

State of Virginia

PRINTED: 07/03/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2014
NAME OF PROVIDER OR SUPPLIER ROANOKE MEDICAL CENTER FOR WOMEN		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 2ND STREET SW ROANOKE, VA 24016		
(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	T 000		

An unannounced Biennial Licensure survey was conducted 07/01/14 through 07/02/14 by two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health. The facility was not in compliance with the Rules and Regulations for the Licensure of Abortion Facilities 12VAC5-412. A deficiency is cited within this report.

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T 400 12 VAC 5-412-380 Local and state codes and standards

T 400

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 observation and staff interview, the agency failed to ensure the facility complied with

T 400

As per the state regulations regarding the compliance of Abortion facilities with local and state code standards with regard to zoning and building ordinances, and in the Uniform Statewide Building Code (12 VAC 5-412-380, specifically Virginia Code 32.1-127.001) it is absolutely necessary that this facility comply with regulations regarding handicapped access. As such, a contractor has been contacted and secured to install a handicap ramp at this facility to prevent future deficiency in this area. Completion of the construction of the ramp will be done prior to September 2, 2014 as agreed by the contractor. Pictures of the completed ramp will be sent to document the facilities compliance with Virginia Code 32.1-127.001

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

TITLE

(X6) DATE

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07/11/14

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If continuation sheet 1 of 2

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T 400	Continued From Page 1		T 400		
	<p>the Uniform Statewide Building Code and the Guidelines for Design and Construction of Health Care Facilities pursuant to Virginia Code 32.1-127.001 regarding handicapped access to the facility.</p> <p>The findings included:</p> <p>Upon arrival to the facility on 7/1/14, at 10:30 a.m., the survey team observed there was no handicapped access/ramp at the entrance to the facility. The survey team went to the back of the facility and observed no handicapped access at the rear entrance to the building. Both entrances had concrete steps and no handrails or ramps for handicapped access.</p> <p>On 7/1/14 at approximately 11:50 a.m., the surveyor interviewed Staff # 1 as to whether the facility had handicapped access. Staff #1 stated, "No."</p> <p>On 7/1/14 at 2:00 p.m., the surveyor asked Staff #1 if the emergency exit was equipped with a handicapped access. Staff #1 took the surveyor to the emergency exit and both observed there was no handicapped access. The door opened to a concrete area which did not have a ramp, or handrails for handicapped access. The concrete area was enclosed with an approximately three to four inch concrete barrier which would not permit wheelchair or handicapped access.</p> <p>On 7/2/14 at 3:30 p.m., the surveyor again discussed with Staff #1 the observations of no handicapped access for the facility. Staff #1 stated he/she had informed the (Owner) and they would contact someone to put in a ramp.</p>				

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If continuation sheet 2 of 2

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RMCM

07/24/2014 2:00 PM FAX 15403420786

Roanoke Medical Center for Women
1119 2nd Street, SW
Roanoke, VA 24016
phone: 540-981-1246
fax: 540-342-0786

Fax Cover Sheet

DATE: July 24, 2014

TO: Ruthanne Risser, Supervisor Division of Acute Care Svc

FAX: 804-527-4502

FROM: Shanell Herbert, Administrator

RE: Biennial Licensure Inspection

Total Number of Pages 5

CC: Erik Bodin, Director

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COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

TTY 7-1-1 OR
1-800-828-1120

9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
FAX: (804) 527-4502

July 3, 2014

Certified

Shenelle Hubert, Administrator
Roanoke Medical Center for Women
1119 2nd Street SW
Roanoke, Virginia 24016

RE: Roanoke Medical Center for Women - Roanoke, VA
Abortion Facility Biennial Licensure Inspection

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Dear Ms. Hubert:

An unannounced, Abortion Facility biennial licensure inspection of the above facility was conducted July 1, 2011 through July 2, 2014 by two (2) Medical Facilities Inspectors from the Virginia Department of Health's Office of Licensure and Certification.

Enclosed is the Biennial Licensure Inspection. The facility was not in compliance with the 12VAC5-412 regulations for the Licensure of Abortion Facilities, effective June 20, 2013. This document includes the deficient practice which was cited.

You are required to submit a plan for correcting the deficiency cited. Your statements shall reflect the specific detailed actions you will take to correct the deficiency, prevent a recurrence of the deficiencies, and measures implemented to maintain compliance. You must also give the expected completion date of each deficiency.

Completion of corrective actions shall not exceed 45 working days from the last day of the inspection.

After signing and dating your Plan of Correction, retain one copy of the report for your files and return the original to OLC within 15 (fifteen) working days of receipt of the inspection report. The Administrator shall be notified whenever any item in the plan of correction is determined to be unacceptable. Failure to submit an acceptable plan of correction may result in a penalty in accordance with the Code of Virginia §32.1-27 or in denial, revocation or suspension of a license in accordance with 12VAC5-412-130.

DIRECTOR
(804) 307-2102

ACUTE CARE
(804) 367-2104

COPN
(804) 367-2120

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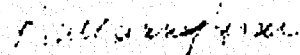
Shenelle Hubert, Administrator
Roanoke Medical Center for Women
July 3, 2014

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A copy of the completed form will be kept on file in this office and will be available for public review. The Virginia Department of Health – Office of Licensure and Certification is required to make copies of this report available to other Federal and State regulatory or reimbursement agencies upon request.

Thank you for the cooperation that was extended to our inspectors during this investigation. If you should have any question or concerns regarding this report or the report findings, please contact me at (804)367-2156.

Sincerely,



Ruthanne Risser, Supervisor
Division of Acute Care Services

Enclosure

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