STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		AF-0018		B. WING		11	/02/2016
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STATE	E, ZIP CODE		
PLANNED	PARENTHOOD SOUTH	ATLANTIC-CHARLOTTE		AULIC ROAD ESVILLE, VA 2	2901		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Т 000	12VAC5-412 Initial C	omments		T 000			
{T 205}	<ul> <li>(FTAF) Revisit Licensic conducted 11/01/2014</li> <li>Biennial Licensure su 07/8-9/2016 and 07/14</li> <li>Facilities Inspectors of and Certification, Virg conducted the inspect process observations reviews were conducted the inspect process observations for the agency was not if 412 Regulations for the Clinics. (Effective 06/2007)</li> <li>This report contains at 12VAC5-412-220 D In The abortion facility shealth program that in 1. Access to recomm</li> <li>2. Procedures for ass communicable disease prevented from work transmission to other</li> <li>3. An exposure controp pathogens;</li> <li>4. Documentation of a immunizations offered accordance with statu recommendations of including documentation and access the process of the status of the process of the status of</li></ul>	6 through 11/02/2016. Invey was conducted I1-12/2016.] Two (2) M from the Office of Licen- ginia Department of Hea- tion. During the inspect in compliance with 12 N the Licensure of Abortion 20/2013) a re-cited deficient prace infection Prevention shall have an employee includes: ended vaccines; suring that employees w ses are identified and activities that could rese personnel or patients; ol plan for blood borne screening and d/received by employeed ute, regulation or public health authorities tion of screening for ess to hepatitis B vaccin	The ledical sure alth tion hent liance. /AC- n tice. vith sult in es in s, ne;	{T 205}			
	5. Compliance with re	equirements of the U.S.					

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

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM		F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/( IDENTIFICATION NUMB		. ,	E CONSTRUCTION	(X3) DATE COMP	
PLANNED PARENTHOOD SOUTH ATLANTIC-CHARLOTTE         2864 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22801           (M4)D PREFIX TAG         SUMMARY STATEMENT OF DEFICIENCES CARCH DERICIENCY MUST BE PRECEDED BY PULL RECALCORRECTIVE CR.USC DENTIFYING MFORMATION         Image: Carcel Dentifying Creation (CARCH CORRECTION PREFIX TAG         PROVIDER'S FLAN OF CORRECTION (EACH CORRECTION PREFIX TAG         PROVIDER'S FLAN OF CORRECTION (EACH CORRECTION (CARCH CORRECTION PREFIX TAG         PROVIDER'S FLAN OF CORRECTION (CARCH CORRECTION (CARCH CORRECTION (CARCH CORRECTION (CARCH CORRECTION) (CARCH CORRECTION (CARCH CORRECTION) (CARCH CORRECTION (CARCH CORRECTION) (CARCH CORRECTION (CARCH CORRECTION) (CARCH CORRECTION) (CARCH CORRECTION (CARCH CORRECTION) (CARCH CORRECTION (CARCH CORRECTION (CARCH CORRECTION) (CARCH CORRECTION (CARCH CORRECTION (CARCH CORRECTION) (CARCH CORRECTION (CARCH CORRECTION (CARCH CORRECTION (CARCH CORRECTION) (CARCH CORRECTION (CARCH CORRECTION (CARCH CORRECTION (CARCH CORRECTION) (CARCH CORRECTION (CARCH CORRECTION (CARCH CORRECTION (CARCH CORRECTION (CARCH CORRECTION (CARCH CORRECTION) (CARCH CORRECTION (CARCH CORRECTIO			AF-0018		B. WING		11/	/02/2016
MMID: SUMMARY TINTERNY OF DEFICIENCIES       D         MMID: SUMMARY TINTERNY OF DEFICIENCIES       D         MMID: SECONDER PLANOF CONSERTION       D         Yoo       RECULATORY OR LSC DEPRIEMANDS       PROVIDER PLANOF CONSERTION       CONSERTION         (T 205)       Continued From Page 1       (T 205)       Continued From Page 1       (T 205)         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:       I. The documentation for tuberculin tests was correct and reflected the employees tuberculosis (TB) status for four (4) of fifteen (15) employees (Staff Member #1, #4, #5, and #7) and       Z. The documentation reflected follow-up for one (1) of fifteen (15) employees deemed non-immune to Hepatilis B (Hep B) (Staff Member #6).       The findings included:       I. Adocument 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, physician follow-up for positive "TB skin test," Physician recommendations.       Figure His "Tuberculin Skin Test Documentation, Philosen follow-up for positive "TB skin test," Physician recommendations.       Figure His "Tuberculin Skin Test Documentation, indicated his/her Tuberculin Skin       Figure His "Tuberculin Skin Test Documentation, indicated his/her Tuberculin Skin	NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STATI	E, ZIP CODE	ł	
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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 followup 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 Documendations 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 Documentation.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FU		PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
