



MISSISSIPPI STATE DEPARTMENT OF HEALTH

NOTICE SENT VIA EMAIL TO: shanbrewer@yahoo.com

December 30, 2020

Ms. Shannon Brewer
Jackson Women's Health Organization
2903 North State Street
Jackson, MS 39216

Dear Ms. Brewer:

On November 25, 2020 our agency received notice of an incident that occurred at your facility on November 24, 2020. A review of this incident identified a violation of the Mississippi "Minimum Standards of Operation for Abortion Facilities". You will find attached to this correspondence a Licensure Violation Report, which identifies the specific violation of the licensure regulations. The regulatory number pertinent to this violation is listed in the first column of the form.

Please place your plan of correction for each violation and the exact date of completion in the appropriate columns on the **State form(s)**. Your plan of correction must be positive in nature and indicate the exact methods utilized by you in correcting each violation. **Sign, title and date "Page 1", and maintain a copy of the report for your records. Return your plan of correction to this agency within ten (10) days of your receipt of the report.** Please email your completed Plan of Correction (POC) to:

Glenn.Wood@msdh.ms.gov
Debbie.Fisher@msdh.ms.gov

If you have questions or comments concerning the report, feel free to contact me via email at the email address provided above or contact me by telephone at 601-364-1112.

Sincerely,

Glenn D. Wood, R.N., Nurse Manager, Director
MS State Department of Health
Bureau of Health Facilities
Licensure and Certification
Non-Long Term Care Division

GDW/dlf

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/25/2020
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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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
M 000	Initial Comments	M 000		
M 136	<p>44.6.2 Abortion Complication Reporting</p> <p>Abortion Complication Reporting A physician shall file a written report with the State Department of Health regarding each patient who comes under the physician's professional care and requires medical treatment or suffers death that the attending physician has a reasonable basis to believe is a primary, secondary, or tertiary result of an induced abortion. These reports shall be submitted within thirty (30) days of the discharge or death of the patient treated for the complication.</p> <p>This Statute is not met as evidenced by: Based on attempted documentation review on 12/28/2020 at 8:30 AM, the facility failed to file an incident report with the Mississippi State Department of Health within thirty (30) days of the discharge of a patient treated for the complication.</p> <p>Findings include:</p> <p>On 11/25/2020 at 12:30 PM an interview with the Medical Director revealed that on 11/24/2020, an incident did occur during a procedure that required the patient to be transported to the hospital. As of 12/28/2020, the Mississippi State Department of Health has not received a report from the facility.</p> <p>MINIMUM STANDARDS OF OPERATION FOR ABORTION FACILITIES Effective: 11/12/2016</p>	M 136	<p>Corrective action was taken by completing and mailing Form 567E to vital records on 1/5/2021 containing all known information pertaining to patient transfer while in the care of Jackson Women's Health, Org.</p> <p>The on-site physician, Medical Director, Clinic Director and Medical records staff will ensure that MSDH Form 567E will be completed and forwarded to the address on form for each patient that is transferred due to a medical emergency while under our care unless otherwise stated by MSDH. The staff was notified of the change on 01/18/2021 and it has been incorporated into our Quality Assurance program which is monitored by the Medical Director.</p>	Completion date 1/18/2021

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shan Brewer

TITLE
Director

(X6) DATE
1-19-2021

MSDH - Health Facilities Licensure and Certification

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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
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M 135	Continued From page 1 Rule 44.5.2 Abortion Complication Reporting: A physician shall file a written report with the State Department of Health regarding each patient who comes under the physician's professional care and requires medical treatment or suffers death that the attending physician has a reasonable basis to believe is a primary, secondary, or tertiary result of an induced abortion. These reports shall be submitted within thirty (30) days of the discharge or death of the patient treated for the complication. SOURCE: Miss. Code Ann. §41-75-13	M 135		