

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/31/2016
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NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BLVD RICHMOND, VA 23220
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{T 000}	<p>Initial Comments</p> <p>An unannounced First Trimester Abortion Facility (FTAF) Revisit Licensure inspection was conducted on 10/31/2016. The Revisit was conducted subsequent to the Biennial Licensure survey which was conducted 07/18-20/2016 and 07/25-26/2016. Two (2) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the inspection. During the inspection process observations, interviews and document reviews were conducted to determine compliance.</p> <p>The agency was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Clinics. (Effective 06/20/2013)</p> <p>This report contains deficiencies which were previously cited at the time of the biennial inspection.</p>	{T 000}		
{T 045}	<p>12VAC5-412-170 A Administrator</p> <p>The governing body shall select an administrator who shall be responsible for the managerial, operational, financial, and reporting components of the abortion facility including but not limited to:</p> <ol style="list-style-type: none"> 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including patient rights; 2. Employing qualified personnel and ensuring appropriate personnel orientation, training, education, and evaluation; 3. Ensuring the accuracy of public information materials and activities; 4. Ensuring an effective budgeting and accounting system is implemented; and 	{T 045}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{T 045}	<p>Continued From page 1</p> <p>5. Maintaining compliance with applicable laws and regulations and implementing corrective action.</p> <p>This RULE: is not met as evidenced by: Based on interview and document review it was determined the facility's administrator failed to ensure:</p> <ol style="list-style-type: none"> 1. Nurses' skill competencies were completed for two (2) of two (2) nursing staff employee files reviewed (Staff Members #3 and #4); 2. Counselors received education related to the need to provide and document patient's awareness of Patient Rights for two (2) of two (2) counselor employee files reviewed (Staff Members #6 and #7); 3. All employees received training related to infection control practices as documented in the facility's plan of correction with an allegation of compliance date of "09/28/2016" as evidenced by six (6) of six (6) employee files reviewed; and 4. Nursing staff received training related to expired medication disposal and accurate/complete medical record documentation for two (2) of two (2) nursing staff employee files reviewed (Staff Members #3 and #4). <p>The findings included:</p> <ol style="list-style-type: none"> 1. On 10/31/2016 during the entrance conference at approximately 11:05 a.m., with Staff Member #1; the surveyor requested a list of the facility's employees with titles. Six (6) 	{T 045}		
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{T 045}	<p>Continued From page 2</p> <p>employees were selected from the list of twelve employees.</p> <p>Review of employee files for Staff Member #3 and Staff Member #4 did not include a nursing competency skills evaluation.</p> <p>An interview was conducted on 10/31/2016 at 2:13 p.m., with Staff Member #1. Staff Member #1 stated, "It was my goal to have them completed by 9/28 (the allegation of compliance date listed in the facility's plan of correction). But we didn't get them all done." Staff Member #1 presented a report dated "10/18/2016" completed by Staff Member #2, which indicated multiple issues with the facility's employee files. Staff Member #1 received the report dated "10/18/2016" ten (10) working days prior to the start of the survey. Staff Member #1 stated, "[Staff Member #2's name] completed at least one and was scheduled to come back to complete the others, we're in the process but they are not completed."</p> <p>2. Review of the employee files for Staff Member #6 and Staff Member #7 did not include documented education related to their responsibility for providing and documenting giving patient's their rights.</p> <p>An interview was conducted on 10/31/2016 at 2:13 p.m., with Staff Member #1. Staff Member #1 stated, "I think it was just a verbal reminder, but I'll check and see if I have anything documented. At approximately 2:30 p.m. Staff Member #1 presented a typed document. Staff Member #1 stated, "I sent this as a memo to all the counselors." Staff Member #1 reported he/she did not have proof that the counselors</p>	{T 045}		
