

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AB0031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/14/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>A PREFERRED WOMEN'S HEALTH CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1604 JONES FRANKLIN ROAD RALEIGH, NC 27606</b>	<b>3/25/13 KB</b> <b>3/25/13 CBB</b>
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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 132	.0303 POLICIES AND PROCEDURES  10A-14E .0303 The governing authority shall prepare a manual of clinic policies and procedures for use by employees, medical staff, and contractual physicians to assist them in understanding their responsibilities within the organizational framework of the clinic. These shall include: (1) Patient selection and exclusion criteria, and clinical discharge criteria. (2) Policy and procedure for each type of abortion procedure performed at the clinic. (3) Protocol for determining fetal age. (4) Protocol for referral of patients for whom services have been declined. (5) Protocol for discharge instructions that informs patients who to contact for post-procedural emergencies.  This Rule is not met as evidenced by: Based on policy and procedure review observations and staff interviews, the facility staff failed to ensure privacy and confidentiality of a patient's medical/health information while reviewing and obtaining the medical/health history of patients seated in the hallway.  The findings include:  Review of the facility 's current policy revealed " HIPAA PATIENT CONSENT FORM ... Our Notice of Privacy Practices provides information about how we may use and disclosed protected health information about you ". Review of the facility	E 132	Medical information will only be reviewed and obtained by facility staff in private areas of the clinic, i.e. counseling rooms, private area in lab.	2/14/13
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Division of Health Service Regulation

*Rachel Chiles*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Clinic Administrator*  
TITLE

*3/15/13*  
(X6) DATE

STATE FORM 6899 SR1511 If continuation sheet 1 of 3

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E 132	Continued From page 1  APWHC Notice of Privacy Practices policy (undated) revealed " ...It is our desire to communicate to you that we are taking the new Federal HIPAA (Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information " .  Observation during tour at 1050 on 02/14/2013 revealed five (5) chairs lined side by side in the hallway. A staff member was observed talking with a patient while sitting in the hallway. Observation revealed within feet of the chairs in the hallway are the lab area and the recovery area entrances.  Interview with clinic manager at 1055 on 02/14/2013 revealed the chairs in the hallway were to accommodate patients while the staff review and obtain medical/health histories. The interview revealed there are multiple patients sitting in the chairs at the same time. The interview revealed the patient should bring in a completed medical/health history and the staff will go over the information verbally in the hall with the patient. The interview revealed the hallway observed is used by patients and other staff since it is the initial patient flow after patients check in for procedures. The interview confirmed a patient 's discussion of medical and health histories could be heard and confidentially and privacy were not ensured.  Interview with a staff member at 1135 on 02/14/2013 revealed that one of the staffs' responsibilities is to obtain patients health histories prior to procedure. The staff member stated patients health histories are obtained in the open hallway while other patients are present in the hallway.	E 132		

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E 132	Continued From page 2 NC00086375	E 132		

4/2/2013  
KBN



April 2, 2013

To: NC DHHS

Attn: Kathy Boyd-Neely

Re: APWHC Plan of Corrections Addendum

1604 Jones Franklin Road

Raleigh, NC 27606

Provider ID: AB0031

Ms. Boyd-Neely,

I apologize for the delayed response. Below you will find the addendum to our previously submitted Plan of Correction for your visit on February 14<sup>th</sup>, 2013. Let me know if there is anything else you need.

Thanks,

Rachel Hales

APWHC Administrator

[RHales@apwhc.com](mailto:RHales@apwhc.com)

Office: (888) 562-4715 ext: 1028

Cell: (919) 414-9724

**Addendum:**

The plan will be monitored and enforced by the Clinic Manager and Assistant Manager. Any employee failing to adhere to corrective plan will be written up by the Clinic Manager and/or Assistant Manager, and counseled appropriately to ensure policy is followed.

**Date of Implementation: 02/14/13**

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