State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		060-011	B. WING		06/1	2/2014					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
ATLANTA WOMEN'S MEDICAL CENTER 235 WEST WIEUCA ROAD ATLANTA, GA 30342											
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	FION SHOULD BE COMPLETE THE APPROPRIATE DATE						
V 000	Medical Center was 290-5-32, Rules an of Abortions After the	urvey, Atlanta Women's in compliance with Chapter d Regulations for Performance he First Trimester of Pregnancy uirements For All Abortions.	V 000	DEFICIENCY)							

State of GA Inspection Report
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
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U 000 Initial Comments.			U 000	HEALTHCARE FACILITY RE	G.						
	(GA00136570) was Atlanta Women's N compliance with Ci Regulations for Am	complaint investigation s conducted on 6/12/2014, Medical Center was not in hapter 111-8-4, Rules and nbulatory Surgical Treatmer ring deficiencies were cited:	nt	JUL 2 2 2014 RECEIVED							
U1025 SS G	Standards. The center shall be such a manner as	sical Plant and Operational e arranged and organized in to ensure the comfort, safet and dignity of patients treated	у,	AWC responded to this deficiency in a plar corrections submitted on July 7, 2014. A complan of correction, to which AWC has not year a response, is incorporated herein by refer	opy of that ! ret received :						
	Based on observa	met as evidenced by: tion and staff interview the sure patient safety related to									
	Findings include:				•						
		uipped with a glucometer blood sugar) and the only te ere expired.	st								
	the observation co	Director of Nursing following onfirmed the strips were expi ine was for single patient use for multi-patient use.	red								
SS A	Any advertising of ambulatory surgical	tising. the services provided in or to all treatment center shall include center and its Georgia lice	ude	AWC responded to this deficiency in a plan corrections submitted on July 7, 2014. A co- plan of correction, to which AWC has not y a response, is incorporated herein by refer	opy of that ret received						

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

FORM APPROVED State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: **B. WING** 060-011 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA WOMEN'S MEDICAL CENTER ATLANTA, GA 30342 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) U2100 Continued From page 1 U2100 number, as shown on the face of the permit. Authority O.C.G.A. Secs. 31-2-4 et seq. and 31-7-1 et seq. Administrative History. Original Rule entitled "Advertising" was filed on January 22, 1980; effective March 1, 1980, as specified by the Agency, This RULE is not met as evidenced by: Based on observation and staff interview it was the facility failed to include its Georgia license number as shown on the face of the permit, in it's advertising, . Findings include: Review of the facility's online website, which included information about the center and services provided, failed to reveal the center's Georgia license number. During an interview with the administrator on 6/12/2014 at 3:00 p.m., he/she confirmed that the website was the only source of advertising. and that it did not include the Georgia license number.

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PRINTED: 07/08/2014 FORM APPROVED

State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C 060-011 B. WING 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA WOMEN'S MEDICAL CENTER ATLANTA, GA 30342 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) U 000 Initial Comments. U opa **AMENDED 2567** A relicensure and complaint investigation (GA00136570) was conducted on 6/12/2014. Atlanta Women's Medical Center was not in compliance with Chapter 111-8-4, Rules and Regulations for Ambulatory Surgical Treatment Centers, the following deficiencies were cited: July 18, 2014 U1005 111-8-4-.10(e) Physical Plant and Operational The cited rule requires "access to the center building U1005 SS G Standards. without climbing any stairs or steps." AWC complies with this rule by providing access to its building via a ramp. The cited rule does not appear to address Entrances for patients shall be connected to the access between the floors of the building, and DCH public right-of-way by a hard-surfaced, has not previously indicated that this rule might require unobstructed walkway in good repair. an elevator between the floors of AWMC's building. Handicapped patients confined to a wheel chair AWC is addressing its lack of an elevator by taking the or otherwise impaired shall be able to access the corrective actions listed below in response to U1006. center building without climbing any stairs or steps. A ramp with handrails over existing stairs or steps may be utilized in meeting this requirement. A hard-surfaced, unobstructed road or driveway for use by ambulances or other emergency fire or police vehicles shall run from at least one entrance of the building to the public right-of-way. The doorway of such entrance shall be immediately adjacent to the road or driveway. This RULE is not met as evidenced by: Based on observations and staff interviews, the facility failed to provide handicapped patients confined to a wheelchair or otherwise impaired access to the facility without climbing any stairs. Findings include: Observation on 06/11/2014 at 9:00 a.m. revealed two (2) parking spaces labeled with the blue handicapped symbols (wheelchair) painted on the pavement. Continued observations revealed a State of GA Inspection Report

