(X3) DATE SURVEY COMPLETED

С

07/13/2018

#### Health Standards Section STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: \_ BO0004642 B. WING NAME OF PROVIDER OR SUPPLIER

# STREET ADDRESS, CITY, STATE, ZIP CODE

(4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING 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 Re-licensure survey with Complaints LA00048541, LA00048551, and LA00048576. Tags S0253, S0255, and S0257 cited as a result of Complaint LA00048576 and the re-licensure survey. There were no deficiencies cited for complaints LA00048541 and LA00048551.	S 000	S00: Re-licensure survey with Complaints LA00048576 with Tags S0253, S0255, and S0257 cited as a result will be addressed appropriately in this plan of correction. Appropriate dates of completion will be associated with each tag.	
S 113	<ul> <li>4421 - C 7-11 Governing Body</li> <li>7. approving all bylaws, rules, policies, and procedures formulated in accordance with all applicable state laws, rules, and regulations;</li> <li>8. ensuring all bylaws, rules, policies, and procedures formulated in accordance with all applicable state laws, rules, and regulations are maintained on the licensed premises and readily accessible to all staff;</li> <li>9. maintaining organization and administration of the outpatient abortion facility;</li> </ul>	S 113	S113: This deficiency reflects lack of appropriateness of facility compliance with governing body rule as reflected in section 4421 of the 2015 Louisiana register. Corrective measures include proper labeling and disposal of medications. All medications will be done on as needed basis. Any excess will be disposed of in a manner per protocol. This policy and procedure implemented for proper labeling and disposal of medication includes employee in-service and training. This will be performed and supervised by either the director of nursing or experienced member of administrative staff. The newly	10/25/18 set attached in- service attendance record for proper labeling and disposal of medications
c 1 1 1 1 1	<ol> <li>acting upon recommendations from the medical director relative to appointments of persons to the medical staff;</li> <li>ensuring that the outpatient abortion facility is equipped and staffed to meet the needs of its patients;</li> </ol>		hired director of nursing will be required to be present at the facility at least four times per month for the next 6 to 12 months in order to ensure compliance and proper training. The clinic administrator or experienced member of administrative staff will also be responsible for implementing this corrective measure. All employees with nursing license will be trained to comply with the proper medication labeling and proper disposal procedure as indicated in the attached policy and procedure for proper disposal of medication.	
	This Rule is not met as evidenced by: Based on observation and interview, the Governing Body failed to act upon the recommendations from the medical director andards Section DRECTORS OR PROVIDENSUPPLIER REPRESENTATIVE'S SIGNATE	JRE	reviewed 12/3/2018 Zandra Stewart, RN	(X6) DATE

	t of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	LE CONSTRUCTION	(X3) DATE S COMPL	
		BO0004642	B. WING		07/	3/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
DELTA CI	LINIC OF BATON ROUG	IE. INC	ONIAL DRIVE	806		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH		(X5) COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE API DEFICIENCY)	PROPRIATE	DATE
S 113	Continued From page	e 1	S 113	S113 continued:		
	relative to ensuring th	ne outpatient abortion facility		The facility has also recently acc	uired two	[
	was staffed to meet t	he needs of its patients.		additional nurses to a staff roste the issue of an adequate staffing	. One nurse	10/25/18 s attached ir
	Findings:			will be required to be in the proc during procedures at all times of monitoring as required by sectio	clinical	service attendance record for
		acility on 7/09/18 beginning		48:1. The other nurse will be res	ponsible for	proper
		Administrator/Licensed		running the recovery room which		labeling ar
		dm/LPN), it was observed surgical rooms contained a		vital signs monitoring, clinical me medication administration as or	ered by	disposal or medicatior
		ringes filled with a clear		physician in compliance with sec		medication
		e 12 cubic centimeter (CC)		LAC 48:1. With this measure in p	lace, this will	
		in a pull out drawer in each		ensure that the deficient practice		
		ns. S1Adm/LPN verified the		recur. The facility plans to monit performance to make sure that t		L
	6 unlabeled syringes	and identified the contents		are sustained. The incorporation		
		locaine with Epinephrine for		implementation of the updated p	olicies and	
		MD) to use in performing		procedures (please see attached		
		procedures. She said the		policy and procedure insert) will ensure that corrective measures		
		ed from the last procedural		routinely monitored as required l		
		<ol> <li>S1Adm/LPN explained up the Lidocaine with Epi</li> </ol>		section 4427. Quality assurance	and	
		VID and the syringes should		performance improvement asset		
		the nurses and wasted		be done quarterly during the firs implementation and then annual		
	when not used.	,		This will be conducted by the dir		
				nursing or experienced member	of	
	During an interview of	on 7/11/18 at 2:00 PM,		administrative staff by chart aud	its and direct	-
		that she was not able to be in		observations. In addition, a new director of nur	sina was	
		ysician during surgical		hired on 10/31/18. She will be re		
		there were only two nurses		for ensuring that the plan of corr	ection for	
	•	both were needed in the		medication labeling, administrati	ion,	
		stated that the physician		medication disposal, and proper documentation is enforced; as the	chart	
		the exam room during		policy and procedure did not pre		
	procedures, but this	was not possible at this time.		On 11/26/18, she underwent a ti	horough	
	During an interview of	on 7/13/2018 at 10:25 AM,		orientation to the facility. She ha	s been	
		ctor) stated the facility is not		updated on the current deficience		
		allow a nurse to be in the		implemented corrective actions monitored and plan for future re-		
	surgical/procedure ro	oom with him and that is a		made. She will be responsible for		
		ed with S3Director of		monitoring, implementation of co		
	Operations (Director)	and S9President. S4MD		-		
	stated that he neede	d a nurse in the surgical				

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		BO0004642	B. WING		i i i i i i i i i i i i i i i i i i i	C <u>13/2018</u>
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
		756 COL	ONIAL DRIVE			
DELTA CI	INIC OF BATON ROUG	JE, INC BATON	ROUGE, LA 70	306		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLE DATE
S 113	Continued From pag	e 2	S 113	S113 continued from page 2	2	
	undated syringes we had enough lidocain him during procedure ideal, but he did not l confirmed that he ha S9President and S3I numerous occasions need for additional n During an interview of S8DON (Director of the Registered Nurse overall direction of a services provided at schedule, she stated	Director of Operations on of his recommendation and		plans, and quality compliance employee in-service training on 10/25/18 to rectify this de director of nursing will be re performing chart audits and evaluations quarterly for the implementation and then bi- afterwards to ensure and su compliance.	g has been done oficiency, the sponsible for I direct personnel first year of annually	
	S3Director stated that to work at this location monthly because sho and was functioning physician at that location to be here on clinic of currently S1Adm/LP licensed staff availab During an interview of S3Director stated that	on 7/13/18 at 10:15 AM, at two nurses are not enough				
	S4MD sees patients been here since Man body is aware of the She confirmed that S had verbal communi about having adequa	eds of the patients when She stated that he has rch of 2018 and the governing need to hire additional staff . S4MD spoke to her and also cations with S9President ate help on clinic days. at she advertised to hire, but				

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TATEMENT OF DEFICIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E SURVEY PLETED
		BO0004642	B. WING	0	C 7/13/2018
AME OF PROVIDER OR	BUPPLIER	STREET	ADDRESS, CITY, ST/	ATE, ZIP CODE	
DELTA CLINIC OF B		ie. Inc	LONIAL DRIVE		
		BATON	ROUGE, LA 708		
	CH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION}	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
staff positi approach assist witi of the vol agency ei S9Presidi expensive aware that instructed procedure advertisin been runn voiced the S 147 4423 D-2 2. Duties be respon a. de monitorin polic the follow limited to that deline each nursing s nursing s	ed a hiring/ hiring suff ume of patie mailed a pa ent declined and continue es a day and g is the san hing since the enced for n -d Staffing F and Respon hig: and annu- ies and produ- ing: hinursing p (a). dev eates respondent category of taff consister tandards of (b). orific (c). trait (d). eva taff consister tandards of (b). orific (c). trait (d). eva taff and signing dut and non-lice surate with for, experient twith acce	stated that she has even head hunter type agency to icient staff to meet the needs ents being seen. The hiring ckage with information, but d because "it was too or confirmed the owner is ints more staff, but she is a to schedule 10 to 12 d her only option for ne advertisement she has he medical director first nore nursing staff. Requirements, Qualifications onsibilities. The RN shall nplementing, enforcing, ually reviewing written cedures governing rersonnel, including, but not veloping a job description onsibilities and duties for f licensed and non-licensed ent with acceptable practice; entation; ining; and aluation for competency; are and services consistent istandards of practice; ies and functions to each ensed employee a his/her licensure, noce, and competence	S 113 S 147	S147: This deficiency reflects a lack of facilities compliance with staffing requirements, qualifications and responsibilities (LAC 48:1 section 4423). The facility's current policy and procedures have been reviewed and revised to accommodate all current changes in the nursing procedures and job descriptions for each licensed employee. The changes to the policy reflect proper documentation. As noted in the deficiency report, some patient records did not have proper documentation of physician's order, patient specific data such as date, time and signature. The corrective plan includes revising the paperwork to reflect proper documentation o written or verbal physician's orders (medication ordered with proper dosage, route of administration, time, date) and signature/initials of licensed staff carrying ou the order. Revisions to our documents such as standing orders, preoperative form and recovery form have been made to reflect the appropriate documentation of physician's written and/or verbal orders and accommodations for proper nursing documentation. Also this corrective plan is reflected in the revised policy and procedure for patient care/nursing procedures/personnel job description.	f

#### 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 BO0004642 07/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **756 COLONIAL DRIVE** DELTA CLINIC OF BATON ROUGE, INC BATON ROUGE, LA 70806 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEEICIENCY) \$ 147 S147 continued: S 147 Continued From page 4 12/30/18 practice; All current policy and procedures are being c. verifying that each licensed nurse reviewed and revised to accommodate all possesses a current and unrestricted license to current changes in the nursing procedures and job descriptions. Each licensed nurse's practice nursing in Louisiana and is in good license or certification will be verified to standing with their applicable state licensing ensure that the personnel is in good board: standing with the applicable state licensing d. ensuring that the number of nursing staff board, Also, licensed and non-licensed on duty is sufficient to meet the needs of the personnel's scope of practice is reviewed patient(s); and revised. Special attention will focus on delineating duties/job description for all hired nursing and support personnel. This will be reflected in the updated policy and procedure for personnel job description. To ensure proper standards for quality of care, will be ensuring that each employee has the This Rule is not met as evidenced by: proper orientation, training and quarterly Based on record review and interview, the evaluations for competency. Currently, each abortion facility's RN (Registered Nurse) failed to: member of the nursing staff has been verified through the state licensing board. Ensure that the nursing care & services were consistent with accepted nursing standards The newly hired director of nursing will be of practice as evidenced by having nurses responsible for implementing these administer drugs without a physician's order in corrective measures starting on 11/26/18. This will be accomplished by direct accordance with applicable state laws and failed observation and employee in service and to ensure each physician's order was in writing, training. In the interim, current employees patient specific, dated, timed, and signed by that have undergone in-service training for individual for 6 (#1, #7, #10, #2, #3, and #5) of physician orders and documentation, patient 15 (#1 - # 15) patient records reviewed out of a specific identifiers and new paperwork total sample of 21 patients (#1 - #21); and review by experienced administrative staff Ensure that the number of nursing staff on 10/25/18. As previously stated, the newly on duty was sufficient to meet the needs of hired director of nursing will conduct quality assurance measures on a quarterly basis for the patients. the first year of implementation to ensure that the correction is achieved and Findings: sustained. 1) Review of the Louisiana State Board of Nursing's Statutory Definition for RN Scope of Practice R.S. 37:913 read in part: (e) Implementing nursing care through services as case finding, health instruction, health counseling, providing care supportive to or restorative of life DHH/Health Standards Section

