

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AB0026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/09/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAMILY REPRODUCTIVE HEALTH, IN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 HEBRON STREET CHARLOTTE, NC 28273</b>		
(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	
E 136	<p><b>.0304(D) ADMISSIONS AND DISCHARGE</b></p> <p>10A-14E .0304 (d) Following admission and prior to obtaining the consent for surgery required by Rule .0305(a) of this Section, representatives of the clinic's management shall provide to each patient the following information:</p> <p>(1) A fee schedule and any extra charges routinely applied,</p> <p>(2) The name of the attending physician(s) and hospital admitting privileges, if any. In the absence of admitting privileges a statement to that effect shall be included;</p> <p>(3) Instructions for post-procedure emergencies as outlined in Rule .0313(d) of this Section;</p> <p>(4) Grievance procedures a patient may follow if dissatisfied with the care and services rendered; and</p> <p>(5) The telephone number of the Complaints Investigation Branch of the Division.</p> <p>This Rule is not met as evidenced by: Based on patient record review, clinic tour observation and administrative interview, the clinic failed to ensure 20 of 20 patients were informed of the clinic's grievance procedure and the North Carolina Complaint Hotline telephone number. Findings include:</p> <p>Review of 20 patient records on 1/9/13 revealed no evidence patients were informed of the clinic's grievance procedure or the North Carolina Complaint Hotline telephone number.</p> <p>Interview with the clinic assistant director on 1/9/13 at 4:00 PM confirmed patients had not</p>	E 136			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Kenya Mauldin*

TITLE

*RN*

(X6) DATE

*2-4-13*

STATE FORM

6899

X4J711

If continuation sheet 1 of 6

*OK - sub  
1/17/13*

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E 136	Continued From page 1  been informed of the clinic's grievance procedure or the North Carolina Complaint Hotline telephone number.  A walking tour of the clinic on 1/9/13 at 10:00 AM revealed there was no posted information regarding the clinic's grievance procedure or the North Carolina Complaint Hotline telephone number.  Interview with the clinic assistant director on 1/9/13 at 4:00 PM confirmed patients had not been informed of the clinic's grievance procedure or the North Carolina Complaint Hotline telephone number.	E 136	Patient records reviewed for the year 2012 were found to include clinic's grievance procedure and the NC Complaint Hotline telephone number. See Attachment 1 (highlighted section)	(Already existed prior to inspection) Reviewed 1-28-13
E 147	.0306(B) PERSONNEL RECORDS  10A-14E .0306 (b) Job Descriptions: (1) The facility shall have a written description which describes the duties of every position. (2) Each job description shall include position title, authority, specific responsibilities and minimum qualifications. Qualifications shall include education, training, experience, special abilities and license or certification required. (3) The facility shall review annually and update all job descriptions, and shall provide a current copy to each employee or contractual employee assigned to the position.  This Rule is not met as evidenced by: Based on personnel file and job description reviews and staff interviews, the clinic failed to provide a current copy of job descriptions for 2 of 5 current employees (# 4 and 5).	E 147		

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E 147	Continued From page 2  The findings include:  1. Employee #4, a registered nurse, date of hire was 3/19/07. Review of the personnel file on 1/9/13 revealed no evidence of a job description for the recovery room registered nurse.  Interview with the nurse administrator on 1/9/13 at 2:00 pm confirmed there was no evidence employee #4 received a copy of the job description for a recovery room registered nurse.  2. Employee #5, a medical assistant, date of hire was 3/1/11. Review of the personnel file on 1/9/13 revealed no evidence of a job description for a medical assistant.  Interview with the nurse administrator on 1/9/13 at 2:00 pm confirmed there was no evidence employee #5 received a copy of the job description for a medical assistant.	E 147	1. When employee #4 was hired a detailed job description was discussed with her, but no copy was put in employee #4 personnel file or given to the employee. A copy of the job description for RR RN has been placed in employee #4 personnel file and a copy of same has been given to the employee. Reminder for need of annual review of job description has been added to calendar for January. Job description for new hire are placed on an itemized check list in personnel file. see attachment #5+3.	1-30-13	
E 149	.0306(D) PERSONNEL RECORDS  10A-14E .0306 (d) The governing authority shall be responsible for implementing health standards for employees, as well as contractual employees, which are consistent with recognized professional practices for the prevention and transmission of communicable diseases.  This Rule is not met as evidenced by: Based on personnel file review and staff interview, the facility failed to implement health standards consistent with recognized professional practices for the prevention of tuberculosis transmission for 3 of 5 employees. (#2, 4 and 5)	E 149	2. When employee #5 was hired a detailed job description was discussed with her, but no copy was put in employee #5 personnel file or given to employee. A copy of job description for Medical Assistant has been placed in employee #5 personnel file and a copy of same has been given to the employee. Reminder for need of annual review of job description has been added to calendar for January. Job description for new hire are placed on an itemized check list in personnel file. see attachment #2+3,	1-30-13	

