STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AF-0002	A. BUILDING _____ B. WING	08/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA LEAGUE FOR PLANNED PARENTHOOD	201 N. HAMILTON STREET RICHMOND, VA 23221

(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	12VAC5-412 Initial Comments An unannounced complaint survey was conducted August 25, 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) The Complaint was substantiated with deficiencies cited.	T 000	The complaint and subsequent survey was initiated by VDH staff in response to a Facility Reported Incident, which was submitted by VLPP staff in compliance with 12 VAC5-412-320 (B5).	
T 170	12VAC5-412-210 B Quality Management The following shall be evaluated to assure adequacy and appropriateness of services, and to identify unacceptable or unexpected trends or occurrences: 1. Staffing patterns and performance; 2. Supervision appropriate to the level of service; 3. Patient records; 4. Patient satisfaction; 5. Complaint resolution; 6. Infections, complications and other adverse events; and 7. Staff concerns regarding patient care. This RULE: is not met as evidenced by: Based on document review the facility staff failed to ensure physician's orders were signed, dated, timed and noted by the nurse for 3 of 3 patient	T 170	The facility maintains in our protocols an original standing order record signed by the physician. Those orders are carried out and documented by the nurse in the electronic health record. The physician then signs off on the record, including any tasks carried out under standing orders, by accepting the visit summary, which appears as Provider: Physician Name on the printed document. We have updated our standard operating procedures to highlight the need for part-time physicians to complete this process in a routine and timely fashion in order to ensure that each record is properly reviewed and signed by the attending physician; all facility providers will be updated by 10/9/15. The Director of Patient Services will work with the attending physicians to review all records for completion for patients seen between 8/25/15 and 10/9/15. Additionally, the Director of Patient Services (or her designee) will conduct a monthly audit of Provider Acceptance Queues to ensure ongoing compliance with this policy/procedure; if compliance is established after a three month period, this review will be incorporated into our annual audit calendar.	10/9/15

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

State of Virginia

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T 170	Continued From Page 1 records reviewed, Patient #1, #2, and #3. The findings include: On 8/25/15 the medical records of Patient #1, #2 and #3 were reviewed. The records were printed out. The records did not show a written signature or an electronic signature of the attending physician for the First Trimester In-Clinic (Surgical) Abortion Standing Orders. The orders were not noted by a nurse. One of the orders, #9, included the following documentation: Ondansetron (Zofran) 8 mg (milligrams), 1 tab PO (by mouth) x1 PRN (if needed) nausea/vomiting - or- Promethazine 12.5 to 25 mg IM. This order would require then nurse to make a decision regarding the amount of medication to administer which is beyond the nurses' scope of practice.	T 170	We have updated our standing orders to remove any discretionary language related to medication dosages. This document will be reviewed/approved, signed and filed by the Medical Director at that time, and all facility staff will be updated by 10/9/15. (Note: The patient in question did not receive promethazine as part of her visit.)	10/9/15
T 355	12VAC5-412-300 Health Information 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 be limited to the following: 1. Patient identification; 2. Admitting information, including patient history and physical examination; 3. Signed consent; 4. Confirmation of pregnancy; 5. Procedure report to include: a. Physician orders;	T 355	We have updated our standard operating procedures to highlight the need for clinicians to be aware of any medical advice that was rendered by telephone between clinical encounters. By 10/16/15, providers will be trained to initiate an internal referral alert in the EHR anytime an intervention is recommended as part of a patient telephone communication; all staff are trained to review active alerts at every patient visit. The Director of Clinical Quality Programs will conduct a review of all patient telephone communications that occurred between 8/25/15 and 10/16/15 to ensure that all patients either received the advised intervention or received a follow-up communication (and we will contact anyone who did not). Additionally, the Director of Clinical Quality Programs, or her designee, will conduct a monthly audit of communication records to ensure ongoing compliance with this policy/procedure; if compliance is established after a three month period, this review will be incorporated into our annual audit calendar.	10/16/15

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T 355	Continued From Page 2	T 355		

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.

