Denotia City 5/18/18

PRINTED: 04/27/2018 FORM APPROVED

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTIO (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ab0015 B. WING 04/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) E 137 .0305(A) Medical Records E 137 To prevent any future 10A NCAC 14E .0305 MEDICAL RECORDS errors with printing (a) A complete and permanent record shall be maintained for all patients including: documents. When (1)the date and time of admission and discharge; (2)the patient's full and true name; documents are changed (3)the patient's address; (4)the patient's date of birth; the office manager (5)the patient's emergency contact information; Will label the files (6)the patient's diagnoses; (7)the patient's duration of pregnancy: In the computer as (8) the patient's condition on admission and discharge; verised with the date a voluntarily-signed consent for each surgery or procedure and signature of the to prevent the physician performing the procedure witnessed by a family member, other patient representative, or facility staff member; incorrect documents (10)the patient's history and physical examination including identification of pre-existing from getting sent to or current illnesses, drug sensitivities or other idiosyncrasies having a bearing on the procedure be printed. All staff or anesthetic to be administered; and documentation that indicates all items listed in Rule .0304(d) of this Section were were retrained on all provided to the patient. documents to prevent any errors with documents. This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a properly executed informed consent for a surgical abortion signed by the physician performing surgical abortion for 7 of 8 surgical abortion medical records reviewed (#1, #2, #3, #4, #5, #6, #9, #10). Findings included:

Division of Health Service Regulation

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

Office Manager

(X6) DATE

9898

HIJ811

If continuation about 1 of

(X6) DATE

If continuation sheet

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTIO (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ B. WING ab0015 04/11/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 137 E 137 .0305(A) Medical Records To prevent any future 10A NCAC 14E .0305 MEDICAL RECORDS errors with printing (a) A complete and permanent record shall be maintained for all patients including: documents. When the date and time of admission and (1)discharge; documents are changed the patient's full and true name; (2)(3)the patient's address; the patient's date of birth; the office manager (4) the patient's emergency contact (5)Will label the files information: the patient's diagnoses; (6)the patient's duration of pregnancy; (7)In the computer as the patient's condition on admission and (8) discharge; Vevised with the date a voluntarily-signed consent for each (9)surgery or procedure and signature of the to prevent the physician performing the procedure witnessed by a family member, other patient representative, or incorrect documents facility staff member; the patient's history and physical examination including identification of pre-existing from getting or current illnesses, drug sensitivities or other idiosyncrasies having a bearing on the procedure be printed. All staff or anesthetic to be administered; and documentation that indicates all items were retrained on all listed in Rule .0304(d) of this Section were provided to the patient. accuments to prevent any errors with documents. This Rule is not met as evidenced by: Based on medical record review and staff interview, the facility failed to ensure a properly executed informed consent for a surgical abortion signed by the physician performing surgical abortion for 7 of 8 surgical abortion medical records reviewed (#1, #2, #3, #4, #5, #6, #9, #10). Findings included: Division of Health Service Regulation

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

STATE FORM

PRINTED: 04/27/2018 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING ab0015 04/11/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO **GREENSBORO, NC 27406** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 137 E 137 Continued From page 1 1. Closed medical record review on 04/10/2018 of Patient #1 revealed a 19 year old female received a surgical abortion on 03/31/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure. Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced today (4/11/2018)." 2. Closed medical record review on 04/10/2018 of Patient #2 revealed a 24 year old female received a surgical abortion on 03/20/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure. Staff interview on 04/11/2018 at 1015 with

today (4/11/2018)."

Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING ab0015 04/11/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (FACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) E 137 E 137 Continued From page 2 3. Closed medical record review on 04/10/2018 of Patient #3 revealed a 17 year old female received a surgical abortion on 02/01/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and legal guardian and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure. Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced today (4/11/2018)." 4. Closed medical record review on 04/10/2018 of Patient #4 revealed a 22 year old female received a surgical abortion on 02/12/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure. Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced

today (4/11/2018)."

PRINTED: 04/27/2018 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ab0015 04/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) E 137 Continued From page 3 E 137 5. Closed medical record review on 04/10/2018 of Patient #5 revealed a 25 year old female received a surgical abortion on 01/25/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure. Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced today (4/11/2018)." 6. Closed medical record review on 04/11/2018 of Patient #6 revealed a 24 year old female received a surgical abortion on 01/28/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Continued review revealed no signature line for physician and no signature of the physician performing the procedure.

today (4/11/2018)."

Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview revealed that the AS remembered the signature line being there in the past. "It was replaced

HIJ811

Division of Health Service Regulation

	ND PLAN OF CORRECTION IDENTIFICATION NUMBER				E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	ab0015					04/1	1/2018		
NAME OF	PROVIDER OR SUPPLIER				TATE, ZIP CODE				
A WOMA	N'S CHOICE OF GRE	ENSBORO		IDLEMAN RE BORO, NC 2					
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E 137	Continued From pa	ge 4		E 137					
	7. Closed medical of Patient #9 revea received a surgical failed medical abor review revealed "Creative PROCEDURE DUFWEEKS OF PREG legal guardian and revealed no signatusignature of the phyprocedure. Staff interview on On Administrative Staff that there should he but "that must have form was revised la revealed that the Aline being there in the today (4/11/2018)."	led a 15 year old abortion on 02/stion on 01/26/20 ONSENT TO ABORD	d female 06/2018 after 018. Continued BORTION VENTY I by the patient, nued review ician and no ng the 15 with AS was aware sician signature ne form when ued interview the signature						
	8. Open medical record review on 04/11/2018 of Patient #10 revealed a 36 year old female received a surgical abortion on 04/11/2018. Continued review revealed "CONSENT TO ABORTION PROCEDURE DURING FIRST TWENTY WEEKS OF PREGNANCY" signed by the patient and witness. Continued review revealed signature line for physician with signature of the physician performing the procedure. Staff interview on 04/11/2018 at 1015 with Administrative Staff (AS) revealed AS was aware that there should have been a physician signature but "that must have been left off" the form when form was revised last year. Continued interview								
	revealed that the A line being there in t	S remembered	the signature						

