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# COMMONWEALTH of VIRGINIA

*Department of Health*

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

Office of Licensure and Certification

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9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
FAX: (804) 527-4502

December 7, 2016

Administrator
Alexandria Women's Health Clinic
101 S. Whiting Street, Suite 215
Alexandria, Virginia 22304

**RE: Alexandria Women's Health Clinic - Alexandria**
**Abortion Facility Biennial Licensure Inspection**

***Certified Mail Delivery***

Dear Administrator:

An unannounced First Trimester Abortion Facility (FTAF) biennial licensure inspection of the above facility was conducted November 29, 2016 by two (2) Medical Facilities Inspectors with the Virginia Department of Health's Office of Licensure and Certification.

Enclosed is the Biennial Licensure Inspection. The facility was not in compliance with 12VAC5-412 regulations for the Licensure of Abortion Facilities, effective June 20, 2013. This document contains a listing of deficiencies found at the time of this inspection.

You are required to submit a plan for correcting the deficiencies cited. Your statements shall reflect the specific detailed actions you will take to correct deficiencies, prevent a recurrence of the deficiencies, and measures implemented to maintain compliance. You must also give the expected completion date of each deficiency.

***Completion of corrective actions shall not exceed 45 working days from the last day of the inspection.***

After signing and dating your Plan of Correction, **retain one copy of the report for your files and return the original to OLC within 15 working days of receipt of the inspection report.** The Administrator shall be notified whenever any item in the plan of correction is determined to be unacceptable. Failure to submit an acceptable plan of correction may result in a penalty in accordance with the Code of Virginia §32.1-27 or in denial, revocation or suspension of a license in accordance with 12VAC5-412-130.

A copy of the completed form will be kept on file in this office and will be available for public review. The Virginia Department of Health – Office of Licensure and Certification is required to make copies of this report available to other Federal and State regulatory or reimbursement agencies upon request.

Thank you for the cooperation that was extended to our inspectors during this investigation. If you should have any question or concerns regarding this report or the report findings, please contact me at (804) 367-2112.

Sincerely,

Frederick W. Kyle

Frederick W. Kyle, Director
Division of Acute Care Services

Enclosure

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State of Virginia

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AF-0014 | A. BUILDING _____ B. WING _____ | 11/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ALEXANDRIA WOMEN'S HEALTH CLINIC | 101 S. WHITING ST. SUITE #215 ALEXANDRIA, VA 22304 |

| (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 |
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| T 000 | 12VAC5-412 Initial Comments<br><br>An unannounced Licensure Biennial survey was conducted November 29, 2016 by two Medical Facilities Inspectors with the Office of Licensure and Certification, Virginia Department of Health. The agency was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Clinics. (Effective 03/17/2015) | T 000 | T000<br><br>Plan of Correction | 11/30/16 |
| T 135 | 12VAC5-412-200 A Patients' Rights<br><br>Each abortion facility shall establish a protocol relating to the rights and responsibilities of patients consistent with the current edition of the Joint Commission Standards of Ambulatory Care. The protocol shall include a process reasonably designed to inform patients of their rights and responsibilities, in a language or manner they understand. Patients shall be given a copy of their rights and responsibilities upon admission.<br><br>This RULE: is not met as evidenced by:<br>Based on observations and interviews the facility failed to ensure they had a protocol relating to the right of the patient to have privacy and be treated in a dignified manner for 2 of 2 patients, patients #1 and #12 were observed during recovery.<br><br>The findings include:<br><br>During the initial tour of the facility on 11/19/16 revealed a recovery area with 4 reclining chairs in one section that had a curtain separating 2 additional reclining chairs. There was no separation curtain between each individual chair. Patients #1 and #12 were observed in the section with the 2 reclining chairs. Patient #Za12 was observed in a hospital gown. Once recoverec | T 135 | T 135<br><br>Corrective action taken to ensure patient privacy. The facility will install additional curtains in the recovery area to separate each recliner to ensure patient privacy.<br><br>* The Quality Assurance committee will include ongoing audits to make sure that the recovery room staff are closing the curtains to maintain privacy. This audit will be done every day for the next month. Monthly audits | 11/30/16 |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: E Manlove
TITLE: President
(X6) DATE: 16 Dec. 16

