

State of Virginia

PRINTED: 03/19/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2015
NAME OF PROVIDER OR SUPPLIER PENINSULA MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 10758 A JEFFERSON AVENUE NEWPORT NEWS, VA 23601	

(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 unannounced Licensure Biennial re-visit survey was conducted March 12, 2015 by two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the survey. The agency was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Clinics. (Effective 06/20/2013)	{T 000}		
{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}	T-340 The Administrator has consulted with the staff and physician to share the necessary information. Chart Audits continue to be done on 100% of all patient charts to ensure compliance with state regulations. The administrator is responsible for ensuring compliance.	3/27/15

This RULE: is not met as evidenced by:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Monica Hunter

TITLE

Administrator

(X6) DATE

4/9/15

of continuation sheet 1 of 2

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(T 340)	Continued From Page 1 Based on document review and interview the agency staff failed to ensure the medical record was complete for 3 of 10 patients, Patients # 5, 7 and 9. The findings include: On 3/12/15 the medical records of Patients #5, 7 and 9 were reviewed. The section titled "Discharge to Recovery Room" were left blank. This section had an area to documented the following: Ambulatory___ Stretcher___ and Purposeful response to verbal order___ Patient #5's medical record also did not have a time of discharge to recovery. Staff Member #1 stated, "That is to be completed by the physician." Staff Member #2 stated, "We have been working very hard to improve our documentation."	(T 340)		

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If continuation sheet 2 of 2

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	Pt ID	P: ID	Pc ID	Pt ID	FLID	Pt ID
Counseling Notes						
24 hr consent						
U/s form						
Pre-op vitals						
Parental consent if minor						
Local meds given						
Admission time						
Hx review						
IV site						
Time for iv med						
O2 and pulse						
Progress note						
tc time						
Time adm to RR						
Vitals						
Progress note						
Pt understanding						
d/c criteria met						
Phys sig						
No white out						
No pencil						
TABULATION OF RESULTS						

Corrective Action: _____