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Health St	andards Section				FORM	APPROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPLE	
		BO0004642	B. WING		07/1	) <u>3/2018</u>
NAME OF PI	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, ST	TATE, ZIP CODE		
		756 COL	ONIAL DRIVE			
DELTA CL	INIC OF BATON ROUG	GE, ING	ROUGE, LA 70	806		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		COMPLETE DATE
S 147	Continued From pag	e 5	S 147	S147 continued:		12/30/18
	dentists, optometrists prescribers. Review of Louisiana Administrative Rules 46: XLVII 3703. Defi Nursing Practice Def Regimens as Prescri Dentist, or Authorizin Registered Nurse ma judgement of each si initiated by an author transmitted through a care practitioner prov the said practitioner's Registered Nurses m of an authorized pres provider initiates the further, that the said nurse to make a med in prescriptive activit Patient #1 The form titled "Surg	s or other authorized State Board of Nursing's Defining RN Practice LAC inition of Terms Applying To ines Executing Health Care ibed by License Physician, ng Prescriber. The ay, based on their individual ituation, accept verbal orders rized prescriber and a licensed or certified health vided the order is related to s scope of practice. nay execute standing orders scriber provided the said standing orders as provided, orders do not require the dical diagnosis or to engage y.		We have updated all current nursing standards of practice to ensure that to individual is practicing within their acc scope of practice. This is to ensure the nursing staff duty is sufficient to meet needs of the patient, ensure patient is and maintain the highest quality of st of care. As previously stated, all curren nursing staff have gone through an in service and training in regards to ora written physician orders, carrying out orders and proper documentation for written and verbal orders to meet acc standards. Also, revisions to our doct such as standing orders, preoperative and recovery forms now reflect appro- documentation of physicians written of verbal orders and proper nursing documentation.	s to d by edure n	
	Nubain and Phenerg hour prior to procedu Ibuprofen 800 mg (m Trimester Prescriptic Cephalexin 500 mg These orders by S4N	an IM (intramuscular) ½ to 1 ure; nilligrams) listed under First on;		nurse on duty as well as a signature records will be reviewed by the physi who will sign, date and time orders p dispensing and administration of med by nursing staff. As previously stated current staff have undergone in-servi training for physician orders and documentation, patient specific ident and new paperwork on 10/25/18. On	cian rior to dication , all ce ifiers	
DHH/Health	Record dated 4/27/1 (Administrator/Licens	l's form titled Pre-operative 8 revealed S1Adm/LPN sed Practical Nurse) owing medications: Ibuprofen		quality assurance will be maintained sustained by the director of nursing a experienced member of administrativ	and ind/or	

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AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		B00004642	B. WING		C 07/13/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
		756 COL	ONIAL DRIVE		
DELTA CI	LINIC OF BATON ROUG	E. INC	ROUGE, LA 708	306	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE
S 147	Continued From page	6	S 147	S 147 continued from page 6	· · · · · · ·
	600 mg po 9:00 AM; AM; Nubain and Phe medications were adi order that was not tim standing orders revea 600 mg po and there Nubain or Phenergar During an interview o	Cephalexin 500 mg po 9:00 nergan IM 9:20 AM. These ministered pursuant to an ned. Further review of the aled no order for Ibuprofen was no dosage for the a.		on a quarterly basis by direct observ and chart audits during the first year implementation of plan of correction.	of
	Ibuprofen 600 mg tha patient on 4/27/18. S administered Nubain Patient #1 and did no Nubain or the dosage administered to the p the dosages listed or sufficient. S1Adm/LF Standing Orders for F referring to and confii listed for Nubain and she administered Nu	and Phenergan IM to t document the dosage of of Phenergan that she atient because she thought the Standing Orders was	4		
	that the orders were timed. Patient #7 The form titled Surgid dated 3/22/18 in Pati Ibuprofen 800 mg (m mouth) for pain Misoprostol 200 mcg or tablets by m The Surgical Abortion signed by S4MD, dat and were not patient Review of Patient #7 Operative Record dat	incomplete and were not cal Abortion standing Orders ent #7's record read (in part): illigrams) - 1 tablet po (by (micrograms) _4_ tablets outh n Standing Orders were red 3/22/18, timed 1:47 PM,		S147 Patient #7 In-service training for current nursing performed by experienced administr staff, has been held on 10/25/18 to e that all pages in the patient's file/cha proper patient identifiers (patient's n chart number) on them prior to carry physician orders for medication to b administered. The facility has revise paperwork to meet the expectations quality care to reduce medical errors ensure patient safety. The director for nursing and/or experienced adminis staff will be responsible for performin	ative ensure art have arme, ring out e d its for s and or trative

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		BO0004642	B. WING		C 07/13/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	
		756 COL	ONIAL DRIVE		
DELTA C	LINIC OF BATON ROUG	E, INC BATON	ROUGE, LA 708	06	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLET
S 147	Continued From page	7	S 147	Continued from page 7:	
	These medications w to an order that was on the Recovery Roo timed 10:35 AM sign (patient) received an (milliliters) Nubain wi Further review of the order for Nubain or F During an interview of S1Adm/LPN reviewe Record dated 3/22/1 confirmed she admin with 0.25 ml of Phen- order to administer N Patient #7, she revie there was no physici Nubain and Phenerg that the Surgical Abc Ibuprofen 800 mg 1 t mcg 4 tablets po wer	th 0.25 ml Phenergan well." standing orders revealed no 'henergan. on 7/10/18 at 2:45 PM, d the Recovery Room		ongoing quality assurance measures direct observation and chart audits o quarterly basis during the first year o implementation. Any deficiencies not be properly and immediately address according to the newly implemented and procedures to ensure that deficie practice will not recur.	n a f ted will sed policy
	name or record num Patient #10 The form titled Surgi dated 3/29/18 in Pati part): Ibuprofen 800 mg (m mouth) for pain Misoprostol 200 mcg tablets by mou The Surgical Abortio signed by S4MD and timed, or patient spe Review of Patient #1 & Operative Record of Misoprostol 400 mcg	ber. cal Abortion standing Orders ient #10's record read (in nilligrams) - 1 tablet po (by (micrograms) 2 tablets or th n Standing Orders were i dated 03/29/18, but not		S147 Patient #10 S4MD has been made aware of defin practice in regards to the matter of la proper medication ordering, charting/documentation. The facility implemented new standing orders w medications that can be ordered by physicians. The physician will check off each medication to be ordered with appropriate signature, date and time each. The medical director and phys will have a dedicated list of medications can be ordered. If new or additional medications need to be ordered for p the written medication ordered will be provided by the physician to the nurse	ack of has ith all ts or mark th for icians ons that patient, e

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		BO0004642	B. WING		C 07/13/2018
iame of Pi	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
	·····	756 COL	ONIAL DRIVE		
DELTA CI	LINIC OF BATON ROUG	SE. INC	ROUGE, LA 708	306	
(X4) ID PREFIX TAG	(EACH DEFICIEN	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLE
S 147	Continued From pag	e 8	S 147	Continued from page 8:	
0 147	medications were ac order that was not pa timed. An entry on t dated 03/29/18, time S1Adm/LPN read, "I (intramuscular) inj. (i Phenergan. Pt. toler Further review of the order for Nubain or F During an interview S1Adm/LPN review Patient #10 and com Nubain and Phenerg physician's order to further confirmed tha Standing Orders for for pain and Misopro were not individualiz	ministered pursuant to an atient specific and was not he Recovery Room Record d 4:10 PM signed by Pt (patient) received IM njection) of Nubain with rated well. No issues noted." estanding orders revealed no Phenergan. on 7/11/18 at 2:00 PM, ed the medical record for firmed she administered lan to the patient without a administer the drugs. She it the Surgical Abortion Ibuprofen 800 mg 1 tablet po stol 200 mcg 2 tablets po ed for the patient because the patient's name or record	5 147	signed, timed and dated with proper identifiers, proper dosing and route administration documented. The dir nursing and/or experienced adminis staff will be responsible for performi ongoing quality assurance measured direct observation and chart audits quarterly basis during the first year implementation. Any deficiencies no be properly and immediately address according to the newly implemented and procedures to ensure that defice practice will not recur.	of ector for strative es via on a of of oted will ssed d policy
	a surgical abortion of Further record revier Abortion Standing O signed by S6Physici The orders did not of information. Review of the Proce dated 4/17/18, label signed by S7LPN, re Medication Given set Medication Given: A strengths were doct	<sup>12</sup> 's record revealed she had n 4/17/18 by S6Physician. w revealed the Surgical rders form dated 4/17/18 an were not patient specific. ontain identifying patient dure Room Monitoring Form ed with Patient #2's name, evealed documentation in the ection which read in-part: moxil, IBU, Cytotec (no dose imented) Oral was circled, signature, timed for 9:36		S147 Patient #2 This deficient practice reflects the fa lack of proper documentation. In ad the medical director and physicians current nursing staff has been mad of revisions to paperwork. New pap and proper documentation in-servic has been performed by appropriate/experienced administra on 10/25/18 to ensure that deficient is identified and reviewed. For exan correction of things documented into been revised with a line through it a initialed by the staff member who is the correction instead of writing over error.	Idition to , all e aware erwork e training tive staff t practice nple, the correctly and making

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
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		BO0004642	B. WING		07/13/2018
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST/	ATE, ZIP CODE	
	INIC OF BATON ROUG	5 INC 756 COL	ONIAL DRIVE		
		BATON	ROUGE, LA 708	06	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPL
S 147	Continued From page	e 9	S 147	Continued from page 9:	
S 147	strength was docume administration was ci signature timed for 11 time (third numerical not clear. On 7/09/18 viewed the form, veri S7LPN and interprete medications administ Review of the Recov- signed by S6Physicia form was not labeled identification. The Re- also contained docur Ibuprofen 800 mg PC by = S7LPN's signatu Misoprostol 400 mcg documented) timed f S7LPN's initials. MED Phenergan (no IM Right Deltoid, time S7LPN's initials. MED Nubain (no dos Right Deltoid Timed, S7LPN's initials. On 7/09/18 beginning reviewed and verified reviewed the record verified that the Surg Orders in Patient #2' specific, were dated 4 S6Physician, and the for this patient to rec S1Adm/LPN verified	ubain, Phen. (no dose ented and no route of ircled) Given By = S7LPN's 2:?5 PM. The administration entry) was marked over and at 1:00 PM, S1Adm/LPN fied the form was signed by ed the unclear/marked over tration time as 12:35 PM. ery Room Record form an and S7LPN revealed the with any patient ecovery Room Record form nentation which read in-part:	S 147	Continued from page 9: If new or additional medications ne ordered for patient, the written medi- ordered will be provided by the phy the nurse; signed, timed and dated proper patient identifiers. The direct nursing and/or experienced admini- staff will be responsible for perform ongoing quality assurance measured direct observation and chart audits quarterly basis during the first year implementation. Any deficiencies in be properly and immediately addre according to the newly implemente and procedures to ensure that defin practice will not recur.	lication sician to with tor for strative ing es via on a of of oted will ssed d policy
H/Health	PM on the undated F	Recovery Room Record Patient specific information.			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·		(X3) DATE S COMPLI	
		BO0004642	B. WING			C 1 <b>3/2018</b>
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
		756 COL	ONIAL DRIVE			
ELTA CL	INIC OF BATON ROUG	E, INC BATON I	ROUGE, LA 70	306		
X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
S 147	Continued From page	e 10	S 147			
	was documented by administered on the 12:35 PM on the Prod	ified that the same Nubain S7LPN as having been unclear/marked over entry of cedure Room Monitoring as she (S1Adm/LPN) nentation.				
	a surgical abortion of Further record review Abortion Standing Of signed by S6Physicia the orders did not co information. Review Monitoring Form data Patient #3's name, si	3's record revealed she had n 4/17/18 by S6Physician. v revealed the Surgical rders dated 4/17/18 and an were not patient specific, ntain identifying patient of the Procedure Room ed 4/17/18, labeled with igned by S7LPN, revealed e Medication Given section		S147 Patient #3 This deficient practice reflects lack of proper documentation the medical director and physicurrent nursing staff has been of revisions to paperwork. Ne and proper documentation in- has been performed by appropriate/experienced adm on 10/25/18 to ensure that de is identified and reviewed. For correction of things documen been revised with a line throu- initialed by the staff member the correction instead of writi error. If new or additional me	. In addition to sicians, all in made aware w paperwork service training inistrative staff ficient practice r example, the ted incorrectly igh it and who is making ng over the	
	(no dose strengths w and IM were circled, signature timed for 9 Medication Given: Pl strength was docume administration was c signature timed for 1	hen/Nubain. (no dose ented and no route of ircled) Given By = S7LPN's 2:45 PM.		to be ordered for patient, the medication ordered will be pr physician to the nurse; signed dated with proper patient ider director for nursing and/or ex administrative staff will be res performing ongoing quality as measures via direct observat audits on a quarterly basis du year of implementation. Any o	written ovided by the d, timed and tifiers. The perienced sponsible for ssurance ion and chart uring the first	
	signed by S6Physici form was not labeled identification. The Re	ery Room Record form an and S7LPN revealed the I with any patient ecovery Room Record form mentation which read in-part:		noted will be properly and im addressed according to the r implemented policy and proc ensure that deficient practice	perly and immediately ding to the newly icy and procedures to	
	by = S7LPN's signat Misoprostol 400 mcg	D Timed for 9:35 AM, Given ure. g (no route of administration for 9:35 AM, Given by=				
	Standards Section					

