

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2019
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NAME OF PROVIDER OR SUPPLIER VIRGINIA LEAGUE FOR PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 403 YALE DRIVE HAMPTON, VA 23666
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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T 000	Initial Comments - 4 An unannounced Biennial Licensure Abortion Facility inspection was conducted at the above referenced facility September 23, 2019 by two (2) Medical Facility Inspectors from the Virginia Department of Health's, Office of Licensure and Certification. The facility was found to not be in compliance with the State Board of Health 12 VAC 5-412, Regulations for Abortion Facility's effective February 22, 2019.	T000		
T 200	12 VAC5-412-220 C Infection Prevention Written policies and procedures for the management of the abortion facility, equipment and supplies shall address the following: 1. Access to hand-washing equipment and adequate supplies (e.g., soap, alcohol-based hand rubs, disposable towels or hot air driers); 2. Availability of utility sinks, cleaning supplies, and other materials for cleaning, disposal, storage, and transport of equipment and supplies; 3. Appropriate storage for cleaning agents (e.g., locked cabinets or rooms for chemicals used for cleaning) and product-specific instructions for use of cleaning agents (e.g., dilution, contact time, management of accidental exposures); 4. Procedures for handling, storing, and transporting clean linens, clean/sterile supplies and equipment; 5. Procedures for handling/temporary storage/transport of soiled linens;	T200		<p>RECEIVED OCT 22 2019 VDH/OLC</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 10/3/2019
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NAME OF PROVIDER OR SUPPLIER VIRGINIA LEAGUE FOR PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 403 YALE DRIVE HAMPTON, VA 23686
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T 200 Continued From page 2

T200

This RULE: is not met as evidenced by: Based on observation and interview, the facility staff failed to ensure two (2) of four (4) exam room tables were able to be properly disinfected between patient use.

The findings include:

During the initial tour on 9/23/19 with the facility Manager (Staff Member #1), the exam tables in all four (4) used rooms (rooms #1, #2, #3 and #5) were observed. The exam table in Room #1 had tears in the vinyl covering of the table and chips of the Formica-like covering in the drawer directly under the front edge of the exam table.

The table in room #5, the Ultra Sound room, had tears on the left side if standing at the foot of the table.

The tears in the tables leave a porous surface that is not able to be disinfected between patient use.

Staff Member #2 was made aware of the tables just prior to the exit interview and stated, "We will get those repaired immediately."

The Virginia League for Planned Parenthood has contacted our vendor, Tidewater Medical and scheduled replacement of the torn table and has hired a contractor to paint and seal cabinets. The painting will be completed on October 22, 2019. As of Monday, October 14 one exam table top has been replaced and the other is on order to be replaced by the end of the month. Additionally, VLPP will add checking all painted surfaces for chips and checking tables for tears to its monthly QA report. This QA report will be completed by our Health Center Manager and deficiencies reviewed by our QA committee.

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T 200	<p>Continued From page 1</p> <p>6. Procedures for handling, storing, processing, and transporting regulated medical waste in accordance with applicable regulations;</p> <p>7. Procedures for the processing of each type of reusable medical equipment between uses on different patients. The procedure shall address:</p> <ul style="list-style-type: none"> (i) the level of cleaning/disinfection/sterilization to be used for each type of equipment. (ii) the process (e.g., cleaning, chemical disinfection, heat sterilization); and (iii) the method for verifying that the recommended level of disinfection/sterilization has been achieved. <p>The procedure shall reference the manufacturer's recommendations and any applicable state or national infection control guidelines;</p> <p>8. Procedures for appropriate disposal of non-reusable equipment;</p> <p>9. Policies and procedures for maintenance/repair of equipment in accordance with manufacturer recommendations;</p> <p>10. Procedures for cleaning of environmental surfaces with appropriate cleaning products;</p> <p>11. An effective pest control program, managed in accordance with local health and environmental regulations; and</p> <p>12. Other infection prevention procedures necessary to prevent/control transmission of an infectious agent in the abortion facility as recommended or required by the department.</p>	T200		
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