

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2016
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SOUTH ATLANTIC-CHARLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901
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T 000	<p>12VAC5-412 Initial Comments</p> <p>An unannounced First Trimester Abortion Facility (FTAF) Revisit Licensure inspection was conducted 11/01/2016 through 11/02/2016. [The Biennial Licensure survey was conducted 07/8-9/2016 and 07/11-12/2016.] Two (2) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health conducted the inspection. During the inspection process observations, interviews and document reviews were conducted to determine compliance.</p> <p>The agency was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Clinics. (Effective 06/20/2013)</p> <p>This report contains a re-cited deficient practice.</p>	T 000		
{T 205}	<p>12VAC5-412-220 D Infection Prevention</p> <p>The abortion facility shall have an employee health program that includes:</p> <ol style="list-style-type: none"> 1. Access to recommended vaccines; 2. Procedures for assuring that employees with communicable diseases are identified and prevented from work activities that could result in transmission to other personnel or patients; 3. An exposure control plan for blood borne pathogens; 4. Documentation of screening and immunizations offered/received by employees in accordance with statute, regulation or recommendations of public health authorities, including documentation of screening for tuberculosis and access to hepatitis B vaccine; 5. Compliance with requirements of the U.S. 	{T 205}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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{T 205}	Continued From Page 1 Occupational Safety & Health Administration for reporting of workplace-associated injuries or exposure to infection. This RULE: is not met as evidenced by: Based on interview and document reviews it was determined the facility's employee health program manager failed to ensure: 1. The documentation for tuberculin tests was correct and reflected the employee's tuberculosis (TB) status for four (4) of fifteen (15) employees (Staff Members #1, #4, #5, and #7) and 2. The documentation reflected follow-up for one (1) of fifteen (15) employees deemed non-immune to Hepatitis B (Hep B) (Staff Member #6). The findings included: 1. A document review was conducted of the facility's employee health program on 11/01/2016. The review revealed a form "Tuberculin Skin Test Documentation." The "Tuberculin Skin Test Documentation" had five sections for the date the test was administered, the date the results were read with interpretation, physician follow-up for positive "TB skin test," Physician recommendations to return to work and the Supervisor's confirmation of receiving the physician's recommendations. The review revealed the following: Staff Member #1's "Tuberculin Skin Test Documentation" indicated his/her Tuberculin skin test was performed on "4/26/16." The form did not have documented results for Staff Member #1.	{T 205}			

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{T 205}	Continued From Page 2 The signature of the clinician administering the test was blank. A provider had signed the recommendation for Staff Member #1 to return to work, without documented results of the tuberculin test. Staff Member #4's "Tuberculin Skin Test Documentation" indicated his/her Tuberculin skin test was performed on "4/26/16." The form did not have documented results for Staff Member #4. The signature of the clinician administering the test was blank. Staff Member #4 had signed as "The Physician providing follow-up of positive TB skin test." Staff Member #8 signed as the provider recommending Staff Member #4's return to work. Staff Member #5's "Tuberculin Skin Test Documentation" indicated his/her Tuberculin skin test was performed on "4/26/16." The form did not have documented results for Staff Member #5. The signature of the clinician administering the test was blank. Staff Member #4 had signed as "The Physician providing follow-up of positive TB skin test" and recommendation to return to work. Staff Member #7's "Tuberculin Skin Test Documentation" indicated his/her Tuberculin skin test was performed on "4/26/16." The form did not have documented results for Staff Member #7. The signature of the clinician administering the test was blank. A non-legible signature provider signature dated 05/17/2016 recommended the employee's return to work. An interview was conducted on 11/02/2016 at 9:35 a.m., with Staff Member #1. The surveyor requested documentation for the facility's employees with positive tuberculin skin test. Staff Member #1 reported the facility only had one employee with a history of positive "TB test"	{T 205}			

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{T 205}	Continued From Page 3 whose non-TB status is documented by "chest x-ray." Staff Member #1 and the surveyor reviewed the findings for Staff Members #1, #4, #5, and #7. Staff Member #1 verified the "Tuberculin Skin Test Documentation" forms did not include the results from the administered test. Staff Member #1 verified Staff Members #4 and #5 had been signed as positive test in need of physician follow-up. Staff Member #1 stated, "[Staff Member #4's name] signed those in the wrong place. [Names of Staff Members #4 and #5] would have let me know if their test was positive. [He/she referring to Staff #4] signed those forms in the wrong place." Staff Member #1 verified a provider had signed the forms recommending the employees could return to work without verification of the employees' TB status, since the results were blank. 2. A document review was conducted of the facility's employee health program on 11/01/2016. The review revealed Staff Member #6's laboratory (Lab) results for Hepatitis B documented the employee did not have immunity. Staff Member #6's results were 6.0 the laboratory reference values indicated immunity was considered with results greater than "9.9." An interview was conducted on 11/02/2016 at 9:35 a.m., with Staff Member #1. The surveyor requested documentation regarding the follow-up for Staff Member #6. Since Staff Member #6's lab results indicating he/she was not immune to Hepatitis B. Staff Member #1 reported all the laboratory results were reviewed by clinical staff and was not aware that Staff Member #6 was not immune related to Hepatitis B. Staff Member #1 verified the facility did not have documentation related to Staff Member #6's declining the Hepatitis B vaccinations or additional laboratory results to verify immunity.	{T 205}			

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