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·		e survey Pleted
		B00004642	B. WING	0	C 7/13/2018
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	FATE, ZIP CODE	
		756 COL	ONIAL DRIVE		
DELTA CI	LINIC OF BATON ROUG	SE, INC	ROUGE, LA 70	806	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLE DATE
S 147	Continued From pag	e 11	S 147		
	Site Left Deltoid Tim S7LPN's initials. MED Phenergan (no	e amount documented) IM ed for 12:45 PM, Given By= dose amount documented) for 12:45 PM, Given By=			
	received her surgica involving a 2 day pro 4/26/18 with the use	cedure which initiated on of Dilapan by S4MD.		S147 Patient #5 In order to correct this deficient practice, the facility will ensure that each chart will be reviewed by the physician who is to perform the procedure for orders. Appropriate physician signatures will be enforced. All written and signed physician orders will be	12/30/
	physician orders laboration and a standing Orders-S41 contained the signat	tient #5's record revealed eled as: Surgical Abortion VID's name. The orders ure of S4MD but, contained information and no date.		reviewed by the nursing staff prior to administration of medications. The nurses notes for the two day procedures will be revised to include an area for the physician to sign that indicates he/she is discharging the patient until the following day and that	
	and S4MD's signature The Pre-Operative R			the patient will be sent home with prescriptions for pain management. This corrective measure ensures proper documentation with specific patient	
	entry Taken By= S7I Pre-Operative Recor	al signs and a pain scale _PN's signature. The rd also contained the		identifiers, standard medication ordering, dispensing and administration that meets standard of care and is reflected in the revised policy and procedure. The	
	Oral. Neither of the t	oral and Ibuprofen 600 mg wo medication entries had		pharmaceutical services physician's orders and administration policy will be revised to meet the standards of care as outlined in	
	any documentation p administered the me	dication or at what time.		LAC 48:1 section 4451. To ensure quality of care for patients and ongoing quality assurance, the director of nursing and/or	
	Patients Standing Or	n for Second Trimester rders with Patient #5's name /18, contained no physician		experience administrative staff will be responsible for conducting chart audits and direct observations on a quarterly basis during the first year of implementation. Any deficiencies noted will be properly and	
	name, dated 4/26/18	notes with Patient #5's 8, timed for 11:33 AM, and ontained the following entry		immediately addressed according to the newly implemented policy and procedures to ensure that the deficient practice will not recur.	

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••••	andards Section			· · · · · · · · · ·		
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:		(X3) DATE COMPI	
		B00004642	B. WING		07/	C 13/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET #	DDRESS, CITY, STAT	E, ZIP CODE		
	LINIC OF BATON ROUG	IF INC	ONIAL DRIVE			
		BATON	ROUGE, LA 70800	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S 147	Continued From pag	e 12	S 147			
	Prescription given for return 4/27/18.	r IBU & Ultram, instructed to				
	4/27/18 with Patient # S4MD. This form wa and contained the fol Misoprostol 400 mcg signature, Timed 8:2 Other Medication: Ar By= S1Adm's signate Other Medication: No	noxicillin 500 mg Oral, Given ure, Time 8:29 AM. ubain & Phenergan IM, (no ented) Given By <del>=</del> S1Adm's				
	name, dated 4/27/18 PM, signed by S7LP following medication Ibuprofen 600 mg PC Med: Nubain. Med: Phenergan. The Nubain and Phe or route documented documented medical of the time of admini- the medications.	D. Inergan had no dose amount I. Neither of the 3 tions had any documentation stration or who administered Adm/LPN, on 7/11/18 at				
	(S1Adm/LPN), admir Patient #5 using thes Standing Orders-S4 patient name, date, o	im/LPN and S3Director on				
H/Health	aware of this lack of	evealed the facility was physician's order for the n the Physician Orders in the fact the staff was				

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#### PRINTED: 10/15/2018 FORM APPROVED

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY LETED
		BO0004642	B. WING		07.	C /13/2018
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	INIC OF BATON ROUG	756 COL	ONIAL DRIVE			
		BATON	ROUGE, LA 70806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL ELSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE <sup>*</sup> DATE
S 147	Continued From pag	e 13	S 147			
	said the facility revise Standing Orders in "h included the medicat Orders. S1Adm/LPN and explained that as also noticed that the Orders did not conta	bain to patients. S3Director ed the Surgical Abortion mid - April 2018" which tion Nubain on the Physician and S3Director continued s of this day, (7/09/18), they revised Physician Standing in dosages for some l incorrect dosages for some				
	following Policy & Pri had presented on 7/ in-part: Pharmaceutical Serv Administration: Policy: All drugs and administered in comp and individual who h under the laws of Lo in writing, and signed	AM, S3Director verified the ocedures (P & P) which she 10/18 at 1:00 PM, which read vices Physician Orders and biologicals shall be pliance with an order from as prescriptive authority uisiana. Such orders shall be d by the individual with y under the laws of Louisiana.				
	Patient Care-Pharma Administration that s 1:00 PM read in part Policy: The Clinic ha administration of me pharmaceutical servi Purpose: To identify which must exist for medications in the C emergency, by Clinic by the physician.	he presented on 7/10/18 at s established criteria for the dications and for emergency ices. and clarify circumstances the safe administration of linic environment, or in and c staff members as directed				

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY IPLETED
		B00004642	B. WING		0	C 7/13/2018
	ROVIDER OR SUPPLIER	E. INC 756 COL	ADDRESS, CITY, STATE ONIAL DRIVE ROUGE, LA 70806			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO ' DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
S 147	stated that S8DON w and was functioning a physician at that loca to be here on clinic da An interview, review o with S8DON was con AM. S8DON informed the nurses in the facil S8DON said she info S1Adm/LPN on a Sai dose/mg strength, rol ordering doctor, and a medicine had to be d chart. S8DON confirm Nurse who is respons of all nursing staff and at the facility. When a stated that she was a	t S8DON (Director of ailable to work at this ly four days monthly. She orked at another location as the nurse assisting the tion so she was not available ays. of patient records and P&P iducted on 7/13/18 at 9:15 d that she had seen the way lity were documenting. rmed S3Director and turday in June 2018 that the ute, site, patient name, a physician's order for each ocumented in the patient's ned she was the Registered sible for the overall direction d nursing services provided asked her schedule, she	S 147			
	at 10:30 AM with S1Ad pull out drawer, in eac there were 3 unlabeled syringes filled with a cl S1Adm/LPN verified th identified the contents with Epinephrine for S performing cervical blo said the filled syringes procedural day which explained that the nurs	ne 6 unlabeled syringes and of the syringes as Lidocaine 4MD (MD) to use in bocks during procedures. She remained from the last was 7/07/18. S1Adm/LPN ses draw up the Lidocaine for S4MD and the syringes				

Health St	andards Section				FORI	M APPROVED
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	LETED
						С
		B00004642	B. WING	······································	07/	13/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		
	LINIC OF BATON ROUG	756 COI	LONIAL DRIVE			
		BATON	ROUGE, LA 70806	3		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRI		(X5)
TAG		R LSC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP		COMPLETE DATE
				DEFICIENCY)		
S 147	Continued From pag	ie 15	S 147			
	nurses and wasted v	when not used.				
	During an interview	on 7/11/18 at 2:00 PM,				
		that she was not able to be in				
		iysician during surgical				
		there were only two nurses				
		y both were needed in the				
		stated that the physician				
		the exam room during				
	procedures, but this	was not possible at this time.				
	During an interview	on 7/11/18 at 4:10 PM,				
	•	at currently S1Adm/LPN and				
		y licensed staff available for				
	patient care.	•				
	During an interview	on 7/13/18 at 10:15 AM,				
		at two nurses are not enough				
		eds of the patients when				
		ctor) sees patients. She				
	stated that he has be	een here since March of 2018				
	and the governing b	ody is aware of the need to				
		She confirmed that S4MD				
		o had verbal communications		,		
		out having adequate help on				
		tor stated that she advertised				
		been able to fill the necessary				
		ns. She stated that she has				
		hiring/head hunter type				
		h hiring sufficient staff to meet ume of patients being seen.				
		mailed a package with				
		President declined because "it				
		S3Director confirmed the				
		S4MD wants more staff, but				
	1	continue to schedule 10 to 12	1			
		nd her only option for				
	1	me advertisement she has				
		the medical director first				
	voiced the need for	more nursing staff.				
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# Health Standards Section

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		BO0004642	B. WING		C 07/13/2018	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
		756 COL	ONIAL DRIVE			
	INIC OF BATON ROUG	BATON	ROUGE, LA 708	306		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
S 147	Continued From page	e 16	S 147			
S 153	S4MD (Medical Direct adequately staffed to surgical/procedure ro complaint he discuss S9President. S4MD nurse in the surgical the unlabeled, undate to ensure he had end drawn up for him dur that it was not ideal, I help. He confirmed t S9President and S3D occasions of his reco additional nursing sta 4423 E-2 Staffing Re 2. Training. Upon hir annually, all employer training in each job s respective job descrif a. Medical trainin professional shall only professional shall only professional shall only professional with higher license. b. Training of a r related to the perform medical and clinic provided by a licensed consistent with t of practice. c. All training pr used shall be availad d. The administr documentation of all	equirements, Qualifications re, and at a minimum, sees shall be provided kill as delineated in their ption. ng of a licensed medical be provided by a medical h an equivalent or non-licensed employee ance of job skills relative to cal services shall only be	S 153	S153: This deficiency reflects a lack of facilities compliance with staffing requirements, qualifications and responsibilities (LAC 48:I section 442 facility's current policy and procedure been reviewed and revised to accom all current changes in the nursing pro and job descriptions for each licensed employee. The personnel files review not contain files with documentation of training in each job skill as delineated employees respective job description hire, and at a minimum annually. The is in the process of reviewing and up current licensing, annual evaluations, check list etc. for all current employee training will be conducted I director of nursing and/or experience administrative staff. All documentation service/training, annual evaluations are checklist will be maintained in the emposition will be reviewed and revised ensure each job title has a clear understanding of the duties they are perform.	3). The s have modate cedures d red did of l in the , upon facility dating skills es. All by the d n of in- nd skills ployees ach to	
H/Health 9	andards Section			l		
			6899	126P11	If continuation sheet 17	

