

Division of Health Service Regulation

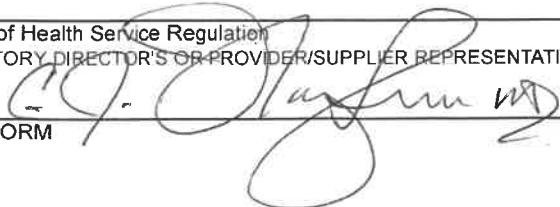
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 180316	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2019
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NAME OF PROVIDER OR SUPPLIER HALLMARK WOMENS CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 491 N CLEVELAND AVE WINSTON SALEM, NC 27101
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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
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E 156 .0310 Emergency Back-Up Services	<p>10a NCAC 14E .0310</p> <p>(a) Each clinic shall have a written plan for the transfer of emergency cases from the clinic to a nearby hospital when hospitalization becomes necessary.</p> <p>(b) The clinic shall have procedures, personnel, and suitable equipment to handle medical emergencies which may arise in connection with services provided by the clinic.</p> <p>(c) The clinic shall have a written agreement between the clinic and a hospital to facilitate the transfer of patients who are in need of emergency care. A clinic that has documentation of its efforts to establish such a transfer agreement with a hospital that provides emergency services and has been unable to secure such an agreement shall be considered to be in compliance with this Rule.</p> <p>(d) The clinic shall provide intervention for emergency situations. These provisions shall include:</p> <ul style="list-style-type: none"> (1) basic cardio-pulmonary life support; (2) emergency protocols for: <ul style="list-style-type: none"> (A) administration of intravenous fluids; (B) establishing and maintaining airway support; (C) oxygen administration; (D) utilizing a bag-valve-mask resuscitator with oxygen reservoir; (E) utilizing a suction machine; and (F) utilizing an automated external defibrillator; (3) emergency lighting available in the procedure room as set forth in Rule .0206 of this Subchapter; and (4) ultrasound equipment. 	E 156	<p><i>Abortion Clinic - Pill only Clinic. No Surgery procedures performed at this location.</i></p>	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Medical Director

(X6) DATE

12/5/19

Division of Health Service Regulation

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E 156	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation during tour and staff interview, the facility staff failed to ensure medications in the emergency box were not outdated.</p> <p>The findings include:</p> <p>Observations during tour on 09/11/2019 at 1130 revealed an emergency box with medication used for medical emergencies. Observation revealed Dextrose (used to treat low blood sugar) 2.5gm 25% infant expired 05/2019 and Benadry (used to treat allergic reactions) 50mg/1ml expired 07/2018.</p> <p>Interview with Administrator during tour in 09/11/2019 at 1130 revealed she was aware the medications were about to expire or expired and will be replacing the expired medications.</p>	E 156	<p>Emergency Box.</p> <p>Meds updated</p> <p>Dextrose</p> <p>Benadryl</p>	12/1/19
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