PRINTED: 10/21/2016
FORM APPROVED

Health Standards Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004641	A. BUILDING: _____ B. WING _____	R 09/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOMEN'S HEALTH CARE CENTER INC	2701 GENERAL PERSHING STREET NEW ORLEANS, LA 70115

(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
{S 000}	Initial Comments 3rd Follow-Up to Relicensing Survey , in conjunction with (new) Complaint # LA00043389. Two deficiencies were cited related to the complaint. Abbreviations ADM Administrator DON Director of Nursing ITOP Induced Termination of Pregnancy (Reports) LEERS Louisiana Electronic Event Registration System MA Medical Assistant SFM State Fire Marshall U/S Ultrasound	{S 000}		
S 107	4421 A-B Governing Body A. The outpatient abortion facility shall be in compliance with all applicable federal, state, and local statutes, laws, rules, regulations, and ordinances. B. The outpatient abortion facility shall have a governing body that assumes full responsibility for the total operation of the outpatient abortion facility. 1. The governing body shall consist of at least one individual who will assume full responsibility. 2. The outpatient abortion facility shall maintain documentation on the licensed premises identifying the following information for each member of the governing body: a. Name; b. contact information; c. address; and d. terms of membership. 3. The governing body shall develop and	S 107	S 169 A new policy has been written requiring the "Report of Induced Termination of Pregnancy" to be Completed online in the LEERS system within thirty (30) days of the date of the termination procedure. After the ITOP is entered into the LEERS system, the physician must log in and use a private four-digit pin to certify the record. Once the record is certified, the LEERS system will give it the registration number and forward it to LDH. One copy is printed for the patient's record. The record is e-signed by the physician so a stamped signature is no longer required. See Exhibit: Policy Leers Documentation/ Certification. Policy Number 2412 Our policy manual Patient Care, has been edited, and is in the process of being reviewed by the Medical Director. All old, new, edited and revised policies will be signed-off by the Medical Director and Administrator. Implemented 11/17	

Received 12/1/16 RN

DHH/Health Standards Section

[redacted] LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Administrator

TITLE: 11-17-16

(X6) DATE

STATE FORM 6899 S4GB14 If continuation sheet 1 of 8

Health Standards Section

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[redacted] PLIER REPRESENTATIVE'S SIGNATURE Administrator TITLE 11-17-16 (X6) DATE

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S 107	Continued From page 1 adopt bylaws which address its duties and responsibilities. 4. The governing body shall, at minimum, meet annually and maintain minutes of such meetings documenting the discharge of its duties and responsibilities. This Rule is not met as evidenced by: Based on observation, record review, and interview the Governing Body failed to ensure the facility was in compliance with the occupancy requirements for their facility, as per the Office of the State Fire Marshall. This deficient practice was evidenced by 36 persons observed in the facility at one time on the date of 09/09/16, when the SFM Inspection report documented the occupancy limit at 26. Findings: In an observation 090/9/16 at 8:50 a.m. revealed a total of 23 persons waiting in waiting rooms. Further observation revealed 8 staff members at work in the facility. Review of the latest Office of the State Fire Marshal, Code Enforcement, and Building Safety Inspection Report dated 12/01/15, provided by FS1ADM and FS2DON as most current, revealed, under "occupancy", "26", with a square footage of 2400 square feet. Review of patient logs and sign-in sheets from 09/09/16 revealed 26 patients had signed in that morning. Review of a surgical procedure/recovery room roster for 05/20/16 revealed 29 procedures were	S 107	S 107 Upon learning from the LDH Surveyors we were not in compliance with the Fire Marshall's occupancy rates (as per our previous Inspection Report), we asked the Fire Marshall for a new inspection. The previous Administrator based our daily operations on an occupancy rate of fifty (50). The Fire Marshall stated, based on our ingress/egress options and the layout and position of chairs in the facility, we could easily have an occupancy of seventy (70). See attached Fire Marshall Inspection Report of 09/26/2016. See Exhibit L.	

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S 107	Continued From page 2 performed. Review of sign-in sheets revealed a total of 35 patients signed in for the day. (included all patients: counseling, follow-up, and procedures) In an interview 09/09/16 at 10:20 a.m. FS2DON reported that the clinic will schedule no more than 40 patients a day, and that at any given time they are in different places, such as counseling, group counseling/education, procedures, U/S, labs, etc. After a review of the recovery room log, the DON verified that 29 procedures were done that day. FS2DON verified that all patients having surgical procedures are scheduled to be at the clinic in the mornings by 9:00 a.m. or 9:30 a.m., and are told to expect to be there for most of the day. In an interview 09/12/16 at 2:20 p.m. FS1ADM, after review of the SFM report, verified the occupancy stated 26 . She reported that she had been told by the previous administrator the building occupancy limit was 50. The Administrator verified that there were more than 26 persons in the building when the surveyor entered the building 9/9/16 at 8:50 a.m. FS1ADM verified the sign-in sheet had 26 patients signed in for 09/09/16. FS1ADM verified that besides the patients and 2 surveyors, there were 8 staff working in the facility 9/9/16, which would bring the total occupants to 36 before any surgical patients were discharged. FS2DON, present for the interview, indicated that Fridays are their busiest day, and would be more likely to go beyond 26 people in the building at one time.	S 107		
S 169	4425 - E-F Patient Med Records/Reporting Requirements E. Other Reports. The outpatient abortion facility	S 169		