Health St	andards Section				FORM	APPROVED
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPLE	
		BO0004642	B. WING		1	C <b>13/2018</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	LINIC OF BATON ROUG	F INC 756 COL	ONIAL DRIVE			
		BATON	ROUGE, LA 708	306		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETE DATE
S 153	Continued From page	17	S 153	Continued from page 17:		,
	This Rule is not me Based on review of p interview, the facility files with documentat skill as delineated in job description, upon annually, for 3 (S3Dir and S11Sonographer S3Director, S10Medi S11Sonographer, S5 S6Physician, and S8 reviewed.	t as evidenced by: ersonnel files and staff failed to maintain personnel ion of training in each job the employee's respective hire, and at a minimum, rector, S10Medical Assistant, r) of 9 (S1Adm/LPN, S7LPN, cal Assistant, Scrub Tech, S4MD,		Again, please see inserts/attachment: updated and revised personnel descr The director for nursing and/or experi- administrative staff will be responsible monitoring and maintaining employee /personnel files. Annual file review wil performed. Any deficiencies noted wil immediately improperly addressed to that the deficient practice will not recu	iption. enced e for I be II be ensure	
	S3Director on 7/13/1 following findings we S3Director had a DO file had no current in- and no current trainin S10Medical Assistan personnel file had no documented and no list. S11Sonographer had personnel file had no and no current skills/ An interview and rev S3Director on 7/13/1	H of 6/09/17. The personnel service/training documented ng/skills check list. It had a DOH of 7/15/15. The current in-service/training current skills/training check d a DOH of 6/26/14. The current in-service/training				

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#### Health Standards Section STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING BO0004642 07/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **756 COLONIAL DRIVE** DELTA CLINIC OF BATON ROUGE, INC BATON ROUGE, LA 70806 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 153 Continued From page 18 S 153 was aware that the personnel files were not current and not up to date. S 155 4423 - F Staffing Requirements, Qualifications S 155 S155: This deficiency reflects a lack of 12/30/18 facilities compliance with staffing requirements, qualifications and F. Evaluation for Competency. Upon hire, and at responsibilities (LAC 48:I section 4423). The a minimum, annually, the outpatient abortion facility's current policy and procedures have facility shall conduct an evaluation for been reviewed and revised to accommodate competency of all employees related to each job all current changes in the nursing procedures skill as delineated in their respective job and job descriptions for each licensed description. employee. Competency evaluation will be 1. The evaluation for competency shall performed within the first 60 days after hire date. This evaluation will be the responsibility include the observation of job skills and return of the director of nursing and/or experienced demonstration by the employee. administrative staff by direct observations 2. Evaluation for competency of a licensed and in-service/training. Documentation of medical professional shall only be provided by a such will be properly maintained in the medical professional with an equivalent or personnel file. Also, the facility will ensure higher license. compliance with LAC 48:I section 4427 to 3. Evaluation for competency of a ensure, implement and enforce annual non-licensed employee related to the reviews of personnel files. performance of job skills relative to medical and clinical services shall only be provided by a licensed medical professional consistent with their applicable scope of practice. 4. The administrator shall maintain documentation of all evaluations for competencies in each employee's personnel file. This Rule is not met as evidenced by: Based on review of personnel records, facility Policy and Procedure (P&P), and interview, the facility failed to maintain personnel files with DHH/Health Standards Section

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ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		BO0004642	B. WING		C 07/13/2018		
	VIDER OR SUPPLIER	STREET A	DDRESS, CITY, SI				
			ONIAL DRIVE				
ELTA CLI	NIC OF BATON ROUG	iE. INC	ROUGE, LA 70	806			
(X4) 1D	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CC	RRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	COMPLE DATE	
cr e iii()//()//Sr F //F i f a e t 2 a a F c i c c i i /       	hire and at a minimum amployees related to in their respective job S3Director, S5Scrut Assistant, and S11So S1Adm/LPN, S7LPN Assistant, S11Sonog S4MD, S6Physician, eviewed. Findings: A review of the facilit Personnel Verification n-part: Policy: 1. To provide and evaluating the co employees to provide on our patents. 2. To identify areas of and provide opportur achieve continuous of Procedure: Compete on an ongoing basis. dentified on an annu- collaborative process continuum throughou ndividual A review of the facilit Personnel Employee Policy: This Clinic strik nowledgeable, skillf Procedure: New emp	mpetency evaluations, upon m, annually, for all each job skill as delineated o description for 4 o Tech, S10Medical prographer) of 9 N, S3Director, S10Medical irapher, S5Scrub Tech, and S8RN) personnel files y's P&P for: n of Competencies read a mechanism for directing pompetencies needed by our e quality health care services of growth and development, nities for ongoing learning, to quality improvements. ency assessment will occur . Competencies will be ial basis through a s and assessed on ut the employment of an ty's P&P for: competency read in-part: rives to employ enthusiastic, ful and competent personnel. polyee's skills will be petency evaluations 60-120	S 155	DEFICIENCY) S155: This deficiency reflect facilities compliance with sta requirements, qualifications a responsibilities (LAC 48:1 sec facility's current policy and p been reviewed and revised t all current changes in the nu procedures and job descripti licensed employee. The pers reviewed did not contain files documentation of training in delineated in the employees description, upon hire, and a annually. The facility is in the reviewing and updating curre annual evaluations, skills cha all current employees. Comp evaluation will be performed 60 days after hire date. This be the responsibility of the d and/or experienced administ direct observations and in-se Documentation of such will b maintained in the personnel facility will ensure compliance section 4427 to ensure, impl enforce annual reviews of pe All employee training will be the director of nursing and/o administrative staff. All docu service/training, annual eval skills checklist will be mainta employees personnel file. Jo for each position will be revie revised to ensure each job ti understanding of the duties to perform.	s a lack of ffing and ction 4423). The rocedures have o accommodate rsing ons for each sonnel files s with each job skill as respective job t a minimum e process of ent licensing, eck list etc. for betency within the first evaluation will irector of nursing rative staff by ervice/training. be properly file. Also, the e with LAC 48:1 ement and ersonnel files. conducted by r experienced mentation of in- uations and ined in the b descriptions ewed and tle has a clear		

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#### (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ С B. WING 07/13/2018 BO0004642 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **756 COLONIAL DRIVE** DELTA CLINIC OF BATON ROUGE, INC BATON ROUGE, LA 70806 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID PREFIX (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 155 Continued From page 20 S 155 S3Director on 7/13/18 beginning at 3:00 PM, the following findings were revealed. S3Director had a DOH of 6/09/17. The personnel file had no current annual evaluation of competency. S5Scrub Tech had a DOH of 01/29/18. The personnel file had no evaluation of competency. S10Medical Assistant had a DOH of 7/15/15. The personnel file had no current annual evaluation of competency. . S11Sonographer had a DOH of 6/26/14. The personnel file had no current annual evaluation of competency. During an interview and review of the employee files with S3Director on 7/13/18 at 4:00 PM, S3Director verified the above findings and said the facility was aware that the personnel files were not current and not up to date. S 163 4425-C - 1-a-o Patient Med. Records/Reporting S 163 Requirements C. Contents of Patient Medical Record 1. The following minimum data shall be kept on all patients: a. identification data; b. date of procedure; c. medical and social history; d. anesthesia and surgical history; e. physical examination notes; f. chief complaint or diagnosis; g. clinical laboratory reports; h. pathology reports; i. individualized physician's orders;

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·	E CONSTRUCTION	(X3) DATE COMPL	
		BO0004642	B. WING		C 07/13/2018	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST.	ATE, ZIP CODE		
		756 COL	ONIAL DRIVE			
	LINIC OF BATON ROUG	BATON	ROUGE, LA 708	306		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 163	k. consultai (when appropriate); l. medical a m. progres and discharge summ n. nurses' n limited to, all pertinent and medications and/or administered;	cal/ultrasound reports; tion reports and surgical treatment; s notes, discharge notes, nary; lotes, including, but not t observations, treatments, s dispensed on administration records, ed to, the date, time,	S 163	S163: This deficiency reflects the lack of compliance with patient m records and reporting requiremer 48:1 section 4425). The facility will correction planned out will ensure paperwork is revised to ensure m data required on patient is being facility will also be revising all par ensure all patient identifiers, phys signatures, nurses signatures, an physician's orders of being carrie facility will incorporate and impler strategy to ensure all dates, times dosages of being documented ac and appropriately at all times. The will review the chart and prepare the nurse, sign off, date and time orders. Then the nurse will review orders, making sure that the orde carried out appropriately signed b physician's orders. In doing so, w ensuring that the deficient practic	edical ts (LAC l institute a that all inimum met. The verwork to ician d d out. The nent a new and curately e physician orders for those v the rs to be y the e will be e is directly	12/30/1
	This Rule is not met as evidenced by: Based on review of records, Policy and Procedures (P&P), and staff interview, the facility failed to ensure the minimum data required was kept on all patients in the medical records by failing to ensure medication administration records included the date, time, medication, dose, and route; for 6 Patient medical records (Patient records #1, #7, #10, #2, #3, and #5) of 15 (Patient records #1 - #15) medical records reviewed out of a total sample of 21 patients (Patients #1 - #21). Findings: Patient #1 Patient #1 Patient #1's form titled Pre-operative Record dated 4/27/18 read (in part): Other Medication- Nubain and Phenergan IM (intramuscular), given by S1Adm/LPN (Administrator/Licensed Practical			addressed and this ensures that i deficient practice will not recur. T strategy will improve and maintain standard of care and reduce med Again, the facility will ensure that strategies implemented meet the as required by LAC 48:1 section 4 Please see attached inserts for a revised paperwork for patient me record.	his new quality ical errors. the new standards 425. ready	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL	
			A. BUILDING:			
		B00004642	B. WING		C <b>13/2018</b>	
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	LINIC OF BATON ROU	GF INC 756 COL	ONIAL DRIVE			
DEEINO		BATON	ROUGE, LA 70	806		1
(X4) ID PREFIX TAG	(EACH DEFICIEN	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S 163	During an interview S1Adm/LPN review Patient #1 and confi the dose of Nubain administered to the Patient #7 An entry on the Rec 03/22/18, timed 10:3 read, "Pt (patient) re (milliliters) Nubain w During an interview S1Adm/LPN review dated 03/22/18 for F administered 0.75 n Phenergan. She sta administration recor documentation did n strength/dose of the patient. Patient #10 An entry on the Rec Patient #10 An entry on the Rec Patient #10 An entry on the Rec Patient #10 dated 3 by S1Adm/LPN rea (injection) of Nubain tolerated well. No is During an interview S1Adm/LPN review dated 3/29/18 for P administered Nubai patient without docu Patient #2: A review of Patient a surgical abortion of	on 7/9/18 at 1:00 PM, ad the medical record for rmed she did not document and Phenergan she patient and she should have. overy Room Record dated 35 AM signed by S1Adm/LPN acceived and tolerated 0.75 ml with 0.25 ml Phenergan well." on 7/10/18 at 2:45 PM, ad Recovery Room Record Patient #7 and confirmed she al of Nubain with 0.25 ml of ated this was the medication d for the patient and her not indicated the a drugs administered to the exercise noted." on 7/11/18 at 2:00 PM, ed Recovery Room Record atient #10 and confirmed she n and Phenergan to the	S 163	S163: This deficiency reflects lack of compliance with patient records and reporting requirer 48:1 section 4425). The facility correction planned out will ens paperwork is revised to ensure data required on patient is bei facility will also be revising all ensure all patient identifiers, p signatures, nurses signatures, physician's orders of being ca facility will incorporate and imp strategy to ensure all dates, til dosages of being documented and appropriately at all times. will review the chart and prepa- the nurse, sign off, date and til orders. Then the nurse will rev- orders, making sure that the o carried out appropriately signe physician prior to carrying out orders. In doing so, we will be the deficient practice is direct1 and this ensures that the defic will not recur. The facility has and revised all policy and pro- pertaining to administration of disposal of medications and p of medications. Our Nubain lo checked daily for proper dosa and patient identifiers by desig staff and/or clinic administrato strategy will improve and main standard of care and reduce r Again, the facility will ensure t strategies implemented meet as required by LAC 48:1 sectio Please see attached inserts for revised paperwork for patient record.	t medical nents (LAC will institute a sure that all e minimum ng met. The paperwork to hysician and rried out. The olement a new mes and l accurately The physician are orders for me those view the rders to be ed by the the physician's ensuring that y addressed sed ures medications, roper storage g will be ge information gnated nursing r. This new the standards bo 4425. or already	10/25/1

