

2207 Peters Croek Road NW Roanoke, VA 24017 p: 540-562-3457 f: 540-562-5124 www.ppsat.org

Planned Parenthood South Atlantic

October 26, 2015

Attn: The Acute Care Supervisors VA Department of Health Office of Licensure and Certification Division of Acute Care Services 9960 Mayland Drive Suite 401 Henrico, VA 23233-1485

RE: State Licensure Survey - AF-0011

Dear Acute Care Supervisors:

Please find enclosed the completed Plan of Correction for Planned Parenthood South Atlantic, # ABOD11, located at 2207 Peters Creek Road, NW in Roanoke, Virginia.

If you have any questions or require any additional information, please feel free to contact Lorrie Detrick at lorri.detrick@ppsat.org or call (919)818-1591.

Sincerely,

Amanda Ohira

Patient Services Administrative Coordinator

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	Each abortion facilitiand maintain docum procedures, which a the premises and si updated as necessaring policies and prolicies and control facility; 3. Types of elective abortion facility; 4. Admissions and conference of the paragraph properties and provides and provide	shall be readily avails nall be reviewed ann ary by the governing ocedures shall include	iement able on unify and body. le but not in the d; criteria on and	(७ ०३५)	All employees have attend mandatory trainings and edrills. Upon hire, it is the of the Health Center Manaconduct and complete all trainings and drills with maccording to the new employees receive ongoing training calendar to ensure employees receive ongoing trainings and drills. If an employee training or drill, that employee scheduled to work until or drill is completed. The Director performs bi-annuemployee records to ensure employee records to ensure for new and regular employee.	emergency responsibility ager to mandatory ew employees loyee Health ws an annual e all y mandatory employee is latory oyee will not said training Regional hal audits on e compliance	11.11.20

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	Virginia prior to the	initiation of any proc	edures;		drills. The Regional Director p bi-annual audits on employee		
ļ	6 Whoo to use so	nography to assess p	alient		ensure compliance for new an	d regular	
1	risk;	nograpity to occoss t	φφφη ι		employees in the completion of	of	
İ	,				mandatory trainings and drills	3.	
	7. Infection preven	tion;			A system has been developed	to track	
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		d effective response	to		is a scheduling coordinator in		
	medical and/or surgical emergency; 10. Management and effective response to f				who is responsible for schedul		
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1		O	4.1		person has access to an electro		
	federal, state, and	liance with all applica	IDIE		shared checklist called the Sta Training Tracker. This check		
	legoles, avaio, and	ioda iditoj			contain information as to con		
	12. Abortion facility	security;			of mandatory trainings and de		
	13. Disaster prepar	radnese:			scheduling coordinator will re		
	(at Diodates brobes	(Carloso,			Staff Training Tracker prior to	0	
	14. Patient rights;				scheduling an employee in the		
	AF Circustanus and	a	4.		center. If a training or drill is		
	maintenance; and	ity and abortion facili	У		completed, the scheduling coo		
	•				will alert the Health Center M		
		the administrator an			The Health Center Manager is		
		ed by the governing b			responsible for ensuring that training or drill is provided to		
	nording the administractions	strator responsible ar	ia .		employee prior to the start of		
	goodings.				scheduled shift. If this cannot		
]					accomplished prior to the sch	. 1	
					shift, the employee will not be		
i :	This Dill 5. is not	met as evidenced by	•		to work in the facility until su		
	Based on observat	ion, interview and do	cument		that the required training or d		
	review it was deten	mined the facility staf	f falled to		been received. The Regional l		
	ensure facility polic	les and procedures v	vere		will audit the Staff Training T		
	TOHOWOO INST SII SEE	iff working at the facil y trainings and emen	ILY MUSI		a monthly basis for three mon		
	drills for three (3) o	f fifteen (15) employe	es (Staff		until 100% compliance is achi		
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allowed to work until they read and sign the training material and minutes." Staff Member #2 assisted the surveyor in determining signatures		Members #10, #11, The findings include An interview was considered in accompleted schedule for August 2016. At approximately 1: Member #2 present surveyor inquired repreviously known to initials of employee which were documed sheet. Staff Member #10, #11, and #12 if the list." An interview and redrills and mendator conducted on 09/08 Member #2. Staff Member #	and #12). Jed: J	surveyors ils ty's plan of list of all id an as y and v16 Staff es. The and the 8/2016, c count Members sen left off emergency ation was with Staff he/she ether each or dical smic shock) shooter) on g on actices ing for olemic f misses a e not the ember #2		cross-referenced with the actual facility schedule to ensure that diem or traveling employee has allowed to work without having received all required trainings a drills. After three months, or with 100% compliance is achieved, the Regional Director will perform	ul no per s been g and vhen he	

