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www.ppsev.org

Planned Parenthood of Southeastern Virginia

February 18, 2013

Kathaleen Creegan-Tedeschi, Supervisor
Acute Care, Home Health and Hospice Services
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Suite 401
Richmond, Virginia 23233

Dear Ms. Creegan-Tedeschi,

Enclosed is the Plan of Correction for Planned Parenthood of Southeastern Virginia (PPSEV) in response to the Abortion Facility Initial Licensure Revisit Survey of the PPSEV facility on 515 Newtown Road, Virginia Beach, VA 23462 on December 3-4, 2012. The Plan of Correction details a list of corrective action items we have taken to address the deficiencies noted in the Licensure Inspection Report and to prevent recurrence of such deficiencies and maintain compliance. Please let us know if the Department has any questions.

Sincerely,

Sarah Meacham

Sarah Meacham
CEO
Planned Parenthood of Southeastern Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FTAF-001	A. BUILDING _____ B. WING _____	12/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF SOUTHEASTERN VIR	515 NEWTOWN ROAD VIRGINIA BEACH, VA 23462

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T 000	12 VAC 5- 412 Initial comments An announced Revisit was conducted at the above referenced facility on December 3 and 4, 2012 by three (3) Medical Facility Inspectors from the Virginia Department of Health's, Office of Licensure and Certification. The following are citations from the Initial survey, which were not corrected and therefore are repeat citations: 12 VAC 5-412-220 B [Infection Prevention] 12 VAC 5-412-360 B [Maintenance] The following citations are new findings: 12 VAC 5-412-170 A [Personnel] 12 VAC 5-412-310 [Medical Records] The facility was found out of compliance with the State Board of Health 12 VAC 5-412, Regulations for Abortion Facility's effective December 29, 2011. Deficiencies were identified and cited, and will follow in this report.	T 000	RECEIVED FEB 20 2013 VDH/OLC	
T 060	12 VAC 5-412-170 A Personnel A. Each abortion facility shall have a staff that is adequately trained and capable of providing appropriate service and supervision to patients. The facility shall develop, implement and maintain policies and procedures to ensure and document appropriate staffing by licensed clinicians based on the level, intensity, and scope of services provided. This RULE: is not met as evidenced by: Based on observation, select document review and interview, it was determined the facility failed	T 060	T 060 According to the Code of Virginia § 54.1-3408, section U " Pursuant to a specific order for a patient and under his direct and immediate supervision, a prescriber may authorize the administration of controlled substances by personnel who have been properly trained to assist a doctor of medicine or osteopathic medicine, provided the method does not include intravenous, intrathecal, or epidural administration and the prescriber remains responsible for such administration," controlled substances (such as) RhoGAM and DMPA may be given by a trained personnel under the direction and order of	12/7/12

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T 060	Continued From Page 1 to have appropriate staff providing care. Specifically, a HCA/EMT was observed giving a RhoGAM injection to a patient in the Recovery Room. Employee #10 The findings were: 1. A patient was observed on December 4, 2012 from the time she entered the facility until immediately prior to her leaving the Recovery room. During the time this patient was in the Recovery room, this writer observed employee #10, a HCA/EMT (Health Care Assistant/Emergency Medical Technician), giving the patient an injection of RhoGAM, a medication used to prevent Rh antibody formation after an abortion, miscarriage or live birth, in her left arm. Prior to employee #10 giving the injection she was asked what the medicine was in the syringe and she replied, "RhoGAM." 2. The job description for a HCA/EMT was reviewed in the facility's Conference room on December 4, 2012 beginning at or about 2 PM. A section under the heading of "Clinical Duties," read in part, "Perform routine duties, medical procedures including patient screening, taking blood pressure, temp, phlebotomy, providing DMPA (Depro-Provera, a contraceptive birth control medication) as trained, performing approved lab tests, providing patient supplies, and preparing examination rooms for the provision of medical services." Administering RhoGAM injections was not listed in the job description. 3. The "Virginia Office of Emergency Medical Services, Scope of Practice - Formulary for EMS Personnel, This SOP (Scope of Practice) represents practice maximums," was reviewed on December 6, 2012. This information pertaining to	T 060	T 060 continued. a practitioner. During the December 2012 inspection, the Surgical Abortion Standing Orders Form that is signed by the physician was used, which included a directive for RhoGHAM to be administered if patient was Rh negative. See Surgical Abortion Standing Orders Form, Exhibit (A). The HCA/EMT personnel receive training in accordance to the Planned Parenthood Federation of America Medical Standards and Guidelines during their orientation period. Employee # 10 had received such training during their orientation period. Following the inspection, the HCA/EMT job description was modified under clinical duties to read "administer injections as ordered by a licensed provider." See HCA/EMT Job Description, Exhibit (B). Employee # 10 signed this updated job description and it was placed in her personnel file.	

