

August 26, 2015

Ms. Mary Carhart  
Administrator  
Bellevue Health Center  
1002 West Mission  
Bellevue, NE 68005

CERTIFIED MAIL

Dear Ms. Carhart:

The enclosed report documents a finding of noncompliance with the licensure regulations for Health Clinics prepared following the complaint investigation at your facility completed on August 6, 2015 by [REDACTED] Registered Nurse and [REDACTED] Nutrition/Dietitian, surveyor with the Nebraska Department of Health and Human Services Division of Public Health.

The violations found must be corrected within 90 days to avoid disciplinary action against the facility's license. Therefore, a written statement of compliance must be submitted to the Department within 10 working days of receipt of this letter. The statement of compliance must include the following:

- 1) How the corrective action will be accomplished for individuals found to have been affected by the violation;
- 2) What measures will be put into place for systemic changes made to ensure that the violation will not recur and how potential to affect others will be identified;
- 3) How the facility will monitor its corrective actions/performance to ensure that the violation is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic change to ensure that solutions are permanent;
- 4) Identify person(s) by position, not individual name, who will be responsible for monitoring and ensuring that compliance is achieved and continues;
- 5) A realistic date by which each violation will be corrected; and
- 6) Signature of the administrator or other authorized official and date.

If you fail to submit and implement a statement of compliance, the Department may initiate disciplinary action against the facility license.

If you have any questions regarding this correspondence, contact this office.

Sincerely,

[REDACTED SIGNATURE]  
Diana Meyer, RN BSN - Program Manager  
Office of Acute Care Facilities  
DHHS Public Health - Licensure Unit  
PO Box 94986, Lincoln, NE 68509-4986  
(402) 471-3484 FAX (402) 742-8319  
Email: diana.meyer@nebraska.gov  
DHHS.acutecarefacilities@nebraska.gov

DM/smm

Enclosures: State Form

August 26, 2015

Ms. Mary Carhart, Administrator  
Bellevue Health Center  
1002 West Mission  
Bellevue, NE 68005

Dear Ms. Carhart:

An unannounced visit was made to Bellevue Health Center on August 4 - 6, 2015, by [REDACTED] Registered Nurse, and [REDACTED] Registered Dietician/Licensed Medical Nutrition Therapist. The purpose of the visit was to investigate a complaint regarding non-compliance with regulatory requirements received by our office.

The following are the general allegation(s) of non-compliance and conclusions:

**ALLEGATION:**

The facility fails to follow state statutes regarding gestational age at the time of termination of pregnancy.

**FINDINGS:**

Based on medical record review of 31 patients (that received surgical abortions) and 2 patients (that received medication abortions); training documents and records; a review of facility policy and procedures; and interviews of facility staff; the facility did not fail to follow the state statutes regarding gestational age at the time of termination of pregnancy. The facility ultrasound machine used an algorithm which established the gestational age of the fetus. Verification of staff training and competency testing for those staff who conducted ultrasound tests on patients at the facility was completed, as well as interviews with staff regarding the use of the ultrasound machine. Each patient chart that was reviewed contained a printed copy of the ultrasound picture which included documentation of the patient name and gestational age of the fetus. This allegation was not substantiated.

**ALLEGATION:**

The facility fails to follow standards of practice regarding the handling and disposition of fetal tissue.

**FINDINGS:**

Based on medical record review of patient charts; facility policy and procedures; and staff interview; the facility did implement and followed their policy to dispose of fetal tissue samples in accordance with standards of practice and biohazard company protocols. The facility disposed of fetal tissue by means of placement in a biohazard medical waste bag containing wavacide liquid (a disinfectant/sterilization liquid). The Biohazard medical waste bags were stored in a biohazard box in a locked garage and were picked up by a company on a monthly basis for disposal. The only exceptions to this procedure occurred:

Bellevue Health Center

Page 2

August 26, 2015

1) if the patient requested a licensed mortician to pick up and assume care of the tissue for cremation/burial; or 2) if law enforcement requested the tissue for pursuit of criminal cases. This allegation was not substantiated.

Please see the enclosed letter for instructions on completion and submission of the plan of correction for the deficiency(ies) found during this investigation. Please contact this office if you have questions.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Sincerely,

A handwritten signature in dark ink, appearing to read "Diana Meyer BSN", is written over a black rectangular redaction mark.

Diana Meyer RN BSN - Program Manager  
Office of Acute Care Facilities  
DHHS Public Health - Licensure Unit  
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