JUL 092015

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Received 6/30/15 pr

PRINTED: 06/21/2015 FORM APPROVED

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY IPLETED
		AB0004	B. WING		06/17/2015	
	PROVIDER OR SUPPLIEF	421 WEI	DDRESS, CITY, ST NDOVER ROAD DTTE, NC 2821)	ollism	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
E 136	10A-14E .0304 (c	IONS AND DISCHARGE	E 136	Please see an enclosed re	company uj	6/22/1
	surgery required b this Section, repre- clinic's manageme each patient the fu- information: (1) A fee schedule charges routinely (2) The name of t physician(s) and h privileges, if any. admitting privilege that effect shall be (3) Instructions fo emergencies as c .0313(d) of this Se	by Rule .0305(a) of esentatives of the ent shall provide to following e and any extra applied, he attending hospital admitting In the absence of es a statement to e included; r post-procedure butlined in Rule ection; cedures a patient may ed with the care		enclosed re	15 Jr	
	 (5) The telephone Complaints Invest Division. This Rule is not r Based on policy a interview, credent record reviews, th prior to obtaining the facility physici admitting privilege 					
VISION OF H	no policy or proce patients prior to o abortion procedur ealth Service Regulatio	policies on 06/16/2015 revealed dure regarding notification to btaining a consent for an re that a facility physician that				(X6) DATE
-	Diane T.R.	\sim		Clinicia	1.34	Z1.201

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		AB0004	,		06/	06/17/2015	
			DDRESS, CITY, S		1 00/	1772010	
AME OF I	PROVIDER OR SUPPLIEF		IDOVER ROAL				
AROLI	NA WOMEN'S CLINI	\mathbf{c}	TTE, NC 282				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
E 136	Continued From p	page 1	E 136				
	was performing th admitting privilige	e procedure had no hospital s.		t			
	06/16/2015 at 143 available to ensur	vsician's Assistant (PA #3) on 30 revealed that no policy was e patients were notified that MD ospital admitting priviliges.					
		tialing file for MD#2 revealed I no hospital admitting					
		#3 on 06/16/2015 at 1430 had no hospital admitting		,			
	Patient #3 revealed diagnosis of pregu The patient was a (SAB) on 05/26/2 1210. The SAB be 0954. The facility patient signed for medical history, d provided and deter information item 1 have privileges at our facility that officare)} was check Patient #3. The S	I review on 06/16/2015 for ed a 21 year old female with a nancy of 10 weeks gestation. Idmitted for a surgical abortion 015 at 0810 and discharged at egan at 0948 and ended at "Surgery Screening Sheet" is a m used to collect personal ocument information items armine appointment date. The ine which states:"our physicians hospitals within 30 minutes of fer OB care", {OB (pregnancy ed and the form signed by urgery Report form revealed t admitting privileges performed re.					
	stated that the ch patient had been and that no stater	PA #3 on 06/16/2015 at 1600 eck mark indicated that the given the information checked ment regarding MD #2's lack of es was provided to the patient.				•	

STATE FORM

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7LKG11

If continuation sheet 2 of 13

Division	of Health Service Re	egulation	·····			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPL	
AND PLAN	OF CONTROLOTION		A. BUILDING:			
		AB0004	B. WING		06/17	7/2015
						12013
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
CAROLI	NA WOMEN'S CLINIC					
		CHARLUI	TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
E 136	Continued From pa	age 2	E 136			
E 130	 Medical record r Patient #10 revealed the diagnosis of pre- gestation who was SAB on 01/17/2015 at 1545. The facilit a patient signed for medical history, do provided and deter information item linhave privileges at hour facility that offe- care) was checked Patient #10. The S that MD #2 without the SAB procedures Interview with PA # stated that the chee patient had been g and that no statem admitting privileges Medical record Patient #9 revealed diagnosis of pregn- gestation who was SAB on 02/17/2015 The SAB began at facility "Surgery Sc signed form used t history, document determine appointr item line which sta privileges at hospit 	review on 06/16/2015 for ed a 30 year old female with egnancy of 6 weeks 4 days admitted to the facility for a 5 at 1025 and was discharged by "Surgery Screening Sheet" is rm used to collect personal cument information items mine appointment date. The re which states:"our physicians hospitals within 30 minutes of r OB care", {OB (pregnancy d and the form signed by urgery Report form indicated admitting privileges performed				
	was checked and the Surgery Repo	the form signed by Patient #9. rt form indicated that MD #2 privileges performed the SAB				

