

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/16/2015
NAME OF PROVIDER OR SUPPLIER A TIDEWATER WOMEN'S HEALTH CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 891 NORFOLK SQUARE NORFOLK, VA 23502		
(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}		
	<p>An unannounced Licensure Biennial survey was conducted March 16, 2015 by two Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the survey.</p> <p>The agency was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Clinics. (Effective 06/20/2013)</p>			<p>RECEIVED APR 24 2015 VDH/OLC</p>	
{T 340}	12 VAC 5-412-310 Medical records		{T 340}	<p><u>T340</u></p> <p>• On surgical AB Recovery + Discharge Record form has been updated to include specific discharge criteria as well as a specific specific area for physician to discharge pt including signature, date + time.</p> <p>• Employees will be retrained on updated Surgical AB Recovery + Discharge Record form.</p>	<p>4/16/15</p> <p>4/16/15</p>
	<p>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:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. 				
This RULE: is not met as evidenced by:					

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

TITLE

(X6) DATE

STATE FORM

021199

TUL912

If continuation sheet 1 of 2

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2015
NAME OF PROVIDER OR SUPPLIER A TIDEWATER WOMEN'S HEALTH CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 891 NORFOLK SQUARE NORFOLK, VA 23502		
(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 340}	Continued From Page 1 Based on document review and interview the agency staff failed to ensure the condition of 5 of 10 patients (Patient #1, 2, 4, 5 and 9) was documented in the medical record at the time of discharge and failed to have a dated and timed order for discharge from the physician for 10 of 10 patients (Patients # 1, 2 3, 4, 5, 6, 7, 8, 9 and 10) The findings include: On 3/16/15 the medical records of Patient # 1, 2, 4, 5 and 9 were reviewed. The records had an area to document the Patients' conditions at the time of discharge; non of the medical record had any documentation. Staff Member #2 stated, "I must have been rushed and forgot to fill that in." During the review of Patients # 1, 2 3, 4, 5, 6, 7, 8, 9 and 10's medical records on 3/16/15 an order for discharge could not be found.	{T 340}	<u>T 340 CONT.</u> • periodic checks will be performed to ensure the surgical AB Recovery & Discharge Record is filled out in its entirety; if it is found to be incomplete - employees/physician will go undergo retraining to ensure compliance	

RECEIVED
APR 24 2015
VDH/OLC