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

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State of GA, Healthcare Facility Regulation Division (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING 060-011 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA WOMEN'S MEDICAL CENTER ATLANTA, GA 30342 PROVIDER'S PLAN OF CORRECTION **SUMMARY STATEMENT OF DEFICIENCIES** (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY U1005 U1005 Continued From page 1 ramp that was level with the pavement and the sidewalk located between the entrance of the facility and another office. The facility was located on the second (2nd) floor, there was a front patient and visitor entrance accessible by climbing 19 stairs. There was no elevator in the facility. Interview on 06/11/14 at 10:20 a.m., the Administrator acknowledged that the facility did not have an elevator. Interview on 06/12/14 at 10:15 a.m., the Clinical Coordinator confirmed that the patient and visitor entrance had 19 stairs and that there was no elevator in the facility. Observation on 06/12/14 at 3:00 p.m., a back staircase which the Administrator confirmed was used by staff or emergency personnel when transferring patients. This staircase also had 19 steps. **Immediate** First Corrective Action: U1006 111-8-4-.10(f) Physical Plant and Operational U1006 (these are In order to ensure that AWMC's lack of elevator SS G Standards. ongoing access does not adversely affect patient safety or practices care, AWC will comply with the following policies Ambulatory surgical services provided in aiready in and procedures: place prior to multistory buildings shall be accessible by an Patients who receive IV sedation will be the inspection l elevator of adequate size to accommodate date a accompanied to the center by a personal escort. standard wheeled litter patient and two Following her procedure, a patient receiving IV attendants. A stairway or ramp of adequate sedation will be escorted down the stairs by her dimensions shall be available for transfer of a personal escort and a clinic staff member. patient in case of power failure. The patient's personal escort will accompany the patient to her transportation. · All staff escorts will document the escorting of patients in the Staff Escort Log. This RULE is not met as evidenced by: Patients who have not received IV sedation but who Based on observations and staff interview, it was have been determined to need assistance to safely determined that the facility failed to provide an navigate the stairs will also be escorted down the stairs elevator for patient transport to the second(2nd) by a clinic staff member.

State of GA Inspection Report

State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING 060-011 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA WOMEN'S MEDICAL CENTER ATLANTA, GA 30342 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY If a patient must be transferred to another facility, the U1006 | Continued From page 2 U1006 clinic administrator or a designee will call the ambulance floor Ambulatory Surgery Center. service to arrange for transfer and alert the operator that the center is on the second floor and that access to the center is via a stairway. Prospective patients will be notified that AWMC is on Findings include: the second floor and that access to AWMC is via a stairway. Such notification will be documented in Observation on 06/11/2014 at 9:00 a.m. revealed patient appointment notes. two (2) parking spaces labeled with the blue The center will maintain in its file a statement signed i handicapped symbols (wheelchair) painted on the by its current medical director that in his/her medical : pavement. Continued observations revealed a judgment, walking down stairs following surgery ramp that was level with the pavement and the presents minimal, if any, risk to the patient. sidewalk located between the entrance of the Staff Education: facility and another office. The facility was Staff Meeting for review of procedures scheduled on located on the second (2nd) floor, there was a 7/23/14. Monitoring: front patient and visitor entrance accessible by climbing 19 stairs. There was no elevator in the Administrator will perform periodic quality assurance checks to ensure policies are being followed. facility. Responsible Party: Administrator Interview on 06/11/14 at 10:20 a.m., the Second Corrective Action: Jnknown as to Administrator acknowledged that the facility did From the time this facility was first licensed in 1994 the administrative not have an elevator. broceedings. until 2012, the Department continuously granted AWC variances from the elevator requirement. The most March 16, 201 Interview on 06/12/14 at 10:15 a.m., the Clinical recent of those variances expired in 2012. AWC made the date on Coordinator confirmed that the patient and visitor several attempts to renew those variances, but the which AWC's entrance had 19 stairs and that there was no requested Department denied our applications. Accordingly, we have undertaken to install an elevator in the building: one-year elevator in the facility. We have retained an architecture firm, prepared variance would construction drawings, sought permitting and applied expire) as to Observation on 06/12/14 at 3:00 p.m., a back for the necessary loan funds. In addition, on installation of staircase which the Administrator confirmed was March 17, 2014, we applied for a temporary one-year the elevator. used by staff or emergency personnel when variance to allow us to continue operations while transferring patients. This staircase also had 19 installing the elevator. On July 7, 2014, AWC requested steps. informal review of the Department's initial denial of the March 17th variance application. That matter is still pending. (Also pending is AWC's 3/14/14, request for U1025 111-8-4- 10(I) Physical Plant and Operational U1025 SS G Standards. informal review of the Department's initial denial of AWC's 9/12/13 (variance request to use stairlift in lieu of elevator). AWC is also in the process of seeking a The center shall be arranged and organized in settlement conference with the Department in an such a manner as to ensure the comfort, safety, attempt to reach a suitable resolution agreeable to all. hygiene, privacy, and dignity of patients treated therein.