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{T 045}	<p>Continued From page 3</p> <p>received the memo or acknowledged the need to comply with the training information.</p> <p>3. Review of six (6) employee files were conducted from 1:38 p.m. through 2:10 p.m. on 10/31/2016. The review did not reveal training related to infection control practices as documented in the facility's plan of correction with an allegation of compliance date of "09/28/2016."</p> <p>An interview was conducted at approximately 2:18 p.m. on 10/31/2016 with Staff Member #1. Staff Member #1 presented a report dated "10/18/2016" completed by Staff Member #2. The report dated "10/18/2016" indicated multiple issues with the facility's employee files. The report documented the staff would receive their required training at the next scheduled staff meeting. Staff Member #1 acknowledged he/she had received the report dated "10/18/2016" ten (10) working days prior to the start of the survey. Staff Member #1 acknowledged the facility's allegation of compliance for the completion of employee training had been documented by the facility as "09/28/2016." Staff Member #1 reported the training had been scheduled for the September staff meeting, but the facility failed to have the September 2016 staff meeting and did not hold a staff meeting in October 2016. Staff Member #1 stated, "I gave everyone verbal reminders; after the last survey." Staff Member #1 acknowledged that blood splatter was observed on the biohazard sharps red box, the red box carrier, and the procedure room floor during the tour at 11:36 a.m. on 10/31/2016.</p> <p>4. Review of Staff Members #3 and #4 did not reveal training related to ensuring expired medications were not available for administration to patients. The employee files for Staff</p>	{T 045}		

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{T 045}	Continued From page 4 Members #3 and #4 did not include training as specified in the facility's plan of correction related to accurate and complete documentation within the patient's medical record. An interview was conducted on 10/31/2016 at 2:33 p.m., with Staff Member #1. Staff Member #1 stated, "We were supposed to have a staff meeting in September but we didn't. I was going to cover all of the training requirements during the staff meeting. Staff Member #1 acknowledged the facility's plan of correction documented the allegation of compliance as "09/28/2016." Staff Member #1 reported the training related to expired medications being removed from availability for administering to patients had not been completed for any of the nursing staff. Staff Member #1 reported the training to ensure all nursing staff was aware to document accurate and complete information within the patient's medical record had not occurred and was not completed by "09/28/2016." Staff Member #1 reported the next staff meeting would occur "sometime within the next two weeks" after the current revisit for compliance.	{T 045}		
{T 060}	12VAC5-412-180 A Personnel Each abortion facility shall have a staff that is adequately trained and capable of providing appropriate service and supervision to patients. The abortion facility shall develop, implement and maintain policies and procedures to ensure and document appropriate staffing by licensed clinicians based on the level, intensity, and scope of services provided.	{T 060}		

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{T 060}	<p>Continued From page 5</p> <p>This RULE: is not met as evidenced by: Based on interview and document review it was determined the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Nurses' skill competencies were completed for two (2) of two (2) nursing employees files reviewed (Staff Members #3 and #4); 2. Counselors received documented training related to ensuring the provision of patient right's information was provided to patients for two (2) of two (2) counselor employee files reviewed (Staff Members #6 and #7); 3. Infection control training was provided to all employees as part of the facility's plan of correction for six (6) of six (6) employee files reviewed: and 4. Nursing staff received training regarding expired medications and accurate documentation for two (2) of two (2) nursing staff employee files (Staff Members #3 and #4). <p>The findings included:</p> <ol style="list-style-type: none"> 1. On 10/31/2016 during the entrance conference at approximately 11:05 a.m., with Staff Member #1; the surveyor requested a list of the facility's employees with titles. Six (6) employees were selected from the list of twelve employees. <p>Review of employee files for Staff Member #3 and Staff Member #4 did not include a registered nursing competency skills evaluation.</p> <p>An interview was conducted on 10/31/2016 at 2:13 p.m., with Staff Member #1. Staff Member #1 stated, "It was my goal to have them</p>	{T 060}		