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#### Health Standards Section STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ С BO0004642 B. WING 07/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 756 COLONIAL DRIVE DELTA CLINIC OF BATON ROUGE, INC BATON ROUGE, LA 70806 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 163 Continued From page 23 S 163 dated 4/17/18, labeled with Patient #2's name, signed by S7LPN, revealed documentation in the Medication Given section which read in-part: Medication Given: Amoxil, IBU, Cytotec (no dose strengths were documented) Oral was circled, Given By = S7LPN's signature, timed for 9:36 AM Medication Given: Nubain, Phen. (no dose strength was documented and no route of administration was circled) Given By = S7LPN's signature timed for 12:?5 PM. The documented administration time (third numerical entry) was marked over and not clear. On 7/09/18 at 1:00 PM, S1Adm/LPN viewed the form, verified the form was signed by S7LPN and interpreted the unclear/marked over medications administration time as 12:35 PM. Review of the Recovery Room Record form signed by S6Physician and S7LPN revealed the form was not labeled with any patient identification. The Recovery Room Record form also contained documentation which read in-part: Ibuprofen 800 mg PO Timed for 9:35 AM, Given by = S7LPN's signature. Misoprostol 400 mcg (no route of administration documented) timed for 9:35 AM, Given by= S7LPN's initials. MED Phenergan (no dose amount documented) IM Right Deltoid, timed for 12:43 PM, Given By= S7LPN's initials. MED Nubain (no dose amount documented) Site Right Deltoid Timed, for 12:43 PM, Given By= S7LPN's initials. On 7/09/18 at 1:00 PM, S1Adm/LPN verified that the same Nubain was documented by S7LPN as having been administered on the unclear/marked

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		B00004642			. 07	C //13/2018
iame of Pf		STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
	INIC OF BATON ROU	GE INC 756 COL	ONIAL DRIVE			
		BATON	ROUGE, LA 70806	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
S 163	Continued From pag	ge 24	S 163			
	over entry of 12:35 Monitoring Form da (S1Adm/LPN) had i					
	Patient #3:					
		#3's record revealed she had				
		on 4/17/18 by S6Physician.				
		edure Room Monitoring Form				
		led with Patient #3's name,				
		evealed documentation in the action which read in-part:				
	Medication Given: F	Rhogam/IBU, Amoxil, Cytotec				
		were documented) both Oral				
		, Given By = S7LPN's				
	signature timed for					
		Phen/Nubain. (no dose nented and no route of				
	-	circled) Given By = S7LPN's				
	signature timed for					
		very Room Record form				
		an and S7LPN revealed the				
	form was not labele	d with any patient Recovery Room Record form				
		umentation which read in-part:				
	Misoprostol 400 mc	g (no route of administration				
	was documented) ti S7LPN's initials.	imed for 9:35 AM, Given by=				
	Left Deltoid Timed t	ose was documented) IM Site for 12:45 PM, Given By=				
	S7LPN's initials.					
		o dose amount was ift Deltoid timed for 12:45 PM,				
	Given By= S7LPN's					
	Patient #5:					
		#5 record revealed she				
	received her surgic	al abortion on 4/27/16				

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	andards Section	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		B00004642	B. WING		C 07/13/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		756 COL	ONIAL DRIVE			
	LINIC OF BATON ROUC	BATON	ROUGE, LA 70806	3		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO		COMPLE DATE
				DEFICIENC	)Y)	
S 163	Continued From pag	ie 25	S 163			
		ocedure which initiated on				
	4/20/16 with the use	of Dilapan by S4MD.				
	The Pre-Operative R	Record with Patient #5's name				
	and S4MD's signatu	re, had no date documented.				
	The Pre-Operative R					
		al signs and a pain scale				
		LPN's signature. The				
	following medication	rd also contained the				
	•	g Oral and Ibuprofen 600 mg				
		wo medication entries had				
	any documentation p					
		dication or at what time.				
	The Dilapan Insertio	n for Second Trimester				
	Patients Standing O	rders with Patient #5's name				
	and the date of 4/26	/18, contained no physician				
	signature.					
	Hand written nurse's	notes with Patient #5's				
	name, dated 4/26/18	3, timed for 11:33 AM, and				
	signed by S7LPN, co	ontained the following entry				
		Dilapan inserts Vaginally,				
		or IBU & Ultram, instructed to				
	return 4/27/18.					
	There was a second	Pre-Operative Record dated				
		#5's name and signed by				
	S4MD. This form wa	as signed by S1Adm/LPN				
		bliowing entries in-part:				
		g Oral, Given By= S1Adm's				
	signature, Timed 8:2					
	By= S1Adm's signat	moxicillin 500 mg Oral, Given				
		ubain & Phenergan IM, (no				
		nented) Given By= S1Adm's				
	signature, Time 8:30					ł
	The Data D					
H/Health	The Recovery Room	Record with patient #5's				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY
		BO0004642	B. WING	07	C 07/13/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATE	E, ZIP CODE		
		756 COL	ONIAL DRIVE			
	INIC OF BATON ROUG	BATON	ROUGE, LA 70806	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
	PM, signed by S7LPI following medication lbuprofen 600 mg PC Med: Nubain. Med: Phenergan. The Nubain and Phe or route documented documented medicat of the time of adminis the medications. An interview and revi S1Adm/LPN, on 7/11	). nergan had no dose amount I. Neither of the 3 tions had any documentation stration or who administered				
	medications to Patien missing. Interviews with S1Act 7/09/18 at 2:30 PM n revised the Surgical "mid - April 2018". S continued and explai (7/09/18), they also r	nt #5 and documentation was Im/LPN and S3Director on evealed in-Part: the facility Abortion Standing Orders in 1Adm/LPN and S3Director ined that as of this day, noticed that the revised Drders did not contain				
	with S3Director on 7, S3Director verified th presented on 7/10/18 in-part: Pharmaceutical Serv Medications: Policy: This Clinic wi storage, safeguardin	ne Policy and Procedures she B at 1:00 PM which read rices Safeguarding th provide for the proper g, and distribution of drugs. ons will be distributed as I, RN of LPN. tation will include:				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
_		BO0004642	B. WING		0	C 7/13/2018	
ame of Pf	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
ELTA CL	INIC OF BATON ROUG	e. Inc	ONIAL DRIVE ROUGE, LA 70806	,			
(Y () ()	0.000						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
S 163	Continued From page 2	27	S 163				
	Name of prescribing	hysician					
	Name and strength or						
	Date of issue						
	Signature of the perso	on administering the					
	mediation.	5					
	Narcotics and the Na	rcotic Sign-Out Log are	1 1				
	maintained in a locke						
	Administrator's locked	d office.					
	S3Director verified th	e Policy and Procedure:					
	Patient Care-Pharma						
		ne presented on 7/10/18 at					
	1:00 PM read in-part:						
		s established criteria for the					
		lications and for emergency					
	pharmaceutical servic	ces. and clarify circumstances					
		he safe administration of					
		inic environment, or in and					
		staff members as directed					
	by the physician.						
	Procedure:						
	1. Medication will b	e administered by the					
	physician. All medica	tion orders contain					
	the following:						
	a. Name of the me	dication					
	b. Dosage						
	<ul> <li>c. Frequency</li> <li>d. Method of admir</li> </ul>	istration					
	a. Method of Admin	instration					
	3.=Oral medications	-					
		physician, nurse or the					
	medical assistant as	directed					
	5. All medications m	ust be ordered by					
	the Physician.						
	12. Following adminis	stration of any medication,				1	
		tion in the clinical medical					
	record will include:						
l/Health St	tandards Section						

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 07/13/2018	
		B00004642	B. WING			
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
DELTA CI	LINIC OF BATON ROUG	E. INC	ONIAL DRIVE ROUGE, LA 708	06		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETE DATE
S 163	<ul> <li>S 163 Continued From page 28</li> <li>a. Name of medication</li> <li>b. Dosage</li> <li>c. Time administered</li> <li>d. Route and any access device</li> <li>e. Site if injected or infused</li> <li>f. Unusual reactions/ interventions</li> <li>g. Nurse's signature and title.</li> <li>An interview, review of patient records and P&amp;P with S8DON was conducted on 7/13/18 at 9:15</li> <li>AM. S8DON informed that she has seen the way the nurses in the facility were documenting the administration of medications such as the Nubain and Phenergan with no dose strength and said she told them that was not the way to document the administration of medications. S8DON said she informed S3Director and S1Adm/LPN in June 2018 that the dose/mg strength, route, site, patient name, ordering doctor, and a physician's order for each medicine had to be documented in the patient's chart.</li> <li>S 169 4425 - E-F Patient Med Records/Reporting Requirements</li> <li>E. Other Reports. The outpatient abortion facility 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</li> <li>F. Reporting Requirements</li> <li>1. The outpatient abortion facility shall maintain documentation to support that the outpatient abortion facility shall maintain the patient support that the outpatient abortion facility is compliant with all reporting requirements, including, but not limited to, the induced termination of pregnancy (ITOP)</li> </ul>		S 163	S 169: This deficiency reflects the fa	cility's	
S 169			S 169	lack of compliance with LAC 48:I sec 4425 E-F relating to patient medical records/reporting requirements. To medical proper documentation is maintained support the facilities in compliance we state statute requiring induced termin pregnancy reports to be signed by the attending physician and submitted to Louisiana Department of Health with days after the date of the abortion. Of the designated experienced administication and performing chart audits to ensure the accurate information is entered into the LEERS database on a weekly basis administrative days. The facility will me physicians in a timely fashion	emedy that to vith the nation of the the currently, trative istrator at the during	10/25/

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		BODD4642	B. WING			C 3/2018
		BO0004642				5/2010
IAME OF F	PROVIDER OR SUPPLIER		DORESS, CITY, ST	ATE, ZIP CODE		
ELTA C	LINIC OF BATON ROUG	GE, INC	ONIAL DRIVE. ROUGE, LA 708	306		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		COMPLET DATE
S 169	Continued From page	29	S 169	Continued from page 28:		
	ordinances, and dep regulations. 2. The outpatien in accordance with all the reporting of that include but are r a. rape; b. sexual battery c. incest; and	t abortion facility shall report applicable state laws for crimes against a child not limited to:		of outstanding patient record that ne certified. After physician certification been registered by the state, the doo will be printed and filed in the approp patient's chart. Also all required documentation will be mailed to the Ongoing quality assurance will be maintained and enforced by the des experienced member of the adminis staff and/or the clinic administrator. Monitoring of this correction plan will performed through chart audits on a basis by the clinic administrator. Also facilities policy and procedures for p medical record/charting will be upda revised to reflect this corrective mea	has cuments oriate state. ignated trative I be weekly o, the atient ted and	
	failed to ensure that documentation to su compliance with the (Induced Termination signed by the attend to the Louisiana Dep days after the date o #7) of 15 (Patients # reviewed for reportin sample of 21 (Patient Findings: Review of LA RS 40	iew and interview, the facility they maintained pport that the facility was in state statute requiring ITOP n of Pregnancy) reports to be ing physician and submitted partment of Health within thirty of the abortion for 1 (Patient 1 - #15) sampled patients ng requirements out of a total nts #1 - #21) patients.				
	in part "C. All abortic the attending physic Louisiana Departme after the date of the Patient #7	ons reports shall be signed by ian and submitted to the int of Health within thirty days				
	Pregnancy (ITOP) re	of Pregnancy was 03/22/18		_		

