

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>180291</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD SOUTH ATLANTIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 S TORRENCE STREET CHARLOTTE, NC 28212</b>
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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
E 000	<p>Initial Comments</p> <p>An announced initial licensure visit was conducted August 6, 2019. Licensure was not recommended for the following reasons:</p> <p>.0360 Personnel Records Facility failed to provide training records for staff orientation/competencies to include sterilization of instruments, CPR certification.</p> <p>.0307 Nursing Services Facility failed to have staff available to meet patient needs. Not able to verify patient flow, including from procedure room to recovery process.</p> <p>.0309 Lab Serviced Facility failed to have laboratory equipment in place to provide pre-operative test to include Hbg/Hct (hemoglobin/hematocrit), Rh (antigen in red blood cells), pregnancy testing</p> <p>.0314 Cleaning of Materials &amp; Equipment Facility failed to have patient care supplies and equipment cleaned/sterilized and available for patient care. Facility failed to have soiled utility room set up to flow from dirty to clean to sterile processing.</p> <p>a. Staff not available to demonstrate process.</p> <p>b. Area not set up to assure dirty-to-clean movement of surgical instruments.</p> <p>c. Process/equipment not in place to move cleaned instruments to sterilization area.</p> <p>d. Labeling of areas including sinks in cleaning room not in place</p> <p>Facility failed to have methods in place for cleaning, handling and storage of supplies to prevent transmission of infection.</p> <p>a. Patient care equipment stored on floor of clean storage</p> <p>b. Sterile processing not set up</p> <p>c. Staff not available trained for sterilizing</p>	E 000		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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E 000	<p>Continued From page 1</p> <p>equipment</p> <p>Interview of registered nurse (RN) and office manager (OM) during facility tour on 08/06/2019 at 1500 revealed that the flow of patients through the facility had not been determined and there would be a "mock walk through" on Friday 9/08/2019). Interview revealed that new equipment for procedure rooms would be coming on Friday and that the procedure rooms would be set up for procedures at that time. Interview with the RN revealed that the flow in the dirty instrument room would be determined at that time and they would move the POC (products of conception) freezer to assure dirty-to-clean movement would be in place. Interview revealed that the sterilizer room would be set up and "properly labeled" on Friday. Interview revealed that the RN did not know "exactly" how the room would be set up. Interview with RN and OM revealed that "staff from [named clinic]" would join clinic staff on Friday to set up everything. During tour of storage room, the RN and OM revealed that "some" boxes to the left of the storage room entrance were to be returned to vendor "this week". It was noted that patient supplies must not be stored on the floor. RN acknowledged that items in the boxes on the floor included instruments to be used in clinic and other patient care supplies. Interview revealed that there were no sterilized instruments processed and available for patient use at this time.</p>	E 000		
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