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{T 060}	<p>Continued From page 6</p> <p>completed by 9/28 (the allegation of compliance date listed in the facility's plan of correction). But we didn't get them all done." Staff Member #1 presented a report dated "10/18/2016" completed by Staff Member #2, which indicated multiple issues with the facility's employee files. Staff Member #1 received the report dated "10/18/2016" ten (10) working days prior to the start of the survey. Staff Member #1 stated, "[Staff Member #2's name] completed at least one [nursing competency evaluation] and was scheduled to come back to complete the others, we're in the process but they are not completed."</p> <p>2. Review of the employee files for Staff Member #6 and Staff Member #7 did not include documented education related to their responsibility for providing and documenting giving patient's their rights.</p> <p>An interview was conducted on 10/31/2016 at 2:13 p.m., with Staff Member #1. Staff Member #1 stated, "I think it was just a verbal reminder, but I'll check and see if I have anything documented. At approximately 2:30 p.m. Staff Member #1 presented a typed document. Staff Member #1 stated, "I sent this as a memo to all the counselors." Staff Member #1 reported he/she did not have proof that the counselors received the memo or acknowledged the need to comply with the training information.</p> <p>3. Review of six (6) employee files were conducted from 1:38 p.m. through 2:10 p.m. on 10/31/2016. The review did not reveal training related to infection control practices as documented in the facility's plan of correction with an allegation of compliance date of "09/28/2016."</p> <p>An interview was conducted at approximately</p>	{T 060}		
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{T 060}	<p>Continued From page 7</p> <p>2:18 p.m. on 10/31/2016 with Staff Member #1. Staff Member #1 presented a report dated "10/18/2016" completed by Staff Member #2. The report dated "10/18/2016" indicated multiple issues with the facility's employee files. The report documented the staff would receive the required training at the next scheduled staff meeting. Staff Member #1 acknowledged he/she had received the report dated "10/18/2016" ten (10) working days prior to the start of the survey. Staff Member #1 acknowledged the facility's allegation of compliance for the completion of employee training had been documented by the facility as "09/28/2016." Staff Member #1 reported the training had been scheduled for the September staff meeting, but the facility failed to have either the September or October 2016 staff meetings. Staff Member #1 stated, "I gave everyone verbal reminders; after the last survey." Staff Member #1 acknowledged even with a verbal reminder, the observation conducted on 10/31/2016 at 11:36 a.m. revealed blood splattered on the biohazard sharps red box, the red box carrier, and the procedure room floor.</p> <p>4. Review of Staff Members #3 and #4 did not reveal training related to ensuring expired medications were not available for administration to patients. The employee files for Staff Members #3 and #4 did not include training as specified in the facility's plan of correction related to accurate and complete documentation within the patient's medical record.</p> <p>An interview was conducted on 10/31/2016 at 2:33 p.m., with Staff Member #1. Staff Member #1 stated, "We were supposed to have a staff meeting in September but we didn't. I was going to cover all of the training requirements during the staff meeting. Staff Member #1 acknowledged</p>	{T 060}		
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{T 060}	Continued From page 8 the facility's plan of correction documented the allegation of compliance as "09/28/2016." Staff Member #1 reported the training related to expired medications being removed from availability for administering to patients had not been completed for any of the nursing staff. Staff Member #1 reported the training related to accurate and complete documentation within the patient's medical record had not occurred. Staff Member #1 verified nursing staff training had not been completed by "09/28/2016." Staff Member #1 reported the next staff meeting would occur "sometime within the next two weeks" after the current revisit for compliance.	{T 060}		
{T 200}	12VAC5-412-220 C Infection Prevention Written policies and procedures for the management of the abortion facility, equipment and supplies shall address the following: 1. Access to hand-washing equipment and adequate supplies (e.g., soap, alcohol-based hand rubs, disposable towels or hot air driers); 2. Availability of utility sinks, cleaning supplies and other materials for cleaning, disposal, storage and transport of equipment and supplies; 3. Appropriate storage for cleaning agents (e.g., locked cabinets or rooms for chemicals used for cleaning) and product-specific instructions for use of cleaning agents (e.g., dilution, contact time, management of accidental exposures); 4. Procedures for handling, storing and transporting clean linens, clean/sterile supplies and equipment;	{T 200}		

