

Division of Health Service Regulation

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
		AB0026	, , , , , , , , , , , , , , , , , , ,	5,,,,,,		01	/09/2013	
NAME OF PROVIDER OR SUPPLIER FAMILY REPRODUCTIVE HEALTH, IN		STREET ADDRESS, CITY, STATE, ZIP CODE 700 HEBRON STREET CHARLOTTE, NC 28273						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
E 136	.0304(D) ADMISSIO	NS AND DISCHARGE		E 136				
	observation and admiclinic failed to ensure informed of the clinic the North Carolina Conumber. Findings incomplete Procedure 20 patient no evidence patients grievance procedure Complaint Hotline tellinterview with the clinic failed in the clinic failed and the cl	the consent for Rule .0305(a) of Intatives of the Intatives of Intatives and Intatives and Intatives a patient may with the care Intative Interest and Interest of the Intative Interview, Interest of the Intative Interview, Interest of the Interest of the Interest of Interview, Inter	and one aled linic's					
(alth Service Regulation		ıldı	· ~	D NTITLE	~	(X6) DATE	
LABORATORY	DIBECTOR'S OR PROVIDER	/SUPPLIER-REPRESENTATIVI	E'S SIGNATURE			C	メードリ	

06899 X4J711 Old - July

If continuation sheet 1 of 6

Division of Health Service Regulation

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI		(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SUI COMPLET	ΓED
		AB0026		00.0174.074		01/0	9/2013
	ROVIDER OR SUPPLIER REPRODUCTIVE HEALTH	i, iN	700 HEBRON CHARLOTTE	STREET	KIE, ZIP GODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI	1	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	.D BE	(X5) COMPLETE DATE
E 136	been informed of the or the North Carolina telephone number. A walking tour of the revealed there was no regarding the clinic's North Carolina Comp number. Interview with the clin 1/9/13 at 4:00 PM core	clinic's grievance proce Complaint Hotline clinic on 1/9/13 at 10:00 o posted information grievance procedure or laint Hotline telephone nic assistant director on nfirmed patients had no clinic's grievance proce	O AM the	E 136	Patient records revi for the year 2012 w found to include c grievance procedure the ULL Complaint telephone unumber. See Attachment 1 (h section)	ere linic's Land Hothine ighlightea (Already Ukisted Orior to inspection Reviewed
E 147	10A-14E .0306 (b) Jo (1) The facility shall h description which des of every position. (2) Each job descripti position title, authority responsibilities and m qualifications. Qualific include education, tra experience, special a license or certification (3) The facility shall re and update all job des shall provide a current employee or contracti assigned to the positi This Rule is not met Based on personnel f reviews and staff inte	ob Descriptions: lave a written scribes the duties fon shall include y, specific ninimum cations shall sining, ibilities and n required. eview annually scriptions, and nt copy to each ual employee ion.	to	E 147			1-28-13

Division of Health Service Regulation

5 current employees (# 4 and 5).

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING AB0026 01/09/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 700 HEBRON STREET **FAMILY REPRODUCTIVE HEALTH, IN** CHARLOTTE, NC 28273 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 1. When employee #4 was. E 147 Continued From page 2 hired a detailed 166 description The findings include: was discussed with ther, but no Mapy-was put in employee #4 1. Employee #4, a registered nurse, date of hire personnel fill or given to the was 3/19/07. Review of the personnel file on employee. Of warylof the job 1/9/13 revealed no evidence of a job description or RR PN has been for the recovery room registered nurse. placed un employee #4 personnel lyile and a copy of same has been Interview with the nurse administrator on 1/9/13 at 2:00 pm confirmed there was no evidence liven to the remologies. Reminder employee #4 received a copy of the job for weed of armulal tremen of description for a recovery room registered nurse. you description has been added to valendar for January. Job 2. Employee #5, a medical assistant, date of hire description to time hire are placed on arritemized wheck list was 3/1/11. Review of the personnel file on 1/9/13 revealed no evidence of a job description for a medical assistant. lin personnel file, see attachment Interview with the nurse administrator on 1/9/13 1-30-13 at 2:00 pm confirmed there was no evidence 2. When employee #5 was hived employee #5 received a copy of the job a detailed job Eliscription was description for a medical assistant. discussed with ther, but no cap was put in unployee #5 personfel E 149 .0306(D) PERSONNEL RECORDS E 149 ile or given to untplayer. A copy 10A-14E .0306 (d) The governing ob description for Midical authority shall be responsible for has been placed un implementing health standards for umplayee # 5 personnel file and employees, as well as contractual employees, which are consistent with same has been puren recognized professional practices for to ithe implayee heminader the prevention and transmission of anymal result of communicable diseases. job discription has been added calendar for garmars, Job This Rule is not met as evidenced by: description for new trible are placed Based on personnel file review and staff interview, the facility failed to implement health on an interized wheeklistin standards consistent with recognized professional personnel file. See attachment practices for the prevention of tuberculosis 42+3, transmission for 3 of 5 employees. (#2, 4 and 5)