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STATE FORM

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E 163	<p>Continued-From page 4</p> <p>This Rule is not met as evidenced by: Based on patient record review, policy manual review, and administrative staff interview, the clinic failed to ensure a staff member accompanied a patient to the hospital for 2 of 2 patients transferred to a hospital (#1 and 2). Findings include:</p> <p>Review policy manual on 1/9/13 revealed "Emergency Procedures" which stated, "7. Two staff members will accompany the patient and family to the hospital. (Preferably the counselor, director and one of the nurses.)" (As written).</p> <p>1. Patient #1 was admitted 3/24/12 at 10:10 AM for a surgical abortion. The patient was admitted to the recovery area at 11:45 AM where it was determined the patient had heavy bleeding during the pad check. Emergency medical personnel were called and the patient was transported to a local hospital. There was no evidence a staff member accompanied the patient to the hospital.</p> <p>Interview with the agency director on 1/9/13 at 12:10 PM confirmed a staff member did not accompany the patient to the hospital.</p> <p>2. Patient #2 was admitted 1/7/12 at 10:55 AM for a surgical abortion. The patient was admitted to the recovery area at 13:35 PM where it was determined the patient had heavy bleeding during the pad check. Emergency medical personnel were called and the patient was transported to a local hospital. There was no evidence a staff member accompanied the patient to the hospital.</p> <p>Interview with the agency director on 1/9/13 at 12:10 PM confirmed a staff member did not accompany the patient to the hospital.</p>	E 163	<p>1. Policy manual has been updated to reflect the rule "any non-ambulatory patient shall be accompanied by an attending medical or nursing staff member during any transfer within or outside the facility".</p> <p>* Even though a patient is technically ambulatory, if they are transported by emergency personnel they will be considered "non-ambulatory" as is implied in the Rules governing the Certifications of Clinics for Abortions *</p> <p>Updated policy discussed with all personnel and will be reviewed annually. Reminder for annual 2-20-13 Review added to calendar for Jan.</p> <p>See attachment 3</p>	

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## ECTOPIC PREGNANCY:

In some instances, the pregnancy may occur in the fallopian tubes and is often very difficult to diagnose. I understand that an abortion procedure cannot successfully terminate such a pregnancy, and due to the threat of rupture of the tubes, further testing or hospitalization may be necessary.

## RISK OF ABORTION:

I understand that having an abortion involves risks to me, including but not limited to: hemorrhage, shock, cardiac arrest, uterine rupture, sterility, amniotic fluid embolism, DIC (disseminated intravascular coagulation) - (a bleeding disorder where my blood will not clot properly), or even death. Other risks: **PERFORATION**; (puncture) of the uterus and/or bowel. In such an event, hospitalization may be necessary for additional surgery. I understand that infection or other complication may cause me to become sterile (can no longer bear children), cause the loss of an organ, hysterectomy, and/or other risks as described herein. In case of bowel perforation, I may have to have a colostomy (attach my bowel to the outside of my body). In such an event, hospitalization may be necessary for additional surgery. **INFECTION**; I agree to take the precautions explained to me and listed in the postoperative instructions entitled, **"TAKING CARE OF YOURSELF"**. I understand that if I should develop a fever I should contact the clinic as I have agreed and have been instructed. However, I understand that infection could cause me to be unable to have children in the future, and could spread to other parts of my body and even cause death. **INCOMPLETE ABORTION**; In some instances, all the tissue may not be removed and an incomplete abortion will result, and the procedure may have to be repeated. I understand that there is no guarantee regarding abortion. I may still be pregnant after the procedure. I may have a fever, heavy bleeding, cramping, or pain. I agree that I will call the clinic with any problems or questions. The number given is answered 24 hours a day - **704/551-0808**. **MULTIPLE PREGNANCY**; In the event of multiple pregnancy, another abortion may be required. **CERVICAL INCOMPETENCE**; I understand that the abortion procedure (or repeated abortion procedures) may result in cervical incompetency which means that I may have problems maintaining a pregnancy in the future, possible miscarriage, still birth, low birth weight, premature delivery, or other complications in the pregnancy. I understand the above complications might require a D&C or a D&E procedure (cleaning out of the uterus), surgery, hysterectomy, or may result in permanent sterilization or death. **I ACCEPT ALL OF THESE RISKS.**