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{T 200}	<p>Continued From page 9</p> <p>5. Procedures for handling/temporary storage/transport of soiled linens;</p> <p>6. Procedures for handling, storing, processing and transporting regulated medical waste in accordance with applicable regulations;</p> <p>7. Procedures for the processing of each type of reusable medical equipment between uses on different patients. The procedure shall address: (i) the level of cleaning/disinfection /sterilization to be used for each type of equipment, (ii) the process (e.g., cleaning, chemical disinfection, heat sterilization); and (iii) the method for verifying that the recommended level of disinfection/sterilization has been achieved.</p> <p>The procedure shall reference the manufacturer's recommendations and any applicable state or national infection control guidelines;</p> <p>8. Procedures for appropriate disposal of non-reusable equipment;</p> <p>9. Policies and procedures for maintenance/repair of equipment in accordance with manufacturer recommendations;</p> <p>10. Procedures for cleaning of environmental surfaces with appropriate cleaning products;</p> <p>11. An effective pest control program, managed in accordance with local health and environmental regulations; and</p> <p>12. Other infection prevention procedures necessary to prevent/control transmission of an infectious agent in the abortion facility as</p>	{T 200}		

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{T 200}	<p>Continued From page 10</p> <p>recommended or required by the department.</p> <p>This RULE: is not met as evidenced by: Based on observations, interview and document review it was determined the facility staff failed to ensure infection control practices were employed that prevented the potential spread of infectious agents for one (1) of one (1) procedure room.</p> <p>The findings included:</p> <p>An observation and interview was conducted on 10/31/2016 at 11:26 a.m., with Staff Member #1 during the tour of the facility's procedure room. Staff Member #1 verified the facility had one procedure room. Staff Member #1 reported the procedure room was last used on Saturday 10/29/2016 for abortion procedures. Staff Member #1 acknowledged the room had been cleaned after the procedures and was ready for patients. The observation revealed blood splattered on the top flaps and front side of the red sharps/biohazard container positioned next to the vacuum suction used during procedures. The red sharps/ biohazard container had been placed on top of two pieces of green porous foam and positioned in a metal rolling cart. The observation revealed blood splatter on the front of each piece of green porous foam. The foam's porous surface prevented disinfection and reduced the ability to prevent the spread of infectious agents.</p> <p>The observation revealed blood splatter on the floor between the procedure table and where the red sharps/biohazard box was located. Staff Member #1 used an alcohol wipe to identify the findings as blood splatter. Staff Member #1 reported that housekeeping and facility staff had</p>	{T 200}		

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{T 200}	<p>Continued From page 11</p> <p>cleaned the procedure room and "mopped the floor after the procedures on Saturday" 10/29/2016. Staff Member #1 verified the facility staff and housekeeping staff had failed to employ infection control practices to prevent the spread of infectious agents. Staff Member #1 acknowledged the blood splatter observed in the procedure room had been present for three days without being cleaned and the affected areas disinfected.</p> <p>The surveyor reviewed of six (6) employee files were conducted from 1:38 p.m. through 2:10 p.m. on 10/31/2016. The review did not reveal training related to infection control practices as documented in the facility's plan of correction with an allegation of compliance date of "09/28/2016."</p> <p>An interview was conducted at approximately 2:18 p.m. on 10/31/2016 with Staff Member #1. During the interview Staff Member #1 presented a report dated "10/18/2016" completed by Staff Member #2. The report documented that staff would receive their required training in infection control practices at the next scheduled staff meeting. Staff Member #1 reported the training had been scheduled for the September staff meeting, but the facility failed to have both September and October 2016 staff meetings. Staff Member #1 stated, "I gave everyone verbal reminders; after the last survey." Staff Member #1 acknowledged even with a verbal reminder, the observation conducted on 10/31/2016 at 11:36 a.m. revealed blood splattered on the biohazard sharps red box, the green porous foam under red box on the rolling cart, and the procedure room floor.</p>	{T 200}		