Division of Health Service Regulation STATE FORM

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Division	of Health Service Re	egulation			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPELIED
		AB0004	B. WING		06/17/2015
	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
		421 WEN	DOVER ROA		
CAROLI	NA WOMEN'S CLINIC		TTE, NC 282		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	
PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	
TAG			iAu	DEFICIENCY)	
E 126	Continued From pa	222.3	E 136		
E 130		19e 0	2 100		
				t t	
		3 on 06/16/2015 at 1600 ck mark indicated that the			
		iven the information checked			
	and that no statem	ent regarding MD #2's lack of			
	admitting privileges	was provided to the patient.			
		review on 06/16/2015 for			
		ed a 30 year old female with			
		egnancy of 7 weeks gestation to the facility for a Medical			
		e (MAB) on 05/26/2015 and			
		1145. The facility "Medical AB			
	Screening Sheet" i	s a patient signed form used to			
		edical history, document		,	
	information items p	provided and determine			
		The information item line hysicians have privileges at			
		minutes of our facility that offer	-		
		egnancy care)} was checked			
	and the form signe	d by Patient #13. The Surgery			
	Report form indica	ted that MD #2 without			
		s was the supervising physician			
	on the MAB procee	jure.			
	Interview with PA #	3 on 06/16/2015 at 1600			
	1	ck mark indicated that the			
		iven the information checked			
		ent regarding MD #2's lack of			
· ·	admitting privileges	s was provided to the patient.			
	5 Medical record	review on 06/16/2015 for			
	Patient #17 reveale	ed a 28 year old female with			
	the diagnosis of pr	egnancy of 6 weeks 5 days			
	gestation who was	admitted to the facility for a			
	SAB on 05/23/201	5 at 1245 and was discharged			
		began at 1550 and ended at			
		Surgery Screening Sheet" s a patient signed form used to			
		edical history, document			
L Division of H	lealth Service Regulation		<u> </u>	1	i i
STATE FOR			6899	7LKG11	If continuation sheet 4 of 13

