



FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
Permit:	AB-0001	Audit Name:	Abortion Clinic ROV 20161020
Facility Name:	GREENVILLE WOMEN'S CLINIC	Type:	L01 Routine
Address:	1142 GROVE RD	Start Date:	16 Nov 2020 10:30 AM
City/State/Zip:	GREENVILLE, SC 29605-4692 Greenville	End Date:	16 Nov 2020 02:30 PM
Phone 1:	864-232-1584	Inspector:	Ivy Wilkes
Email:	KATHY.ADAMS99@YAHOO.COM		
Contact Name:	THOMAS CAMPBELL		
Contact Email:	null		
Contact Phone:	864-232-1584		

Overall Score
0.0%

Report Notice

Question ID	Question	Answer
NOTICE01	<p>Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708</p> <p>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</p>	Report Notice

Administrator's Signature - Plan of Correction

Question ID	Question	Answer
SIGN01	<p>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</p> <p>(1) the actions taken to correct each cited deficiency, (2) the actions taken to prevent similar recurrences, and (3) the actual or expected completion dates of those actions.</p>	POC REQUIRED

PRINT NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

Any violations cited in this report of visit were observed at the time of the inspection.

The Administrator submits an electronic plan of correction by visiting the website <http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/CorrectionPlan/> and following the instructions online.

Or the Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:

Comments

- 12/01/2020

Inspection Information

Question ID	Question	Answer
COMBO-LIC	Inspection Includes Licensing:	YES
COMBO-FLSC	Inspection Includes Fire & Life Safety:	NO
ONSITE	Is this an On-Site Visit?	YES
INSP	Select the Type of Inspection to be Performed:	Abortion Clinic Inspection (Licensing and/or FLS)
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
INSP04	Are there any other individuals accompanying the auditor for this visit? Comments <ul style="list-style-type: none">• Holly Barber, RN and Antynette Nelson, Inspector III	YES

AC Regulation Parts I-VII 61-12

Question ID	Question	Answer
R-61-12-204.B	204.B. Prior to performing job duties, all employees, to include volunteers who have direct patient contact within the clinic, shall have tuberculin skin testing conducted unless a previously positive reaction is documented in millimeters. The intradermal (Mantoux) method, using five tuberculin units of stabilized purified protein derivative (PPD) is to be used. For employees/volunteers who have no documentation of a negative PPD result during the preceding 12 months, then the two-step procedure (one PPD test with negative result followed one to three weeks later by another PPD test) is required to establish a reliable baseline. If employees/volunteers have complete documentation of a negative PPD during the preceding 12 months (may be a single PPD or a two-step PPD), then a single PPD is acceptable to establish the baseline for current employment. (Class III Violation) Comments <ul style="list-style-type: none">• <i>For one (1) of six (6) staff records reviewed, there was no documentation available to review of a two-step tuberculin skin test during the preceding 12 months of the first date of direct patient contact.</i>	OUT

	1.) Staff A, patient contact date [REDACTED] TST placed [REDACTED] TST read [REDACTED] no documentation of an additional TST	
R-61-12-303.C	<p>303.C. Medicine Storage. Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored and safeguarded in enclosures of sufficient size that are not accessible to unauthorized persons. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications. A thermometer accurate to +3 degrees Fahrenheit shall be maintained in these refrigerators. Only authorized personnel shall have access to storage enclosures. Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws. (Class II Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> Two (2) Lidocaine HCL 100mg Injections were observed in the crash cart with an expiration date on 1 Nov 2020. 	OUT

Record Retention

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention



PLAN OF CORRECTION REPORTING FORM BUREAU OF HEALTH FACILITIES LICENSING

INSPECTION INFORMATION

License Number:

AB-0001

Facility Type:

HL- Abortion Clinic

Facility Name:

GREENVILLE WOMEN'S CLINIC

Inspection Date:

11/16/2020

Submission Date:

11/18/2020

Type of Inspection:

Routine

Program Area:

Licensing

ADMINISTRATOR'S CERTIFICATION

By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Checked

Administrator Name:

Thomas W. Campbell, R. MD

E-mail:

kathy.adams99@yahoo.com

Phone:

(864) 232-1584

RESPONSE TO CITATIONS

Section:	Was Completion Date Provided?	Completion Date (Actual or Expected):
204.B	Yes	11/16/2020

Corrective Action:

Our new employee hired in [REDACTED] was given a single PPD as opposed to a two-step PPD. According to regulations, [REDACTED] should have had a two-step PPD. [REDACTED] was given the second step that same day, [REDACTED]

Preventive Action:

In the future, any new hires will be given the two-step PPD effectively immediately. [REDACTED] Office Manager will be responsible to make sure this is done.

Optional Comments:**Response Approved:**

Yes

Section: **Was Completion Date Provided? Completion Date (Actual or Expected):**

303,C Yes 11/19/2020

Corrective Action:

Two Lidocaine HCL 100mc injections had an expiration date of November 1, 2020. They were immediately removed from the crash cart.

Preventive Action:

Lidocaine was reordered to replace the expired ones. The crash cart will be checked by [REDACTED] MD regularly to make sure that all the items in the crash cart have not expired.

Optional Comments:

Response Approved:

Yes

LOG INFORMATION SECTION

Report of Visit Delivery Date:

Plan of Correction Due Date:

Date Plan of Correction was Reviewed:

11/23/2020

Reviewed by:

Ashley Grant

Comments:

Plan of Correction Approved:

Yes

Decision By:

Ashley Grant

Decision Date:

11/23/2020

Remove POC:

UPLOAD DOCUMENTS

File Upload

Greenville Women's Clinic Supporting Documents.pdf (FileHandler.ashx?formItemResponseFileId=9836)

Plan of Correction Log Number:

MPC11031-20