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{T 355}	Continued From page 12	{T 355}		
{T 355}	<p>12VAC5-412-300 Health Information Records</p> <p>An accurate and complete clinical record or chart shall be maintained on each patient. The record or chart shall contain sufficient information to satisfy the diagnosis or need for the medical or surgical service. It shall include, but not be limited to the following:</p> <ol style="list-style-type: none"> 1. Patient identification; 2. Admitting information, including patient history and physical examination; 3. Signed consent; 4. Confirmation of pregnancy; 5. Procedure report to include: <ol style="list-style-type: none"> a. Physician orders; b. Laboratory tests, pathologist's report of tissue, and radiologist's report of x-rays; c. Anesthesia record; d. Operative record; e. Surgical medication and medical treatments; f. Recovery room notes; g. Physician and nurses' progress notes, h. Condition at time of discharge, i. Patient instructions, preoperative and postoperative; and j. Names of referral physicians or agencies. 6. Any other information required by law to be maintained in the health information record. <p>This RULE: is not met as evidenced by: Based on interviews and document review if was determined the facility staff failed to ensure:</p> <ol style="list-style-type: none"> 1. The physician signed the certified registered 	{T 355}		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/31/2016
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NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BLVD RICHMOND, VA 23220
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{T 355}	<p>Continued From page 13</p> <p>nurse anesthetist anesthesia record as the supervising physician for one (1) of four (4) moderate sedation procedures (Patient #2) and</p> <p>2. The physician signed and dated the discharge order for five (5) of five (5) surgical abortion patients included in the survey sample. (Patients #1 - #5)</p> <p>The findings included:</p> <p>1. During the entrance conference on 10/31/2016 at 11:08 a.m. the surveyor requested a list of patients, who had their surgical abortion under moderate sedation. Staff Member #1 stated, "We have not had that many, it would be easier for me to just hand you the charts." Staff Member #1 left the entrance conference and returned with four medical records. Staff #1 reviewed the medical records with the surveyor to indicate where the physician was signing to indicate supervision of the Certified Registered Nurse Anesthetist (CRNA) and signing the order for medications administered during moderate sedation procedures. During the review one chart was not signed by the physician. Staff Member #1 stated, "I can't believe [he/she] didn't sign this one." A review was conducted of Patient #2's medical record at 12:18 p.m. on 10/31/2016. Patient #2's medical record indicated she was admitted to the facility on 10/20/2016 and returned for a surgical abortion on 10/22/2016. Patient #2's medical record indicated the patient choose to have the procedure under moderate sedation. Patient #2's medical record documented the patient received Versed 2 mg (milligram), Fentanyl 2 mg, and Propofol 200 mg administered by a CRNA. The review did not reveal a signature by the physician regarding his/her supervision of the CRNA and his/her agreement with (orders for) medications</p>	{T 355}		
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{T 355}	<p>Continued From page 14</p> <p>administered to the patient during the surgical abortion procedure. Staff Member #1 was aware of the findings as of 11:08 a.m. on 10/31/2016.</p> <p>2. A review of Patient #1's medical record was conducted at 11:54 a.m. on 10/31/2016. Patient #1's medical record indicated she had been admitted to 10/07/2016 and returned for her surgical abortion under moderate sedation on 10/15/2016. Patient #1's medical record contained a form titled "Recovery Room Notes", which had the operative notes and report on one side and space for the recovery room nurse documentation for local anesthesia procedures on the other side. The physician side of the "Recovery Room Notes" included a discharge section with a signature line and the time and date of the patient's discharge. Review of Patient #1's "Recovery Room Notes" revealed the physician had signed the discharge section, but had not included a date and time. An additional form titled "Recovery Room Record" was utilized for patients that had moderate sedation procedures. The "Recovery Room Record" completed by the recovery room nurse detailed the patient's condition prior to and at the time of discharge. Patient #1's "Recovery Room Record" had not been signed by the physician. Patient #1's medical record did not have a physician's discharge order or confirmation of the patient's status at her time discharge.</p> <p>A review was conducted of Patient #2's medical record at 12:18 p.m. on 10/31/2016. Patient #2's medical record indicated she was admitted to the facility on 10/20/2016 and returned for a surgical abortion procedure under moderate sedation on 10/22/2016. The physician had signed the discharge section on Patient #2's "Recovery Room Notes" but did not document a date and time. Patient #2's "Recovery Room Record" had</p>	{T 355}		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/31/2016