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	documents and had worked since the trainings had been presented. An interview and review of the facility's training documentation for narcotic counting was conducted on 09/10/2016 at 2:19 p.m. with Staff Member #2. Staff Member #2 stated, "[Names of Staff Members #10, #11, and #12] didn't attend the training and all of them, [the first names for Staff Members #10, #11, and #12] have worked since the training, without reviewing the information."						
	who shall be respondent of the abortion facilities and enforcement of including patient riginal education, and evaluation, and evaluation, and evaluation, and activity. Ensuring an effective operation and effective education and activity.	y shall select an adminsible for the manage al, and reporting comity including but not livelopment, implement fall policies and productions; led personnel and ended orientation, trainlinguation; uracy of public informaties;	arial, sponents miled to: tation, edures, suring	(T 045)	The facility's administrator monthly meetings with the Center Manager, designate Administrator en Absentia to 12VACS-412-170(C)), a Regional Director for three or until 100% compliance achieved, to monitor for coin all areas related to expir medications, narcotic cour employee attendance at mitrainings and drills, and cowith obtaining Virginia St. criminal background check employees with access to a After three months, or one compliance is achieved, the administrator will delegate	e Health ed a pursuant und e months, has been compliance ed ats, andatory compliance ate police ks on all aercotics. ce 100% e facility's	11.11.16
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	and regulations and action. This RULE: is not assed on observative it was detern administrator had fit. Medications avanarcotic counts were 2. All employees he mandatory trainings fifteen (15) worked Members #10, #11, 3. Criminal backgropolice was performed employees with accomployees with accomployees with accomplete was performed as an on 09/08/2016 from p.m., with Staff Mer. The observations at designated as the "#2 reported the 10 in for emergency carticable to the 10 in on "1 Sep 18." Staff procedures were pestaff had failed to reservations.	pliance with applicable implementing corrections, interviews and mined the facility's alled to ensure: witable for use were not performed. In ad attended the requires and meetings; three without attending. (See and #12). In and #12). In and #13).	ctive ct		oversight for compliance to Regional Director. The facility administrator al the Roanoke RQM meetings purpose of additional monitongoing compliance with al facility regulations.	so attends s for the oring of	
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	Diazepam was not on a weekly count sheet the staff might not have looked for the vial unless there was an emergency. Staff Member #2 verified the expired 10 ml vial of Diazepam was available for emergency use on 09/03/2016 during procedures. Observations were conducted on 09/08/2016 at 11:10 a.m., with Staff Member #2 in the room designated as the "Lab." The observation revealed two opened undated medications within the refrigerator. One (1) 1 ml vial of Tuberculin Purified Protein Derivative 5 TU/0.1 ml approximately half full and one (1) 5 ml vial of Tuberculin Purified Protein Derivative approximately three/fourth full. Staff Member #2 verified the vials were opened and did not have an opened date. Staff Member #2 verified the amounts within each vial and that Tuberculin Purified Protein Derivative could only be opened for 28 to 30 days, then needed to be discarded. Staff Member #2 acknowledged without a date the vials were opened for 28 days."						
	titled "[Name of facility] Controlled Substance Log: Stock Inventory Diazepam 10 mg (milligram) Crash Cart 100 tab (tablet) box." The form did not have a licensed staff signature or initials as verification for the nineteen (19) counts performed by a non-licensed staff member. Staff Member #2 stated, "I started to count them they had been part of the crash cart." Staff Member #2 verified			macode de la companya			
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	his/her count was 07/12/2016 and the two or three days	monthly from 06/11/2 nen fluctuated from da with the last count do	016 to illy to every curnented				
,	counting them in A	ff Member #2 stated, August because it was Staff Member #2 veri tablets were not listed	a crash fied				
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(T 045)	Center Providing S crash cart. Staff M recovery area staff Diazepam 10 mg to Staff Diazepam 10 mg to Staff Pindings from obser 09/08/2016. Staff Pindings from endicate count had weeks since "8/13/" 2. An interview and emergency drills are documentation was 1:23 p.m. with Staff reported he/she used termine whether with attending or reregarding medical elliphovolemic shock drill (active shooter) staff meeting on 08 deficient practices f survey, training for themorrhage/hypovolemic shock of themorrhage/hypovolemic staff meeting on 08 deficient practices f survey, training for themorrhage/hypovolemic shock of themorrhage/hypovolemic sh	rgency Box Cart Inventurgical Services" for ember #2 acknowled had weekly access the ablets. Inproximately 2:22 p. Staff Members #4 and vations conducted or Member #5 reviewed Controlled Substance or the oral Diazepam to the oral Diazepam to had been access the oral Diazepam to had been access the oral Diazepam to had been access to a weekly barnot been documented in the facility and mandatory training a conducted on 09/08 Member #2. Staff Med the employee list each employee list each employee list wiewing the information on 07/21/2016, employee 162/2016, which cover the facility's bier chemical attack and blemic shock. Staff in the facility's bier chemical attack and blemic shock. Staff in the facility's bier chemical attack and blemic shock. Staff in the facility's bier chemical attack and blemic shock. Staff in the facility's bier chemical attack and blemic shock. Staff in the facility's bier chemical attack and blemic shock. Staff in the facility's bier chemical attack and blemic shock. Staff in the facility is the facility's bier chemical attack.	m for the leged of the m. the d #5 of the m. the Log: 10 mg and sible to sis and a d for three with the complied on lege and ergency mandatory ored inial				
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{T 045}	O45) Continued From Page 8 Staff Member #2 and the surveyor reviewed the facilitys as worked schedules for the months of						
	facility's as worked July and August 20 documented that S on 09/03/2016, Sta 07/23/2016 and 07. #12 had worked Withou trainings for 07/21/documenting he/sh staff meeting minute Member #2 reported Staff Members #10 had been left off his Member #2 verified #12 had not receive emergency drills, a	schedules for the management of the schedules it is for the schedules it is fo	onths of I worked Vorked Member dule 1, and #12 andatory 3 or mandatory Staff bught about use they Staff #11, and ing for ry				
	An interview and review of training presentation for the facility's complaint process was conducted on 09/10/2016 at 11:30 a.m. with Staff Member #2. Staff Member #2 stated, "We already know [Names of Staff Members #10, #11, and #12] were left off of the employee list and are not going to be on the sign-in sheets for the complaint training." Staff Member #2 verified Staff Members #10, #11, and #12 had worked since the training had been presented but had not reviewed the required complaint process training. An interview and review of "re-training" documentation was conducted on 09/10/2016 at 2:01 p.m. with Staff Member #2. The "re-training" documents included proof of training related to offering STI screening, infection prevention practices, proper personal protective equipment						
	(PPE), and hand hy	ersonal protective eq yglene. Staff Membe	r#2				

