

Health Standards Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: BO0004728	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2019
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NAME OF PROVIDER OR SUPPLIER HOPE MEDICAL GROUP FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 210 KINGS HIGHWAY SHREVEPORT, LA 71104
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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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S 000	Initial Comments Re-licensing Survey Abbreviations: Adm-Administrator ITOP-Induced Termination of Pregnancy LA-Louisiana LEERS-Louisiana Electronic Event Registration System MD-Medical Doctor Rh-Rhesus RS-Revised Statute	S 000		
S 123	4423 B 3 Staffing Requirements, Qual. & Respon 3. Duties and Responsibilities. The administrator shall be responsible for: a. employing licensed and non-licensed qualified personnel to provide the medical and clinical care services to meet the needs of the patients being served; b. ensuring that upon hire and prior to providing care to patients, each employee is provided with orientation, training, and evaluation for competency as provided in this Chapter; c. ensuring that written policies and procedures for the management of medical emergencies and the immediate transfer to a hospital of patients and born alive infants regardless of gestational age requiring emergency medical care beyond the capabilities of the outpatient abortion facility are developed, implemented, monitored, enforced, and annually reviewed, and readily accessible to all staff; d. ensuring that emergency medical equipment and medications that will be used to provide for basic life support until emergency medical services arrive and assume care are	S 123		

DHH/Health Standards Section
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Kathleen Pittman
STATE FORM 6899

TITLE
Administrator
EYV11

(X6) DATE
10/3/19
If continuation sheet 1 of 8

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S 123	<p>Continued From page 1</p> <p>maintained in proper working order and are available for use on a day-to-day basis on the licensed premises;</p> <p>e. ensuring that a licensed physician, who has admitting privileges at a hospital located not further than 30 miles from the location at which the abortion is performed or induced and provides obstetrical or gynecological health care services, to facilitate emergency care is on the licensed premises when a patient is scheduled to undergo an abortion procedure; NOTE: The Department acknowledges that federal litigation is pending on the issue of admitting privileges. As such, licensing provisions regarding admitting privileges will only be enforced pursuant to Order, Judgment, Stipulation, or Agreement in the matter entitled June Medical Services LLC, et al versus Caldwell, et al, Case No. 3:14-cv-525, United States District Court, Middle District, and any matter consolidated with such matter.</p> <p>f. ensuring that disaster plans for both internal and external occurrences are developed, implemented, monitored, enforced, and annually reviewed and that annual emergency preparedness drills are held in accordance with the disaster plan. The outpatient abortion facility shall maintain documentation on the licensed premises indicating the date, type of drill, participants, and materials;</p> <p>g. ensuring that a licensed medical professional trained in CPR and trained in the use of emergency medical equipment is on the licensed premises at all times when abortion procedures are being performed;</p> <p>h. ensuring that patient medical records are completely and accurately documented in accordance with the provisions of this Chapter within 30 days from the abortion</p>	S 123		
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S 123	Continued From page 2 procedure; and i. maintaining current credentialing and/or personnel files on each employee that shall include documentation of the following: i. a completed employment application; ii. job description; iii. a copy of current health screening reports conducted in accordance with the outpatient abortion facility policies and procedures and in compliance with all applicable federal, state, and local statutes, laws, rules, regulations, and ordinances, including department rules, and regulations; iv. documentation that each employee has successfully completed orientation, training, and evaluation for competency related to each job skill as delineated in their respective job description; v. documentation that all licensed nurses have successfully completed a Basic Life Support course; and vi. other pertinent information as required by the outpatient abortion facility's policies and procedures, including but not limited to, prohibited activity, e.g. presenting or otherwise delivering any instruction or program on any health topic, including but not limited to human sexuality or family planning, to students at a public elementary or secondary school, or at a charter school that receives state funding or knowingly providing any materials or media regarding human sexuality or family planning for distribution or viewing at a public elementary or secondary school, or at a charter school that receives state funding requirements in accordance with applicable state laws, rules and regulations.	S 123	