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T 060	Continued From Page 2 medications that may be administered by an EMT did not list RhoGAM or DMPA as medications that may be given by an EMT. 4. The above observation was acknowledged by the Nurse Practitioner and Professional Development Coordinator during the exit conference on December 4, 2012 beginning at 2:15 PM in the facility's Conference room.	T 060		
T 170	12 VAC 5-412-220 B Infection prevention B. Written infection prevention policies and procedures shall include, but not be limited to: 1. Procedures for screening incoming patients and visitors for acute infectious illnesses and applying appropriate measures to prevent transmission of community acquired infection within the facility; 2. Training of all personnel in proper infection prevention techniques; 3. Correct hand-washing technique, including indications for use of soap and water and use of alcohol-based hand rubs; 4. Use of standard precautions; 5. Compliance with blood-bourne pathogen requirements of the U.S. Occupational Safety & Health Administration. 6. Use of personal protective equipment; 7. Use of safe injection practices; 8. Plans for annual retraining of all personnel in infection prevention methods; 9. Procedures for monitoring staff adherence to recommended infection prevention practices; and 10. Procedures for documenting annual retraining of all staff in recommended infection prevention practices. This RULE: is not met as evidenced by:	T 170	T 170 The cited infection prevention deficiencies were corrected with health center modifications, staff training, and compliance monitoring programs. A covered small bin was purchased and replaced the small uncovered bin in room 6 used for holding speculums after use and prior to disinfecting in December 2012. All clinical staff members were trained to clean blood pressure cuffs and stethoscopes between each patient use and were also reminded to ensure "purple top" sani- wipes were available at all triage stations during the December All Staff Meeting. See December All Staff Meeting Minutes, Exhibit (C). Managers monitor the availability of sani- wipes at these stations and throughout the facility and document their presence on monthly and periodic health center audits. All stirrup covers were removed from the health center in December 2012. Clinical staff members were instructed to use the sani-wipes to cleanse the stirrups between patient uses at the December All Staff Meeting instead of using stirrup covers. See December All Staff Meeting Minutes, Exhibit (C). Employee #8 was still in her orientation probationary period and incorrectly communicated the cleaning procedures of the family planning lab to the surveyors.	12/28/12

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T 170	Continued From Page 3 Based on observations and interviews the facility staff failed to ensure the instrument cleaner used to clean instruments was properly mixed, stirrup cover where changed between patients, that blood pressure cuffs and stethoscopes were cleaned between each patient use, that the instruments brought into the room used for cleaning, disinfecting and wrapping instruments prior to autoclaving followed a path without crossing from clean to dirty, that containers (small trash bins) of water for placing instruments in after use and before cleaning had a cover, and that instruments were cleaned of blood prior to setting them up to dry and that hand hygiene was done prior to and after patient care. Employee #6 failed to perform hand hygiene following a vaginal exam and terminating the products of conception. The findings include: 1. On 12/3/12 during the initial tour the following were observed: At approximately 1:45 P.M. during the initial tour with Employee #1 and 2 exam room #6 was observed to have a small trash bin sitting on the floor with water in it. Employee #2 stated, "That is used to put speculums in after use." The bin was uncovered and a dead insect was floating inside. At 2:30 P.M. the nurse was observed taking the vital signs of a patient on the "Family Planning Side" of the facility. The nurse did not clean the blood pressure cuff or the stethoscope after use. Employee #11 stated, "The staff use the purple top cleaners to clean the equipment." There was no "purple top" cleaner at either of 2 nurses stations were patient vital signs are performed. At 2:40 P.M. an exam room was observed after being used to examine a patient and after being cleaned. Employee #11 was asked when the stirrup covers were changed and she stated, "When they become visibly soiled."	T 170	T 170 continued. Employee #8 was relieved of her position shortly after this inspection due to non-compliance issues, some of which were not related to the inspection. In the future, all new employees will be informed that they should communicate to surveyors if they are still in their orientation probationary period and show their documentation of their orientation progress. To better facilitate proper measurements, bins were purchased with measurements pre-marked inside the container and measuring devices for the family planning lab in December 2012. All clinical staff members were trained in this process in the December All Staff Meeting. See December All Staff Meeting Minutes, Exhibit (C). Signs were also posted in the family planning lab as a reminder. To ensure clean and dirty paths are not crossed in the family planning lab, the autoclave was moved into the corner adjacent to the sink. All clinical staff members were trained in this process in the December All Staff Meeting. See December All Staff Meeting Minutes, Exhibit (C). Management confirmed staff members no longer cross the clean and dirty paths in this area through observation. For the dirty room on the surgical side of the health center, Employee #7 miscommunicated the process for pre-soaking instruments prior to sterilization and did not check the instrument properly for visible particles following the cleaning process, which occurs before sterilization. A Proficiency Corrective Action Worksheet was completed for Employee #7 to ensure she understood this process. See Proficiency Corrective Action Worksheet for Employee #7, Exhibit (D). Better measuring devices and bins with measurements pre-marked were purchased and put into use in the dirty room on the surgical side in December. All clinical staff were trained	