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| T 135 | Continued From Page 1<br><br>Patient #12 was directed to get dressed. Patient #1 was sitting next to patient #12. Patient #12 had to remove her gown and get dressed in front of Patient #1.<br><br>Staff Member #3 stated, "We are looking into getting curtains put between each chair."<br><br>The Joint Commission International Standard for Ambulatory Care 3rd Edition Page 9 Patient and Family Rights documents, "The patients' rights to privacy and confidentiality of care and information are respected." | T 135 | T135 Continued<br>will continue in order to be in full compliance.<br>Training to all staff related to patient privacy will be offered quarterly to ensure competency. | |
| T 150 | 12VAC5-412-200 D Patients' Rights<br><br>Any patient seeking an abortion shall be given a copy of the complaint procedures, in a language or manner she understands, at the time of admission to service.<br><br>This RULE: is not met as evidenced by:<br>Based on document review and interview the facility staff failed to ensure there was documentation indicating each patient received a copy of the complaint procedures. A total of 20 medical records were reviewed and there was no indication in any of the medical records the patients received a copy of the complaint procedures.<br><br>The findings include:<br><br>The medical records of Patients #1 through #20 were reviewed on 11/29/16. The records did not indicate a copy of the compliant procedure had been given to the patients<br><br>Staff Member #3 stated, "We give them this | T 150 | T150<br>Corrective action taken by documenting that a copy of "The patient's rights and responsibilities" was provided to each patient. This documentation will include that the patient acknowledges that a copy was given by signing the form upon admission.<br>*The Quality Assurance committee will implement a policy and procedure that | 11/30/16 |

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| T 150 | Continued From Page 2<br><br>(shown a copy of rights and responsibilities) but we have no way of showing we gave it to them."<br><br>Random current patients were asked if they received a copy of the complaint procedure and could not recall if they had or not. | T 150 | T150 Continued<br>includes daily audits to review patients charts and proper documentation. This audit will continue monthly and any deficiency will be reported to the QA committee and immediately reviewed by the Governing Body. | 11/30/16 |
| T 155 | 12VAC5-412-200 E Patients' Rights<br><br>The abortion facility shall provide each patient or her designee with the name, mailing address, and telephone number of the:<br><br>1. Facility contact person; and<br><br>2. OLC Complaint Unit, including the toll-free complaint hotline number. Patients may submit complaints anonymously to the OLC. The abortion facility shall display a copy of this information in a conspicuous place.<br><br>This RULE: is not met as evidenced by:<br>Based on document review and interview the facility staff failed to ensure there was documentation incicating each patient received a copy of the facility contact person's name, mailing address and telephone number and the information to contact the Office of Licensure and Certification's (OLC) Complaint Unit. A total of 20 medical records were reviewed and there was no indication in any of the medical records the patients received a copy of the required contact information for the facility or the OLC.<br><br>The findings include:<br><br>The medical records of Patients #1 through #20 | T 155 | T155<br>Each patient chart will show documentation that the patient received a copy of the facility contact person's name, mailing address and telephone number.<br><br>This information will be added to "The patients right and responsibility" form as well as the OLC Complaint Unit's address and telephone number.<br><br>This information will be given upon admission. | 11/30/16<br><br>11/30/16 |