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S 123	<p>Continued From page 4</p> <p>documentation in the medical record documented the Rh factor as Negative. S1Adm said Patient #2's medical record was not accurately documented and the ITOP report should have documented her RH factor as Negative.</p> <p>Patient #14 Review of the medical record for Patient #14 revealed she was 26 years old for date of service 05/14/2019 per the information sheet and her state issued driver's license. Review of the Induced Termination of Pregnancy report revealed the date of termination of pregnancy was 05/14/2019 and the Age of the Patient was documented as 21.</p> <p>During an interview and review of Patient #14's medical record on 08/21/2019 at 3:55 PM, S1Adm verified Patient #14's date of birth and her age at the time of the termination of the pregnancy on 05/14/2019 was 26 years old. The administrator said Patient #14's medical record was not accurately documented and her ITOP report should have documented her age as 26 years old.</p>	S 123		
S 169	<p>4425 - E-F Patient Med Records/Reporting Requirements</p> <p>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</p> <p>F. Reporting Requirements</p> <p>1. The outpatient abortion facility shall maintain documentation to support that the</p>	S 169		

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S 169

Continued From page 5

outpatient abortion facility is compliant with all reporting requirements, including, but not limited to, the induced termination of pregnancy (ITOP) form and other documentation as required by federal, state, and local statutes, laws, ordinances, and department rules and regulations.

2. The outpatient abortion facility shall report in accordance with all applicable state laws for the reporting of crimes against a child that include but are not limited to:

- a. rape;
- b. sexual battery;
- c. incest; and
- d. carnal knowledge of a juvenile

S 169

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to:

- 1) ensure the reporting of crimes against a child in accordance with all applicable state laws that include but are not limited to carnal knowledge of a juvenile for 1 (Patient #2) of 5 (Patients #1 - #5) minors' records reviewed for reporting of crimes against a child; and
- 2) ensure documentation was maintained to support the facility was in compliance with the state statute requiring ITOP reports to be signed by the attending physician and submitted to the Louisiana Department of Health within thirty days after the date of the abortion for 2 (Patients #6 and #13) of 15 (Patients #1 - #15) sampled patients.

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S 169	<p>Continued From page 6</p> <p>Findings:</p> <p>1) Review of RS 14:80.1 Misdemeanor Carnal Knowledge of a Juvenile revealed: Misdemeanor carnal knowledge of a juvenile is committed when a person who is seventeen years of age or older has sexual intercourse, with consent, with a person who is thirteen years of age or older but less than seventeen years of age, when the victim is not the spouse of the offender, and when the difference between the age of the victim and age of the offender is greater than two years, but less than four years.</p> <p>Review of Patient #2's medical record for date of service 02/16/2019 revealed she was 14 years old as evidenced by the copy of her Louisiana Identification Card. Staff entered Patient #2's age as 14 years old on the ITOP report, the Counseling Notes dated 02/15/2019, and the Operative Notes dated 02/16/2019. The ITOP report and the Counseling Notes documented the father was 17 years old. The Counseling Notes for Patient #2 documented the case was not reportable.</p> <p>During interview and review of Patient #2's record with S1Adm on 08/20/2019 at 2:45 PM, she verified Patient #2 was 14 years old and the father was 17 years old. S1Adm verified the facility did not report the case to authorities.</p> <p>Review of the facility's policy regarding carnal knowledge of a juvenile revealed the following, in part: Louisiana Law prohibits carnal knowledge of a juvenile under the following circumstances: Misdemeanor carnal knowledge of a juvenile is committed when a person who is seventeen years of age or older has sexual intercourse, with consent, with a person who is thirteen years of</p>	S 169		
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Continued From page 7

age or older but less than seventeen years of age, when the victim is not the spouse of the offender, and when the difference between the age of the victim and age of the offender is greater than two years, but less than four years.