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T 170	Continued From Page 4 At approximately 2:55 P.M. the lab area was observed. the soiled instrument area which does not have a door opens into the lab area. Employee #8 was asked to explain how used instruments are cleaned and how they get into the room for cleaning and out to be autoclaved. Employee #8 stated, "Instruments are brought into the room in a bin and placed in here (pointing to another bin) which has cleaner in it mixed with water." Employee #8 explained, "We put 2 and 1/2 scoops of the cleaner into the bin and fill it about half way with water." Employee #8 provided a box of the cleaner (Alconox) so the surveyor could observe the mixing directions as written. The mixing directions state, Make fresh 1% solution (2 1/2 Tbsp. per gal., 1 1/4 oz. per gal. or 10 grams per liter) in cold, warm or hot water. There was no marking on the bin to determine how much water was in the bin. There was a pitcher for measuring the water under the cabinet in the lab area. Employee #8 stated, "We don't use the pitcher we just fill the bin about half way with water." Employee #8 then continued to explain how the instruments are cleaned, dried, wrapped then placed in the autoclave for sterilization. As employee #8 walked the instruments out of the utility room she crossed the path she had traveled to bring the dirty instruments into the utility room. On 12/4/12 Employee #7 was asked to explain how instruments on the surgical side of the facility are cleaned and processed. She stated, "We used put 2 scoops of the large spoon and one of the small spoon of Alconox in the basin and fill it about half way with water." The spoons were labeled as 1 tablespoon and 1/2 teaspoon. The basin was labeled as being a 12 quart basin but there was no mark on the basin indicating were a gallon of water would be. There was no pitcher for	T 170	T 170 continued. in this process and reminded to follow the posted signs, including the Dirty Room Flow Chart, Dirty Room Basins, and Dirty Room Cleaning Agents See Exhibits (E), (F), and (G), during the All Staff Meeting in December. See December All Staff Meeting Minutes, Exhibit (C). The importance of hand hygiene following glove removal and patient contact was discussed with Employee #6 and an Internal Incident/Performance Management Report was completed. See Internal Incident/ Performance Management Report for Employee #6, Exhibit (H).The importance of hand washing was reviewed with all staff during the December All Staff Meeting and additional hand washing signs were displayed. Management routinely monitors compliance with infection prevention practices through formal and informal audits.	

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T 170	Continued From Page 5 measuring water observed in the room. She stated, "We usually clean about 4 tray set ups and then change the water. After the instruments are cleaned they are placed on the mat to air dry. After they are air dried they are placed in another clean bin, covered and taken to the clean utility room to be autoclaved." Employee #7 picked up a group of instruments from the mat, placed them in the bin and covered them to carry to the clean utility room. She was asked to remove the cover. The speculum she stated was clean and ready to be autoclaved had dried blood on it. On 12/4/12 Employee #6 was observed performing a vaginal exam. Employee #6 put on gloves performed the vaginal exam, removed the gloves, left the room and went to an office and began to write. Employee #6 was not observed performing hand hygiene following the procedure. #2. On December 4, 2012 at or about 12:20 PM employee #6 was observed by this writer entering Procedure Room #2. After the procedure was completed, employee #6 was observed picking up the glass jar that contained the products of conception and then walking to the dirty utility room with their soiled (with blood) PPE (Personal Protective Equipment) still on. A dirty utility room is a term used to describe a room used to clean instruments that were used in a procedure and are soiled with blood or body fluids. Upon entering the room, employee #6 opened the jar and inspected its content, removed his or her PPE and then left that room and walked to a counter in another hallway where patient records were kept and began documenting in a patient record. At no time was employee #6 observed washing his or her hands after removing their PPE or before documenting in a patient record. The above observation was presented during the	T 170		

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T 170	Continued From Page 6 exit conference in the facility's Conference room beginning at 2 PM on December 4, 2012. After presenting the above observation, employee #6 acknowledged the finding by stating, "No, not after," (wash my hands).	T 170		
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. This RULE: is not met as evidenced by: Based on record review and interviews the facility staff failed to ensure the medical records of patients having a medication abortion were complete and accurate for 3 of 14 patients,	T 340	T 340 The Medical Abortion Procedure form was updated in December to clarify sections and check boxes for the physician to complete. See Medical Abortion Procedure Form, Exhibit (I). There is no medical benefit to keeping the patient for a period of observation after the administration of mifepristone/mifeprex, as the medication has no effect for many hours. For this reason, it is consistent with the standard of care to release patients immediately following the administration of mifepristone/mifeprex. This is reflected in the evidence-based Planned Parenthood Federation of America Medical Standards and Guidelines, which do not require patients to be observed for a certain amount of time following the administration of mifepristone/mifeprex. A check box was also added to the Medication Abortion Procedure form to ensure documentation of the condition of the patient at discharge and that no immediate adverse effects are observed. See Medical Abortion Procedure Form, Exhibit (I). The Surgical Nurse Manager and Lead Clinician reviewed the form change with the Physician in December. An Internal Incident/Performance Management Report was completed to ensure the Physician comprehended the new form and the importance of complete medical record documentation. See the Internal Incident/ Performance Management Report for Employee #6, Exhibit (H). The health	12/18/12