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PRINTED: 04/27/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING ab0015 04/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2425 RANDLEMAN RD A WOMAN'S CHOICE OF GREENSBORO GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) E 137 Continued From page 5 E 137 today (4/11/2018)." To prevent any future 4/12/18 E 141 .0305(E) Medical Records E 141 10A-14E .0305(e) The clinic shall maintain a errors with printed documents. daily procedure log of all patients receiving abortion services. This log shall contain at least When documents are the following: (1) the patient name; Changed the Office Manager (2)the estimated length of gestation; (3)the type of procedure; Will Tabel the files in (4) the name of physician: (5) the name of Registered Nurse on duty; and the computer as verised the date and time of procedure. (6)with the date to prevent the incorrect documents This Rule is not met as evidenced by: Based on facility documentation review and staff interview, the facility failed to ensure that the from from getting Sent name of Registered Nurse (RN) on duty was recorded on the daily procedure log for 10 of 10 be printed. All daily procedure logs reviewed.. Staff were retrained Findings included: on all documents to Review on 04/10/2018 beginning at 1520 of patient procedure log book revealed forms prevent any errors with documents. entitled "AB Lab Sheet" (form used by facility to document patients registered daily for patients presenting for surgical and medical abortions) revealed that the RN (Registered Nurse) on duty was not recorded on the daily procedure log.

01/02/2018 01/13/2018 01/28/2018

Continued review revealed that the RN on duty

not recorded for the following dates:

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		ab0015		B. WING		04/11/2018		
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		·	
A WOMA	N'S CHOICE OF GRE	ENSBORO		IDLEMAN RI BORO, NC 2				
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E 141	10A-14E .0312 (a)	inistrative Staff o nat there is "alwa days. "We keep n duty name) has ndicates AB Lab ns and Anesthes Medication	ys" an RN on a daily s not been Sheet). I will	E 141	A policy was put place stating all r	WHO .	4/18/18	
 (1) No medication or treatment shall be given except on written order of a physician. (2) Medications must be administered in accordance with the Nurse Practice Act of the State of North Carolina, and must be recorded in the patient's permanent record. This Rule is not met as evidenced by: Based on policy and procedure review, observation and staff interviews, the facility failed to ensure that 4 of 4 medications were replaced prior to expiration dates. Findings included: Review of policy "Expired Medication Policy" dated 8/2016 revealed "Medications that have 					are to check the clart at start of to ensure nothing out of date. All were retrained by manager. A daily check list was purplace to be signed by the nurses. See attachments	evash shift s is runse g office cart ut into		

04/11/2018

(X3) DATE SURVEY COMPLETED

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING _

ab0015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(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
E 159	Continued From page 7 expired will be taken out of medication cabinet and disposed of Procedure: Medications are packaged under the supervision of the RN (Registered Nurse) Medications will be logged out in the medication log as wasted/expired" Observation of code cart during tour on 04/10/2018 at 1100 revealed two Lidocaine 2% HCL auto-injectors (medical device designed to deliver a dose of a particular drug) with expiration dates of 1 March 2018 and two Epinephrine 0.1 MG/0.15 ml autoinjectors with expiration dates of 1 Feb 2018. Interview with RN (registered nurse) during tour on 04/10/2018 at 1100 revealed that cart is "checked daily" and expiration dates are reviewed and documented monthly. Continued interview revealed that "we just checked the cart" recently for expirations. The nurse stated I don't know how we missed these. She stated she would assure that these medications had been ordered.	E 159		

HIJ811



A Woman's Choice of Greensboro, Inc "For Women by Women" 2425 Randleman Boad Greensboro, NC 27407 336-273-9485

Team Meeting

April 12, 2018

Charts

Crash Cart

Name	Signature	Title
Valarie Golden	Valable	CAIA
Norma LANE	nouna Rane	CMA
Adrella Withenspoor	Glue	Modical ASSIST Manage
Karen Cladere	Karen Cladus	RN,
Shaim Gorest	Sharm Grant	RN



A Woman's Chöice of Greensboro, Inc "For Women by Women" 2425 Randleman Road Greensboro, NC 27407 336-273-9485

Policy and Procedure for Crash Cart

All Registered Nurses will check the crash cart upon start of shift to ensure nothing is out of date. The Registered Nurse will then check and sign the daily crash cart log.

Day	Ju	ly	Aug	ust	Septe	mber	Octo	ber	Nove	mber	Dece	mber
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A Woman's Choice of Greensboro

AB LAB SHEET	Doctor:		······································		· ·	Date / [·]	Гime: _.				
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