PRINTED: 01/25/2013 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING AB0026 01/09/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 700 HEBRON STREET **FAMILY REPRODUCTIVE HEALTH, IN** CHARLOTTE, NC 28273 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) According to OSHA guidelines E 149 E 149 Continued From page 3 all staff and contractural unplayers are deemed to be in The findings include: the "law risk" category for Review of the policy Screening of Health Care Workers (HCW) on 1/9/13 revealed "Upon hire all terbeneulosis. 1. Inberculosis skin teot were HCW who may have patient contact or contact with clinical specimens that may contain M. ordered on 1/25/13 and will be administered to employee #2 upon receipt. Suberculosis skin tuberculosis" and are considered "low risk" should have a "Baseline two-step or one-step BAMT." test results will be placed 1. Review of employee file # 2 revealed a hire in compleyer #2 personnel file Verification was been made date of 10/03. There was no evidence of a tuberculosis test for employee #2 on 1/9/13. Interview with the nurse administrator on 1/9/13 that & 18 test us uncluded on

outside the facility. Division of Health Service Regulation

at 2:15 pm revealed "we are low risk". The

not been obtained for employee #2.

administrator confirmed a tuberculosis test had

2. Review of employee file # 4 revealed a hire

Interview with the nurse administrator on 1/9/13

3. Review of employee file #5 revealed a hire

date of 3/1/11. There was no evidence of a

tuberculosis test for employee #5 on 1/9/13. Interview with the nurse administrator on 1/9/13

at 2:15 pm revealed "we are low risk". The

not been obtained for employee #5..

10A-14E .0313 (c) Any non-ambulatory

patient shall be accompanied by an

attending medical or nursing staff member during any transfer within or

E 163 .0313(C) POST-OPERATIVE CARE

administrator confirmed a tuberculosis test had

date of 3/19/07. There was no evidence of a tuberculosis test for employee #4 on 1/9/13.

at 2:15 pm revealed "we are low risk". The administrator confirmed a tuberculosis test had

not been obtained for employee #4.

2-20-13

2-20-13

2-20-13

list for men trine in parsonal file see attachment #2 2. Duperculasis skintest were

administered upon receipt to employee

ordered on 1-25-13 and will be

#4. IB test results will be placed

un umplayee #4 personnel fill. Verification has been made that

a sh test is uncluded on list

there ordered on 1-25-13+will

be administered to employee #5

upon receipt. Duberculosistest

employee #5 personnel file. Verification has been made that

a splitest is included a list

for the hire in personnel fill se attachment # 2.

presults will be placed in

3. Superculesis akin test

for new trine in personnel fille bee attachment #12

X4.I711

E 163

PRINTED: 01/25/2013 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING AB0026 01/09/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 700 HEBRON STREET **FAMILY REPRODUCTIVE HEALTH, IN CHARLOTTE. NC 28273** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) E 163 Continued From page 4 E 163 I. Policy-manual chas n ulpdated to reflect the This Rule is not met as evidenced by: Based on patient record review, policy manual "any non-ambillatory review, and administrative staff interview, the clinic failed to ensure a staff member Lanattending medical or accompanied a patient to the hospital for 2 of 2 nursing staff when ber during any transfer, within or outside patients transferred to a hospital (#1 and 2). Findings include: Review policy manual on 1/9/13 revealed n though a patient is tachically Emergency Procedures" which stated, "7. Two staff members will accompany the patient and family to the hospital. (Preferably the counselor,

as is implied in the Rules

See attachment 3

governing the Certifications of

ated bolicy discussed with

personnel and will be required

annually. Reminder for annual 2-20-13 Review added to calendar for Jan

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.

director and one of the nurses.)" (As written).

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.

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.

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.

Division of Health Service Regulation

STATE FORM

X4J711

<u>Division</u>	of Health Service Regu	lation					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/O		A. BUILDING		(X3) DATE SI COMPLE	
		AB0026		B. WING		01/	09/2013
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
FAMILY R	REPRODUCTIVE HEALTH	i, in		ON STREET E, NC 28273			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
	·						
	-						

Division of Health Service Regulation

Attachment 1

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. INFEC-TION; 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 are not responsible for any costs of aftercare which may be Health or Dr. 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 LIS 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,,,	9	.,)	,
	STATE ID				
	SS CARD				
	NEW HIRE REPORT				
	I-9 IN SEPARATE FILE	4.			
	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

	The second of th		January 201	13	17 of Paul College 19 of the Stand 19 to take 19 of the Standard 19 of	
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	1.7	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