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T 340	Continued From Page 7 Patients #2, 5, and 8. The findings include: On 12/4/12 the medical records of Patients #2, 5 and 8 were reviewed. In the medical record the section titled Procedure did not have the follow sections checked: "Patient meets criteria for Mifepristone medical abortion." "Emergency Instructions Reviewed &Instruction Sheet Given: How to Take Your Pills and When to Call Us, Doxycycline Instructions, How Much Am I Bleeding" The medical record of Patient #2, 5 and 8 also did not contain progress notes, condition of the patient at discharge or a physician's order for discharge. Patient #10 was observed during the medication abortion process. The physician administered the medications and the patient left immediately afterwards. Employee #1 stated, "The patients should have all this information documented in their medical records."	T 340	T 340 continued. center implemented increased monitoring of patient medical records. Staff have now added an additional thorough review all records at the end of service to ensure a complete medical record. Any discrepancies are immediately brought to the attention of the physician and/or management.	
T 380	12 VAC 5-412-360 B Maintenance B. When patient monitoring equipment is utilized, a written preventative maintenance program shall be developed and implemented. This equipment shall be checked and/or tested in accordance with manufacturer's specifications at periodic intervals, no less than annually, to ensure proper operation and a state of good repair. After repairs and/or alterations are made to any equipment, the equipment shall be	T 380	T 380 The heating pads found in the family planning side of the building that were used to warm instruments were removed from the health center in December 2012. Heating pads will no longer be stored in exam tables, where they can be easily missed during preventive maintenance inspections. The preventative maintenance program was reviewed with management staff and the process was updated to ensure new items are not missed. See Medical Equipment Cleaning, Maintenance, and Safety Policy, Exhibit (J).	12/12/12

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T 380	Continued From Page 8 thoroughly tested for proper operation before it is returned to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance. This RULE: is not met as evidenced by: Based on observations and interview, it was determined that the facility failed to maintain a preventative maintenance program at least annually on all equipment. Specifically no preventative and or safety checks were documented for four (4) of five (5) heating pads used in exam rooms, Exam room #'s 2, 4, 5 & 7. This is a repeat deficiency that was also cited during their initial inspection in May of 2012. The findings were: During a tour of the facility beginning at 2:20 PM on December 3, 2012 five (5) of seven (7) exam rooms were observed. Exam rooms #2, 4, 5 and 7 all contained heating pads that are used to warm metal instruments used during physical examinations. All four (4) heating pads observed failed to have documented evidence of being inspected for safe use or preventative maintenance being conducted on them or, were inspected within the previous 12 months. Employee #1 who accompanied this writer throughout the tour of the exam rooms acknowledged that the heating pads did not have a preventative maintenance sticker on them demonstrating the pads had been inspected for safe use.	T 380		

Exhibits

1. Exhibit A: Surgical Abortion Standing Orders (ID Prefix Tag T 060)
2. Exhibit B: HCA-EMT Job Description (ID Prefix Tag T 060)
3. Exhibit C: December 2012 All Staff Meeting Minutes (ID Prefix Tag T 170)
4. Exhibit D: Proficiency Corrective Action Worksheet for Employee #7 (ID Prefix Tag T 170)
5. Exhibit E: Dirty Room Flow Chart (ID Prefix Tag T 170)
6. Exhibit F: Dirty Room Basins Sign (ID Prefix Tag T 170)
7. Exhibit G: Dirty Room Cleaning Agents (ID Prefix Tag T 170)
8. Exhibit H: Internal Incident/Performance Management Report for Employee #6 (ID Prefix Tag T 170 & T 340)
9. Exhibit I: Medication Abortion Procedure Form (ID Prefix Tag T 340)
10. Exhibit J: Medical Equipment Cleaning, Maintenance, and Safety Policy (ID Prefix Tag T 380)

PLANNED PARENTHOOD® OF SOUTHEASTERN VIRGINIA
403 Yale Dr., Hampton, VA 23666 (757)826-2079
515 Newtown Road, Virginia Beach, Virginia 23462 (757)499-PLAN