6. Any other information required by law to be maintained in the health information record.

This RULE: is not met as evidenced by:
Based on document review and interview the facility staff failed to ensure they reassessed a patient, Patient #1,who called per the facility instructions reporting a post discharge problem in a timely manner.
The finding include:
On 7/9/14 Patient #1 age 28, was seen for a pre-abortion consult. At that time Patient #1 had an ultrasound performed confirming the pregnancy and had lab work performed showing a hemoglobin of 12.9 g/dL.
On 7/26/14 an abortion (gestational age approximately 8 weeks 3 days) was performed on Patient #1; medical record revealed a pathology report noting villi and sac or membrane visible by the physician. An IUC (Intrauterine contraception) is placed. Patient #1 is provided with discharge information titled, "Client Information Taking Care of Yourself After an In-Clinic Abortion". Under the section titled Cramping the following statement is present: "You may find that you have cramping that starts and stops, during which time you also pass clots. Use your pain medication as needed, and if it continues for more than 48 hours, call us.

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Call us right away if your cramps are severe and not relieved by pain medication."
On 8/30/14 Patient #1 was scheduled for a follow-up appointment which was cancelled by Patient #1.
On 9/3/14 Patient #1 called the clinic reporting discomfort and having concerns about the IUC/IUD (intrauterine device).
On 9/5/14 (41 days since procedure) a call was returned to Patient #1. The call documents Patient #1 stated she has had continuous bleeding and cramping since placement of the IUD; Notes documented about the call says to check hemoglobin on visit to office.
On 9/15/14 (51 days since procedure) Patient #1 is seen in the clinic by a nurse practitioner (NP). The hemoglobin was not repeated. A transvaginal ultrasound was performed by the NP. The NP documents Clinical Impression: "IUD in uterus". Also documented in the NP notes under Procedures is IUC Removal then "Removed with complication - string not visible; Non routine removal: - string not visible; Comments: appointment for US (ultrasound) guided removal scheduled." The note is signed by the provider (NP) and the supervising provider (physician).
On 10/2/14 Patient #1 is scheduled for an appointment for removal of the IUD (66 days since procedure). The appointment was cancelled by the patient due to going inpatient at a local hospital.
On 9/27/14 (63 days since the initial abortion procedure) at approximately 2246 Patient #1 is seen at an Outpatient Emergency Center and is transferred to a nearby hospital where she is admitted. An ultrasound is performed and Patient #1 is diagnosed with a threatened second trimester pregnancy of 17 weeks and 4 days with a heartbeat of 160-166 beats per minutes is documented. Patient #1's hemoglobin on admission is 7.8 g/dL (normal range is 11.7 to 15.0

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g/dL). No IUD was visible on a transabdominal and endovaginal pelvic ultrasound. On 9/28/14 Patient #1 had a therapeutic abortion performed at the hospital. Patient #1 was discharged from the hospital 9/28/14.
Staff Member #1 stated, "All ultrasounds done initially are performed by an LPN (Licensed Practical Nurse) or an HCA (Healthcare Assistant) who is trained in performing ultrasounds; all follow-up ultrasounds are performed by mid-level provider (NP) or a physician." Staff Member #1 was asked who ensures the products of conception are present when an abortion is performed. Staff Member #1 stated, "The provider (physician) examines the container for the products of conception following the abortion." Staff Member #1 stated, "The NP who saw Patient #1 on 9/15/14 no longer works at this agency."
On 7/26/14 fourteen (14) people had procedures performed; 12 of those were vaginal abortions; 3 of those records (2 were randomly selected) were reviewed, one of which was Patient #1's; 1 of the other patients returned for the follow-up and 1 did not; no other patient's have reported problems related to their procedures.
A request was made to speak to a physician but there were no physicians in the clinic. A request was made to speak to the medical director. The surveyors waited 2 and 1/2 hours and was informed that it was unknown when the medical director would be available due to tending to other clients in another facility.