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AB0004 B. WING 06/17/201 STREET ADDRESS, CITY, STATE, ZIP CODE 421 WENDOVER ROAD CHARLOTTE, NC 28211 CAROLINA WOMEN'S CLINIC CHOREPCENCY MUST BE PRECEDED BY PULL RECULATORY OR LISC IDENTIFYING INFORMATION) PREFX PREVX TAGE PREVX CONTINUES PREVX PREVX PREVX PREVX PREVX CONTINUES PREVX PREVX CONTINUES PREVX PREVX <		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
ARE OF PROVIDER OR SUPPLIER STŘEET ADDRESS, CITY, STATE ZP CODE 421 WENDOVER ROAD CHARLOTTE, NC 28211 (CALIDA WOMEN'S CLINIC CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDE 9K PLL (EACH DEFICIENCY) E 136 Information Items provided and determine appointment date. The information item line which states in spanish."our physicians have privileges at hospitals within 30 minutes of our facility that offer OB care", (OB (pregnancy care)) was checked and the form signed by Patient #17. The Surgery Report form indicated that MD #2 without admitting privileges performed the SAB procedure. Interview with PA #3 on 06/16/2015 at 1600 stated that the check mark indicated that the patient #18 revealed a 27 year old femaie with the diagnosis of pregnancy of 13 weeks 1 days gestation who was admitted to the patient. 5. Medical record review on 06/16/2015 for Patient #18 revealed a 27 year old femaie with the diagnosis of pregnancy of 13 weeks 1 days gestation who was admitted to the facility for a SAB on 05/22/2015 at 0906 and was discharged at 1310. The SAB began at 1202 and ended at 1310. The facility Surgery Screening Sheet" is a patient #18. The Surgery Report form indicated that MD #2 without admitting privileges performed the SAB procedure. Interview with PA #3 on 06/16/2015 at 1600 stated that the check mark indicated that the Patient #18. The Surgery Report form indicated that MD #2 without admitting privileges performed the SAB procedure. Interview with PA #3 on 06/16/2015 at 1600 stated that the check mark indicated that the			480004			06/17/2015	
AROLINA WOMEN'S CLINIC 421 WENDOVER ROAD CHARLOTTE, NC 28211 PROVDER'S FLAN OF CORRECTION (EACH OBEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 2 136 Continued.From page 4 1 10 Continued.From page 4 2 136 Continued.From page 4 2 137 Che Surger, Report form indicated that the patient hat no statement regarding MD #25 state of admitting privileges was provided to the patient. 3 Medical record review on 06/16/2015 for Patient #18 revealed a 27 year old femaie with the diagnosis of pregnancy of 13 weeks 1 days gestation who was admitted to the facility for a SAB on 05/22/2015 at 10906 and was discharged at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. Th							
AROLINA WOMEN'S CLINIC CHARLOTTE, NC 28211 Image: Construct of the construction of the constrese constrese construction of the construction of the	ANE OF 1	-ROWDER OR SUFFLIEF					
Each Deprice Y MUST BE PRECEDED BY FULL PREPX (EACH CORSE-REFERENCE TO THE APPOORMATE COME TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE TO THE APPOORMATE DEFICIENCY) E 136 Continued.From page 4 E 136 E 136 E 136 appointment date. The information item line which states in spanish."our physicians have privileges at hospitals within 30 minutes of our facility that offer OB care". (OB (pregnancy care)) was checked and the form signed by Patient #17. The Surgery Report form indicated that MD #2 without admitting privileges performed the SAB procedure. Interview with PA #3 on 06/16/2015 at 1600 stated that the check mark indicated that the patient had been given the information checked and that no statement regarding MD #2's lack of admitting privileges was provided to the patient. 6. Medical record review on 06/16/2015 for Patient #18 revealed a 27 year old female with the diagnosis of pregnancy of 13 weeks 1 days gestation who was admitted to the facility for a SAB on 05/22/2015 at 0906 and was discharged at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 und ended at 1310. The SAB begran at long privileges performed information item line which states:"our physicians have privileges at hospitals within 30 minutes of our facility that offer OB care". (OB (pregnancy care)) was checked and the form signed by Patient #18. The surgery Report form indicated that MD #2 without admitting privileges performed the SAB procedure. Interview with PA #3 on 06/16/2015 at 1600 stated that the check mark indicated that the	AROLI	NA WOMEN'S CLINI					
 information items provided and determine appointment date. The information item line which states in spanish."our physicians have privileges at hospitals within 30 minutes of our facility that offer OB care", (OB (pregnancy care)) was checked and the form signed by Patient #17. The Surgery Report form indicated that MD #2 without admitting privileges performed the SAB procedure. interview with PA #3 on 06/16/2015 at 1600 stated that the check mark indicated that the patient had been given the information checked and that no statement regarding MD #2's lack of admitting privileges was provided to the patient. 6. Medical record review on 06/16/2015 for Patient #18 revealed a 27 year old female with the diagnosis of pregnancy of 13 weeks 1 days gestation who was admitted to the facility for a SAB on 05/22/2015 at 0906 and was discharged at 1310. The SAB page at 1202 and ended at 1310. The SAB page at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 1202 and ended at 1310. The SAB began at 100 minutes of our facility that offer OB care", (OB (pregnancy care)) was checked and the form signed by Patient #18. The Surgery Report form indicated that MD #2 without admitting privileges performed the SAB procedure. 	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	(X5) COMPLET DATE
 appointment date. The information item line which states in spanish: "our physicians have privileges at hospitals within 30 minutes of our facility that offer OB care", (OB (pregnancy care)) was checked and the form signed by Patient #17. The Surgery Report form indicated that MD #2 without admitting privileges performed the SAB procedure. Interview with PA #3 on 06/16/2015 at 1600 stated that the check mark indicated that the patient had been given the information checked and that no statement regarding MD #2's lack of admitting privileges was provided to the patient. 6. Medical record review on 06/16/2015 for Patient #18 revealed a 27 year old female with the diagnosis of pregnancy of 13 weeks 1 days gestation who was admitted to the facility for a SAB on 06/22/15 at 0006 and was discharged at 1310. The SAB began at 1202 and ended at 1310. The facility "Surgery Screening Sheet" is a patient signed form used to collect personal medical history, document information items provided and determine appointment date. The information item physicians have privileges at hospitals within 30 minutes of our facility that offer OB care", (OB (pregnancy care)) was checked and the form signed by Patient #18. The Surgery Report form indicated that MD #2 without admitting privileges performed the SAB procedure. 	E 136	Continued From p	age 4	E 136			
		information items appointment date. which states in sp privileges at hospi facility that offer O was checked and The Surgery Repo- without admitting p procedure. Interview with PA is stated that the che patient had been g and that no staten admitting privilege 6. Medical record Patient #18 revea the diagnosis of p gestation who was SAB on 05/22/201 at 1310. The SAE 1310. The facility patient signed form medical history, di provided and dete information item li have privileges at our facility that off care)} was checked Patient #18. The S that MD #2 without the SAB procedur	provided and determine The information item line anish:"our physicians have tals within 30 minutes of our B care", {OB (pregnancy care) the form signed by Patient #17. ort form indicated that MD #2 privileges performed the SAB #3 on 06/16/2015 at 1600 eck mark indicated that the given the information checked nent regarding MD #2's lack of es was provided to the patient. review on 06/16/2015 for led a 27 year old female with regnancy of 13 weeks 1 days is admitted to the facility for a 5 at 0906 and was discharged 8 began at 1202 and ended at "Surgery Screening Sheet" is a m used to collect personal ocument information items ermine appointment date. The ne which states:"our physicians hospitals within 30 minutes of er OB care", {OB (pregnancy ed and the form signed by Surgery Report form indicated at admitting privileges performed e. #3 on 06/16/2015 at 1600 eck mark indicated that the		ι		
patient had been given the information checked and that no statement regarding MD #2's lack of admitting privileges was provided to the patient.		patient had been gand that no stater	given the information checked nent regarding MD #2's lack of				