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{T 045}	verified Staff Member attend or review the documents and had had been presented. An interview and redocumentation for a conducted on 09/10 Member #2. Staff Members #10 the training and all staff Members #10 since the training, winformation." 3. An interview and evidence of complie 09/10/2016 at approximate background checks #10, #12 and #13. he/she was waiting Staff Member #10 forward proof of the criminal background staff Member #13 h 2016 and the facility form from the VSPD At approximately 30 Member #2 reported proof a criminal background proof a criminal background checks #10, #12 and #13.	pers #10, #11, and #15 refresher course trad worked since the trad. Inview of the facility's to marcotic counting war 1/2016 at 2:19 p.m. whember #2 stated, "[1, #11, and #12] have without reviewing the since was conducted by the county without reviewing the since was conducted at the county without reviewing the since was conducted at the county without reviewing the since was conducted at the county without reviewing the since was conducted at the county without reviewing the since was conducted at the county without review and #2 presented in the sister facility was staff Members VSP of the ck. Staff Members VSP of the ck. Staff Members VSP of the ck. Staff Members without received at the chart of the ck. Staff Members without the chart of the ck. Staff Members # the chart of the	sining alnings alnings alnings alnings rainings so that staff Names of attend mes for worked so with Staff #5 present in the by the by the by the by the borked to poly all the corted where where orked to poly all the completed for poly and lembers and lembers all the poly all the poly and lembers all the poly all the pol				

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(Τ 070)	Each abortion facilithistory record chec the Code of Virginia employee not licens Pharmacy, whose Jonatrolled substant This RULE: Is not a Based on Interview determined the faci criminal background police was performed an interview and reof compliance was approximately 8:30 with Staff Members approximately 8:30 with Staff Members State Police Depart included a request a background checks the performed. The Staff Member #2 has regarding the delay background check. Staff Member #2 has regarding the delay background check. Staff Member #5 as time requirement for necessary documer.	ty shall obtain a crim k pursuant to § 32.1- a on any compensate sed by the Board of ob duties provide ac- ces within the abortio met as evidenced by and document revie ility staff failed to ens d check by the Virgir ed on three (3) of eig cess to narcotics (Sta- , and #13). ed: view of the facility's conducted on 09/10/ a.m., with Staff Mem er #2 presented the ces performed by the Virgin ment (VSPD). The off Staff Member #13 dated June 2016. The hal background check he surveyor inquired and followed up with the in a completed crimi Staff Member #2 sta ked if there was a pur the VSPD to provide that The surveyor di and #5 to contact VSI and #5 to contact VSI and #5 to contact VSI	-126.02 of ad cess to n facility. : wit was sure a nia State wit (8) aff evidence 2016 at niber #2 n the criminal riginia documents document		All employees with access to narcot criminal background check request the Virginia State police. Upon hir responsibility of the Health Center ensure that the Virginia State police check request has been submitted elocated by the Health Center Mana allowing a new employee with access to work independently in the facility Regional Director performs bi-annuemployee records to ensure complish and regular employees with access to for the submission of Virginia State background checks. A system has been developed to trace of State of Virginia background chediem and traveling employees who to narcotics. There is a scheduling in place who is responsible for schediem and traveling employees. This access to an electronic shared check Staff Training Tracker. This checkl contain information as to submissio Virginia State police background check for employees with access to narcot scheduling coordinator will review Training Tracker prior to scheduling employee in the health center. The coordinator will review the Staff Tra Tracker prior to scheduling an employed in the health center. The coordinator will review the Staff Tra Tracker prior to scheduling coordinator the Health Center Manager. The Health Center Manager is responsible that the background check submitted prior to the start of the schift. If submission cannot be accorprior to the scheduled shift, the employe allowed to work in the facility that the background check submitted prior to the start of the schift. If submission cannot be accorprior to the scheduled shift, the employed allowed to work in the facility that the background check submitted prior to the start of the schift. If submission cannot be accorprior to the scheduled shift, the employed allowed to work in the facility that the background check submitted prior to the start of the schift.	submitted to c, it is the Manager to background ther by the transt, or as iger, prior to so to narcotics. The lail audits on ance for new or narcotics police ck submission cks for all per have access coordinator fulling per sperson has list called the list will on of the eck request ccs. The he Staff gan scheduling doyer in the lice een for will alert the staff of the control will alert the staff gan scheduling doyer in the lice een for will alert the duled in plished oloyce will youtil such	11.11.16	
- Tapanana		eview of the docume Viember #2 did not in			time that the background check req submitted. (cont	uest has been inus on page 12)		

