test, which is used to determine if the bacteria which causes tuberculosis is residing in my body. I understand that I may be occupationally exposed Tuberculosis and I may be at risk for acquiring Tuberculosis. I understand that the CDC and OSHA recommend that I be tested for exposure to TB. I have been given the opportunity to be tested using the Mantoux skin test, at no charge to myself. I have had the opportunity to ask questions regarding TB and the skin testing program. Based on the information, I have elected to participate in this program.

	_			
Signature	Date			
Administered by		Read on	Result_	
AMETHYST HEALTH CENTER	FOR WOMEN, INC.	EMPLOYEE TUBERCULO	SIS (MANTOUX) S	CREENING
DECLINATION FORM				
have had an educational se	i on Tuborculo	ele (TB). This session inc	luded information	regarding the
Mantoux skin test, which is t	ised to determine i	f the bacteria which cau	ises tuberculosis i	s residing in m
Mantoux skin test, which is understand that I ma	ised to determine i y be occupationally	f the bacteria which cau exposed Tuberculosis	ises tuberculosis i and I may be at ris	s residing in m k for acquiring
Mantoux skin test, which is u body. I understand that I ma Tuberculosis. I understand ti	ised to determine in y be occupationally nat the CDC and OS	f the bacteria which cau exposed Tuberculosis a HA recommend that I b	ises tuberculosis i and I may be at ris e tested for expos	s residing in m k for acquiring ture to TB. I
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VAME	<u>in Maria</u> Mariang ng mga salabahan Mariang mga mga mga mga mga mga mga mga mga mg	
IOB CLASSIFICATION		
Since records indicate that you have previously tested		
questions must be answered each year as part of our	annual TB surveillance (orogram.
Please complete this form and return to		
During the past year, have you experienced or are yo	u now experiencing any	of the following
signs/symptoms		
PLEASE CIRCLE WITH	YES	NO
Weight loss (unrelated to dieting)	YES	NO
Persistent cough (2-3 weeks duration)	YES	NO
ever/Night Sweats	YES	NO
Veakness or Fatigue	YES	NO
Coughing up blood	YES	NO
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ACHW 2.4.4.D.4-1b

Amethyst Health Center for Women, Inc.

Amethyst Health Center for Women Written Attestation

All of the following corrections were completed by April 10, 2015, except as noted.

T 095

The administrator performed the annual evaluations on Employee #7 and #8 on March 7, 2015 and placed copies in the personnel files. AHCW changed its annual evaluation policy to specifically reference the inclusion of independent contractors.

T 100

As requested by the inspector, the administrator created new files for the employee health-related information that are separate from the primary personnel files, and ensured that all health-related information is now located in these new, separate files.

T 170

Employees #6 and #8 and the rest of the staff will receive the annual emergency training, performed by the City of Manassas Fire and Rescue Department, on April 21, at 1pm. The training was scheduled for April 8, before the April 10 deadline, but then the trainer, Amelia Gagnon, was unable to attend, and she rescheduled for April 21. Employee #6 received infection prevention training on March 21, 2015.

T 180

Employee #7 completed the documentation on March 24, 2015, and Employee #8 completed the documentation on March 25, 2015 and it was recorded in their files.

Elizabeth Beurskens, President, Amethyst Health Center for Women

1-20-15