Surgical Abortion Standing Orders

LABEL Date_____

1. Admit patient to service. Patient is to complete all admission paperwork, identification requirements and financial obligations prior to lab test or ultrasound. Parental notification form and parental identification must be completed if the patient is less than 18 years old.
2. Pre-op: BP., Temp, height, weight, pulse, and respiration
3. Pre-op labs: HCT., HSUPT, uring dip for glucose and protein, RH typing. *Patient will be excluded from surger if HCT is <24%*
4. "Pre-op Counseling and Consent for Therapeutic Abortion" to be signed and witnessed prior to premedicating the patient.
5. Pre-op sonogram reviewed or completed. *Patient will be excluded from surgery if gestation <4 weeks or >14 weeks.*
6. If patient has a history of MVP (mitral valve prolapse) or other cardiac defect that requires antibiotic prophylaxis, administer Amoxicillin 2gm., po 1-2 hours prior to surgery.
7. Premedicate patient 1-2 hours prior to surgery with Motrin 800 mg po. If patient is allergic to Motrin, administer Tylenol 1000mg po.
8. Routine post-op vital signs. Evaluation of menstrual bleeding and cramping.
9. Review medication instructions and post-abortion care brochure with patient.
10. Post-op meds: -Rhogam Mini Dose 6-12.6 weeks (if Rh neg); Rhogam Full Dose 13-14 weeks (if Rh negative)
11. Discharge meds: -Doxycycline 100 mg, po bid for 7 days. Disp #14
12. Prn medications (if needed)
    -Methergine 0.2 mg., pot id for 5 days. Use remaining 3 pills as needed for bleeding. Disp #18 –or-
    -Methergine 0.2 mg, pot id for 3 days. Disp #10
    -Flagyl 500 mg, one po BID for 7 days, Disp #14
13. Contraception:
    ____ ____Nora Be ____Levora30 ____Reclispen
    ____Microgestin 1/20 ____Microgestin 1.5/30 ____Lo Seasonique____Trivora
    ____Low-Ogestrel 30 ____Lutera 20 ____Necon 1/35
    Start on Sunday after the procedure with 1 pill po qd, dispense 1 pack
    ____Nuva Ring, insert post AB, leave in place for 3 weeks
    ____Ortho Evra, apply 1 patch post AB
    ____MedoxyProgesterone150 mg, IM in recovery room
    ____IUD, Paragard, Mirena insert post AB
    ____R&B, SE, usage reviewed, RDA, back-up method.
    Disp._____ Method specific F/S___given ___not given
14. Patient to follow Post-Procedure Instructions as set out in brochure. No vaginal intercourse until patient is seen at F/U visit.
15. Follow-up appointment in three weeks at PPSEV clinic or PMD.
16. Misoprostol 400mcg BC Q6x4. 1st done in recovery room.

_____
Signature

PLANNED PARENTHOOD® OF SOUTHEASTERN VIRGINIA, INC.

JOB DESCRIPTION

POSITION: HEALTH CARE ASSISTANT -EMT (HCA-EMT)

RESPONSIBLE TO: Health Center Managers

JOB CLASSIFICATION: Non-Exempt

GENERAL DESCRIPTION: Provides support for health center medical provider(s) and efficient, customer-oriented clinical services that meet Virginia laws and regulations and PPFA national standards and guidelines. Works directly with medical provider and patients to provide a wide range of patient care activities and administrative support that facilitates the medical provider and patient care. Responsible for enhancing center productivity and enhancing the patient experience in the delivery of medical services.

GENERAL RESPONSIBILITIES: Includes any responsibilities assigned consistent with training and experience to facilitate the medical care and administrative activities necessary to provided quality care to our patients. The HCA -EMT will work intimately with the medical providers under the guidance of the Lead Clinician to provide clinical services, educational information, care documentation and follow-up of patients. The HCA -EMT is expected to take on additional responsibilities as assigned related to patient care and support.

RESPONSIBILITIES:

A. Administrative and General Duties:
   1. Answer patient questions, makes appointments, and/or transfer call to appropriate staff person.
   2. Greet patients/visitors in a friendly and professional manner.
   3. Facilitate in all aspects of patient processing and treatment as requested by the Office Manager.
   4. Review and date labs and distribute them to the NP/MD for review, chart all incoming labs and files once completed.
   5. Maintain general filing system. File lab reports in a timely manner.
   6. Becoming proficient with medical software and Microsoft Outlook e-mail. Record patient data of services performed and produce patient receipts at the time of service.
   7. Follow affiliate policies for ordering of supplies and medication.
   8. Maintain accurate medical records assuring completion and purging the files periodically per NP/MD consent.
   9. Adhere to all affiliates security policies regarding HIPAA and Information Systems Policies.
   10. Strict adherence to affiliates confidentiality agreement.
   11. Ability to interact positively with patients, medical providers, co workers and supervisory staff at all times.
   12. Submit accurate electronic timecards.
   13. Adhere to affiliate goals and policies on professionalism, wait time in-clinic and on the phone, and the system for addressing patient complaints.
   14. Participate in health center efforts to achieve established goals for productivity and revenue cycle
   15. Model the Guiding Principles and hold others accountable for adhering to the Guiding Principles

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All Staff Meeting Minutes

Date: December 12, 2012
Time: 9:00 am-11:30am **Next Meeting: Wednesday, January 16, 2013**
Present: see sign in sheet

Agenda Item	Presentation	Time Estimate	Discussion
[redacted]			
[redacted]	[redacted]	1 hour	[redacted]
Licensure/VDH Inspection Updates **Infection Control**			Discussion of VDH recent inspection and findings Infection prevention practices were discussed, including • Hand hygiene; reminder signs are posted around health center and directions are at sinks • Cleaning blood pressure, stethoscopes and any other medical equipment shared between patients should be disinfected between patient uses • Purple top sani-wipes must be in all rooms, triage stations, lab areas and other areas needed; replace as needed; review contact time • Stirrup covers have been removed due to inspection; cleanse stirrups with wipes between patient uses • It is important to let inspectors know if you are on your probabtionary orientation period; do not guess answers; be honest if you do not know; remind new employees still on probabtionary period; provide orientation check off list for progress • Review surgical center scrubs policy; managers need to discuss appropriate dress for professional/medical . Minimal jewelry, reasonable nail length.