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criminal backgrous #10, #11, and #12 he/she was waiting Staff Members #10 worked to forward VSPD criminal back At approximately 3 Member #2 presen #11's criminal back VSPD. Staff #2 re for proof a criminal performed by VSP #12. No other doc #10, #12 and #13 5:01 p.m. on 09/10	criminal background checks for Staff Members #10, #11, and #12. Staff Member #2 reported he/she was waiting for the sister facility where Staff Members #10, #11, and #12 generally worked to forward proof of the Staff Members' VSPD criminal background check. At approximately 3:09 p.m. on 09/10/2016 Staff Member #2 presented a copy of Staff Member #11's criminal background check performed by the VSPD. Staff #2 reported he/she was still waiting for proof a criminal background check had been performed by VSPD for Staff Members #10 and #12. No other documentation for Staff Members #10, #12 and #13 was presented prior to exit at 5:01 p.m. on 09/10/2016.		{T 070}	The Regional Director will audit the Staff Training Tracker on a monthly basis for three months, or until 100% compliance is achieved. The Staff Training Tracker will be cross-referenced with the actual facility schedule to ensure that no per diem or traveling employee with access to narcotics has been allowed to work without the Virginia State police background check request submitted. After three months, or when 100% compliance is achieved, the Regional Director will perform this audit biannually. All employees have been retrained on the facility's system for logging, investigation and resolution of complaints. Upon hire, it		1.16
complaint handling 1. System for logging resolution of comp 2. Format of the will each complaint invitable. This RULE: is not Based on interview determined the fact staff members were system for logging complaints; three (not receive the req #10, #11, and #12)				is the responsibility of the Health of Manager to conduct and complete regarding the facility's system for linvestigation and resolution of corwith new employees according to employee orientation schedule. To Center Manager also trains all empanually on the system for logging investigation and resolution of corse of the employee is unable to attend mandatory training or drill, that exhibit manager also drill is completed. The Director performs bi-annual audit employee records to ensure complete and regular employees in the completion of training on the facil system for logging, investigation a resolution of complaints.	Center c training logging, mplaints the new he Health ployees g, mplaints. any mployee l said c Regional ts on liance for	
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(T 140}	Continued From Pa	age 12		(T 140)	A system has been developed to tra		
					diem and traveling employees' train	ning on	
	A - 1 - 1 1				the facility's system for logging,	1-1-4-	
		onducted during the			investigation and resolution of com	plaints,	* november
		18/2016 at 10:39 a.m The surveyors reque			There is a scheduling coordinator i		
		sining related to acce			who is responsible for scheduling p	er wem	
	locaina, the lovestic	gation, and resolution	rof		and traveling employees. This pers	du nas	
	complaints. The su	rveyors requested a	list of all		1		
employees that worked at the facility and an as			d an as		called the Staff Training Tracker. The checklist will contain information		
worked schedule for the months of July and			and		1		
	August 2016,				completion of the facility's system ! logging, investigation and resolution		
			20.00		complaints. The scheduling coord	ingtor	
	At approximately 1:	10 p.m. on 09/08/20	16 Stair		will review the Staff Training Track	er prior	
		ted a list of employed agarding an employe			to scheduling an employee in the h	ealth	
		o work at the facility a			center. If the facility's complaint sy	stem has	
	initials of employee	s observed on 09/08	/2016.		not been trained on, the scheduling		
		ented on the narcotto			coordinator will alert the Health C		
		er #2 reported Staff !			Manager. The Health Center Man		
		nad "Inadvertently be			responsible for ensuring that the tr	aining is	
	the list."				provided prior to the start of the so	hedulcd	
					shift. If this cannot be accomplished	ed prior	
		view of training pres-			to the scheduled shift, the employe	e will not	
1		plaint process was o			be allowed to work in the facility u	ntil the	
		(:30 a.m. with Staff N			required training has been received	L The	
		2 reported he/she ha determine whether (Regional Director will audit on a n		
		plied with attending o			basis for three months, or until 100		
İ		nation regarding the			compliance is achieved, the "Eligib		
1		Staff Member #2 sta			Work" list as cross-referenced with		
Ì		es of Staff Members			actual facility schedule to ensure th		
		off of the employee I			dlem or traveling employee has be		
į		he sign-in sheets for			allowed to work without training of		
l		Staff Member #2 ve			facility's system for logging, investi		
		and #12 had worked			and resolution of complaints comp		
		resented but had not	reviewed		After three months, or when 100%		
	me required comple	aint process training.			compliance is achieved, the Region Director will perform this audit bi-	annually.	
					Director will betterm mis grant or.		
{T 195}	12VAC5-412-220 B	Infection Prevention		{T 195}	All employees have received inf	ection	11.11.16
	Written infection pre	evention policies and	1		prevention training. (continu	is on page 14)	and the state of t
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	procedures shall in 1. Procedures for a end visitors for acu applying appropriat transmission of con within the facility; 2. Training of all pe prevention technique 3. Correct hand-wa indications for use of alcohol-based hand 4. Use of standard 5. Compliance with requirements of the Health Administration 6. Use of personal 7. Use of safe inject 8. Plans for annual infection prevention 9. Procedures for a recommended infect and 10. Procedures for a	clude, but not be limit creening incoming pate infectious lilnesse e measures to preveniumlity-acquired infections; shing technique, included soap and water are trubs; precautions; blood-bome pathogological soap, protective equipment clion practices; retraining of all personneitoring staff adhers and commenting annual fin recommended in second commended in recommended in second commended in recommended in re	etients s and ent ection ection luding nd use of en Safety & et; connel in rence to tices;	(T 195)	Upon hire, it is the responsibility Health Center Manager to concomplete infection prevention with new employees according new employee orientation scheen The Health Center Manager als an annual training calendar to employees receive ongoing infeprevention training. If an employees receive ongoing infeprevention training, that employee to attend a mandatory is prevention training, that employee the scheduled to work until training is completed. The Reg Director performs bi-annual attemployee records to ensure confor new and regular employees completion of mandatory train including infection prevention. A system has been developed the all per diem and traveling employees a scheduling coordinator in place is responsible for scheduling pand traveling employees. This has access to an electronic share checklist called the Staff Training Tracker. This list will contain information as to completion of infection prevention training, scheduling coordinator will restaff Training Tracker prior to scheduling an employee in the center. If infection prevention is not completed, the scheduling coordinator will alert the Healt coordinator will alert th	duct and training to the dule. so follows ensure all ection loyee is infection oyee will said ional idits on inpliance in the ings, o track loyees' There is ince who er diem person red ing of The view the health training		
	This RULE: is not n	net as evidenced by:			Manager.	i on pale 15)		