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NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 118 NORTH BLVD RICHMOND, VA 23220
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{T 355}	<p>Continued From page 15</p> <p>been completed by the recovery room nurse, but did not include a signature by a physician. Patient #2's medical record did not have a physician's discharge order or confirmation of the patient's status at the patient's time of discharge. A review was conducted of Patient #3's medical record at 12:39 p.m. on 10/31/2016. Patient #3's medical record indicated she returned for a surgical abortion procedure under local anesthesia on 10/22/2016. The physician had signed the discharge section on Patient #3's "Recovery Room Notes" but did not document a date and time. The recovery room nurse had completed the nursing section of the "Recovery Room Notes" detailing the patient's condition after the procedure and at the time of discharge. Patient #3's medical record did not have a physician's discharge order or confirmation of the patient's status at the patient's time of discharge.</p> <p>Review of Patient #4's medical record on 10/31/16 at 12:05 p.m., revealed documentation showing an abortion surgical procedure being performed on 10/15/16. Documentation revealed a form titled, "Recovery Room Record" completed and signed by a staff Registered Nurse (RN) on 10/15/16. The "Recovery Room Record" form had a section titled "Ambulatory Status" located in the lower portion of the form to confirm documentation of the time and condition of the patient when transported from the stretcher to a chair, getting dressed and being discharged to home. The document revealed Patient #4 was transported to a chair on 10/15/16 at 14:36 (2:36 p.m.), dressed at 14:50 (2:50 p.m.) and discharged from the facility at 14:57 (2:57 p.m.). Documentation revealed a form titled, "Recovery Room Notes" that has a space located at the bottom of the form utilized for the physician's signature, date and time of discharge. Review of</p>	{T 355}		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/31/2016
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{T 355}	<p>Continued From page 16</p> <p>the "Recovery Room Notes" revealed the physician's signature; however it did not include a date and time of the discharge. The medical record did not provide an order signed by a physician confirming the discharge for Patient #4. The facility failed to provide an accurate and complete clinical record for Patient #4. Review of Patient #5's medical record on 10/31/16 at 1:20 p.m., revealed documentation showing an abortion surgical procedure being performed on 10/08/16. Documentation revealed a form titled, "Recovery Room Record" completed and signed by a staff RN on 10/08/16. The "Recovery Room Record" form had a section titled "Ambulatory Status" revealing Patient #5 being transported to a chair on 10/8/16 at 11:55 a.m., dressed at 12:15 p.m. and discharged from the facility at 12:25 p.m. Documentation revealed a form titled, "Recovery Room Notes" that has a space located at the bottom of the form utilized for the physician's signature, date and time of discharge. Review of the "Recovery Room Notes" revealed the physician's signature; however it did not include a date and time of the discharge. The medical record did not provide an order signed by a physician confirming the discharge for Patient #5. The facility failed to provide an accurate and complete clinical record for Patient #5. An interview was conducted on 10/31/16 at approximately 2:00 p.m., with Staff Member #1. Staff Member #1 reviewed Patient #4 and Patient #5's medical records regarding the findings listed above. Staff Member #1 was not able to locate or determine the reason the physician did not date and time an order for the patient's discharge. Staff Member #1 stated, "We need to correct this. (Name of Physician) is signing on a different recovery room form that is used for all procedures except when a patient has a MAC</p>	{T 355}		
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{T 355}	Continued From page 17 (Monitored Anesthesia Care) the nurses use a different recovery room record for documentation."	{T 355}		