State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ COMPLETED С 060-011 B. WING 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA WOMEN'S MEDICAL CENTER ATLANTA, GA 30342 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) U1006 Continued From page 2 U1006 Our plan for compliance is to pursue all of these avenues with the goal of installing an elevator in the floor Ambulatory Surgery Center. building while continuing to provide services. Staff Education: Findings include: Staff will be appropriately notified of decisions resulting from the pending administrative proceedings and any Observation on 06/11/2014 at 9:00 a.m. revealed changes that may be implemented as a result of such two (2) parking spaces labeled with the blue decisions. handicapped symbols (wheelchair) painted on the Monitoring: pavement. Continued observations revealed a Legal Counsel & Administrator will continue ramp that was level with the pavement and the monitoring progress of all administrative proceedings sidewalk located between the entrance of the on this matter. Responsible Persons: facility and another office. The facility was Legal Counsel & Clinic Administrator located on the second (2nd) floor, there was a front patient and visitor entrance accessible by climbing 19 stairs. There was no elevator in the facility. Interview on 06/11/14 at 10:20 a.m., the Administrator acknowledged that the facility did not have an elevator. Interview on 06/12/14 at 10:15 a.m., the Clinical Coordinator confirmed that the patient and visitor entrance had 19 stairs and that there was no elevator in the facility. Observation on 06/12/14 at 3:00 p.m., a back staircase which the Administrator confirmed was used by staff or emergency personnel when transferring patients. This staircase also had 19 steps. U1025 111-8-4-.10(I) Physical Plant and Operational **July 10, 2014** AWC responded to this deficiency in a plan of U1025 SS G corrections submitted on July 7, 2014. A copy of that Standards. plan of correction, to which AWC has not yet received a response, is incorporated herein by reference. The center shall be arranged and organized in such a manner as to ensure the comfort, safety, hygiene, privacy, and dignity of patients treated therein.

FORM APPROVED State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B WING 060-011 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA WOMEN'S MEDICAL CENTER ATLANTA, GA 30342 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) U1025 Continued From page 3 U1025 This RULE is not met as evidenced by: Based on observation and staff interview the facility failed to ensure patient safety related to glucometer use. Findings include: The facility was equipped with a glucometer (device to assess blood sugar) and the only test strips available were expired. Interview with the Director of Nursing following the observation confirmed the strips were expired and that the machine was for single patient use and not approved for multi-patient use. ່ວົນໄຈ 11, 2014 U2100 111-8-4-.21 Advertising. AWC responded to this deficiency in a plan of U2100 SS A corrections submitted on July 7, 2014. A copy of that plan of correction, to which AWC has not yet received Any advertising of the services provided in or by a response, is incorporated herein by reference. ambulatory surgical treatment center shall include the full name of the center and its Georgia license number, as shown on the face of the permit. Authority O.C.G.A. Secs. 31-2-4 et seg. and 31-7-1 et seq. Administrative History. Original Rule entitled "Advertising" was filed on January 22, 1980; effective March 1, 1980, as specified by the Agency, This RULE is not met as evidenced by: Based on observation and staff interview it was the facility failed to include its Georgia license number as shown on the face of the permit, in it's advertising, .

Findings include:

State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 060-011 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 235 WEST WIEUCA ROAD ATLANTA WOMEN'S MEDICAL CENTER ATLANTA, GA 30342 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG DEFICIENCY) V 000 Opening Comments V 000 At the time of the survey, Atlanta Women's Medical Center was in compliance with Chapter 290-5-32, Rules and Regulations for Performance of Abortions After the First Trimester of Pregnancy and Reporting Requirements For All Abortions. State of GA Inspection Report

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

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(X6) DATE