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Division	of Health Service Re		·			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
ł		AB0004	B. WING		06/	17/2015
		<u>بر المحمد ا</u>	1			
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CAROLII	NA WOMEN'S CLINIC		DOVER ROA TTE, NC 282	211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
E 146	Continued From pa	age 5	E 146			6+22+15
E 146	.0306(A) PERSON	NEL RECORDS	E 146	í.		7/6/15
	10A-14E .0306 (a) prospective employ employee must sub for employment wh education, training, references.	omit an application iich includes				
	Based on personne interview, the facilit Practical Nurse (LF	et as evidenced by: el file review and staff ty failed to ensure a Licensed PN #1) had a current, active as an LPN in North Carolina staff reviewed.		. •		
	The findings includ	e:				
	staff member had November 23, 201 description revealed included "Recovery "Recovery Charge post-op meds pres time given, explain reason for the adm #1's personnel file and current LPN lid licensure State that Review revealed th	s personnel file revealed the worked at the facility since 3. Review of the LPN's job d her job responsibilities y Charge." Review of Duties" revealed "4. Give scribed by MD and document ing to the patient the name and inistration " Review of LPN revealed she had an active cense in a non-compact at expires on 01/31/2016. here was no active and current ble for the LPN to practice in				
	have a current, ac Carolina available.	#3 revealed LPN #1 did not tive LPN license for North The PA stated she had oard of Nursing and verified				
Division of F	l Health Service Regulation	1	6899	7LKG11	lf continu	uation sheet 6 of 13

STATE FORM

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	Ÿ	AB0004	B. WING		06/	17/2015
IAME OF F	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
	IA WOMEN'S CLINIC		IDOVER ROAD			
		CHARLO	TTE, NC 2821			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLE DATE
E 146	Continued From pa	age 6	E 146			
	#1. Interview revea been working in a l	nt LPN license in NC for LPN aled the staff member had role as an LPN in the Recovery ition and administering	,	¢		7/8/0
E 151	.0307 NURSING S	ERVICE	E 151			
	experience in post post-partum care v licensed to practice nursing in North Ca the clinic at all time are in the facility. (b) There shall be personnel sufficien needs and to provi care.	egistered nurse with -operative or vho is currently e professional arolina on duty in es when patients supporting at to meet patient de safe patient		·		
	Based on policy ar interview, staffing s review and medica failed to ensure tha who is currently lic nursing in North C when patients wer	tet as evidenced by: ad procedure review, staff schedules, procedure log al record reviews, the facility at one registered nurse (RN) ensed to practice professional arolina was on duty in the clinic e present for 7 of 16 medical Patient #16, 15, 20, 3, 1, 4 and				
	The findings includ	le:				
	no policy or proceed clinic was to be sta	policies on 06/16/2015 revealed dure regarding ensuring the affed with a registered nurse rhile patients are in the facility.	1			