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| T 155 | Continued From Page 3<br>were reviewed on 11/29/16. The records did not indicate a copy of the information about who to contact in the facility with an address and telephone number, or the information for contacting the OLC's Complaint Unit.<br><br>Staff Member #3 stated, "We give them this (shown a copy of rights and responsibilities) but we have no way of showing we gave it to them."<br><br>Random current patients were asked if they received a copy of the complaint procedure and could not recall if they had or not. | T 155 | T155 Continued<br>*The Quality Assurance Committee will implement a Policy and Procedure that includes daily audits to review patients charts and proper documentation. This audit will continue monthly and any deficiency will be reported to the Quality Assurance Committee and immediately reviewed by the Governing Body. | |
| T 190 | 12VAC5-412-220 A Infection Prevention<br><br>The abortion facility shall have an infection prevention plan that encompasses the entire abortion facility and all services provided, and which is consistent with the provisions of the current edition of "Guide to Infection Prevention in Outpatient Settings: Minimum Expectations for Safe Care", published by the U.S. Centers for Disease Control and Prevention. An individual with training and expertise in infection prevention shall participate in the development of infection prevention policies and procedures and shall review them to assure they comply with applicable regulations and standards.<br><br>1. The process for development, implementation and maintenance of infection prevention policies and procedures and the regulations or guidance documents on which they are based shall be documented.<br><br>2. All infection prevention policies and procedures shall be reviewed at least annually by the administrator and appropriate members of the clinical staff. The annual review process and | T 190 | T190<br>Corrective action taken by having an in-service on 11/30/16 related to "safe infection prevention practices" for all staff members.<br>This shall include the necessary criteria and documentation for the correct way to disinfect when opening a new vial of medication. | 11/30/16 |

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| T 190 | Continued From Page 4 | T 190 | T190 continued | 11/30/16 |

recommendations for changes/updates shall be documented in writing.

3. A designated person in the facility shall have received training in basic infection prevention, and shall also be involved in the annual review.

This RULE is not met as evidenced by:
Based on observations and interview the facility failed to ensure their infection control plan included facility surveillance and correct information related to opening a new vial of medication. The infection preventionist (IP) did not have audits of the facility, documenting areas in need of repair in order to ensure the areas could be properly cleaned (floor tiles, tape on procedure table, corrosion on stirrup bar, the use of betadine which was poured into a cylinder container and used on multiple patients, opened items with dates of expiration once opened were not dated and a sterile endotracheal tube was open and in the crash cart available for use. In addition, the facility failed to follow acceptable infection control practice when administering IV (intravenous) medications for 2 of 3 observations. Following the manufacture's directions for cleaning when using disinfecting wipes to clean chairs and equipment after use.

The findings include:

On 11/29/16 the initial tour of the facility was conducted with Staff Member #1 and later discussed and reviewed with Staff Member #3. The facility had 3 areas where the floor tile was broken and the floor could not be properly cleaned in the event of a blood spill. The lab floor directly under the chair leg where blood is drawn from a patient, the door way between the main corridor

The facility shall also implement a policy and procedure for a quarterly audit of the facility to ensure safety and infection prevention.

This audit shall include monitoring and documentation of all areas of the facility such as electrical equipment, power supply, environment surfaces maintained in good condition (ex. floor tiles, ceiling tiles, etc.), storage areas are maintained so as to prevent hazards, etc. 11/30/16

All outdated, expired or opened supplies were removed and restocked as needed on 11/30/16. 11/30/16

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| T 190 | Continued From Page 5<br><br>and the nutrition area, and the ultrasound room. The procedure room table had surgical tape on it and there had not been any procedures performed prior to the inspection on this date. The procedure table stirrups chrome plating was coming off and in some places bubbling up and missing altogether in others leaving exposed rusted metal underneath the coating.<br>Betadine was being poured from a larger container into a metal cylinder and covered with a wadded up paper towel. Staff Member #11 stated, "The betadine is poured in the container and used to clean the patient with these (pointed to a covered container of large cotton tipped swabs). At the end of the day we discard what is not used."<br><br>A container of HemoCue was observed in the lab opened and accessed with no date as to when it was opened. Staff Member #3 stated, "Once the HemoCue is opened the manufacture says it must be discarded after 90 days. It should have been dated when it expires."<br>During the inspection of the crash cart an opened and available for use were six endotracheal tubes.. Staff Member #3 stated, "That should have been thrown away."<br><br>On 11/29/16 during the observation of a procedure Staff Member #8 opened 3 vials of medication. Staff Member #8 proceeded to withdraw the medication and administer the medication from 2 of the vials without first cleaning the top of the vial or the injection port.<br><br>On 11/29/16 at approximately 11:55 A.M. Staff Member #1 was observed cleaning and disinfecting a chair vacated by a patient. Staff Member #1 proceed to wipe the chair with the disinfecting wipes and allowed the chair to air dry. The disinfecting process lasted for approximately 1 minute. The container of disinfecting wipes | T 190 | T190 continued<br>Broken tiles replaced on 12/14/16 to ensure that the floor could be properly cleaned. Surgical tape has also been removed from the procedure room table and the procedure room table stirrups will be replaced for new ones. 12/14/16<br><br>Betadine will not be poured from a large container into a metal cylinder covered with paper towel. Each tray will have an individual iodine cup to pour Betadine for each patient and then disposed after the procedure. The facility will also purchase individually wrapped Betadine solution swabsticks provided from Moore Medical Supplies. 11/30/16 | |

