



FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
Permit:	AB-0001	Audit Name:	Abortion Clinic ROV 20161020
Facility Name:	GREENVILLE WOMEN'S CLINIC	Type:	L01 Routine
Address:	1142 GROVE RD	Start Date:	16 May 2019 10:00 AM
City/State/Zip:	GREENVILLE, SC 29605-4692 Greenville	End Date:	16 May 2019 02:00 PM
Phone 1:	864-232-1584	Inspector:	Ivy Wilkes
Email:	KATHY.ADAMS99@YAHOO.COM		
Contact Name:	THOMAS CAMPBELL		
Contact Email:	null		
Contact Phone:	864-232-1584		

Overall Score
0.0%

Report Notice

Question ID	Question	Answer
NOTICE01	<p>Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708</p> <p>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</p>	Report Notice

Administrator's Signature - Plan of Correction

Question ID	Question	Answer
SIGN01	<p>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</p> <p>(1) the actions taken to correct each cited deficiency, (2) the actions taken to prevent similar recurrences, and (3) the actual or expected completion dates of those actions.</p> <p>PRINT NAME: _____</p>	POC REQUIRED

TITLE: _____

SIGNATURE: _____

DATE: _____

Any violations cited in this report of visit were observed at the time of the inspection.

The Administrator submits an electronic plan of correction by visiting the website <http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/CorrectionPlan/> and following the instructions online.

Or the Administrator returns a copy of this report (original signature required) with description of corrective actions to:
 SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

Comments

- *May 31, 2019*

Inspection Information

Comments:

The inspection of Greenville Women's Clinic by the Department's Bureau of Health Facilities Licensing was conducted in conjunction with an inspection conducted by the Department's Division of Waste Management. Please reference the inspection report of the Division of Waste Management regarding the results of that inspection.

Question ID	Question	Answer
COMBO-LIC	Inspection Includes Licensing:	YES
COMBO-FLSC	Inspection Includes Fire & Life Safety:	NO
ONSITE	Is this an On-Site Visit?	YES
INSP	Select the Type of Inspection to be Performed:	Abortion Clinic Inspection (Licensing and/or FLS)
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
INSP04	Are there any other individuals accompanying the auditor for this visit? Comments	YES
	<ul style="list-style-type: none"> • <i>Michelle Gregory, LPN, Holly Barber, RN, & Amanda Web, Environmental Health Manager</i> 	

AC Regulation Parts I-VII 61-12

Question ID	Question	Answer
R-61-12-204.F4	<p>204.F.4. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Licensing regulations. (Class III Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> • <i>For five (5) of six (6) staff records reviewed, there was no documentation available for review, to reflect individual attendance, that the staff were provided annual training pertaining to licensing regulations.</i> <p>1.) Staff A, hire [REDACTED] last documented training dated [REDACTED] 2.) Staff B, hire [REDACTED] last documented training dated [REDACTED] 3.) Staff C, hired [REDACTED] last documented training dated [REDACTED] 4.) Staff D, hire [REDACTED] last documented training date [REDACTED]</p>	OUT

	5.) Staff E, hired 05/15/2002: last documented training dated 09/10/2017	
R-61-12-204.G3	<p>204.G.3. Job descriptions shall be reviewed at least annually, kept current and given to each employee and volunteer when assigned to the position and when revised. (Class III Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> • <p><i>For five (5) of six (6) staff records reviewed, there was no documentation available for review that job descriptions were reviewed at least annually.</i></p> <p>1.) Staff A, hire [REDACTED] last documented review dated [REDACTED]</p> <p>2.) Staff B, hired [REDACTED] last documented review date [REDACTED]</p> <p>3.) Staff C, hired [REDACTED] last documented review dated [REDACTED]</p> <p>4.) Staff D, hire [REDACTED] last documented review date [REDACTED]</p> <p>5.) Staff E, hired [REDACTED] last documented review date [REDACTED]</p>	OUT
R-61-12-305.C	<p>305.C. The facility shall inform, in writing, the local ambulance service which provides emergency care and transport of patients, of the location of the facility, and the nature of medical problems which may result from abortions. (Class I Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> • <p><i>There was no documentation available for review that the facility informed, in writing, the local emergency ambulance service of the location of the facility and the nature of medical problems which may result from abortions.</i></p>	OUT

Record Retention

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention



PLAN OF CORRECTION REPORTING FORM BUREAU OF HEALTH FACILITIES LICENSING

INSPECTION INFORMATION

License Number:

AB-0001

Facility Type:

HL- Abortion Clinic

Facility Name:

GREENVILLE WOMEN'S CLINIC

Inspection Date:

05/16/2019

Submission Date:

05/17/2019

Type of Inspection:

Routine

Program Area:

Licensing

ADMINISTRATOR'S CERTIFICATION

By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Checked

Administrator Name:

Thomas W. Campbell, Jr., MD

E-mail:

kathy.adams99@yahoo.com

Phone:

(864) 232-1584

RESPONSE TO CITATIONS

Section:	Was Completion Date Provided?	Completion Date (Actual or Expected):
204.F.4	Yes	05/20/2019

Corrective Action:

At our previous inservice training meeting held on 9/9/2018, all in attendance watched the videos and took individual tests for that particular program content. That included facility's policies and procedures, the requirements of the Women's Right to Know Act, Infection control, fire protection, confidentiality, bloodborne pathogens for Healthcare and DHEC regulations. All tests were taken by all attendees and signed and dated. It was conducted by [REDACTED].

Preventive Action:

Greenville Women's Clinic will continue to have our annual inservice training and in addition to the tests taken, a list of all in attendance will be obtained. It will be conducted by [REDACTED].

Optional Comments:

Response Approved:

Yes

Section: Was Completion Date Provided? Completion Date (Actual or Expected):

204.G.3 Yes 05/20/2019

Corrective Action:

Job descriptions will be updated & reviewed for all employees on an annual basis. This will be done by [REDACTED]

Preventive Action:

Job descriptions will be reviewed to make sure they are current, and will be signed by each employee on an annual basis. This will be done by [REDACTED] and will be added to our policy manual

Optional Comments:**Response Approved:**

Yes

Section: Was Completion Date Provided? Completion Date (Actual or Expected):

305.C Yes 05/20/2019

Corrective Action:

We will notify our local ambulance service by mail our location, medical problems and abortion complications. This will be done by [REDACTED]

Preventive Action:

A letter will be mailed to Prisma Health System (formerly Greenville Hospital System) who we use for our ambulance service to notify them in the event we have to have a patient transported to the hospital from office. It will include the address of Greenville Women's Clinic and the problems that may result from abortions, which may involve excessive bleeding or other problems that need prompt care which may include fever or infection. The nurse on duty that day or the physician will make this decision.

Optional Comments:**Response Approved:**

Yes

LOG INFORMATION SECTION**Report of Visit Delivery Date:****Plan of Correction Due Date:****Date Plan of Correction was Reviewed:**

07/03/2019

Reviewed by:

Ashley Grant

Comments:**Plan of Correction Approved:**

Yes

Decision By:

Ashley Grant

Decision Date:

07/03/2019

Remove POC:

UPLOAD DOCUMENTS

File Upload

Plan of Correction Log Number:

MPC05050-19

DHEC Form 0284 (05/2014)