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Division	of Health Service Re	egulation	r		
	IT OF DEFICIENCIES		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			-		
		AB0004	B. WING		06/17/2015
					-
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
CAROLI	NA WOMEN'S CLINIC		DOVER ROA		
			TTE, NC 282		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO	
				DEFICIENCY)	
E 151	Continued,From pa		E 151		
		-			
		3 on 06/16/2015 at 1430			
		policy was available related to		Ľ	
		ith an RN at all times when			
	patients are in the t	racility.			
	Review of April thro	ough June 2015 staffing			
		that on days in which a			
		t (PA) was present in the			
	facility, no RN was				
		3 on 06/16/.2015 at 1430			
	1	RN was present when the PA			
	was scheduled in t	he facility.			
	Deview for evening	-langedurg log from			
		al procedure log from n 6/17/2015, revealed 9 of 34		,	
	04/03/2015 Inrough	days were staffed with an RN.			
		/04/2015, 04/11/2015,			
		2015, 05/22/2015, 05/23/2015,			
		2015 and 06/13/2015. Review			
		25 remaining days when there			
		t in the facility during			
	procedures.				
		PA #3 on 06/16/2015 at 1430			
		RN had been staffed because			
	a PA was schedule	20.			
	1 Medical record	review of Patient #16 revealed			
		le with a diagnosis of			
		eks gestation admitted on			
		8 for a surgical abortion			
		ind discharged at 1130.			
	Chorionic villi and	fetal parts weighing 10 grams			
	were documented	by the MD after the procedure.			
	No complications v	were documented. Review of			
	the Surgery Recor	d form (used to document the			
		each patient and medications			
		aled it was signed by			
		Review of the medical record	<u> </u>	<u> </u>	
Division of H	lealth Service Regulation				

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Divisior	of Health Service Re	egulation			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		AB0004	B. WING	·	06/17/2015
	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE	
NAME OF	FROMDER OR SUFFILER		DOVER ROA		-
CAROL			TTE, NC 282	11	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI . (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
E 151	Continued From pa	age 8	E 151		
E 151	revealed no RN wa encounter with this that non licensed s personnel record re recovery charge ro recovery com. Red Emergency Depart next day which reve (a possible outcom of prior to the proce consent form in the Interview on 06/16/ revealed the PA wa the procedure and present in the facili 2. Medical record a 25 year old fema of 6 weeks 6 days 04/17/2015 at 082 ⁻ surgical abortion pr with chorionic villi a noted by medical d Surgery Record for recovery course of administered) reve non-licensed staff. revealed no RN wa	is present during Patient #16's facility. The record revealed taff (confirmed by the eview) was assigned to the le while the patient was in the cord also revealed an ment (ED) visit occurred the ealed an incomplete abortion e that each patient is advised edure and verified by a signed			
	that non licensed s personnel record re recovery charge ro recovery room. Re	taff (confirmed by the eview) was assigned to the le while the patient was in the cord review revealed an			
	next day which rev (a possible outcom	ment (ED) visit occurred the ealed an incomplete abortion that each patient is advised edure and verified by a signed e medical record).			

Division of Health Service Regulation STATE FORM

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If continuation sheet 9 of 13

STATEMEN	of Health Service F IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4	E CONSTRUCTION		SURVEY PLETED
		AB0004	B. WING		06/17/2015	
	PROVIDER OR SUPPLIEF		DRESS, CITY, S			
NAME OF 1			DOVER ROAI			
CAROLII	NA WOMEN'S CLINI	$\hat{\mathbf{r}}$	TTE, NC 282			
(X4) ID PREFIX· TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
E 151	Continued From p	page 9	E 151			
	revealed the PA w the procedure and	6/2015 at 1630 with PA #3 vas in the facility on the day of d confirmed that no RN was ility during this encounter.				
	a 19 year old fem pregnancy of 9 we 06/09/2015 at 090 discharged at 130 villi and fetal parts the Surgery Reco recovery course of administered) rev non-licensed staff revealed no RN w encounter with thi that non licensed personnel record recovery charge r recovery room.	d review of Patient #20 revealed ale with a diagnosis of eeks gestation admitted on 30 for a SAB and was 09. The MD noted the chorionic is weighed 6 grams. Review of rd form (used to document the of each patient and medications ealed it was signed by f. Review of the medical record vas present during Patient #20's is facility. The record revealed staff (confirmed by the review) was assigned to the role while the patient was in the				
	revealed the PA w the procedure and present in the fac	6/2015 at 1630 with PA #3 vas in the facility on the day of d confirmed that no RN was ility during this encounter.				
	22 year old femal of 10 weeks gest 0810 and dischar performed and th and fetal parts we complications we Record form (use course of each parts	d review of Patient #3 revealed a e with a diagnosis of pregnancy ation admitted on 05/26/2015 at ged at 1210. A SAB was e MD documented chorionic villi eighing 68 grams. No re noted. Review of the Surgery ed to document the recovery atient and medications				
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Division of Health Service Regulation STATE FORM

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Carolina Center for Women 421 N. Wendover Rd. Charlotte, NC 28211

Deficiency

E 136 0304 (D) Admission and Discharge

10A-14E (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:
(2) The name of the attending physician and hospital admitting privileges, if any. In the absence of of admitting privileges a statement to that effect shall be included.