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| T 190 | Continued From Page 6<br><br>documents the surface must remain wet for 10 minutes for the product to be effective. Staff Member #3 stated, "She should have used the spray it stays wet until you wipe if off and it only takes 30 seconds." | T 190 | T190 continued<br>Hemocue microcuvettes will be dated when is opened and when it expires.<br>All disinfecting wipes have been removed and replaced with Madacide FD solution. This germicidal solutions wet period is 30 seconds. An in-service of this product was done on 11/30/16<br>Corrective actions will be monitored to ensure the alleged deficient practice does not reoccur. | 11/30/16<br><br>11/30/16 |
| T 245 | 12VAC5-412-240 A Medical Testing and Laboratory Services<br><br>Prior to the initiation of any abortion, a medical history and physical examination, including a confirmation of pregnancy, and completion of all requirements of informed written consent pursuant to § 18.2-76 of the Code of Virginia, shall be completed for each patient.<br><br>1. Use of any additional medical testing shall be based on assessment of patient risk. The clinical criteria for such additional testing and the actions to be taken if abnormal results are found shall be documented.<br><br>2. Medical testing shall include a recognized method to confirm pregnancy and determination or documentation of Rh factor.<br><br>3. The abortion facility shall develop, implement and maintain policies and procedures for screening of sexually transmitted diseases consistent with current guidelines issued by the U.S. Centers for Disease Control and Prevention. The policies and procedures shall address appropriate responses to a positive screening test.<br><br>4. A written report of each laboratory test and examination shall be a part of the patient's record. | T 245 | T 245<br>An audit of all patients charts will be done every day for the next month to make sure that the Rh factor, Hgb, etc. are documented. Monthly ongoing audits will continue to ensure proper documentation | 11/30/16 |

STATE FORM 021199 PR9L11 If continuation sheet 7 of 13

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| T 245 | Continued From Page 7<br><br>This RULE: Is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure the Rh factor was documented in the medical record for 2 of 20 patients' records reviewed. Patients #5 and #18.<br><br>The medical records of Patients #5 and 18 were reviewed on 11/29/16. The records did not indicate the results of the Rh factor. Staff Member #3 stated, "Oh I can get those." During the inspection no Rh factor documentation was provided for patients #5 and #18.<br><br>According to the American Pregnancy Association Each person's blood is one of four major types: A, B, AB, or O. Blood types are determined by the types of antigens on the blood cells. Antigens are proteins on the surface of blood cells that can cause a response from the immune system. The Rh factor is a type of protein on the surface of red blood cells. Most people who have the Rh factor are Rh-positive. Those who do not have the Rh factor are Rh-negative.<br>As part of prenatal care, patients have blood test to determine their blood type. If their blood lacks the Rh antigen, it is called Rh-negative. If it has the antigen, it is called Rh-positive. When the mother is Rh-negative and the father is Rh-positive, the fetus can inherit the Rh factor from the father. This makes the fetus Rh-positive too. Problems can arise when the fetus' blood has the Rh factor and the mother's blood does not. Patients who are Rh-negative, may develop antibodies to an Rh-positive baby. If a small amount of the baby's blood mixes with the mother's blood, which often happens, the mother's body may respond as if it were allergic to the baby. The mother's body may make antibodies to the Rh antigens in the baby's blood. This means the mother have become sensitized and her antibodies can cross the placenta and attack the | T 245 | T245 Continued<br>* The Laboratory Director and Laboratory Technician will be responsible for staff education about proper documentation and daily audits to each patient chart to ensure competency | |