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Planned Parenthood® of Southeastern Virginia Corrective Action Plan
ID Prefix Tag: T 170
Exhibit : D

PROFICIENCY CORRECTIVE ACTION WORKSHEET

Date: December 12 2012

Staff Name: [redacted] Title: HCA

Problematic Area/Skill of Focus: Instrument cleaning in Dirty Room

Corrective Action Plan (describe): Employee has reviewed dirty room flow chart and been trained on the proper measurements for the instrument cleaner. The process for how the dirty room should flow has also been retrained to the employee. There are new measurement spoons for precise measurement and buckets with precise fill lines. Employee has demonstrated understanding verbally and also by being watched carrying out the proper techniques.

Target Completion/Re-Assessment Date: December 19th

[redacted] [redacted]

Staff Signature/Title Monitoring Staff Signature/Title

ASSESSMENT POST COMPLETION OF CORRECTIVE ACTION PLAN

Date: December 19th

Staff has shown improved proficiency in area/skill ✓ Yes ☐No (attach documentation)

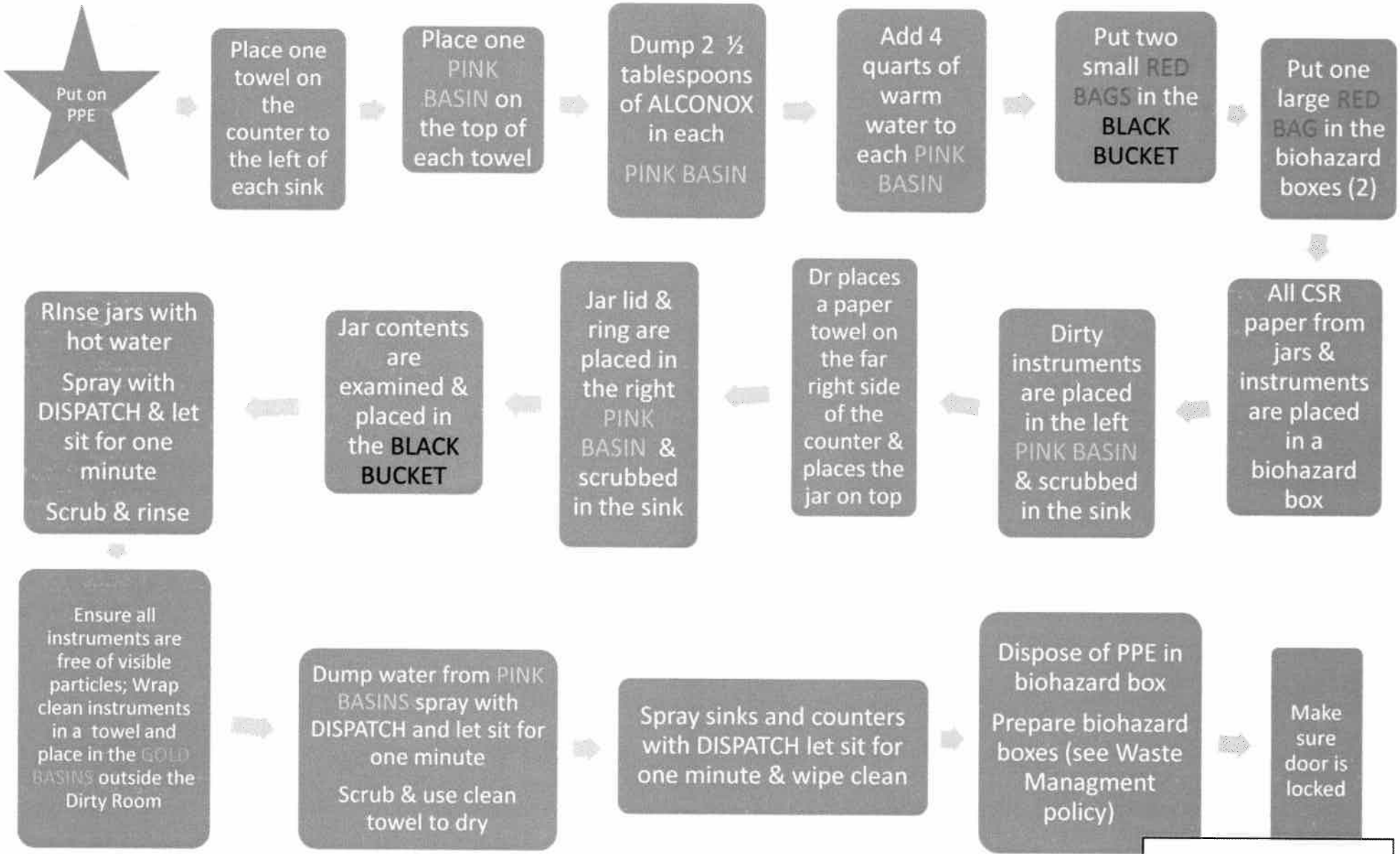
Follow Up Plan/Notes:

To continue to monitor employees proficiency by random spot checks.