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S 169	Continued From page 3 shall maintain a daily patient roster of all patients receiving a surgical or chemically induced abortion. Patients may be identified corresponding to the patient's medical record. This daily patient roster shall be retained for a period of three years F. Reporting Requirements 1. The outpatient abortion facility shall maintain documentation to support that the outpatient abortion facility is compliant with all reporting requirements, including, but not limited to, the induced termination of pregnancy (ITOP) form and other documentation as required by federal, state, and local statutes, laws, ordinances, and department rules and regulations. 2. The outpatient abortion facility shall report in accordance with all applicable state laws for the reporting of crimes against a child that include but are not limited to: a. rape; b. sexual battery; c. incest; and d. carnal knowledge of a juvenile This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure all reporting requirements were met, as required by state statutes as evidenced by having induced termination of pregnancy reported documented greater than 30 days for 4 (F#3, F#4, F#5, F#6) of 4 induced termination of pregnancy reports reviewed out of a total sample of 7 patient records reviewed. Based on record review and interview the facility failed to ensure documentation was maintained to support compliance with all reporting requirements. This failed practice was evidenced	S 169		

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S 169	Continued From page 4 by: 1) failure to provide documentation of ITOP reports certified (signed by physician) and submitted (registered) to the Office of Vital Records within 15 days, as per their policy and procedure; 2) failure to provide documentation of ITOP reports certified and submitted to the Office of Vital Records within 30 days, as required by law; 3) ITOPs with the stamped name of the certifying physician, in the place of the actual physician's signature. Findings: Review of LA RS 40:1299.35.10 Reports, revealed, in part "A. An individual abortion report for each abortion performed or induced shall be completed by the attending physician ...The report shall include:...(25) Signature of the attending physician... C. All abortion reports shall be signed by the attending physician and submitted to the Department of Health and Hospitals within thirty days after the date of the abortion. Review of the facility's Policy & Procedure title "Vital Records Abortion Reporting Form", presented on 09/12/16 at 4:30 p.m. by FS2DON as current, read in part: Procedure: Effective August 29, 2011 the "Report of Induced Termination of Pregnancy" is completed online in the LEERS (Louisiana Electronic Event Registration System) using the web address provided by DHH (https://leers.oph.dhh.la.gov). This form is to be completed within 15 days of the procedure. Upon completion of the report the report is to be submitted to the state using the	S 169		

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S 169	Continued From page 5 "drop to paper" function. Further review revealed no procedure to provide evidence of the submission of the ITOP reports in the time required by facility policy and time required by state law. No procedure was noted that would ensure the physician signed the ITOP report, instead of using a stamp. Patient #F3 Review of #F3's Induced Termination of Pregnancy report revealed that her procedure was performed on 05/20/16. A hand written date (7/7/16) appeared in the box entitled "date registered." Under Physician Signature was a stamped name of FS4MD, but no signature. Date Certified (signed by Physician) was blank. Further review revealed no documented evidence that the report was submitted to the Louisiana Department of Health within 15 days, as per the facility policy and procedure or within thirty days, as required by law. Patient #F4 Review of #F4's Induced Termination of Pregnancy report revealed that her procedure was performed on 05/24/16. A hand written date (7/17/16) appeared in the box entitled "date registered." Under "Physician Signature" was a stamped name of FS5MD, but no signature. Date Certified (signed by Physician) was blank. Further review revealed no documented evidence that the report was submitted to the Louisiana Department of Health within 15 days, as per the facility policy and procedure or within thirty days, as required by law. Patient #F5 Review of #F5's Induced Termination of Pregnancy report revealed that her procedure	S 169		

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S 169	Continued From page 6 was performed on 05/20/16. The box entitled "date registered" was noted to be blank. Under "Physician Signature" was a stamped name of FS4MD, but no signature. Date Certified (signed by Physician) was blank. Further review revealed no documented evidence that the report was submitted to the Louisiana Department of Health within 15 days, as per the facility policy and procedure or within thirty days, as required by law. Patient #F6 Review of #F6's Induced Termination of Pregnancy report revealed that her procedure was performed on 06/01/16. A hand written date (7/26/16) appeared in the box entitled "date registered." Under "Physician Signature" was a stamped name of FS4MD, but no signature. Date Certified (signed by Physician) was blank. Further review revealed no documented evidence that the report was submitted to the Louisiana Department of Health within 15 days, as per the facility policy and procedure or within thirty days, as required by law. In an interview on 09/12/16 at 1:30 p.m., FS3MA indicated that she is responsible for entering the Induced Termination of Pregnancy into the LEERS system. FS3MA indicated that once she inputs the data into the LEERS system a report is generated. FS3MA indicated that the date (at the bottom of the report) was the date that the form was printed. FS3MA indicated she (hand writes) enters this date in the box titled "date registered." FS3MA indicated that she was not familiar with the way the LEERS system would provide the date of submission. FS3MA reported she was not	S 169		