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	Based on interview determined the fact (4) of fifteen staff in prevention training and #14). The findings include An interview and reprevention "re-training conducted on 09/10 Member #2. The in an "infection Prevention Prevention Prevention Prevention Prevention the top line have Staff Member #2 rejected on the top line have Staff Member #2 rejemployee list to determine the training the infectivation and #12] were left on to going to be on the prevention and wear protective equipments staff Members #10, after the training had member #2 verified #12 had worked with training for infection hygiene, and wearing protection equipments staff Member #2 verified #12 had worked with training for infection hygiene, and wearing protection equipments \$154ff Member #2 preconducted to ensure	rand document revier lity staff failed to ensinembers received info (Staff Members #10, ed: view of the facility's in ing" documentation without at 2:01 p.m. without at 2:01 p.m. without at 2:01 p.m. without at 2:01 p.m. without at 2:01 p.m. without at 2:01 p.m. without at 2:01 p.m. without at 2:01 p.m. without at 4:14's signature or a ported Staff Member #14's signature or a ported Staff Member work on 09/10/2016 be ported he/she had use mine whether each oiled with attending on prevention re-trainf Member #2 stated, as of Staff Members #5 of the employee is the sign-in sheets for it ing the correct PPE (et)." Staff Member #2 #11, and #12 had wot been presented. Staff Members #10, facut reviewing the recorrect prevention practices, gifthe proper personal	ure four ection #11, #12 Infection /as Ith Staff Included Iment. Iname did not date. #14 had interested with the month of the following and "We following and "We following and infection personal rised aff following and infection personal rised hand united united hand united united united hand united united hand united un	(T 195)	The Health Center Manager is responsible for ensuring that the is provided prior to the start of scheduled shift. If this cannot is accomplished prior to the scheduled shift, the employee will not be a work in the facility until such the required infection preventite training has been received. The Director will audit the Staff Tra Tracker on a monthly basis for months, or until 100% compliant achieved. The Staff Training Traility schedule to ensure that a diem or traveling employee has allowed to work without all requiranings completed, including it prevention. After three months when 100% compliance is achier Regional Director will perform the bi-annually.	the be duled dillowed to me that on e Regional ining three nce is racker e actual no per been aired infection , or ved, the	

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(T 195)	listed dates, but did member had been of member being obse action, or what com needed. The audits collect, track, and to regarding wearing p	ge 15 I not include which stobserved, whether the erved required correct action was off did not provide a meriand staff member be proper PPE and performance when be the eroper PPE and performance when the eroper PPE and performance when the eroper PPE and performance when the eroper PPE and performance when the eroper PPE and performance when the eroper PPE and performance when the eroper PPE and performance when the eroper when the eroper PPE and performance when the eroper PPE and performanc	ne staff ctive ered if eans to ehaviors orming	{T 195}			
	Prior to the initiation history and physical confirmation of pregrequirements of information to § 18.2-7 shall be completed if 1. Use of any additionated on assessme clinical criteria for su	of any abortion, a management written consent of the Code of Virginian of the Code of Virginian of the Code of Virginian of the Code of Virginian of the Code of Virginian of the Code of Virginian of the Code of Virginian of the Code of Virginian of the Code of Virginian of the Code	nedical iling a lon of all at ginla, shall be ne found ized nination lement by the shall tive	(T 245)	All employees have received train offer patients screening for sexual transmitted infections (STIs). Up hire, it is the responsibility of the Health Center Manager to conduct complete training regarding offer patients screening for STIs with nemployees according to the new employee orientation schedule. The Health Center Manager is also responsible for training of all regular employees in the area of offering patients screening for STIs. If an employee is unable to attend a mandatory training, that employe not be scheduled to work until sait training is completed. The Region Director performs bi-annual audit employee records to ensure compliance for new and regular employees in the completion of mandatory trainings, including offering patients screening for STI. A system has been developed to trail per diem and traveling employemployees or the continue of the conti	lly on ct and ing cw 'he alar e will d hal ts on	