[redacted] [redacted]

Staff Signature/Title Monitoring Staff Signature/Title

DIRTY ROOM DAILY PROCESS FLOW CHART



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ID Prefix Tag: T 170
Exhibit : F

Pink Basin

for DIRTY items ONLY

Gold Basin

for CLEAN items ONLY

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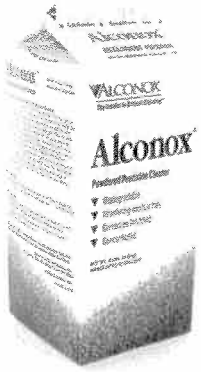
ID Prefix Tag: T 170
Exhibit: G

DIRTY ROOM CLEANING AGENTS

Manufacturer Instructions for Use



ALCONOX

Make a fresh 1% solution (**2 ½ tbsp per gal**) in cold, warm, or hot water. If available, use warm water. Use cold water for blood stains. For difficult soils, raise water temperature and use more detergent. Clean by soak, circulate, wipe, or ultrasonic method.

DISPATCH

Spray Method- Spray all surfaces of instruments with Dispatch until thoroughly wet. **Let stand for one minute**. Wipe with a clean, damp cloth or paper towel & allow to air dry.

Planned Parenthood® of Southeastern Virginia Corrective Action Plan
ID Prefix Tag:
T 170 & T 340
Exhibit : H

PLANNED PARENTHOOD® OF SOUTHEASTERN VIRGINIA
403 Yale Drive, Hampton, VA 23666 (757)826-2079
515 Newtown Road, Virginia Beach, VA 23462 (757)499-7526

INTERNAL INCIDENT/PERFORMANCE MANAGEMENT REPORT

Date of Incident: December 4-5, 2012

Person Involved (or name of Injured): Dr. [redacted]

Person Involved Is: ■Staff ☐Patient ☐Visitor ☐Other (explain):

If The Person Involved Is Not Staff Please Provide The Following Contact Information-

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: **Birthdate:** **MRN:**

Location Incident Occurred: Newtown Health Center, PPSEV

Describe How The Incident Occurred-
During the VDH inspection, deficiencies were noted involving Dr. [redacted]. Deficiencies were related to infection prevention, hand hygiene, and medical record documentation for abortion services.

Describe Corrective Action (if injury, medical care given, referral, condition of person when leaving premises. If medical error or other incident, describe action or intervention planned/taken)-
Infection prevention and medical record documentation were determined as areas for improvement. The CEO, Sarah Meacham, met with Dr. [redacted] in December 2012 to review these areas for improvement. Dr. [redacted] reviewed the infection prevention standards and the importance of hand hygiene was discussed. Dr. [redacted] had the opportunity to review the new medical abortion documentation form with the Lead Clinician. He was provided remediation assistance to ensurwe all medical records are complete with checkboxes and documentation on the required forms. The Surgical Nurse Manager has trained staff to review medical records more thoroughly at the end of services to ensure any medical record documentation issues are discovered and addressed appropriately at the time when they occur.

Target Completion/Re-Assessment Date: January 1, 2013

Give Recommendation for Follow Up-
The CEO, management staff, and Lead Clinician should monitor compliance with corrective action. Any issues should be addressed immediately.

Signature of Person Involved in Incident: Sarah Meacham, CEO **Date: 12/18/12**

Signature of Supervisor on Duty: n/a **Date: n/a**

• Turn in all Incident Reports to Vice President of Operations. Incidents requiring a post corrective action plan assessment will require a plan to ensure proper documentation is complete

Patient Label

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403 Yale Drive, Hampton, VA 23666 (757)826-2079
515 Newtown Road, Virginia Beach, VA 23462(757)499-7526

Medication Abortion
(with Mifepristone and Misoprostol)

Date:_____

MEDICAL SUMMARY/PHYSICAL EXAMINATION

Age: _____ LMP: _____/_____/_____ Allergies: _____
G_____ P_____ A_____ M_____ C-sec_____ Gestational age by ultrasound_____
HGB:_____ Rh Status: ☐ Positive ☐ Negative Temp____ BP:_____/_____ Pulse:_____

Medical Problems:_____
Any Bleeding? ☐Yes ☐No Breast-feeding? ☐Yes ☐No

☐ Mifepristone _____ MG, ID #_____ Lot #_____ Exp.date_____ Sig: PO STAT
☐ Instruction Sheets Given: How to Take Your Pills and When to Call Us, Doxycycline Instructions and How Much Am I Bleeding

Misoprostol/Antibiotic Rx Signature Labels

RN/LPN/HCA Signature _____

TO BE FILLED OUT BY PROVIDER ONLY:

Adnexa: ☐ Normal, non-tender, no masses ☐ Not indicated
Uterus position:☐mid ☐ anteverted ☐ retroverted ☐ Not indicated