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| T 245 | Continued From Page 8<br><br>baby's blood.<br>They break down the fetus' red blood cells and produce anemia (a condition that happens when the blood has a low number of red blood cells). This condition is called hemolytic disease or hemolytic anemia. It can become severe enough to cause serious illness, brain damage, or even death to the fetus or newborn. Sensitization can occur any time the fetus's blood mixes with the mother's blood.<br>It can occur if an Rh-negative woman has had: a miscarriage, induced abortion, ectopic, pregnancy, chorionic villus sampling or a blood transfusion. | T 245 | | |
| T 255 | 12VAC5-412-240 C Medical Testing and Laboratory Services<br><br>All tissues removed resulting from the abortion procedure shall be examined to verify that villi or fetal parts are present, if villi or fetal parts cannot be identified with certainty, the tissue specimen shall be sent for further pathologic examination and the patient alerted to the possibility of an ectopic pregnancy, and referred appropriately.<br><br>This RULE: is not met as evidenced by:<br>Based on medical record review, observation and interview it was determined that the facility failed to examine all tissues removed resulting from the abortion procedure to verify that villi or fetal parts were present for sixteen (16) of twenty (20) patients. (Patients #1, 2, 3, 4, 5, 6, 7, 9, 12, 13, 15, 16, 17, 18, 19 and 20).<br><br>The findings include:<br><br>Medical record review on November 28, 2016 between 11:30 a.m. and 3:45 p.m. revealed | T 255 | T 255<br>The physician will have a new form where he/she can document the examination of the product to verify that villi and fetal parts were present. This form shall also include additional space for notes.<br>* The Medical Director will review all new forms to verify that the physician is able to document properly. He will also be responsible for | 11/30/16 |

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| T 255 | Continued From Page 9<br><br>documentation under procedure as "pregnancy tissue: complete (x)" for Patients #1, 2, 3, 4, 5, 6, 7, 9, 12, 13, 15, 16, 17, 18, 19 and 20). There is no evidence of villi or fetal parts identified. Medical record review of Patient #4 revealed the patient had a procedure on October 29 and November 8, 2016. On November 8, 2016 documentation stated. "repeat for POC (products of conception)."<br><br>On November 29, 2016 at 12:00 p.m. Staff Member #5 was observed cleaning instruments from procedure. No staff member was observed examining tissue removed before disposed. Staff Member #5 stated that the doctor examines the tissue.<br><br>An interview with Staff Member #7 on November 29, 2016 at 2:30 p.m. revealed that "complete means everything." Staff Member #7 stated that the form needs updating. | T 255 | Physician education in regards to this matter. Daily audits will be implemented to ensure compliance and any deficiency will be reported to the Quality Assurance Committee and immediately reviewed by the Governing Body. | |
| T 355 | 12VAC5-412-300 Health Information Records<br><br>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:<br>1. Patient identification;<br><br>2. Admitting information, including patient history and physical examination;<br><br>3. Signed consent;<br><br>4. Confirmation of pregnancy;<br><br>5. Procedure report to include: | T 355 | T 355<br>The facility shall implement a policy and procedure on how to file a complaint.<br><br>Each patients chart will show documentation that the patient received a copy of the facilitys contact persons name, mailing address and telephone number. | 11/30/16 |

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FORM APPROVED

State of Virginia

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AF-0014 | A. BUILDING _____ B. WING _____ | 11/29/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALEXANDRIA WOMEN'S HEALTH CLINIC | 101 S. WHITING ST. SUITE #215 ALEXANDRIA, VA 22304 |