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S 169	Continued From page 7 certain that the printed date was the date of submission. In an interview 09/12/16 at 3:00 p.m., FS2DON indicated that she was not aware that the clinic had a policy which stated the submission date was 15 days for the report. FS2DON indicated that she was not certain how to determine if the Induced Termination of Pregnancy reports were being submitted within 30 days to Louisiana Department of Health. In an interview on on 09/12/16 at 3:05 p.m., FS1ADM and FS2DON indicated that the clinic had no documented evidence that the Induced Termination of Pregnancy Report for #F3, #F4, #F5 and #F6 had been signed by the physician and submitted within 15 days as required by the facility policy or within 30 days as required by law.	S 169		

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health

Health Standards Section

IMPORTANT NOTICE- PLEASE READ CAREFULLY

DATE: 10/21/2016

TO: ADMINISTRATOR OF Women's Health Care Center Inc

FROM: HEALTH STANDARDS SECTION

RE: LICENSING SURVEY - FOLLOW-UP RESULTS

On 09/12/2016, a follow-up survey was conducted at your facility by the Department of Health and Hospitals, Health Standards Section, to determine if your facility was in compliance with licensing standards established by the State of Louisiana. This survey found deficiencies in your facility whereby corrections are required to assure compliance with licensing standards.

Enclosed for your completion and prompt response is the STATE FORM (STATEMENT OF DEFICIENCIES (SOD) AND PLAN OF CORRECTION (PoC)). A PoC for the deficiencies must be submitted within 10 working days after your receipt of the STATE FORM. In the column "Completion Date," enter a projected date of correction. An explicit date must be shown. This date may not exceed 60 days from the completion of the survey. **Please refer to the enclosed memorandum, Required Components for the Plan of Correction, for guidance in developing your PoC.** Failure to submit an **acceptable** PoC by the date indicated **below** may result in the imposition of specified remedies. The STATE FORM must be **signed and dated by the administrator** or other authorized official as indicated. The **SIGNIFICANT FINDINGS** form, if enclosed, does not require a PoC, but the facility is expected to sign, date, and return the form.

You have one opportunity to question citations of deficient practice through an Informal Dispute Resolution process. To be given such an opportunity you must send your written request, specifying the deficient practice(s) that you are disputing and why you are questioning these, to: DHH/Health Standards Section, Attention IDR Program Manager, P.O. Box 3767, Baton Rouge, LA 70821-3767. The request must be made within 10 calendar days of receipt of your STATE FORM. Again, this is an informal dispute resolution and it is not necessary for your attorney to be present, however, if you wish for your attorney to be included in the informal dispute resolution, please advise this office. Please refer to the enclosed memorandum, **Informal Dispute Resolution Process**, for further information.

Please provide this PoC by 11/7/2016. **Mail the completed original and properly signed/dated PoC to: Health Standards Section, Attention Program Manager, P.O. Box 3767, Baton Rouge, Louisiana 70821-3767.**

Enclosures
HSS-ALL-30a - THE REQUIRED COMPONENTS FOR A PLAN OF CORRECTION
HSS-ALL-30b - INFORMAL DISPUTE RESOLUTION PROCESS

cc: Health Standards Section, DHH

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health

Health Standards Section

IMPORTANT NOTICE- PLEASE READ CAREFULLY

DATE: 07/09/2018

TO: ADMINISTRATOR OF Womens Health Care Center Inc

FROM: HEALTH STANDARDS SECTION

RE: COMPLAINT LICENSING SURVEY RESULTS

On 06/19/2018, a complaint survey was conducted at your facility by the Louisiana Department of Health, Health Standards Section. This survey found deficiencies in your facility whereby corrections are required to assure compliance with licensing standards.

Enclosed for your completion and prompt response is the STATE FORM (STATEMENT OF DEFICIENCIES (SOD) AND PLAN OF CORRECTION (PoC)). A PoC for the deficiencies must be submitted within 10 working days after your receipt of the STATE FORM. In the column "Completion Date," enter a projected date of correction. An explicit date must be shown. This date may not exceed 60 days from the completion of the survey. **Please refer to the enclosed memorandum, Required Components for the Plan of Correction, for guidance in developing your PoC.** Failure to submit an **acceptable** PoC by the date indicated **below** may result in the imposition of specified remedies. The STATE FORM must be **signed and dated by the administrator** or other authorized official as indicated. The **SIGNIFICANT FINDINGS** form, if enclosed, does not require a PoC, but the facility is expected to sign, date, and return the form.

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Please provide this PoC by 07/22/2018. Email the PoC to Jennifer.Haines@la.gov or mail the completed original and properly signed/dated PoC to: Health Standards Section, Attention Program Manager, P.O. Box 3767, Baton Rouge, Louisiana 70821-3767.

Enclosures
HSS-ALL-30a - THE REQUIRED COMPONENTS FOR A PLAN OF CORRECTION
HSS-ALL-30b - INFORMAL DISPUTE RESOLUTION PROCESS