During an interview on 08/21/2019 at 8:55 AM, S1Adm confirmed carnal knowledge of a juvenile was not reported to the authorities for Patient #2 as per the law and the facility's policy. She stated reporting requirements for this patient were overlooked.

2) Review of LA RS 40:1061.21 Reports, revealed, in part: "C. All abortions reports shall be signed by the attending physician and submitted to the Louisiana Department of Health within thirty days after the date of the abortion..."

Review of Patient #6's ITOP report revealed the patient's Date of Termination of Pregnancy was 06/06/2019 and the Date Certified was 07/09/2019.

Review of Patient #13's ITOP report revealed the patient's Date of Termination of Pregnancy was 6/06/2019 and the Date Certified was 07/09/2019.

During an interview on 08/21/2019 at 3:50 PM, S1Adm verified the facility failed to ensure the 30 day reporting requirements were met as specified by state statutes/LEERS for Patient #6 and Patient #13.

S 169

HMGW
Plan of Correction

S 123 4423 B 3

Over a three day period between August 20, 2019, August 21, 2019, and August 22, 2019, inspectors from the Louisiana Department of Health inspected Hope Medical Group for Women. This Plan of Correction is provided to maintain Hope Medical Group's licensure and is not an admission that anything identified and described as "deficiencies" in the inspection report adversely affected abortion care or patient health, welfare, or safety.

The administrator and the Governing Body have reviewed the relevant policies and procedures and will continue to do so annually and as needed to address any emergent issues and take corrective actions. On August 27, 2019, all of Hope Medical Group's staff tasked with entering ITOPs information were retrained and have been educated on the importance of accurate reporting. Further, to ensure accuracy of the reports, the administrator will conduct random audits on a monthly basis to sample ITOPs. If any errors are found during the audit, amended ITOPs will be submitted. The corrective actions taken will prevent recurrence.

No patients are known to have been adversely affected by Hope Medical Group's previous practice.

S 169 4425 E-F

Over a three day period between August 20, 2019, August 21, 2019, and August 22, 2019, inspectors from the Louisiana Department of Health inspected Hope Medical Group for Women. This Plan of Correction is provided to maintain Hope Medical Group's licensure and is not an admission that anything identified and described as "deficiencies" in the inspection report adversely affected abortion care or patient health, welfare, or safety.

1) Immediately after the survey, on August 23, 2019, all of Hope Medical Group's staff tasked with reporting duties were retrained on the latest and updated

reporting requirements with regards to Louisiana's Law prohibiting carnal knowledge of a juvenile. The outdated and previous forms (4Parents.gov) used in determining reportable offenses have been discarded and destroyed and replaced with updated materials. Further, on August 21, 2019, additional patient chart reviews of minors were conducted to ensure any purported crimes against juveniles were reported and documented consistent with this rule. This review revealed that other reportable offenses had been appropriately identified, reported, and documented.

In addition, in the matter involving Patient #2, Hope Medical Group drafted a written report with the appropriate agency subsequent to the survey, which was mailed on September 19, 2019. Numerous attempts were made by Hope Medical Group staff to orally refer the matter to the appropriate law enforcement authorities subsequent to the survey (but before any Statement of Deficiencies by LDH). Those attempts were documented in the patient's chart along with a copy of the report. As of this date, there has been no follow up by law enforcement to Hope Medical Group. Therefore, no patients are known to have been adversely affected by Hope Medical Group's previous practice.

To ensure all subsequent reportable offenses involving juveniles are handled appropriately, the administrator will conduct random audits on a monthly basis. Patient chart audits will include a selection of charts belonging to minors. If any errors are found during the audit, the matter will be referred immediately to law enforcement. The corrective actions taken will prevent recurrence.