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	{T 205}	Occupational Safety reporting of workplace exposure to infection This RULE: is not me Based on interview a determined the facilit manager failed to ensi- 1. The documentation correct and reflected (TB) status for four (4 (Staff Members #1, # 2. The documentation (1) of fifteen (15) emp to Hepatitis B (Hep B The findings included 1. A document review facility's employee he The review revealed Documentation." The	& Health Administration e-associated injuries or et as evidenced by: ind document reviews it y's employee health pro- sure: on for tuberculin tests w the employee's tubercu the employee's tubercu of fifteen (15) employ 4, #5, and #7) and on reflected follow-up for ployees deemed non-in the fifteen (15) employ (Staff Member #6). d: w was conducted of the ealth program on 11/01/ a form "Tuberculin Skir e "Tuberculin Skin Test	r t was ogram /as ulosis /ees or one nmune /2016. n Test	{T 205}			
The review revealed the following: Staff Member #1's "Tuberculin Skin Test Documentation" indicated his/her Tuberculin skin		read with interpretation positive "TB skin test recommendations to Supervisor's confirmation	on, physician follow-up ," Physician return to work and the ation of receiving the					
Documentation" indicated his/her Tuberculin skin								
have documented results for Staff Member #1.		Documentation" indic test was performed o	cated his/her Tuberculin on "4/26/16." The form	did not				

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL		F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
PLANEED PARENTHOOD SOUTH ATLANTIC-CHARLOTTE     2964 HYDRAULCE ROD CHARLOTTESVILLE, VA 22301       0410 PREFX TAC     SUMMARY STATEMENT OF DEFICIENCES (RACH DEFICIENCY AUST BE PRECEDED BY TULL) (RACH DEFICIENCY AUST BE PRECEDED BY TULL) TAG     0 PREFX (RACH DEFICIENCY AUST BE PRECEDED BY TULL) (RACH DEFICIENCY)     0 PREFX (RACH DEFICIENCY)     0 PREFX (RACH DEFICIENCY)     0 PREFX (RACH DEFICIENCY)       (T 205)     Continued From Page 2 (T 205)     (T 205)     (T 205)     (T 205)       Staff Member #4's "Tuberculin Skin Test Documentation indicated his/her Tuberculin test.     (T 205)     (T 205)       Staff Member #4's "Tuberculin Skin Test Documentators indicated his/her Tuberculin skin test was performed on "4/26/16." The form did not have documented results for Staff Member #4 and signed as "The Physician provinging follow-up of positive TB skin test." Staff Member #6's intuerculin skin test was performed on "4/26/16." The form did not have documented results for Staff Member #4's return to work.       Staff Member #6's "Tuberculin Skin test was performed on '4/26/16." The form did not have documented results for Staff Member #6's The signature of the clinician administering the 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 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 performed on '4/26/16." The form did not have documented results for Staff Member #7. The signature date dis/h7/2016 recommended the employees' return to work.			AF-0018		B. WING		11/	02/2016	
Characteristic         CHARLOTTESULLE, VA 2291           Construct         Summer Statistic or Experiences experiences         Development Precision         Development Precision <thdevelopment Precision         Development</thdevelopment 	NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STATE	, ZIP CODE			
Implicities       CEACH CORRECTIVE ACTION SHOULD BET PRECEDED BY FULL       PREEX TXG       CEACH CORRECTIVE ACTION AND UNDER CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       Continued From Page 2       (T 205)         (T 207)       Continued From Page 2       (T 205)       (T 205)       (T 205)       (T 205)         The signature of the clinician administering the test was blank. A provider had signed the recommendation' 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 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's return to work.       Staff Member #55s "Tuberculin skin test was blank. Staff Member #4's return to work.       Staff Member #25's "Tuberculin skin test was blank. Staff Member #4's return to work.       Staff Member #25's "Tuberculin skin test was blank. Staff Member #4 had signed as "The Physician providing follow-up of positive TB skin test" and recommending the test was blank. Staff Member #4 had signed as "The Physician providing follow-up of positive TB skin test" and recommended not to return to work.       Staff Member #7's "Tuberculin skin test was blank. A non-legible signature provider signature det do 6/17/2016 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 employee's with positive tuberculin skin st. Staff Member #1 reported the facility on had one	PLANNED	PARENTHOOD SOUTH	ATLANTIC-CHARLOTTE			2901			
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 #4 signed as the provider recommending Staff Member #4's return to work. Staff Member #5's "Tuberculin skin test was performed on "4/26/16." The form did not have documented results for Staff Member #4's return to work. Staff Member #5's "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 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 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 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 bank. 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 fest. Staff Member #1 reported the facility only had one	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FU		PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
