

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AF-0009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/31/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND MEDICAL CENTER FOR WOMEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>118 NORTH BLVD RICHMOND, VA 23220</b>
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T 000	<p>Initial Comments</p> <p>An unannounced First Trimester Abortion Facility (FTAF) Complaint Licensure inspection was conducted on 10/31/2017. Two (2) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the investigation. One (1) complaint (2017-AC037) was investigated.</p> <p>The agency was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Clinics. (Rev. 3/22/17).</p> <p>The deficiencies cited follow in this report.</p>	T 000		
T 045 SS=E	<p>12 VAC5-412-170 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"> <li>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including patient rights;</li> <li>2. Employing qualified personnel and ensuring appropriate personnel orientation, training, education, and evaluation;</li> <li>3. Ensuring the accuracy of public information materials and activities;</li> <li>4. Ensuring an effective budgeting and accounting system is implemented; and</li> <li>5. Maintaining compliance with applicable laws and regulations and implementing corrective action.</li> </ol>	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>This RULE: is not met as evidenced by: Based on interview and document review it was determined the facility's administrator failed to implement a policy and procedure regarding required reporting to law-enforcement.</p> <p>The findings included:</p> <p>An interview was conducted on 10/31/2017 at approximately 9:50 a.m., with Staff Member #6. The surveyor requested evidence that the facility had reported a violation to the appropriate law-enforcement agency. Staff Member #6 stated, "I haven't notified... the police, yet." Staff Member #6 verified that he/she had sent a self-reported event to the State licensing agency on "October 17, 2017".</p> <p>Staff Member #6 verified the event was related to Staff Member #4, who had allegedly written a prescription for narcotics (Oxycodone 10/325-30 tablets) and signed the prescription using the name of the facility's physician. Staff Member #6 reported the event had occurred on October 12, 2017 when a local pharmacy contacted the facility for clarification on a prescription. Staff Member #6 reported he/she contacted the pharmacy on October 13, 2017. Staff Member #6 stated, "I went to the pharmacy and discreetly asked to see the hard copy of the prescription. It was not the signature of [name of the facility's physician]." Staff Member #6 reported Staff Member #4's next working day was October 17, 2017. Staff Member #6 reported he/she discussed the prescription with Staff Member #4. Staff Member #6 reported Staff Member #4 acknowledged the event occurred and was no longer an employee of the facility, effective October 17, 2017.</p>	T 045		

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T 045	Continued From page 2  Review of the facility's policy titled "Required Reporting" read in part: "The administrator will report to the [name of the State licensing agency] any of the above events within 24 hrs. [Sic] of their occurrence unless the event is on a weekend. If that is the case the report will be made on that Monday ... Compliance does not relieve the facility from complying with any other applicable reporting or notification requirements, such as those relating to law-enforcement or professional regulatory agencies."	T 045		
T 090 SS=E	12 VAC5-412-180 F Personnel  A personnel file shall be maintained for each staff member. The records shall be completely and accurately documented, readily available, including by electronic means and systematically organized to facilitate the compilation and retrieval of information. The file shall contain a current job description that reflects the individual's responsibilities and work assignments, and documentation of the person's in-service education, and professional licensure, if applicable.  This RULE: is not met as evidenced by: Based on interview and document review it was determined the facility failed to maintain a complete and accurate employee file for one (1) of five (5) registered nurse employee files (Staff Member #4).  The findings included:  An interview was conducted on 10/31/2017 at	T 090		

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T 090	<p>Continued From page 3</p> <p>approximately 9:50 a.m., with Staff Member #6. Staff Member #6 discussed an event related to Staff Member #4 which resulted in this staff member no longer being employed by the facility.</p> <p>A review of the facility's personnel files was conducted at approximately 10:28 a.m. on 10/31/2017. In the review of Staff Member #4's employee file, it was noted the file did not contain information regarding this event, actions taken by the facility or that Staff Member #4 was no longer employed by the facility.</p> <p>An interview was conducted on 10/31/2017 at approximately 10:28 a.m., with Staff Member #6. The surveyor asked Staff Member #6 about Staff Member #4's employee file and if there was documentation elsewhere related to this information about Staff Member #4. Staff Member #6 reported he/she had not documented the event or termination in Staff Member #4's employee file. Staff Member #6 acknowledged Staff Member #4's employee file was not complete and did not accurately reflect the employee's status.</p>	T 090		
T 095 SS=E	<p>12 VAC5-412-180 G Personnel</p> <p>Personnel policies and procedures shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification;</li> <li>2. Process for verifying current professional licensing or certification and training of employees or independent contractors;</li> </ol>	T 095		

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T 095	<p>Continued From page 4</p> <p>3. Process for annually evaluating employee performance and competency;</p> <p>4. Process for verifying that contractors and their employees meet the personnel qualifications of the facility; and</p> <p>5. Process for reporting licensed and certified health care practitioners for violations of their licensing or certification standards to the appropriate board within the Department of Health Professions.</p> <p>This RULE: is not met as evidenced by: Based on interview and document review it was determined the facility staff failed to implement personnel policies related to ensure the verification of registered nurse's license was included in their personnel file for one (1) of five (5) registered nurses' employee files, Staff Member #4. And, failed to ensure a current certification for a certified registered nurse anesthetist (CRNA) was included in the personnel file for one (1) of four (4) employed certified registered nurse anesthetists, Staff Member #10.</p> <p>The findings included:</p> <p>A review of the facility's personnel files was conducted at approximately 10:28 a.m. on 10/31/2017. The review revealed the current license validation in Staff Member #4's personnel file indicated his/her registered nursing license expired on 06/30/2017. The review revealed Staff member #10's CRNA certification expired "07/31/2017."</p> <p>An interview was conducted at approximately 10:28 a.m. on 10/31/2017 with Staff Member #6.</p>	T 095		