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| T 355 | Continued From Page 10<br><br>a. Physician orders;<br>b. Laboratory tests, pathologist's report of tissue, and radiologist's report of x-rays;<br>c. Anesthesia record;<br>d. Operative record,<br>e. Surgical medication and medical treatments;<br>f. Recovery room notes;<br>g. Physician and nurses' progress notes,<br>h. Condition at time of discharge,<br>i. Patient instructions, preoperative and postoperative; and<br>j. Names of referral physicians or agencies.<br><br>6. Any other information required by law to be maintained in the health information record.<br><br>This RULE: is not met as evidenced by:<br>Based on medical record review and interview it was determined that the facility failed to maintain an accurate and completed medical record on each patient for twenty (20) of twenty (20) patients (Patients #1-20).<br><br>The findings include:<br><br>1. Medical record review on November 28, 2016 between 11:30 a.m. and 3:45 p.m. revealed the following.<br>Medical record review for twenty (20) of twenty (20) patients (Patients # 1-20) revealed the "Patients Rights and Responsibilities" form failed to document a copy was received by the patient and failed disclose procedure to file a complaint to include the Office of Licensure and Certification address and phone number.<br><br>Medical record review for sixteen (16) of sixteen (16) surgical abortion patients Patients # 1, 2, 3, 4, 5, 6, 7, 9, 12, 13, 15, 16, 17, 18, 19 and 20 revealed: | T 355 | T 355 continued<br>This information will be added to "the patients rights and responsibility" form as well as the OLC complaint Unit's address and phone number. This will include documentation that the patient acknowledges that a copy was given by signing the form upon admission. 11/30/16<br><br>Pre-op and Post-op medication section will be rewritten to add the route of administration, Additional space for initials and/or signature will also be included. 11/30/16<br><br>The route of administration will also be added to the nursing notes where Hydrocodone APAP and Oxycodone APAP are found. 11/30/16 | |

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| T 355 | Continued From Page 11<br><br>Pre-op Medication section lists medication that can be administered but fails to identify route of administration. "Ibuprofen 800 mg __ xanax 0.5 mg __ xs tylenol 1 2 anapros 1 2 Torodol 10 mg __"<br><br>Post-op Medication section lists Misoprostol 200 mcg # PO with time before procedure and no initials or signature of person administering medication. Keflex 500 mg PO order is written over the original order.<br><br>Recovery Room notes have no signature of recovery room nurse and fails to address bleeding and cramps of the patients. "Ready to discharge" is written in before the patient gets to the recovery room. Ibuprofen order failed to identify route of administration. Ibuprofen 200 400 given at _____ by _____<br><br>Patient's Ultrasound Consent and Certification of Waiting Period form failed to be completed and signed by staff to show that a qualified ultrasound professional was provided and the patient was verbally offered the opportunity to view, receive copy and hear fetal heart tones.<br><br>Medical record review for four (4) of four (4) medical abortion patients (Patients # 8, 10, 11 and 14) revealed on the nursing notes medication Hydrocodone/APAP and Oxyodone/APAP failed to identify route of administration.<br><br>All physician orders must include patient name, date, medication, dosage, route of administration and physician signature. To correct or change information in a medical document strike a single line through the incorrect information and write above or below with initials; according to Lippincott Nursing. | T 355 | T355 Continued<br><br>Recovery room notes will be rewritten to include space for notes and signature from the recovery room nurse.<br><br>Nothing will be written prior to the procedure/recovery.<br><br>A meeting with the recovery room nurses was held on 11/30/16 to address the missing information on the patients chart, such as the amount of bleeding and cramping. This meeting will also include the information that is not completed in the "Patients Ultrasound consent and Certification of Waiting Period" form by a qualified ultrasound professional and that the patient was offered to view, receive a copy of the ultrasound hear fetal heart tones. | 11/30/16<br><br>11/30/16 |

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| T 355 | Continued From Page 12<br><br>The findings were discussed with Staff Member #3 on November 29, 2016 at 4:00 p.m. | T 355 | Monthly ongoing audits of patients charts will be done to ensure proper documentation.<br>A strike or single line will be used when there is incorrect information that needs change and initials/signature will be added whenever a correction or change is made in a medical document.<br>* The Quality Assurance Committee will implement a policy and procedure that includes daily audits to review patients charts and proper documentation.<br>The Medical Director is responsible to review all new forms to make sure that the routes of administration and extra space for notes are added<br>Training to all staff will be implemented quarterly related to proper documentation to ensure compliance. The Medical Director will be responsible for staff education. | 11/30/16 |