## TAKING CARE OF YOURSELF:

I understand that I will be given a post procedure sheet, which describes to me the aftercare and my responsibilities for aftercare. I acknowledge that if any problem arises after leaving **Family Reproductive Health**, if possible, I will contact the clinic immediately and will be seen if needed. I understand my responsibility for my aftercare is necessary to lower my risks of abortion complications. If it is necessary for me to go to my family physician or an emergency room due to problems, I will provide the physician I see with full information concerning my abortion and direct him to contact **Family Reproductive Health** for any additional information needed. I acknowledge that **Family Reproductive Health** or Dr. \_\_\_\_\_ are not responsible for any costs of aftercare which may be due to complications from the procedure. This physician has \_\_\_\_\_ local hospital admitting privileges or \_\_\_\_\_ emergency room back-up only. I understand and accept that aftercare provided by another medical provider will be at my personal expense. I understand that certain services rendered by the clinic for aftercare are included in the initial charge for the procedure. All questions, problems, and complaints should be reported to the Clinic Director. It is our intention to ensure that you and your family are treated with respect and dignity and also informed as possible about our clinic services. It is additionally required by the state of North Carolina that a number for grievances not answered by our staff be posted. That number is: 800/624-3004.

**I UNDERSTAND THAT I WILL BE FINANCIALLY RESPONSIBLE FOR ANY ADDITIONAL SURGERY OR ANY OTHER MEDICAL TREATMENT NOT PROVIDED AT FAMILY REPRODUCTIVE HEALTH THAT MAY BE NECESSARY.**

NEW HIRE CHECK OFF LIST

Attachment 2

- ☐ CURRENT FEDERAL W-4
- ☐ CURRENT NC 4
- ☐ APPLICATION
- ☐ RESUME IF APPLICABLE
- ☐ JOB DESCRIPTION
- ☐ ORIENTATION CHECK LIST
- ☐ EXPOSURE CHECK LIST / CONTROL PLAN
- ☐ MEDICAL REPORT
- ☐ DECLINATION OF HEPATITIS B
- ☐ TB TESTING    LAST TB \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- ☐ STATE ID
- ☐ SS CARD
- ☐ NEW HIRE REPORT
- ☐ I-9 IN SEPARATE FILE
- ☐ LAB TESTING CHECK OFF LIST
- ☐ BLOOD BORNE PATHOGEN TESTING
- ☐ EMPLOYEE INFORMATION SHEET
- ☐ EMPLOYEE TRAINING OF PPE
- ☐ LICENSE OR DIPLOMA
- ☐ PRIVACY ATTEST SHEET/HIPPA
- ☐ RECEIPT OF HANDBOOK
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_



**Aol Calendar.**frhmauldin  
Printed: Monday, February 04, 2013 11:18:26 AM

January 2013						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31 12pm FRH Bookkeeping Work	1	2	3	4	5
6	7 12pm FRH Bookkeeping Work	8	9	10	11	12
13	14 12pm FRH Bookkeeping Work	15	16	17	18	19
20	21 12pm FRH Bookkeeping Work	22	23	24	25	26
27	28 12pm FRH Bookkeeping Work	29	30	31 Enter Event Name	1	2

\* annual review for job descriptions

\* annual review for policy manual