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#### Health Standards Section (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION. IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: \_\_\_ С 8. WING 07/13/2018 BO0004642 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **756 COLONIAL DRIVE** DELTA CLINIC OF BATON ROUGE, INC BATON ROUGE, LA 70806 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S 169 S 169 Continued From page 30 and the Date Certified was 04/23/18. During an interview on 07/10/18 at 2:55 PM, S3Director of Operations reviewed the ITOP report for Patient #7 and verified that Patient #7's ITOP report indicated the procedure was performed on 03/22/18. She verified the Date Certified on the ITOP report was 04/23/18. S3Director of Operations verified the facility did not ensure compliance with all reporting requirements when the ITOP report for Patient #7 was not submitted to LEERS (Louisiana Electronic Event Registration System) within thirty (30) days of the termination. S 253: please see page 32 S 253 4451 A-C Pharmaceutical Services S 253 A. All outpatient abortion facilities shall have a controlled dangerous substance (CDS) license issued by the Louisiana Board of Pharmacy and a Drug Enforcement Agency (DEA) registration in accordance with applicable state and federal laws. B. The outpatient abortion facility shall develop, implement, enforce, monitor, and annually review written policies and procedures that govern the safe storage, prescribing, dispensing, preparing and administering of drugs and biologicals on the licensed premises. C. Storage Areas. The outpatient abortion facility shall provide a designated secure storage area for storing drugs and biologicals. 1. The designated storage area shall be constructed and maintained to prevent unauthorized access. 2. The designated storage area shall adhere to the manufacturer's suggested recommendations for storage of drugs. 3. Locked areas that are used to store DHH/Health Standards Section

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	FOF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION		
			A. BUILDING:		COMPLETED	
BO0004642		BO0004642	B. WING			13/2018
iame of Pi	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST.	ATE, ZIP CODE		
DELTA CI	INIC OF BATON ROUG	ie. Inc	ONIAL DRIVE. ROUGE, LA 708	206		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	DRRECTION	(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	COMPLETE DATE
S 253	Continued From page	31	S 253	S 253: This deficiency reflect lack of compliance with LAC		11/26/1
	medications including controlled substances, shall conform to all applicable federal and state laws, and the outpatient abortion facility's policies and procedures.			4451 A-C regarding recipro- director of nursing, in conju- medical director will review new policies and procedure safe storage, prescribing, d preparation and administrat biologics to ensure and mai standards for quality of care that are not stored in the mai original packaging will be a with content and expiration measures to maintain ongo will be instituted and enforc of nursing and/or the clinic a	cal services. The nction with the and implement s regarding the ispensing, ion of drugs and ntain adequate anufacturer's ccurately labeled dates. Quality ing performance ed by the director administrator.	
	procedures, and staf abortion facility failed monitor written polici govern the safe stora	ns, review of policy and f interviews, the outpatient d to implement, enforce, and es and procedures that age, prescribing, dispensing, istering of drugs and		Employee in-service/trainin after policy and procedures deficient practice is created implemented.	addressing this	
	from manufacture's o to label.) 2. Not implementing	led medication. (The policy for removing				
	Findings:					
	AM with S1Administ	on 7/09/18 beginning at 10:30 rator/Licensed Practical ) revealed the following				
		facility's 2 surgical rooms beled syringes filled with a				

	andards Section					01 IB) / 27 1
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY LETED
		BO0004642	. B. WING	07/	C (13/2018	
NAME OF PE	ROVIDER OR SUPPLIER	STREET 4	ADDRESS, CITY, STATE			
		756 COL	ONIAL DRIVE	-,		
DELTA CL	INIC OF BATON ROUG	GE, INC	ROUGE, LA 70806	;		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
S 253	Continued From pag	e 32	S 253			
	clear liquid contents.	Three 12 cubic centimeter				
	(CC) syringes were r	noted in a pull out drawer in				
		al rooms. S1Adm/LPN				
		led syringes and identified				
		yringes as Lidocaine with				
		edical Director (MD) to use in				
	· ·	blocks during procedures. rringes remained from the				
	last procedural day v					
		ed that the nurses draw up				
		pi (Epinephrine) for S4MD				
		ould have been labeled by the				
	nurses and wasted v					
		d the facility's Policy &				
		armaceutical Services				
		ations on 7/10/18 at 1:00 PM.				
	Review of that P&P					
		ill provide for proper storage,				
	safeguarding, and di					
	Procedure: Schedule	ed medications will be				
	counted and logged	each patient care day while				
	accessing the cabine	et, and at the end of patient				
	care days.					1
	During an interview	with S3Director of Operations				
	and S1Adm/LPN, or	7/11/18 at 9:30 AM, the 2				
		facility had no additional				
		lating medications removed				
		e's original packaging such				
		ringes with Lidocaine and Epi				
		n 7/09/18. S3Director verified				
	-	e facility had were the P&Ps				
		10/18 at 1:00 PM and verified nothing about labeling, dating,				
		ations that have been				
	•	anufacturer's original				
		LPN explained that the nurses				1
		Iraw up the syringes of				
		syringes of 10 cc Lidocaine				
H/Health	Standards Section	······································	• • •			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
	B00004642		B. WING	07	C / <u>13/2018</u>		
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
	LINIC OF BATON ROUG	SE INC 756 COL	ONIAL DRIVE				
		BATON	ROUGE, LA 70806	i			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLE DATE	
S 253	Continued From pag	e 33	S 253				
	with Epi on each sum the surgical room pri each procedure. S14 let the nurses know I Lidocaine with Epi he up the syringes. During an interview w 10:25 AM, S4MD ver with Epi for paracerv that the nurses would Epi and place the syr surgical rooms at his that during a procedir extra Lidocaine with another and he had drawers for that purp was aware that it wa syringes of Lidocaine dated, or initialed by medicine. S4MD sta syringes were a stop enough lidocaine av during procedures. ideal, but he did not 2. An observation of supply with S1Adm/I Operations on 7/10/ revealed the followin The facility's supply locations: in a locked office, in a refrigerate emergency kit located	gical tray to be brought into or to the doctor performing Adm/LPN said the doctor will how many extra syringes of e wants and the nurses draw with S4MD on 7/13/18 at rified that he used Lidocaine rical blocks. S4MD explained d draw up the Lidocaine with ringes of medicine in the prequest. S4MD explained ure, he sometimes needed Epi for one reason or the extra syringes in the bose. S4MD informed that he is an issue, that the drawn up e with Epi were not labeled, the person who drew up the ated the unlabeled, undated o gap to ensure he had ailable and drawn up for him He stated that it was not have adequate help. the facility's medication LPN and S3Director of 18 beginning at 10:00 AM rg: of medications were kept in 3 d cabinet in S1Adm/LPN's or, and in the facility's ed in a surgical room.					
		of Diazepam 10 milligram served to be in a locked m/LPN's office. The					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		BO0004642			07	C /13/2018	
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E ZIP CODE			
DELTA CL	INIC OF BATON ROU	GF INC	ROUGE, LA 70806	5			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	FCORRECTION	(X5)	
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	) THE APPROPRIATE	COMPL DAT	
S 253	Continued From page	ge 34	S 253				
	tablets, were in a bo	ottle labeled with a quantity of					
		/LPN presented the Narcotic					
		accountability of the Diazepam					
	was documented in	the Narcotic Sign-Out Log					
	with the date, patier	nt name, dose ordered, dose					
	administered, Physi	cian ordering, nurse					
		he End Count of the					
		n 10 mg tablets. The Order					
		e bottle was 06/21/18. The					
		from the bottle was dated on					
	-	ut Log as 6/21/18. The latest					
		blet administered was dated	ļ				
	7/06/18 by 7LPN wi	Narcotic Sign-Out Log as 457					
	tablets remaining.	Narcolic Sign-Out Log as 457				1	
	tablets remaining.						
	An interview and re-	view of the facility's Narcotic					
		7LPN on 7/11/18 at 1:00 PM					
	verified her initials c	on the 7/06/18 dated entry.					
	S7LPN was asked a	about her accountability of the					
		blets after she administered a					
		ined that she documented the					
		(End Count) by subtracting the					
		he administered to the patient					
		nd Count entry, and					
		im total as her End Count on					
		ormed she never counted the Diazepam 10 mg tablets in					
		facility used for their supply.					
	On 7/11/18 at 1:10	PM, the on-hand supply of					
		blets was counted by					
		N, and S3Director of					
		staff verified that the on-hand					
		10 mg tablets was 448					
		int should have been 457					
		ccording to the provider's					
	_	og with the latest entry dated					
	7/06/2018.		I I			ł	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		BO0004642	B. WING	0	C 17/13/2018	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	-	
		756 COL	ONIAL DRIVE			
ELTA C	LINIC OF BATON ROUG	E, INC BATON	ROUGE, LA 70806			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
	on-hand supply of Dia remaining in the bottle number of administer Count documented on documented entry on S1Adm verified she r on-hand Diazepam 1 supply of 500 tablets administer to patients Policy: A review of th Procedure Pharmace Safeguarding Medica at 1:00 PM by S3Dire in-part: Policy: This Clinic will safeguarding, and dia Procedure: Schedule counted and logged a accessing the cabine care days. 3. The facility's supply / 1 ml Inject, 50 ml vial S1Adm's office in the 10:00 AM. Observation of the vials opened (N Each of the 3 vials had 01, 2018 on the manu S3Director of Operatic the 3 vials of Lidocaine should have been disp S4MD was the only do only used Lidocaine w Observation of the pro-	18 at 1:15 PM with a that she did not count the azepam 10 mg tablets e, she only deleted the ed tablets from the End in the line above her the Narcotic Sign-Out Log. lever counted the quantity of 0 mg tablets in the provider's / bottle that she accessed to a. e provider's Policy and butical Services tions presented on 7/10/18 actor of Operations read I provide for proper storage, stribution of drugs. d medications will be each patient care day while t, and at the end of patient of Lidocaine HCL 1% 10 mg Is was observed stored in locked cabinet on 7/10/18 at in noted 3 vials on hand with 2 o plastic top on the vial). d an expiration date of July facture's label. Both ons and S1Adm/LPN verified e HCL 1% were expired and bosed of. They informed that bottor to use lidocaine and he	S 253			