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 #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 pelformed on "4/26/16." The form did not         have documented results for Staff Member #7.         The signature of the clinician administering the         test was poleformed on "4/26/16." The form did not         have documented results for Staff Member #7.	{T 205}	Continued From Page 2			{T 205}				
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 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 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		test was blank. A pro- recommendation for a work, without docume	ovider had signed the Staff Member #1 to retu	urn to					
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		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							
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		Documentation" indic test was performed of have documented res The signature of the test was blank. Staff "The Physician provid skin test" and recomm Staff Member #7's "T	cated his/her Tuberculir on "4/26/16." The form sults for Staff Member a clinician administering to Member #4 had signed ding follow-up of positive mendation to return to ve Tuberculin Skin Test	did not #5. the d as ve TB work.					
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		test was performed of have documented res The signature of the test was blank. A no signature dated 05/1	on "4/26/16." The form sults for Staff Member a clinician administering t n-legible signature prov 7/2016 recommended t	did not #7. the vider					
		a.m., with Staff Meml requested documenta employees with posit Member #1 reported	ber #1. The surveyor ation for the facility's tive tuberculin skin test. the facility only had one	Staff e					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		AF-0018	-	B. WING		11/	02/2016
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STATE	, ZIP CODE		
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{T 205}	<ul> <li>x-ray." Staff Member reviewed the findings #5, and #7. Staff Mem "Tuberculin Skin Test not include the result Staff Member #1 veri #5 had been signed a physician follow-up.</li> <li>"[Staff Member #4's n wrong place. [Name #5] would have let m positive. [He/she refet those forms in the wr verified a provider ha recommending the e work without verificat status, since the result 2. A document review facility's employee he The review revealed (Lab) results for Hep- employee did not hav #6's results were 6.0 values indicated imm results greater than " An interview was cor a.m., with Staff Mem requested document for Staff Member #6. results indicating he/ Hepatitis B. Staff Mem laboratory results we and was not aware th immune related to He verified the facility did</li> </ul>	s is documented by "cha r #1 and the surveyor is for Staff Members #1, ember #1 verified the t Documentation" forms is from the administered ified Staff Members #4 as positive test in need Staff Member #1 stated name] signed those in t is of Staff Members #4 e know if their test was erring to Staff #4] signed rong place." Staff Mem ad signed the forms mployees could return t tion of the employees' T ults were blank. w was conducted of the ealth program on 11/01/ Staff Member #6's labo atitis B documented the ve immunity. Staff Mem the laboratory reference nunity was considered w '9.9." Inducted on 11/02/2016 ber #1. The surveyor ation regarding the follo Since Staff Member # she was not immune to ember #1 reported all the re reviewed by clinical is nat Staff Member #6 was epatitis B. Staff Member d not have documentation in the surveyor at the surveyor at the surveyor at the surveyor at the surveyor at the surveyor at the surveyor at the surveyor at the surveyor at the surveyor at the surveyor at the surveyor at the surveyor at the surveyor at the survey	#4, a did d test. and of d, he and d ber #1 to TB /2016. oratory ber se vith at 9:35 ow-up 6's lab he staff as not er #1	{T 205}			
	values indicated imm results greater than " An interview was cor a.m., with Staff Mem requested document for Staff Member #6. results indicating he/ Hepatitis B. Staff Me laboratory results we and was not aware th immune related to He verified the facility did related to Staff Member	nunity was considered w '9.9." nducted on 11/02/2016 ber #1. The surveyor ation regarding the follo Since Staff Member # she was not immune to ember #1 reported all the re reviewed by clinical shat staff Member #6 was epatitis B. Staff Member d not have documentation ber #6's declining the ons or additional labora	vith at 9:35 ow-up 6's lab staff as not er #1 ion				

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
		AF-0018				11/	02/2016
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