

Received via email 4/28/2023-1730
- Approved - Jmg H. Qdby

PRINTED: 04/28/2023
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AB0028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/08/2023
--	--	--	--

NAME OF PROVIDER OR SUPPLIER
A WOMAN'S CHOICE OF RALEIGH, INC

STREET ADDRESS, CITY, STATE, ZIP CODE
**3305 DRAKE CIRCLE
RALEIGH, NC 27607**

(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 000	Initial Comments An onsite complaint investigation and licensure survey was conducted on March 07, 2023 through March 08, 2023 to determine compliance with the North Carolina Rules Governing the Certifications of Clinics for Abortion. A deficiency was identified with respect to 10A NCAC 14E .0305 - Medical Records and 10A NCAC 14 E .0314 Cleaning of Materials and Equipment. NC00198575	E 000		
E 137	.0305(A) Medical Records 10A NCAC 14E .0305 MEDICAL RECORDS (a) A complete and permanent record shall be maintained for all patients including: (1) the date and time of admission and discharge; (2) the patient's full and true name; (3) the patient's address; (4) the patient's date of birth; (5) the patient's emergency contact information; (6) the patient's diagnoses; (7) the patient's duration of pregnancy; (8) the patient's condition on admission and discharge; (9) a voluntarily-signed consent for each surgery or procedure and signature of the physician performing the procedure witnessed by a family member, other patient representative, or facility staff member; (10) the patient's history and physical examination including identification of pre-existing or current illnesses, drug sensitivities or other idiosyncrasies having a bearing on the procedure or anesthetic to be administered; and (11) documentation that indicates all items listed in Rule .0304(d) of this Section were provided to the patient.	E 137		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
[Signature] TITLE *clinic manager* 5/8/2023 (X6) DATE

STATE FORM 6899 BQJE11 continuation sheet 1 of 4

Division of Health Service Regulation

PRINTED: 04/28/2023
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AB0028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/08/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A WOMAN'S CHOICE OF RALEIGH, INC

**3305 DRAKE CIRCLE
RALEIGH, NC 27607**

(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 137 Continued From page 1

This Rule is not met as evidenced by:
Based on review of abortion procedure logs, medical record, and staff interviews, the facility staff failed to have a medical record available for 1 of 20 sampled patients (Patient #20).

Findings included:

Review on 03/07/2023 of the Abortion Procedure Logs revealed on 12/03/2022 Patient #20's name was listed with "Pt (patient) left via EMS (Emergency Medical Service)." Review of the log revealed Patient #20 was six (6) weeks and one (1) day pregnant and was scheduled for a surgical abortion.

Attempt was made to review the medical record for Patient #20.

Interview on 03/07/2023 at 1140 with Manager #2 revealed Patient #20's was at the facility for her abortion procedure. Interview revealed Patient #20's medical record "must have went with Patient #20 when she was sent from the facility via EMS. Follow up interview with Manager #2 at 1143 revealed Patient #20 had her medical record. Interview revealed Manager #2 was trying to get the patient to return the medical record to the facility.

E 137

3/7/23
Clinic manager re educated staff on the policy for medical records.

3ms
7-8-23

Clinic manager and Registered Nurse will audit on a regular and consistent basis by means of direct observation and review medical records for 3 months.

E 165 .0314 Cleaning of Materials and Equipment

10A-14E .0314 (a) All supplies and equipment used in patient care shall be properly cleaned or sterilized between use for different patients.

E 165

Correction to be completed by July 8, 2023.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AB0028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/08/2023
NAME OF PROVIDER OR SUPPLIER A WOMAN'S CHOICE OF RALEIGH, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3305 DRAKE CIRCLE RALEIGH, NC 27607			
(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 165	Continued From page 2 (b) Methods of cleaning, handling, and storing all supplies and equipment shall be such as to prevent the transmission of infection through their use. This Rule is not met as evidenced by: Based on policy and procedure, observations, and staff interviews, the facility staff failed to label the Cidex solution used to clean vaginal ultrasound probes in 1 of 1 observation. Findings Included: Review of the facility's "Policy and Procedure for Transvaginal and Abdominal Ultrasound Probes" last revised 03/15/2019 revealed " ... Transvaginal probe; Policy: Vaginal ultrasound probe must be cleaned and disinfected after each use. Probe must be disinfected with a high level disinfectant such as Cidex OPA Solution (high level disinfectant) ... Procedure: After use remove vaginal probe cover and wipe gel off using clean dry 4x4 (four by four) gauze; Unplug probe from the back of the machine; Place probe in Cidex OPA solution set time for 12 minutes and remove probe; Dry the probe with a clean dry 4x4; Place into distilled water for 1 minute; Dry with 4x4 gauze and replace into probe holder; Plug ultrasound probe back in; *Containers with Cidex OPA and Distilled water will be covered when not in use and labeled with 14 day Expiration date ..." Observation during tour on 03/07/2023 at 1000 revealed a slender container in the ultrasound room labeled "Cidex" and one labeled "Water". Observation revealed neither containers had a date the solution was prepared nor the date they	E 165	5/8/23 AWCR Registered Nurse retrained staff on Policy and Procedures for Transvaginal and Abdominal Ultrasound Probes. To ensure problem does not reoccur, clinic manager and/or Registered Nurse will observe staff in the ultrasound room and procedure room twice a week for a month and once weekly for two months. Correction complete July 8, 2023.	7-8-23	

Division of Health Service Regulation

PRINTED: 04/28/2023
FORM APPROVED

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

AB0028

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY
COMPLETED

03/08/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A WOMAN'S CHOICE OF RALEIGH, INC

3305 DRAKE CIRCLE
RALEIGH, NC 27607

(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 165

Continued From page 3

expired. Observation revealed the containers
were half full.

Observation on 03/07/2023 at 1113 revealed RMA
(Registered Medical Assistant) #4 demonstrated
and verbalized how to clean the vaginal
ultrasound probe. Observation revealed when the
probe was placed in the container labeled "Cidex"
the cleaning solution covered half of the vaginal
probe shaft (part that enters the patient's body).
RMA #4 verbalized the entire shaft should be
covered when the shaft was in the container and
the container should be labeled with the date the
solution was prepared.

Interview on 03/07/2023 at 1015 with RMA #4
revealed she forgot to put the label on the Cidex
solution when she changed it. Interview revealed
both the Water and the Cidex was changed on
03/02/2023. Interview revealed RMA #4 could not
say how many times the vaginal probe had been
used between 03/02/2023 and today
(03/07/2023).

NC00198575

E 165