STATEMENT OF D AND PLAN OF COF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED C
		BO0004642	B. WING	······	0	7/13/2018
NAME OF PROVID	ER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	, ZIP CODE		
	OF BATON ROUG	F INC 756 COL	ONIAL DRIVE			
	OF BATON ROUGH	E, INC BATON I	ROUGE, LA 70806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
Amp as v Duri and S3E unu all o unu be o clini S3E S3E Lido Mar the exp not saic 201 doc med use the exp the only On Ope Pro Med on Pol adr Pur	rerified by S1Adm. ing an interview w S1Adm/LPN on 7 Director said the fa sed drugs to wast of the drugs on hall sed drug would be documented in the c professionals in Director said, "no u Director said, "no u Said said said said said said said said s	on dates of March 01, 2018, //LPN. with S3Director of Operations //10/18 at 1:11 PM, acility has not had any the because the facility uses and. S3Director said any the wasted, the waste would a medication log, signed by 2 cluding one physician. Junused medications." and of the 2 ampules of - 100 mg/5 ml, expired since were found to be expired in acy Kit. S3Director said the as over looked, and should Emergency Kit. S1Adm/LPN ocaine HCL 10 mg/ml, 50 ml piration date of July 01, the wasted because the were no longer using that JPN said the doctors now binephrine. S3Director said disposing of unused or via certified returns was for the facility's emergency kit AM, S3Director of the facility's Policy and are-Pharmaceutical ation which was presented M. the setablished criteria for the dications and for emergency	S 253			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		BO0004642	B. WING		C 07/13/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		756 COL	ONIAL DRIVE			
DELTA C	LINIC OF BATON ROU	GE, INC BATON I	ROUGE, LA 7080	)6		
(X4) ID PREFIX TAG	(EACH DEFICIEN	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
S 253	Continued From page	ge 37	S 253			
	by the physician. Procedure: item #5 ordered by the Physi- Item #6 = Medication appropriately as direc- Desk Reference) or Item #8 = For proper- all supplies will be en- expiration dates. S3Director said the funused or expired in has no scheduled proper and medications for exp- facility's policy for dia medications via cert			S 255: please see page	30	
S 255	written records docur dispensing, and adm E. The outpatient a maintain written rec disposing of unused F. The outpatient a maintain written doc prescribed and/or d including, but not lin 1. full name of 2. name of the dispensing physicia 3. name and s	bortion facility shall maintain menting the ordering, receiving, inistering of drugs. bortion facility shall ords documenting the I drugs. bortion facility shall cumentation of all drugs ispensed to each patient, nited to the: the patient; prescribing and/or n; trength of the drug; scribed and/or dispensed; and	S 255			

ATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE : COMPL	
	BO0004642	B. WING		C 07/13/2018	
ME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST/	ATE, ZIP CODE		
	756 CO	ONIAL DRIVE			
ELTA CLINIC OF BATON ROUG	BATON	ROUGE, LA 708	06		
PRÉFIX (EACH DEFICIEN	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
outpatient abortion f written records docu drugs for 7 (#1, #2, # (#1, #2, #3, #4, #5, # receiving paracervic total sample of 21 (# Findings: Patient #1 Review of the Opera dated 4/27/18, signe Director) revealed a to the patient. Furth revealed no written administered to Pati block. During an interview S1Administrator/LPI record for Patient # paracervical block v 4/27/18 by S4MD. S documentation of th Patient #1.	et as evidenced by: view and interview, the acility failed to maintain umenting the administration of #3, #4, #5. #7, and #10) of 7 #7, and #10) patients al blocks reviewed out of a	S 255	S 255: This deficiency reflects lack of compliance with LAC 4 4451 D-F regarding pharmace services. The facility will maint of medications ordered in our Facility will maintain written do of the administration of medica Durrently, an experienced administration of medications to the revised protocol to curre employees. Also policy and pr pertaining to proper medications to the revised protocol to curre employees. Also policy and pr pertaining to proper medication and administration has been r attached to this plan of correct Medication logs will be mainta designated nursing staff, clinic and/or the director of nursing. logs will be reviewed on a mo The medication logs will reflect the medication logs will reflect the medication dispensed and and also include appropriate p identifiers. Also, in order to en maintain compliance, the new director of nursing is responsii overseeing that this deficient p immediately addressed and correct 12/30/18.	8:1 section autical tain all invoices vendor files. boumentation ations to I blocks. Ininistrative and in accordance ent facility ocedures In dispensing evised and tion. ined by the c administrator Medication nthly basis. at the name of a administered battent sure and Iy hired ble for practice is porrection	12/30/1

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BO0004642 B. WING AAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SELTA CLINIC OF BATON ROUGE, INC	C 07/13/2018
756 COLONIAL DRIVE	
756 COLONIAL DRIVE	
BATON ROUGE, LA 70806	
XX4 ID         SUMMARY STATEMENT OF DEFICIENCIES         ID         PROVIDER'S PLAN OF CORRECTION           PREFIX         (EACH DEFICIENCY MUST BE PRECEDED BY FULL         PREFIX         (EACH CORRECTIVE ACTION SHOULD BE           TAG         REGULATORY OR LSC IDENTIFYING INFORMATION)         TAG         CROSS-REFERENCED TO THE APPROPRIATE           DEFICIENCY)         DEFICIENCY)         TAG         CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLET DATE
S 255     Continued From page 39 patient on 4/17/18 by S6Physician. Further review of the patient's record revealed there was no written records documenting the administering of drugs used for the paracervical block.     S 255       On 7/8/18 at 1:00 PM, S1Administrator/LPN reviewed Patient #2's record and confirmed there was no written documentation of the drug S6Physician administered to Patient #2 for the paracervical block she gave on 4/17/18.     S       Patient #3     Review of the Operative Notes for Patient #3 revealed a paracervical block was given to the patient on 4/17/18 by S6Physician. Further review of the optient's record revealed there was no written records documenting the administering of drugs used for the paracervical block.     On 7/8/18 at 1:00 PM, S1Administrator/LPN reviewed Patient #3's record and confirmed there was no written documentation of the drug S6Physician administerator/LPN reviewed Patient #3's record and confirmed there was no written documentation of the drug S6Physician administerator Patient #4 Review of the Operative Notes for Patient #4 Review Of the paracervical block.       On 7/10/18 at 3:20 PM, S1Administrator/LPN reviewed Patient #4's record and confirmed there was no written documentation of the drug S4MD administered to Patient #4 for the paracervical block given to Patient #4 for the paracervical block given to Patient #4 for the paracervical block gi	

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#### (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 07/13/2018 BO0004642 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 756 COLONIAL DRIVE DELTA CLINIC OF BATON ROUGE, INC BATON ROUGE, LA 70806 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 255 Continued From page 40 S 255 Review of the medical record for Patient #5 revealed a paracervical block was given to Patient #5 on 4/27/18 by S4MD with no written records documenting the drug/drugs administered to Patient #5 for the paracervical block. On 7/11/18 at 11:40 AM, S1Administrator/LPN reviewed Patient #5's record and confirmed there was no written documentation of the drug S4MD administered to Patient #5 for the paracervical block on 4/27/18. Patient #7 Review of the Operative Notes for Patient #7 dated 3/22/18, signed by S4MD (Medical Director) revealed a paracervical block was given to the patient. Further review of the record for Patient #7 revealed no written documentation of the drug used for the paracervical block. During an interview on 7/10/18 at 2:45 PM, S1Administrator/LPN confirmed Patient #7 received a Paracervical Block. She stated that either Lidocaine or Xylocaine was administered by S4MD, but there was no written record for Patient #7 documenting the drug administered by the physician used for the paracervical block. She stated that she was not able to be in the room with the physician during surgical procedures because there were only two nurses available and usually both were needed in the recovery room. She stated that the physician would like a nurse in the exam room during procedures. Patient #10 Review of the Operative Notes for Patient #10 revealed a paracervical block was given to the patient on 3/29/18 by S4MD. Further review of the patient's record revealed there was no written

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			IE SURVEY IPLETED
		B00004642	B. WING		0	C 17/13/2018
ME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ELTA CI	INIC OF BATON ROUG	E. INC	ONIAL DRIVE			
	<u>··</u>	BATON	ROUGE, LA 70806			
X4) ID REFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S 255	Continued From page	9 41	S 255		<u>.</u>	
	records documenting used for the paracerv	the administering of drugs ical block.				
	S8DON (Director of N medical record for Pa S4MD documented p the patient on 3/29/18 documentation of the stated that 1 % Xyloc used for the block for documented. S8DON form being used by th abortions will need to form was created with the drug and amount the physician should administered during p During an interview of S4MD (Medical Director record for Patient #10 a paracervical block the Operative Notes, administered for the l and new forms would indicate any drugs ac this was an oversight He confirmed that the	tient #10. She stated that aracervical block given to 3 with no written drug administered. S8DON aine with Epinephrine was Patient #10 and it was not N stated the Operative Notes be physicians during surgical be redone because the nout a place to document used. S8DON stated that be documenting the drug baracervical block. In 7/13/2018 at 10:25 AM, stor) reviewed the medical D and confirmed he gave her and this was documented of be created with a place to stated the drug he block was not documented be created with a place to stated the drug he block was not documented be created with a place to stan needs to be corrected. a drug he administered for all aceived paracervical blocks				
S 257	4451 G Pharmaceuti	cal Services	S 257			
	outpatient abortion fac enforce, monitor, and	dministration of Drugs. The ility shall develop, implement, review annually written es governing the preparation ls.				

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPL	ETED
_		BO0004642	B. WING	· · · · · · · · · · · · · · · · · · ·		C 13/2018
	ROVIDER OR SUPPLIER LINIC OF BATON ROUG	E. INC 756 COL	DDRESS, CITY, ST ONIAL DRIVE ROUGE, LA 708			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
S 257	that all drugs and biolo and administered an individual, employ agreement, who has accordance with appl order shall be in dated, timed, and sig copy of such orders s each, individual patie This Rule is not me Based on review of re Procedures (P&P), a abortion facility failed biologicals were adm order from an individ contractual agreeme authority in accordan and failed to ensure of patient specific, date individual for 6 (#1, # (#1 - # 15) patient re- sample of 21 patients Findings: Patient #1 The form titled "Surg	t abortion facility shall ensure origicals are prepared d pursuant to an order from red or under contractual is prescriptive authority in licable state laws. Each writing, patient specific, ned by that individual. A shall be maintained in ant medical record. t as evidenced by: ecords, Policy and nd staff interviews, the t to ensure that all drugs and unistered pursuant to an ual, employed or under nt, who has prescriptive new with applicable state laws each order was in writing, d, timed, and signed by that 47, #10, #2, #3, and #5) of 15 cords reviewed out of a total is (#1 - #21).	S 257	S 257: This deficiency refle failure to comply with LAC - G regarding pharmaceutica facility failed to ensure that biologicals were administer order from an individual, en contractual agreement, will authority in accordance with laws. The facility also failed each order was in writing, p dated, timed and signed by order to remedy this deficie facility has revised patient f all appropriate medications Also, policy and procedures the preparation and admini drugs and biologics a curre reviewed and revised by the nursing in conjunction with medical providers. The revi to patient forms and facility ensure that all medications prepared and administered written physician orders an patient specific identifiers, o signatures are accurately in Compliance will be assured reviews via chart auditing to the director of nursing and/ experienced administrative Employee in service and tra performed to educate the s corrective measure by eithe nursing and/or an experien staff member.	48:1 section 4451 I services. The all drugs and ed pursuant to an apployed or under has prescriptive in applicable state to ensure that vatient specific, that individual. In nt practice, the orms to indicate administered. Is that pertains to stration of all ntly being e director of the facility's sion and updates paperwork will are being pursuant to d that proper dates/times and effected. I by quarterly to be performed by or the designated staff member. aining will be taff of this er the director of	12/30/1