2) The administrator and the Governing Body have reviewed the relevant policies and procedures and will continue to do so annually and as needed to address any emergent issues and take corrective actions. Hope Medical Group has reviewed its internal reporting procedures and updated its policy to ensure compliance with LA RS 40:1061.21 to ensure reporting to LDH within thirty days. The policy of Hope Medical Group was amended October 1, 2019 to require the assistant administrator to assume the responsibility of monitoring timely certifications of ITOPs in the administrator's absence. In the event the physician has exceeded the thirty days, he or she will refrain from performing abortions until the certifications are appropriate. The administrator or assistant administrator will

See revised POC

make appropriate schedule changes for physicians who are delinquent in certifying their ITOPS. The corrective actions taken will prevent recurrence.

No patients are known to have been adversely affected by Hope Medical Group's previous practice.

HMGW
Plan of Correction

S 123 4423 B 3

Over a three day period between August 20, 2019, August 21, 2019, and August 22, 2019, inspectors from the Louisiana Department of Health inspected Hope Medical Group for Women. This Plan of Correction is provided to maintain Hope Medical Group's licensure and is not an admission that anything identified and described as "deficiencies" in the inspection report adversely affected abortion care or patient health, welfare, or safety.

The administrator and the Governing Body have reviewed the relevant policies and procedures and will continue to do so annually and as needed to address any emergent issues and take corrective actions. On August 27, 2019, all of Hope Medical Group's staff tasked with entering ITOPs information were retrained and have been educated on the importance of accurate reporting. As of August 27, Hope Medical Group had completed all tasks related to, and is in compliance of, the requirements outlined in this deficiency. Further, to ensure accuracy of the reports, the administrator will conduct random audits on a monthly basis to sample ITOPs. If any errors are found during the audit, the monthly audit will allow Hope Medical Group to review, revise as necessary, and an amended ITOPs will be submitted and reported in a timely manner. The corrective actions taken will prevent recurrence.

No patients are known to have been adversely affected by Hope Medical Group's previous practice.

S 169 4425 E-F

Over a three day period between August 20, 2019, August 21, 2019, and August 22, 2019, inspectors from the Louisiana Department of Health inspected Hope Medical Group for Women. This Plan of Correction is provided to maintain Hope Medical Group's licensure and is not an admission that anything identified and

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described as “deficiencies” in the inspection report adversely affected abortion care or patient health, welfare, or safety.

1) Immediately after the survey, on August 23, 2019, all of Hope Medical Group’s staff tasked with reporting duties were retrained on the latest and updated reporting requirements with regards to Louisiana’s Law prohibiting carnal knowledge of a juvenile. The outdated and previous forms (4Parents.gov) used in determining reportable offenses have been discarded and destroyed and replaced with updated materials. Further, on August 21, 2019, additional patient chart reviews of minors were conducted to ensure any purported crimes against juveniles were reported and documented consistent with this rule. This review revealed that other reportable offenses had been appropriately identified, reported, and documented.

In addition, in the matter involving Patient #2, Hope Medical Group drafted a written report with the appropriate agency subsequent to the survey, which was mailed on September 19, 2019. Numerous attempts were made by Hope Medical Group staff to orally refer the matter to the appropriate law enforcement authorities subsequent to the survey (but before any Statement of Deficiencies by LDH). Those attempts were documented in the patient’s chart along with [a copy copy](#) of the report. As of September 19, Hope Medical Group had completed all tasks related to, and is in compliance of, the requirements outlined in this deficiency. As of this date, there has been no follow up by law enforcement to Hope Medical Group. Therefore, no patients are known to have been adversely affected by Hope Medical Group’s previous practice.

