PRINTED: 09/10/2018
FORM APPROVED

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AF-0003	A. BUILDING ______ B. WING ______	08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENINSULA MEDICAL CENTER FOR WOMEN	10758 A JEFFERSON AVENUE NEWPORT NEWS, VA 23601

(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
T 000	Initial comments An unannounced Abortion Facility Licensure Complaint survey was conducted August 29 through August 30, 2018 by two Medical Facilities Inspectors from the Virginia Department of Health's Office of Licensure and Certification. The agency was found not to be in compliance with 12 VAC- 412 Regulations for the Licensure of Abortion Facilities. (Effective March 22, 2017) Deficiencies were cited.	T 000		
T 175	12 VAC 5-412-220 C Infection prevention C. Written policies and procedures for the management of the 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 dryers); 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; 6. Procedures for handling, storing, processing and transporting regulated medical waste in accordance with applicable regulations; 7. Procedures for the processing of each type of reusable medical equipment between uses on different patients. The procedure shall address: (i) the level of cleaning/disinfection/sterilization	T 175	T175 The Administrator has reviewed the policy to ensure the infection prevention process is being adhered to. ① Alcohol based hand sanitizer was placed in the ultrasound room on 8/31/18. It's located with in reach of both staff and patients. A disposal container was placed in the ultrasound room on 8/31/18, to be used for the appropriate disposal of waste. Quarterly walk through assessments will be done with all staff to monitor for continued compliance.	8/31/18 8/6/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Monica Burke MSN
TITLE: Administrator
(X6) DATE: 9/28/18

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T 175	Continued From Page 1 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. The procedure shall reference the manufacturer's recommendations and any applicable state or national infection control guidelines; 8. Procedures for appropriate disposal of non-reusable equipment; 9. Policies and procedures for maintenance/repair of equipment in accordance with manufacturer recommendations; 10. Procedures for cleaning of environmental surfaces with appropriate cleaning products; 11. An effective pest control program, managed in accordance with local health and environmental regulations; and 12. Other infection prevention procedures necessary to prevent/control transmission of an infectious agent in the facility as recommended or required by the department. This RULE: is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure the facility was clean and safe for patients and staff by; having four (4) wet ceiling tiles in hallway to procedure room, three (3) wet ceiling tiles in changing area for patients and failing to ensure procedure tables were able to cleaned and disinfected between use: two (2) of two (2) procedure tables had tears. The findings include: On August 29, 2018 during the initial tour of the facility, four (4) ceiling tiles in the hallway toward the procedure room were observed to be stained and wet. Three (3) ceiling tiles in the changing	T 175	T175 An appointment with an upholstery company has been made to repair/correct the tears in the in the two procedure room tables. The administrator has scheduled with the building owner to repair/replace stained ceiling tiles throughout the facility. To be corrected no later than October 22, 2018.	9/24/18

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T 175	Continued From Page 2 area for patient were observed to be stained and wet. There were tears in the cover of two (2) procedure tables; one (1) in the procedure room and one (1) in the ultrasound room were observed. An interview with Staff Member # 1 revealed: "I noticed the ceiling tiles today. We will get the tables covered."	T 175		

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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; 6. Procedures for handling, storing, processing and transporting regulated medical waste in accordance with applicable regulations; 7. Procedures for the processing of each type of reusable medical equipment between uses on different patients. The procedure shall address: (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. The procedure shall reference the	T 200	T200 Effective 9/3/18, the Administrator conducted an infection control in-service with all staff on hand washing, hand hygiene and medical waste disposal. Training is documented with staff signatures on attendance sign-in sheets and copies placed in all attendies files.	9/3/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Monica Hunts MSN | TITLE: Administrator | (X6) DATE: 9/28/18

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T 200	Continued From Page 1 manufacturer's recommendations and any applicable state or national infection control guidelines; 8. Procedures for appropriate disposal of non-reusable equipment; 9. Policies and procedures for maintenance/repair of equipment in accordance with manufacturer recommendations; 10. Procedures for cleaning of environmental surfaces with appropriate cleaning products; 11. An effective pest control program, managed in accordance with local health and environmental regulations; and 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. This RULE: is not met as evidenced by: Based on observation and interviews, the facility staff failed to follow their Infection Control policy by failure of one (1) staff member (Staff Member #2) to perform hand hygiene, the lack of appropriate disposal container in one (1) area (ultrasound room) and improper handling of medical waste. The findings include: On 8/30/18 at approximately 3:30 P.M. Staff Member #2 performed a post abortion vaginal ultrasound on Patient #17. Staff Member #2 escorted Patient #17 to the ultrasound room. Staff Member #2 put on gloves and assisted Patient	T 200		

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T 200	Continued From Page 2 #17 onto the ultrasound table. Staff Member #2 then removed Patient #17's soiled sanitary napkin. Staff Member #2 had no place to dispose of the soiled napkin. Staff Member #2 wrapped the soiled sanitary napkin in a glove they had been wearing, reached into a clean drawer and removed another glove to finish wrapping the soiled napkin in. Staff Member #2 put on clean gloves and preceded to performed the ultrasound. When completed, Staff Member #2 carried the soiled sanitary napkin down the hallway and obtained a clean sanitary napkin. Staff Member #2 then placed the clean sanitary napkin on Patient #17 with no gloves. During the process observed, Staff Member #2 failed to perform any hand hygiene until Patient #17 returned to the recovery area of the facility. Staff Member #2 was informed no hand hygiene was done and stated: "Yes, I am aware of what I did." Staff Member #1 was informed of the above and stated: "I guess we can do some in-services on hand hygiene."	T 200	T200 The administrator has conducted a hand hygiene in-service with staff member #2 and reviewed the facilities policy and procedure manuel on hand hygiene on 9/6/18.	9/6/18

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