PROVIDER'S PLAN OF CORRECTION

The protocol for "Making Abortion Appointments Surgical and Medical" has been revised. The revision states all patients will be informed if the physician performing the procedure, either medical or surgical, does or does not have hospital admission privileges.

The "Surgery/Medical Appointment Screening Sheet" has been revised to include the ability to circle if the physician does or does not have hospital admission privileges. The "qualified professional" will inform the patient that the physician performing the procedure, medical or surgical, does or does not have hospital admission privileges. The "does" or "does not" have hospital admission privileges... will be circled on the "screening sheet". The "qualified professional" will then sign the "screening sheet" stating that the hospital admission privileges and the remainder of regulated information has been provided to patient.

Until, the new Surgery/Medical Appointment Screening Sheet is implemented. The "qualified professional" will document that the patient has been informed of the hospital admission status of the physician performing the procedure on the current "screening sheet."

Diana T. Ramas, PA-C, reviews and speaks with each patient scheduled. Diana, will be in charge of assuring the documentation is correct.

This Plan of Correction has been implemented since June 22, 2015.

Enclosed are the revised Surgery/Medical Appointment Screening Sheet and Making Abortion Appointments Surgical and Medical forms.

Deficiency

E 146 0306 (A) Personnel Records

10A-14E. 0306 (a) Application. Each prospective employee or contractual employee must submit an application for employment which includes education, training, experience and references.

PLAN OF CORRECTION

The employee stated in this deficiency is no longer assigned to "Recovery Charge". She is no longer administering medications oral or injectable. She has been assigned to non-licensed staff positions such as counselling patients, recovery assist and supporting the patient during surgery.

Any person applying for employment with Carolina Center for Women and are a licensed medical professional will need to provide Carolina Center for Women with the actual North Carolina license prior to being hired. This will ensure that the employee will not be assigned to an area in which she is not qualified.

Diana T. Ramas, PA-C will ensure that employees are only assigned to areas that their license allows. Non-licensed staff will be limited to non-medicating duties, and non pre-op or post-op assessment duties.

Diana T. Ramas, PA-C will ensure that all licenses are provided by prospective employees. Once employed, Diana will ensure licenses are updated as required by the specific North Carolina licensing board.

The corrective action will start July 6, 2015 and continuous monitoring by Diana T. Ramas, PA-C

Page 3

Deficiency E 151 0307 Nursing Service Page 3

Deficiency

E 151 0307 Nursing Service

10A-14E .0307 (a) There shall be a minimum of one registered nurse with experience in post-operative or post-partum care who is currently licensed to practice professional nursing in North Carolina on duty in the clinic at all times when Patients are in the facility.

PLAN OF CORRECTION

Amy Nutt has completed the NCLEX-RN on Thursday, June 25, 2015. Amy Nutt is employed by Carolina Center for Women as a part time employee. On July 2, 2015 License Verification/North Carolina Board of Nursing received.

Amy Nutt has post-operative, recovery room experience from previous position with Planned Parenthood of Vermont.

Sandee Champion, RN is employed by Carolina Center for Women as a constant prn RN. Sandee is scheduled every Saturday and wil provides coverage for Amy if needed during the week.

Sandee Champion, RN has post-operative/ recovery room experience. Sandee worked in the recovery room with Planned Parenthood of Charlotte 1998 to 1999. Sandee has worked as "Recovery Charge" with Carolina Center for Women since 1999 to present.

Diana T. Ramas, PA-C will assure that either Amy Nuitt, RN or Sandee Champion, RN will be scheduled on Abortion days. Amy Nutt is a part time employee with Carolina Center for Women and will have to ensure coverage by Sandee Champion, RN if she needs to take time off.

The corrective action will be implemented by July 8, 2015.

Enclosed are copies of Sandee Champion, RN and Amy Nutt, RN current RN license verification.

