

State of GA, Healthcare Facility Regulation Division

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044-287 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/07/2013 |
|--|--|---|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER CLIFF VALLEY CLINIC | STREET ADDRESS, CITY, STATE, ZIP CODE 1924 CLIFF VALLEY WAY, NE ATLANTA, GA 30329 |
|--|---|

| (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 |
|--------------------|---|---------------|---|--------------------|
| V 000 | Opening Comments At the time of the survey,Cliff Valley Clinic was not in compliance with 290-5-32 Rules and Regulations for Performance of Abortion After the First Trimester of Pregnancy and Reporting Requirements for All Abortions, as a result of a State licensure survey. The following deficiency was written as a result of that survey. | V 000 | | |
| V 030 SS=A | 290-5-32-.03(1) Procedure for Filing Certificate of Abortion In addition to the medical records requirements of Chapters 290-5-6 and 290-5-33 of the Rules and Regulations of the Georgia Department of Human Resources, the physician who performs the abortion shall file with the Commissioner of Human Resources or his designee, within ten (10) days after an abortion procedure is performed, a Certificate of Abortion. It is expressly intended that the privacy of the patient shall be preserved and, to that end, the Certificate of Abortion shall not reflect the name of the patient but shall carry the same facility number, or other identifying number reflected on the patient's medical records. A duplicate of the Certificate of Abortion will he made a part of the patient's Medical record and neither the aforesaid duplicate certificate nor the Certificate of Abortion which is filed with the Commissioner or his designee shall be revealed to the public unless the patient executes a proper authorization which permits such a release or unless the records must be made available to the District Attorney of the Judicial Circuit in which the hospital or health facility is located as provided by Code Section 16-12-141 (d) of the Official Code of Georgia Annotated. Repealed: F. Dec. 18, 2012; eff. Jan. 7, 2013. | V 030 | | |

| | | |
|--|-------|-----------|
| State of GA Inspection Report LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| | | 09/07/13 |

State of GA, Healthcare Facility Regulation Division

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044-287 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/07/2013 |
|--|--|---|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER CLIFF VALLEY CLINIC | STREET ADDRESS, CITY, STATE, ZIP CODE 1924 CLIFF VALLEY WAY, NE ATLANTA, GA 30329 |
|--|---|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

| | | | | |
|-------|---|-------|--|--|
| V 030 | <p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of policy and procedure, medical reviews, and staff interview it was determined that the facility failed to ensure that the Certificate of Abortion was filed with the Department for two (2) of ten (10) patients.</p> <p>Findings:</p> <p>No Policy was identified during the survey.</p> <p>Review of ten (10) sampled medical records (#'s 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10) revealed that MR #'s 5 and 7 failed to reveal evidence that the required Certificate of Abortion was filed with the Department within the regulatory timeframe of ten (10) days. Medical Record # 5's date of abortion was 02/05/2013 and the Certificate of Abortion was filed on 03/04/2013. Medical Record #7's date of abortion was 3/30/2013 and the Certificate of Abortion was filed on 04/14/2013.</p> <p>The Clinical Manager on 8/7/2013 at 6:30 p.m. in staff break room, confirmed the above findings.</p> | V 030 | | |
|-------|---|-------|--|--|