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T 095	<p>Continued From page 5</p> <p>Staff Member #6 reported that Staff Member #4 was no longer working at the facility, as of October 17, 2017. The surveyor asked about the verification of licensure in Staff Member #4's personnel file, which indicated his/her registered nurse's license had expired on 06/30/2017. Staff Member #6 verified that Staff Member #4 had worked until October 17, 2017 without a current verification of license.</p> <p>The Office of Licensure and Certification verified Staff Member #4 had a current license, at the time of this inspection. And, Staff Member #10's certification was current at the time of this inspection.</p> <p>The surveyor informed Staff Member #6 the certified registered nurse anesthetist certification in Staff Member #10's personnel file had expired 07/31/2017. The surveyor asked about the facility process to ensure licenses and certifications were monitored and current documents were included in personnel files. Staff Member #6 reported the Compliance Officer was responsible for monitoring licenses and certifications. Staff Member #6 stated, "[He/she] sends me a list or schedule. And I pull the verifications." Staff Member #6 reported he/she had failed to follow personnel policies, which ensured personnel files were maintained with current information.</p>	T 095		
T 180 SS=E	<p>12 VAC5-412-210 D Quality Management</p> <p>Measures shall be implemented to resolve problems or concerns that have been identified.</p> <p>This RULE: is not met as evidenced by:</p>	T 180		

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T 180	<p>Continued From page 6</p> <p>Based on interview it was determined the facility's quality program failed to document measures to correct an identified problem related to the theft of prescription pads.</p> <p>The findings included:</p> <p>An interview was conducted on 10/31/2017 at 9:40 a.m., with Staff Member #6. Staff Member #6 stated, "The nurses have access to the prescription pads. The nurses write out the prescriptions, attach it to the patient's file and the physician signs the prescription."</p> <p>An interview was conducted on 10/31/2017 at approximately 10:28 a.m., with Staff Member #6. Staff Member #6 discussed with the surveyors an event which involved a staff member writing his/her own prescription for narcotics (Oxycodone 10/325-30 tablets) and signing the prescription using the name of the facility's physician.</p> <p>The surveyor asked if the quality program had implemented an action plan to deter future occurrences of prescription/pads being taken by staff. Staff Member #6 reported he/she had spoken to the Compliance Officer related to the event but had not put anything in writing.</p> <p>An observation and interview was conducted on 10/31/2017 at 10:50 a.m., with Staff Member #6. Staff Member #6 walked the surveyors through the process of obtaining the keys to the double locked narcotic box. Staff Member #6 reported the prescription pads were being kept in the same place as before, "but just not as many." Staff Member #6 could not provide documentation that the quality program had reviewed the process that led to the identified concern or implemented written actions to ensure staff accountability</p>	T 180		

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T 180	Continued From page 7  regarding access to prescription pads.	T 180		
T 380 SS=E	<p>12 VAC5-412-360 D Required Reporting</p> <p>Compliance with this section does not relieve the abortion facility from complying with any other applicable reporting or notification requirements, such as those relating to law-enforcement or professional regulatory agencies.</p> <p>This RULE: is not met as evidenced by: Based on interview and document review it was determined the facility staff failed to do the required reporting of an alleged crime to law enforcement.</p> <p>The findings included:</p> <p>An interview was conducted on 10/31/2017 at approximately 9:50 a.m., with Staff Member #6. The surveyor requested evidence that the facility had reported an event to the appropriate law-enforcement agency. Staff Member #6 stated, "I haven't notified Health Professions or the police, yet."</p> <p>Staff Member #6 verified the event was related to Staff Member #4, who had written a prescription for narcotics (Oxycodone 10/325-30 tablets) and signed the prescription using the name of the facility's physician. Staff Member #6 acknowledged there had been at least nine working days since he/she had met with Staff Member #4 (on October 17, 2017) and then self-reported the event to the State licensing agency. Staff Member #6 reported he/she thought the facility had thirty (30) days to report the event to the Department of Health</p>	T 380		

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T 380	<p>Continued From page 8</p> <p>Professions and law-enforcement agency. Staff Member #6 stated that Staff Member #4 acknowledged writing the prescription and signing the physician's name, during the meeting on October 17, 2017.</p> <p>Review of the facility's policy titled "Personnel" read in part: "Procedure: includes; Violation of licenses or certification standards will be reported to the appropriate board with the Department of Health Professions. The administrator is responsible for reporting violations ..."</p> <p>Review of the facility's policy titled "Required Reporting" read in part: "The administrator will report to the [Name of the State licensing agency] any of the above events within 24 hrs. [Sic] of their occurrence unless the event is on a weekend. If that is the case the report will be made on that Monday ... Compliance does not relieve the facility from complying with any other applicable reporting or notification requirements, such as those relating to law-enforcement or professional regulatory agencies."</p>	T 380		