CAROLINA CENTER FOR WOMEN

Making Abortion Appointments Surgical and Medical

When a person calls requesting an appointment, it must be confirmed that the person on the telephone is the actual patient. Ask "is this appointment for you or are you calling for someone else" If the person on the telephone states it is for someone else, they are informed that the appointment must be made with the actual patient because of the legal information that must be provided to the patient prior to the procedure. If the person on the telephone states she is the actual patient then continue making appointment.

LMP (last menstrual period):	Obtain LMP from patient. Patient will be informed that we are estimating gestation from LMP and that an ultrasound will be performed to confirm weeks of pregnancy. If a patient is unsure of LMP and no ultrasound has been performed, patient will be informed that we provide surgical services between 6 to 14 weeks and medical abortion 5 to 8 weeks. The cost for the surgical procedure from 6 to 14 weeks will be provided. If they want to schedule for the medical abortion they are informed of the cost and informed if they are greater than 8 weeks by ultrasound they will be rescheduled for the surgical procedure.
Weeks:	We provide surgical abortions for patient between 6 and 14 weeks. If they are a minor and this is their first pregnancy do not schedule if they are greater than 12 weeks.
	Medical abortion services between 5 and 8 weeks gestation.
Age:	If patient is a minor then she will need parental consent picture i.d., birth certificate, parent will need picture i.d. If patient does not have picture i.d. she may use a recent yearbook picture. If that not available then she must go to the DMV and obtain a picture i.d.
	If parent does not have a birth certificate, they may use a recent tax form which claims patient as a Dependent
	The patient may obtain a judicial by pass if they do not want to obtain parental consent. Or if they are unable to obtain i.d. or birth certificate prior to appointment Judicial By pass: 704-686-0620
Medical Abortion	Patients may be scheduled for medical abortion if they are between 5 and 8 weeks gestation by LMP. They must be 18 years or older and live less than 2 hours from the facility.
The	Following Information Will be Obtained for Medical and Surgical Abortion
Name:	First and Last Legal name
Allergies:	Medicine and latex,
Surgical Hx:	Any surgeries
Medical Conditions:	Diabetes, High Blood Pressure, Stroke, Heart problems, Seizures, etc. Every patient must be asked if they have been diagnosed with HIV or TB if yes consult Diana Consult Diana with histories of strokes, seizures, heart problems, blood diseases, blood clots, etc.
Medications:	Patient may take their blood pressure and/or diabetic medications as even directed morning of procedure. If patient on any antianxiety medications such as, Ativan, valium, Xanax, klonipin etc. they are not to take the morning of procedure. No pain medications such as hydrocodone, oxycodone etc. to be taken morning of procedure

If unsure about any medical or surgical history please bring to attention of Clinician or physician prior to completing appointment. If Clinician or physician unavailable, inform patient that the provider will have to be consulted prior to confirming the appointment. If patient unable to be seen here, she will b give names and numbers to other facilities that may be able to accommodate her. Pregnancy Hx: Number of previous pregnancies: deliveries, ectopic, SAB and EABs. Ultrasound: Enquire if patient has an ultrasound with current pregnancy, date and gestation. Cost: Dependent upon gestation. The cost of the surgical procedure are as follows; 6 to 10 weeks \$320, 11 to 12 weeks \$360, 13 weeks \$400, 14 weeks \$450, Medical Abortion cost is \$500 Funding is available through the National Abortion Federation. The patient has to speak to MJ or Ashley for qualification. The patient will be transferred to them once the appointment has been completed. If not available patient will be informed that they will call her back . Additional Cost: If patient has Rh negative blood type then a Rhogam injection is required immediately after the procedure or after taking the Mifeprex if having a medical abortion. The cost is \$50 for medical abortion patients and surgical patients that are between 6 and 12 weeks. For surgical patients 13 to 14 weeks the cost is \$120 Sedation: All patient's with a driver are offered valium and ibuprofen prior to the procedure at no additional cost. (only for surgical ab) If a patient feels that additional sedation is needed, Stadol may be offered at an additional \$100 charge. Stadol is an injectable narcotic. It does not put the patient to sleep. Stadol causes increased relaxation and pain management. Payment: Cash, Major Credit Cards: Visa, MasterCard, Discover No American Express, payroll or personal checks. Please consult calendar for dates and times physicians will be in office. Most weeks it is either Appointment Info: Tuesday or /Wednesday most Fridays and Saturdays. Times are dependent upon which physician working that certain day. Morning clinics, patients may be scheduled between 8am and 9am (in 15 minute increments) Afternoon appointments are made between 1130 am and 1300. Dates and times may change dependent on physician schedule. Any changes will be posted on all scheduling calanders ASAP Patient Instructions: For Surgical patients : If appointment between 8 am and 9 am: nothing to eat or drink after midnight the night before appointments. If appointment between 1130 am and 1300 then nothing to eat or drink after 7am to 8am. If the patient scheduled with Dr. Pearson the .patient must have a driver and the driver **must** check in with the patient. Patient needs to wear or bring socks and a sweater. No children allowed in the office Plan to be in the facility approximately 3 to 4 hours.