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{T 245}	examination shall to record. This RULE: is not Based on Interview determined the fact staff members recordering for sexual [(STIs) (Staff Members) (Staff Mem	met as evidenced by and document review and document review of the facility staff failed to ensolved training to offer ally transmitted infectors #10, #11, and #10. ed: view of the facility's is long documentation for documentation for ducted on 09/10/2010 and face of the signification of the signifi	wit was ure all patients stions 12)]. nfection for STI 8 at 2:01 er #2 ent with a 2 reported ind he/she is staff the fou already 1, and sheets for it names eve ving the coument in the top t Staff 14's	{T 245}	training regarding offering patient screening for STIs. There is a sched coordinator in place who is response scheduling per diem and traveling employees. This person has access electronic shared checklist called the Training Tracker. This checklist winformation as to completion of training offering patients screening STIs. The scheduling coordinator of the Staff Training Tracker prior to scheduling an employee in the health training regarding offering patient screening for STIs is not completed scheduling coordinator will alert the Center Manager. The Health Center Manager is responsible for ensuring training is provided prior to the sta scheduled shift. If this cannot be accomplished prior to the schedule the employee will not be allowed to the facility until such time that the completed. The Regional Director the Staff Training Tracker on a more basis for three months, or until 100 compliance is achieved. The Staff Tracker will be cross-referenced with actual facility schedule to ensure the diem or traveling employee has bee to work without all required training completed, including offering paties screening for STIs. After three more when 100% compliance is achieved. Regional Director will perform this annually.	to an e Staff ill contain ining ing for will review th center. its , the e Health er g that the ret of the d shift, work in training is will audit inthly fraining th the at no per in allowed igs ints, ithe,	

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{T 325}	Dispensing of Drug Records of all drug sold, administered, disposed of shall be with federal and sta inventory and repor loss of drugs found Virginia. This RULE: is not a Based on observati review it was deterr ensure: 1. Expired and oper not available for use 2. The narcotic cou- within the locked sta staff verification of ta licensed staff. 3. All staff received performing the weel The findings include Observations and in 09/08/2016 from 10 with Staff Member # observations started designated as the "if 1. Staff Member #2 for the emergency of "Monthly Emergency Center Providing Su	s in Schedules I-V redispensed or otherwer maintained in accounte laws, to include the ting requirements of the S \$4.1-3404 of the met as evidenced by ions, interviews and comined facility staff fall med undated medicates. In the was performed on orage and the required the narcotic count was training related to ackly narcotic count. It is a.m. through 12:04 and two surveyors at 10:58 a.m. in the	ceived, ise rdance e a theft or code of code o	(T 325 }	There are no expired or opened undated medications available for A licensed staff member conduct complete inventory on a monthly of all medications in the health of Any medications identified as ne expiration are immediately order that the expired medications can replaced. Any opened medication marked with an "opened" date at disposed of and immediately rep. The Health Center Manager is responsible for monitoring that the licensed staff member completes inventory of medications on a timbasis. After three months, or whas 100% compliance is achieved, the Regional Director will perform be annual audits of the monthly medication inventories to ensure ongoing compliance in this area. The narcotic count has been performed the required second staff verification of the narcotic count a licensed staff person as required Narcotic counts will be performed the beginning and end of every A clinic day. The Health Center M is responsible for ensuring that the narcotic count in the locked stored one with verification by a second person who is licensed and docur (continue on the conduction of the narcotic count in the locked stored one with verification by a second person who is licensed and docur (continue on the conduction of the narcotic count in the locked stored one with verification by a second person who is licensed and docur (continue on the locked stored one with verification by a second person who is licensed and docur (continue on the locked stored one with verification by a second person who is licensed and docur (continue on the locked stored one with verification by a second person who is licensed and docur (continue on the locked stored one with verification by a second person who is licensed and docur (continue on the locked stored one with verification by a second person who is licensed and docur (continue on the locked stored one with verification by a second person who is licensed and docur (continue on the locked stored one with verification by a second person who is licensed and docur (continue on the lock	y basis enter. ear red so be ons not re laced. the the mely en the dat B anager ne age is d staff ments	11.11.16