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CI A. BUILDING:		(X3) DATE COMP	SURVEY
		BO0004642	B. WING	······	07	C /13/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATE	, ZIP CODE		
DELTA C	LINIC OF BATON ROUG	SE. INC	ONIAL DRIVE			
	r	BATON	ROUGE, LA 70806			- <u>-</u>
(X4) ID PREFIX TAG	(EACH DEFICIEN)	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE
S 257	Continued From pag	e 43	S 257			
	Nubain and Phenerg hour prior to procedu Ibuprofen 800 mg (m Trimester Prescriptic Cephalexin 500 mg These orders were s Review of Patient #1 Record dated 4/27/1 (Administrator/Licens administered the foll 600 mg po 9:00 AM; AM; Nubain and Phe medications were ad order that was not tir standing orders reve 600 mg po and there Nubain or Phenerga During an interview of S1Adm/LPN reviewed	an IM (intramuscular) ½ to 1 ire; illigrams) listed under First on; 1 po (by mouth). igned by S4MD, not timed. 's form titled Pre-operative 8 revealed S1Adm/LPN sed Practical Nurse) owing medications: Ibuprofen Cephalexin 500 mg po 9:00 energan IM 9:20 AM. These Iministered pursuant to an ned. Further review of the ialed no order for Ibuprofen a was no dosage for the				
	patient on 4/27/18. administered Nubair Patient #1 and did n Nubain or the dosag administered to the p the dosages listed o sufficient. S1Adm/L Standing Orders for referring to and conf listed for Nubain and prior to procedure. S administered Nubair patient without a corr	a and Phenergan IM to ot document the dosage of e of Phenergan that she patient because she thought n the Standing Orders was PN then reviewed the Patient #1 that she was irmed there was no dosage I Phenergan IM ½ to 1 hour				

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# Health Standards Section (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		BO0004642	B. WING		0	C 7/13/2018
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
	INIC OF BATON ROUG	F INC 756 COL	ONIAL DRIVE			
		BATON P	ROUGE, LA 70806	j		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIEL	CTION SHOULD BE	(X5) COMPLE DATE
	S 257 Continued From page 44 The form titled Surgical Abortion standing Orders dated 3/22/18 in Patient #7's record read (in part): Ibuprofen 800 mg (milligrams) - 1 tablet po (by mouth) for pain Misoprostol 200 mcg (micrograms) _4_ tablets or tablets by mouth The Surgical Abortion Standing Orders were signed by S4MD, dated 3/22/18, timed 1:47 PM, and were not patient specific. Review of Patient #7's form titled Pre-operative & Operative Record dated 03/22/18 revealed Misoprostol 800 mcg po and Ibuprofen 800 mg po were given by S1Adm/LPN at 10:35 AM. These medications were administered pursuant to an order that was not patient specific. An entry on the Recovery Room Record dated 3/22/18, timed 10:35 AM signed by S1Adm/LPN read, "Pt (patient) received and tolerated 0.75 m1 (milliliters) Nubain with 0.25 ml Phenergan well."					
	order for Nubain or F During an interview of S1Adm/LPN reviewed Record dated 3/22/1 confirmed she admir with 0.25 ml of Phen order to administer N Patient #7, she revie there was no physici Nubain and Phenerg that the Surgical Abo Ibuprofen 800 mg 1 mcg 4 tablets po we	on 7/10/18 at 2:45 PM, ad the Recovery Room 8 for Patient #7 and histered 0.75 ml of Nubain ergan. When asked for the Jubain and Phenergan to wed the record and stated an's order to administer an. She further confirmed ortion Standing Orders for tablet po and Misoprostol 200 re not individualized for the ordid not include the patient's				
	-	cal Abortion standing Orders ient #10's record read (in				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			e survey Pleted	
		BO0004642	B. WING		0	C 07/13/2018	
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
DELTA C	LINIC OF BATON ROUG	ie. Inc	LONIAL DRIVE ROUGE, LA 70806				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
	mouth) for pain Misoprostol 200 mcg tablets ortable The Surgical Abortion signed by S4MD, dat were not patient spec Review of Patient #10 & Operative Record of Misoprostol 400 mcg po given by S1Adm/L medications were add order that was not pa timed. An entry on th dated 03/29/18, time S1Adm/LPN read, "P (intramuscular) inj. (in Phenergan. Pt. tolera Further review of the no order for Nubain of S1Adm/LPN reviewe Patient #10 and conff Nubain and Phenerg physician's order to a further confirmed tha Standing Orders for 1 for pain and Misopro- were not individualize they did not include t number and the orde Patient #2: A review of Patient # a surgical abortion of Further record review Abortion Standing Of	illigrams) - 1 tablet po (by (micrograms)	S 257				

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# Health Standards Section

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		B00004642	B. WING		07	C 7/13/2018
ame of Pi	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ELTA CI		756 COL	ONIAL DRIVE			
	INIC OF BATON ROUG	BATONI	ROUGE, LA 70806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES AY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
S 257	Continued From page	e 46	S 257			
	patient specific, the o					
	identifying patient info	ormation.				
	Review of the Proces	lure Room Monitoring Form				
		d with Patient #2's name.				
	,	vealed documentation in the				
		ction which read in-part:				
		noxil, IBU, Cytotec, Given By				
	= S7LPN's signature					
		ibain, Phen. Given By =				
	S7LPN's signature tii	med for 12:?5 PM. The	1			
	administration time (t	hird numerical entry) was				
	marked over and not	clear. On 7/09/18 at 1:00				
		wed the form, verified the				
		S7LPN and interpreted the				
		medications administration				
	documentation time a	as 12:35 PM.				
	Review of the Recov	ery Room Record form				
		an and S7LPN revealed the				
	form was not labeled					
		ecovery Room Record form				
		mentation which read in-part:				
	lbuprofen 800 mg PC	D Timed for 9:35 AM, Given				
	by = S7LPN's signat	ure.				
		timed for 9:35 AM, Given				
	by= S7LPN's initials.					
		Right Deltoid, timed for 12:43				
	PM, Given By= S7LF					
		ght Deltoid Timed, for 12:43				
	PM, Given By= S7LF	rivis initiais.				
	On 7/09/18 beginnin	g at 1:00 PM, S1Adm/LPN				
	-	the above findings. She				
		Surgical Abortion Standing				
		s chart were not patient	I			
	specific and there wa	as no written order for the				
	patient to receive the	e medication Nubain which				
		having been administered by				
	S71 PN on 4/17/18 a	t 12:43 PM and at 12:35 PM	1 1			

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# Health Standards Section

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		B00004642	B. WING		07	C //13/2018
AME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DELTA CL	INIC OF BATON ROUG	E. INC	LONIAL DRIVE			
		BATON	ROUGE, LA 70806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	OTION SHOULD BE	(X5) COMPLET DATE
S 257	Continued From page	e 48	S 257			
	physician orders labe Standing Orders-S4M contained the signatu	ent #5's record revealed led as: Surgical Abortion ID's name. The orders re of S4MD but, contained nformation and no date.				
	and S4MD's signature The Pre-Operative Re documentation of vita entry Taken By= S7L	perative Record with Patient #5's name 's signature, had no date documented. perative Record contained ation of vital signs and a pain scale on By= S7LPN's signature. The tive Record also contained the nedication entries:				-
	Oral. Neither of the tw any documentation p	Oral and Ibuprofen 600 mg vo medication entries had ertaining to who lication or at what time.				
	Patients Standing Or	n for Second Trimester ders with Patient #5's name 18, contained no physician				
	name, dated 4/26/18 signed by S7LPN, co in-part: received [	notes with Patient #5's , timed for 11:33 AM, and ntained the following entry Dilapan inserts Vaginally, IBU & Ultram, instructed to				
	4/27/18 with Patient # S4MD. This form wa and contained the fol Misoprostol 400 mcg signature, Timed 8:2	Pre-Operative Record dated 5's name and signed by s signed by S1Adm/LPN lowing entries in-part: Oral, Given By= S1Adm's 9 AM. noxicillin 500 mg Oral, Given				
	By= S1Adm's signati					

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		( ` '	E SURVEY PLETED
		BO0004642	B. WING		C 07/13/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	INIC OF BATON ROUG	TTO THE TRANSPORT	ONIAL DRIVE			
		BATON	ROUGE, LA 70806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE
S 257	Continued From page	e 47	S 257			
		om Monitoring Form as				
	Patient #3:					
		3's record revealed she had				
		n 4/17/18 by S6Physician.				
		v revealed the Surgical rders dated 4/17/18 and				
	signed by S6Physicia	an at 2:05 PM were not				
		orders did not contain				
	identifying patient inf	ormation.				
	Review of the Procee	dure Room Monitoring Form				
		ed with Patient #3's name,				
		vealed documentation in the ction which read in-part:				
		hogam/IBU, Amoxil, Cytotec,				
	Given By = S7LPN ti					
	Medication Given: Pl	hen/Nubain. Given By = 45 PM				
	Of LINK amedilor 12.	-0 1 M.				
		ery Room Record form				
	form was not labeled	an and S7LPN revealed the				
		ecovery Room Record form				
		mentation which read in-part:				
	by = S7LPN.	D Timed for 9:35 AM, Given				
		timed for 9:35 AM, Given				
	MED Nubain IM Site	Left Deltoid timed for 12:45				
	PM, Given By= S7LF	PN. Left Deltoid timed for 12:45				
	PM, Given By= S7LF					
	Patient #5:					
		5's record revealed she				
	received her surgica					
		ocedure which initiated on of Dilapan by S4MD.				
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		B00004642	B. WING		07	C 07/13/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE			
		756 CO	LONIAL DRIVE				
DELTA CI	INIC OF BATON ROUG	GE. INC	ROUGE, LA 70800	6			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O			
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	CTION SHOULD BE THE APPROPRIATE ICY)	DAT		
S 257	Continued From page 49		S 257				
	By= S1Adm's signature, Time 8:30 AM.						
	The Recovery Room	Record with Patient #5's					
	name, dated 4/27/18, Discharge time of 12:00						
	PM, signed by S7LPN and S4MD, contained the						
	following medication entries in-part: Ibuprofen 600 mg PO.						
	Med: Nubain.						
	Med: Phenergan.						
	An interview with S1Adm/LPN, on 7/11/18 at						
	11:40 AM, verified the nurses, including herself						
	(S1Adm/LPN), administered medications to						
	Patient #5 using these same Surgical Abortion Standing Orders-S4MD which did not contain a						
	patient name, date,						
	Previous interviews	with S1Adm/LPN and					
	S3Director on 7/09/18 at 2:30 PM revealed the						
	facility was aware of this lack of physician's order						
		lubain on the Physician					
		cords and the fact the staff ne Nubain to patients without					
		aid the facility revised the					
		anding Orders in "mid - April					
		d the medication Nubain on					
	the Physician Orden						
		d and explained that as of this also noticed that the revised					
		Orders did not contain					
		nedications and had incorrect					
	dosages for some m						
		AM, S3Director verified the					
		rocedures (P & P) which she /10/18 at 1:00 PM, which read					
	in-part:	Torio at 1.00 FWI, WINDIFICAU					
		vices Physician Orders and					
	Administration:						
	Policy: All drugs and	d biologicals shall be					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
	BO0004642	B. WING		07	C 07/13/2018	
NAME OF PROVIDER OR SUPP	ER STREE	T ADDRESS, CITY, STATE,	, ZIP CODE			
DELTA CLINIC OF BATON	TTO THE INC.	OLONIAL DRIVE				
	BATO	N ROUGE, LA 70806				
PRÉFIX (EACH D	RY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLE THE APPROPRIATE DATE		
and individual under the laws in writing, and prescriptive at S3Director ver Patient Care-F Administration 1:00 PM read Policy: The Cl administration pharmaceutic Purpose: To it which must e> medications in emergency, b by the physici Procedure: ite ordered by the An interview, with S8DON ( on 7/13/18 at had seen the documenting. S3Director an June 2018 tha patient name,	compliance with an order from the has prescriptive authority of Louisiana. Such orders shall be igned by the individual with hority under the laws of Louisiana. ied the Policy and Procedure: harmaceutical Medication hat she presented on 7/10/18 at part: ic has established criteria for the of medications and for emergency services. entify and clarify circumstances at for the safe administration of the Clinic environment, or in and Clinic staff members as directed h. #5 = All medications must be Physician. view of patient records and P&P irector of Nursing) was conducted 15 AM. S8DON informed that she ay the nurses in the facility were BBON said she informed S1Adm/LPN on a Saturday in the dose/mg strength, route, site, ordering doctor, and a physician's medicine had to be documented in	S 257				

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