Patient must bring government issued picture I.D.. If minor see above.

For Medical Abortion patients; They may eat something light prior to their appointment. No children allowed in office. They may drive themselves They must bring government issued picture I.D.

Required Information:

The following information has to be provided to patient scheduling for either the medical or surgical abortions.

The patient will be given the following information by "qualified professional" (PA, RN or MD). If the patient scheduling for a medical abortion she will be given the risks for medical abortion, surgical abortion (in case medical abortion fails) and risks of continuing pregnancy. If patient scheduling for the surgical procedure then risks of surgical abortion and continuing pregnancy provided. The patient will be informed if the physician has malpractice insurance. The patient will be informed if the physician does or does not have hospital admission privileges. The "qualified professional" will document date, time and sign that all of the above has been provided to the patient.

If qualified professional not available at the time the appointment is being made, the patient will be informed that the qualified professional will contact her at least 24 hours prior to the appointment. Patient will be informed if "qualified "professional" is unable to contact her at least 24 hours prior to the appointment date and time, the appointment will have to be rescheduled to the date that coincides with the patient receiving information.

Patient has to be given the Woman's Right to Know Act website (<u>www.wrtk.ncdhhs.gov</u>) and then transferred to the recording. While patient on phone press transfer key on phone dial 333 and hang up.

If patient is a minor, both the patient and minor must be on the phone to hear all of the above information. The name of the parent, time, and date must be included on scheduling form.

Date, time and initials making appointment must always be included on scheduling sheet.

CAROLINA CENTER FOR WOMEN

Surgery/Medical Appointment Screening Sheet

Name				
	Age	DOB	Prev. pt	
City	State [®] Contact #		Pt. ID	
	Current Meds			
Medical/Surgical Hx	TB/HIV	Treatment co	ompleted	
LMP	Weeks	Blood Type		
Pregnancy Hx: Deliveries	SAB	EAB		
Amt. quoted Rhogam, additional sedation	, post op meds . Acccept cash, Visa, M/C, Di	iscover no checks	or Am Ex	
Appt. Day/Date	Time		npo	
R/S Appt. Day/Date	Time		Price Change	
	Time			
On	at	The pa	atient given the following	
information during an individual consultat				
5	ent's parent	give	n the following	
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30 minutes of our facility that offer all above information provided by '	'qualified professional" All questions and co	oncerns addressed	at this time.	
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License Verification



Name: License #: Nurse Type: Original Date of Licensure: Confirmation #:

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Sandra Massey Champion 128277 RN Permanent License 09/15/1993 HYHUNJB1

LICENSE STATUS

Status:	ACTIVE
Compact Status:	MULTI STATE
Expiration Date:	08/31/2015
Charges/Discipline Against	NO
License/Privilege:	

Important Notes:

- Multistate Licensure Privilege: Authority to practice as a licensed nurse in a remote state under the current license provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single State License: Authority to practice as a licensed nurse only in the state of North Carolina and the privilege is not
 otherwise restricted.
- The NC Board of Nursing certifies that it maintains the information for the license verification function of this website and
 considers it to be a secure, primary source for license verification.
- The database used by this web site was last updated 05/12/2014 08:52:37 AM.

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https://apps.ncbon.com/LicenseVerification/DisplayLicense.aspx

License Verification



Important Notes:

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- The NC Board of Nursing certifies that it maintains the information for the license verification function of this website and considers it to be a secure, primary source for license verification.
- The database used by this web site was last updated 07/02/2015 11:54:34 AM.

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North Carolina Board of Nursing



This is to certify that -Amy Elizabeth Nutt

has this day been registered according to the laws relating to nursing in the State of North Carolina and is entitled to practice as and to hold and use the title of

Registered Nurse

In Witness Whereof, we the undersigned have hereunto set our hand and caused the seal of this Board to be affixed this the 2nd of July, 2015 Certificate No. 279828

Hui & Nenge

EXECUTIVE DIRECTOR

CHAIR

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