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AND PLAN O	CORRECTION	IDENTIFICATION NUI	AND CITY	A BUILDIN	G	1	
		AF-0011		B, WING_		09/1	0/2016
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	Staff Member #15 I documentation. St check mark at each "Flumazenii (Roma and Diazepam (Val regarding the medimark. Staff Member generally "performe and one (1) non-lic Staff Member #2 st 31st (August 2016) of a sister facility). (performed the cour (He/she)] may not i Vasopressin and D Staff Member #2 of narcotic staff Member #2 of was kept in the sec narcotics. Staff Member #2 verified on 09/03/2016 and expired medication since the 10 ml vial weekly count sheet looked for the vial u medical emergency use on Staff Member #2 we Flumazenii and Vas Staff Member #2 re Vasopressin "might Lab."	age 18 a. Staff Member #2 of had performed the "A aff Member #15 had in medication except vizicon), Vasopressin illum). The surveyor is cations left without a er #2 reported the coed by two staff one (1 ensed according to detect, "I was not here. I was at a meeting (Staff Member #15's at alone for the emericated where the inverse were kept." bitalined the key for looking Member #2 reported cabinet with the mber #2 located the factorial member #2 verified ad expired on "1 Sept procedures were persent of Diazepam was not the staff might not hanless there had been a staff Member #2 reformed the staff might not hanless there had been a staff might not hanless there had been as not able to locate apported the Flumazen is be in the refrigerator conducted on 09/08/aff Member #2 in the	aug. 2016" placed a (Pitressin), nquired check unt was) licensed aur policy." on the at (Name name) gency cart. e checked the 10 ml 16. Staff move the eported at on a ave in a certified the flable for cocadures, the ed cabinet. Ill and in the	(T 325)	the completion of this proce signatures of both parties on basis. After three months, o 100% compliance is achieved Regional Director will perfor annual audits of the narcotic ensure ongoing compliance. All staff has been trained on performing the narcotic count and after every AB clinic datemployees are trained on acperforming the narcotic count the start of their first shift. It traveling and per diem staff indication on the Staff Train Tracker that they have receive required training on accurated ynarcotic counts. After the months, or when 100% compachieved, the Regional Director bi-annual audits of on weekly narcotic counts to ongoing compliance in this	a weekly r when d, the rm bi- counts to in this area. accurately int prior to y, All new curately int prior to All will have ling ved the te AB clinic hree pliance is ctor will training o ensure	
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		AF-0011		B. WING		09/1	0/2016	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS. CITY.	STATE, ZIP CODE			
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(T 325)	Continued From Pa	age 19		{T 325}				
	revealed two opens the refrigerator. O Purified Protein De approximately half Tuberculin Purified approximately threverified the vials wopened date inscribe amounts within Purified Protein Defor 28 to 30 days, a discarded. Staff M without a date the	"Lab." The observation of the condition	one within perculin vial of omber #2 ot have an 2 verified uberculin opened e ged d it would					
	2. Review on 09/08/2016 at approximately 11:05 a.m., with Staff Member #2 of the narcotic count documents did not include a count sheet for the Diazepam 10 ml vial. Staff Member #2 stated, "It (Diazepam vial) is not on our weekly count sheets." Staff Member #2 reported the 10 ml vial of Diazepam was on the monthly count sheet. Staff Member #2 acknowledged the 10 ml vial of Diazepam was housed with the weekly medications and recovery area staff members had weekly access to the 10 ml vial of Diazepam. Staff Member #2 acknowledged the 10 ml vial of Diazepam listed on the 08/2016 "Monthly Emergency Box Cart Inventory for Center Providing Surgical Services" had not been checked. The narcotic count documents included a form titled "9 (Name of facility) Controlled Substance Log: Stock Inventory Diazepam 10 mg (milligram) Crash Cart 100 tab (tablet) box." The form did not have a licensed staff signature or initials for the nineteen (19) counts performed by a							

	OF DEFICIENCIES F CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE S COMPL 09/1	
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(T 325)	stated, "I started to of the crash cart." his/her count was in 07/12/2018 and the two or three days von "8/13/16." Staff counting it in Augus medication." Staff 10 mg tablets were Emergency Box Coroviding Surgical cart. Staff Membe area staff had weeting tablets. Staff Membe area staff had seen to instead of the generated, "The oral Vito be counted along to be counted along findings from obseing for Center Providing Member #5 verified have entered the estaff #5 reported hese staff #5 reported hese staff #5 reported hese control in the counted along the counted along for Center Providing Member #5 verified have entered the estaff #5 reported hese staff #5 reported hese staff #5 reported hese counted along the counted along the counted along the counted the estaff #5 reported hese staff #5 reported hese s	member. Staff Memile count them they had staff Member #2 vermonthly from 06/11/2 en fluctuated from davith the last count do: Member #2 stated, st because it was a comment of the "Member #2 verified last inventory for Cent Services" form for the "#2 acknowledged rekly access to the Dialember #2 was not all ember #2 was not all and Vasopressin	d been part ifled 016 to 016 to 016 to 016 to 017 to every cumented rash cart Diazepam conthly er e crash ecovery zepam 10 ole to 016 at 2:15 embers #2 ber #4 zepam is a er #5 olets need cotics."				