PROCEDURE

☐ Patient meets criteria for Mifepristone medical abortion
☐ Misoprostol 200 MCG #4 tablets dispensed
☐ Doxycycline 100mg #14, 1capsule PO BID x7 days
☐ Azithromycin 500mg #2 PO x 1

SUPPLEMENTAL MEDICATION PRESCRIBED

☐ Rx Phenergan 25mg #15 Sig: 1tablet PO q6 hrs PRN N/V, 0 refills
☐ Rx Phenergan 25mg Suppository #15 Sig: Insert 1 supp q6 hrs PRN N/V, 0 refills
☐ Rx Tylox #10 Sig: 1-2 tablets PO q4-6h PRN pain, 0 refills
☐ Rx Other_____
☐ Rhogam mini dose given Lot #_____ Exp Date: _____
IM Deltoid R / L Ventrogluteal R / L ☐ Rh(o)D Immune Globulin CI Given
☐ Emergency Instructions Reviewed
☐ Mifiprex taken in office under doctor observation, patient tolerated well, no adverse effects noticed, patient discharged in good condition.

CONTRACEPTION

☐OCP's_____(type & #cycles)Lot#_____
☐ Nuva Ring Lot#_____ ☐ Ortho Evra Patch ☐ Medroxyprogesterone
☐IUC_____ ☐ Implanon ☐Other_____

Notes:_____

Provider's Signature/Print _____ Date_____

MEDICAL EQUIPMENT CLEANING, MAINTENANCE, & SAFETY POLICY

I. PURPOSE

A. FUNCTION

To ensure all medical equipment at PPSEV is used in a safe manner for all users, staff, patients, and other occupants and all medical equipment used at PPSEV is adequately cleaned and sanitized according to standards set by manufacturers. To provide for early detection of potential maintenance problems and routine maintenance of equipment used at PPSEV.

The Vice President of Operations is responsible for overseeing the implementation of this policy.

B. CIRCUMSTANCES

This policy applies to all staff and must be followed during the use of all medical equipment at PPSEV. This policy is to be used in conjunction with the Infection Prevention Manual, the PPSEV Durable Medical Equipment (DME) Lists, and DME manufacturer manuals.

II. STAFF TRAINING

A. The Surgical Nurse Manager, Health Center Managers, and designated staff are responsible for the training related to this policy.

B. Training of this policy is included for all clinical staff during the initial training period. Such training is documented on the *New Employee Orientation Checklist*, which is maintained in each staff person's personnel file.

III. POLICY

A. It is the policy of PPSEV to maintain clean and sanitized medical equipment in accordance with manufacturer's standards to minimize the risk of infection associated with medical equipment.

B. It is the policy of PPSEV to carry out maintenance services of medical equipment in a managed process to provide early detection of potential maintenance problems and to ensure that disruptions in DME are reviewed and addressed on a priority basis.

C. Medical Equipment safety activities must be consistent with PPFA, state, and federal standards, rules and regulations.

D. PPSEV should contract with a medical equipment servicing company to provide preventive maintenance.

E. Each PPSEV health center must maintain an accurate list of all DME applicable for that health center and corresponding DME manuals.

F. All new medical equipment must be added to the list of equipment and reviewed by the contracted medical equipment servicing company prior being placed in the health center.

G. A preventive maintenance (PM) tag listing the preventive maintenance service must be added to each piece of equipment and updated during routine maintenance inspections.

IV. PROCEDURE

A. For infection prevention and control activities when cleaning/disinfecting and maintaining medical equipment, as well as equipment safety rules, PPSEV staff should refer to the specific DME manufacturer manuals.

B. Each PPSEV health center must maintain an accurate list of all DME used in the facility referred to as the *DME List.*

H. PPSEV maintains DME manufacturer manuals for all equipment on the DME List. The manuals detail manufacturer specific instructions for cleaning/disinfecting and maintaining DME and are to be followed by PPSEV staff. The DME list identifies the equipment, brand of equipment, cleaning frequency, and maintenance frequency.

I. Annual maintenance inspections on equipment are carried out by a medical equipment contractor, Tidewater Medical. The Surgical Nurse Manager and Health Center Manager schedule such inspections, in consultation with the Vice President of Operations. Tidewater Medical should be consulted when disruptions with equipment occur. All disruptions should be promptly addressed by the Surgical Nurse Manager or Health Center Manager.

J. All new medical equipment purchased/brought into the health center must be given to the Surgical Nurse Manager or Health Center Manager to be logged into the preventive maintenance program. They will ensure the item is added to the equipment list and the medical equipment contractor is scheduled to inspect the equipment and place a PM tag on the equipment prior to the equipment being put into use at PPSEV.

V. QUALITY CONTROL

A. The Surgical Nurse Manager and Health Center Manager are responsible for assuring compliance, review, and revision of this policy, in consultation with the Vice President of Operations and Quality and Risk Management Committee.

B. Monthly checks of PM tags on equipment will be carried out by managers as part of the health center audits.