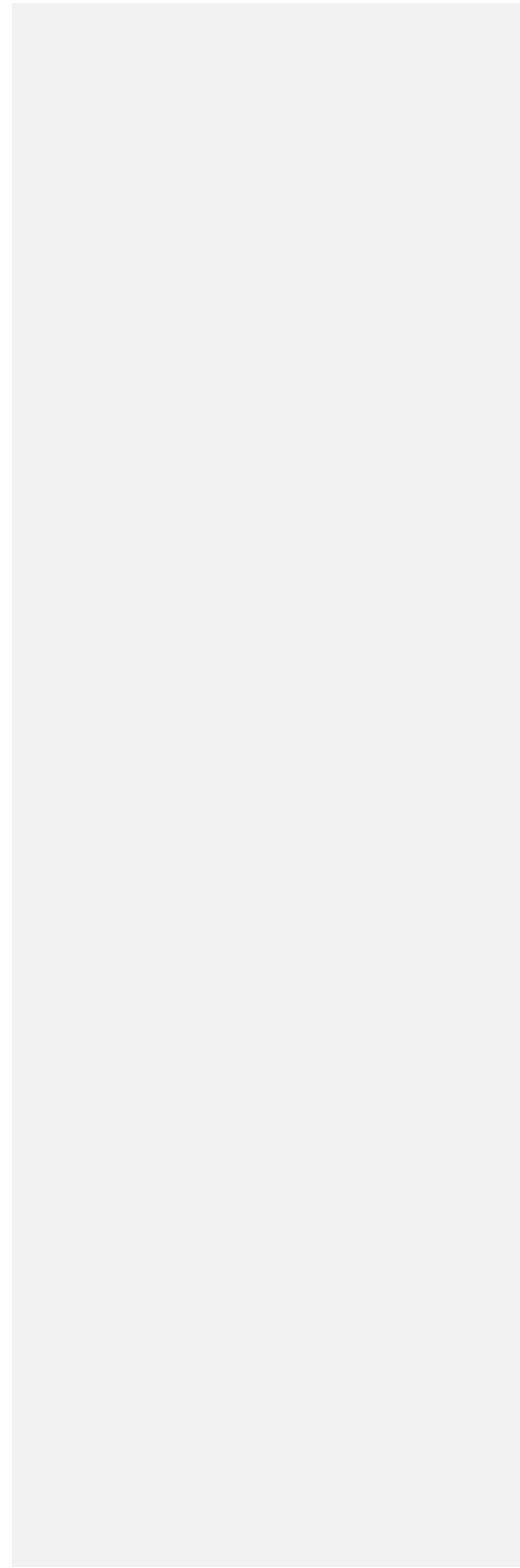
To ensure all subsequent reportable offenses involving juveniles are handled appropriately, the administrator will conduct random audits on a monthly basis. Patient chart audits will include a selection of charts belonging to minors. If any errors are found during the audit, the matter will be referred immediately to law enforcement. The corrective actions taken will prevent recurrence.

2) The administrator and the Governing Body have reviewed the relevant policies and procedures and will continue to do so annually and as needed to address any emergent issues and take corrective actions. Hope Medical Group has reviewed its internal reporting procedures and updated its policy to ensure compliance with

Revised POC
Received 10/24/2019 ■

LA RS 40:1061.21 to ensure reporting to LDH within thirty days. The policy of Hope Medical Group was amended October 1, 2019 to require the assistant administrator to assume the responsibility of monitoring timely certifications of ITOPs in the administrator's absence. In the event the physician has exceeded the thirty days, he or she will refrain from performing abortions until the certifications are appropriate. The administrator or assistant administrator will make appropriate schedule changes for physicians who are delinquent in certifying their ITOPs. The corrective actions taken will prevent recurrence.

No patients are known to have been adversely affected by Hope Medical Group's previous practice.



Health Standards Section

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NAME OF PROVIDER OR SUPPLIER DELTA CLINIC OF BATON ROUGE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 756 COLONIAL DRIVE BATON ROUGE, LA 70806
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S 000	<p>Initial Comments</p> <p>Complaint Survey LA00052122. No deficiencies cited as a result of this complaint.</p>	S 000		

DHH/Health Standards Section LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER WOMENS HEALTH CARE CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 GENERAL PERSHING STREET NEW ORLEANS, LA 70115
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{S 000}	<p>Initial Comments</p> <p>An onsite revisit was conducted for all previous deficiencies cited on 02/21/2019. All deficiencies from this survey have been corrected.</p>	{S 000}		

DHH/Health Standards Section LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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