	Virginia of deficiencies FCORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT	IPLE CONSTRUCTION	(X3) DATES COMPLI	
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PLANNE	D PARENTHOOD SOL	JTH ATLANTIC - ROA	2207 PETE ROANOKE				
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{T 325}	Continued From Pa	ige 21	1	(T 325)			
		bers on a weekly ba not been documente 18,"		,		:	
	documentation for a conducted on 09/10 Member #2. Staff Staff Members #10 the training and all Staff Members #10	review of the facility narcotic counting was 0/2018 at 2:19 p.m. v Member #2 stated, ", #11, and #12) didn't of them, (the first narch, #11, and #12) have without reviewing the	s vith Staff (Names of t attend mes for				,
	An abortion facility: equipment and suppadequate to care fo scope and intensity include: 1. A bed or recliner 2. Oxygen with flow equivalent; 3. Mechanical suction.	quipment and Supplishall maintain mediciplies appropriate and repatients based on the of services provided suitable for recovery meters and masks ton; uipment to include, a tion bags and oral ail	al i ihe level. I, to y: or	Ţ 330 }	The facility staff has followed thei procedures for ensuring emergen medications and supplies were documented on the inventory she months. The Health Center Man responsible for monitoring the procompletion of emergency cart me and supply inventory by a license member, and educates facility staff proper completion as well. The Honter Manager audits for the procompletion of the emergency cart inventory on a monthly basis, direfollowing the completion of the in	eet for all ager is oper dication d staff ff as to lealth oper ectly aventory	a (n fre
	5. Emergency medicand related supplies	cations, intravenous and equipment;	fluids,		by the assigned staff person. Any identified by the Health Center M are immediately corrected and the appropriate staff persons are educated as a staff person are educated as a staff person are educated as a staff person are educated as a staff person are educated as a staff person are educated as a staff person are educated as a staff person are educated as a staff person are educated as a staff person.	anager e	
	-	quipment and supplie	es;		to these areas. After three months	s, or	
	7. Adjustable exami		-		when 100% compliance is achieve Regional Director will perform bi-	-annual	
	8. Containers for sol materials with cover				audits of the emergency cart inversheets to ensure ongoing complianthis area.		

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STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA #BER:	(X2) MULTII A. BUILDIN	LE CONSTRUCTION	(X3) DAYES COMPL	
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PLANNEL) PAREN (MOOD SOL	ITH ATLANTIC - ROA		E, VA 24017			
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{T 330}	Continued From Pa	ige 22		(T 330)			
	9. Refrigerator						
	Based on observati review it was deter follow their procedu medications and su the inventory sheet	met as evidenced by lon, interview and do mined the facility stat tre for ensuring emer applies were docume for one (1) of one (1 was in use (August)	cument f falled gency car nted on) month				
	The findings include	od:					
	09/08/2016 from 10 with Staff Member #2 and a sing for the facility's #2 stated, "We have emergency cart and "Monthly Emergency Center Providing State of the should be available Emergency Box Ca Providing Surgical Surgi	nterviews were condi- tiss a.m. through 12: #2 and two surveyors surveyor reviewed the emergency cart. State a new form for the discount." The form titely Box Cart Inventory urgical Services" had dedications and supple to The form "Monthly art Inventory for Center Services" listed the re-printed dosages as	08 p.m., b. Staff monthly ff Member led for a les, which				
	annotations related medications. Under each medication the staff members to ea	to shortages of certain the name and dosa e form provided a sp nter the medication's	iin ge of ace for "Exp:"	d of the second			
	of the medication e documentation on t Cart Inventory for C	id "Loc:" (generally th .g. drawer #3). The he "Monthly Emerger tenter Providing Surg 2016" the "Exp:" and	ncy Box ical				
	each medication was stated, "I'm not clini	es blank. Staff Memlical I'm not sure what taff Member #2 did v	er#2 the 'Exp'	The state of the s			
STATE FORM	A		02 N 99		IVP912	If continuate	in sheet 23 of 25

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(T 330)		d Loc:) under each n	nedication	{T 330}			
	had performed the Staff Member #15 i each medication ex Vasopressin (Pitres The surveyor inquir left without a check regarding the mean whether it verified s present or that the correct. Staff Memnew and he/she couthe meaning of the #2 reported the coutwo staff one (1) lice non-licensed. Staff here on the 31st (Ameeting at ([Name Member #15's namfor the emergency of known where the FI Diazepam were kepable to locate the	etermined Staff Mem "Aug. 2016" docume nad placed a check r scept "Flumazenil (Re sin), and Diazepam ed regarding the me mark. The surveyor ling of the check man ber #2 reported the f uld not provide an ar check marks. Staff int is generally perfor	entation. mark at comazicon), (Vallum). dications r inquired rks ation was ions were form was aswer to Member med by "I was not at a Staff unt alone iot have sin and ! was not ressin in				
e de de la constante de la con	refrigerator in the La Observations condu- a.m., with Staff Men- designated as the "I Flumazenii and Vas stated, "I guess we- medications." The s "Monthly Emergenc Center Providing Su- documented zero vi- if the facility did not	opressin "might be in ab." acted on 09/08/2016 aber #2 in the room Lab" did not reveal vice opressin. Staff Mendon't have those two surveyor inquired who y Box Cart inventory orgical Services" sho als available or not a stock the two medicaported he/she was no	at 11:10 ials of her #2 ether the for uld have applicable ations.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF-0011		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE S COMPLE	(X3) DATE SURVEY COMPLETED	
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(T 330)				{T 330}				
	provide an answer to the surveyor's question. An interview was conducted on 09/10/2016 at 2:07 p.m., with Staff Member #2. Staff Member #2 reported that Staff Member #15 was not a "regular employee" of the facility but worked within the affiliate organization. On 09/10/2016 at approximately 2:22 p.m. the surveyor informed Staff Members #4 and #5 of the 09/08/2016 observation findings. Staff Member #5 reviewed the 08/2016 "Monthly Emergency Box Cart inventory for Center Providing Surgical Services." Staff Member #5 verified Staff Member #15 should have entered the expiration dates on the form. Staff #5 reported he/she was not sure of what "Loc:" meant and would clarify with the affiliate organization. Staff Member #5 could not verify whether the check marks represented the medication was present or the count was correct.							
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STATE FORM					IVEGIZ	to specific challenge	.,	

