| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 0530AS | A. BUILDING _____ B. WING _____ | 02/14/2013 |

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| C 000 | Initial Comments<br><br>Licensure Compliance Inspection<br>Health Care Manager: Sarah Courtney<br>County: Franklin<br>Number of Operating Rooms: Two (2)<br>Services Provided: Surgical Abortions<br>License Current: Yes<br>License expiration date: 12/31/12<br><br>The following violations were issued as a result of the licensure compliance inspection completed on 02/14/13. | C 000 | | |
| C 129 | O.A.C. 3701-83-09 (A) Standards of Practice<br><br>The HCF shall assure all staff members provide services in accordance with:<br><br>(1) Applicable current and accepted standards of practice and the clinical capabilities of the HCF; and<br><br>(2) Applicable state and federal laws and regulations.<br><br>This Rule is not met as evidenced by:<br>Based on medical record review and staff interview, the facility failed to ensure the time of the administration of oral medications by licensed staff was documented in the medical records for six patient's (Patient #3, 4, 12, 13, 14, and 16). The facility also failed to ensure the time of the administration of an intravenous push (IVP) medication and the dose and time of an intra-muscular injection was documented in the medical record for Patient #16. The sample size was 16. The facility performed 1610 procedures | C 129 | | |

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| C 129 | Continued From page 1<br>in 2012.<br><br>Findings include:<br><br>The medical record for Patient #3 was reviewed on 02/13/13. Documentation in the medical record dated 06/27/12 revealed that Physician A administered Misoprostol (a medication used to induce uterine contractions during a medical abortion) 200 milligrams, two (2) tablets to Patient #3. The time the medication was administered was not documented. This finding was confirmed during interview with Staff A on 02/13/13 at 4:08 PM. Staff A stated it was facility policy to document the time of medication administration. Staff A visualized the medical chart and verified the medication administration time was not documented.<br><br>The medical record for Patient #4 was reviewed on 02/13/13. Documentation in the medical record dated 07/09/12 revealed that a licensed practical nurse recorded on the pre-operative sheet that she administered Ibuprofen (a pain medication) 400 milligrams to Patient #4. The licensed practical nurse did not document the time the medication was administered. This finding was verified with Staff A on 02/13/13 at 4:30 PM. Staff A visualized the medical chart and verified that the line for the time of the medication administration was left blank.<br><br>The medical record for Patient #16 was reviewed on 02/14/13. Documentation in the medical record dated 12/28/12 revealed that a licensed practical nurse administered Zofran (an anti nausea medication) 4 milligrams per intravenous push according to the medication log. The licensed practical nurse did not document the time the medication was administered. In | C 129 | | |

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| C 129 | Continued From page 2<br>addition, review of the moderate sedation log revealed a licensed practical nurse documented the administration of Methergine (a medication used to control postpartum hemorrhage) intra-muscularly. The dose and time of the medication administration was not documented. These findings were verified with Staff D on 02/14/13 at 1:06 PM. Staff D visualized the medical record at this time and verified that the time the Zofran was administered and the dose and time that the Methergine was administered were not documented.<br><br>The medical record for Patient #12 was reviewed on 02/13/13. Documentation in the medical record revealed a diagnosis of a positive pregnancy of approximately six weeks gestation for which a medical abortion was sought. Further review of the record revealed that the pills administered for the abortion were spaced 48 hours apart and the third day dose of (Misoprostol) was given by the physician on 04/27/12, but no time was recorded. In an interview with Staff A on 02/13/13 at 4:08 PM, Staff A confirmed that no time had been recorded for the administration of the medication. Staff A further stated that the form for the documentation did not have a space for the time to be placed, although the expectation was for staff to document the time all medications are administered.<br><br>The medical record for Patient #13 was reviewed on 02/13/13. Documentation in the medical record revealed a diagnosis of a positive pregnancy of approximately six weeks and three days gestation for which a medical abortion was sought. Further review of the record revealed that the third day pill in the series of the medical abortion was given by the physician on 09/14/12, | C 129 | | |

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| C 129 | Continued From page 3<br>but no time was recorded. In an interview on 02/13/13 at 4:08 PM, Staff A stated that the expectation was for a time to be documented for the administration of all medications.<br><br>The medical record for Patient #14 was reviewed on 02/14/13. Documentation in the medical record revealed a diagnosis of a positive pregnancy of approximately six weeks and one day gestation for which a medical abortion was sought. Further review of the record showed the third day pill in the series of the medical abortion was given on 09/07/12, but no time of administration was documented. In an interview on 02/13/13 at 4:08 PM, Staff A stated that the expectation was for a time to be documented for the administration of all medications. | C 129 | | |
| C 139 | O.A.C. 3701-83-10 (B) Safety & Sanitation<br><br>The HCF shall be maintained in a safe and sanitary manner.<br><br>This Rule is not met as evidenced by:<br>Based on observations and interview with facility staff, the facility failed to ensure patient use items were stored in a sanitary fashion. There were 1610 procedures completed at the facility in the past year.<br><br>Findings include:<br><br>A tour of the facility was conducted on 02/14/13. During a tour of the facility's basement at approximately 9:48 AM, accompanied by Staff A and Staff D, multiple cardboard boxes with patient care supplies were noted to be stored directly on the concrete floor. The boxes contained tubing | C 139 | | |

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| C 139 | Continued From page 4<br>used in aspirators, glass jars, gloves, feminine hygiene products (absorbent pads), disposable drape sheets, exam table paper rolls, pillow cases, bathroom tissue, bulk condoms, and chart folders. Staff A and Staff D verified the presence of the multiple cardboard boxes being stored directly on the concrete floor containing patient care supplies In an interview at 9:54 AM, Staff A stated that the facility was in need of more shelving or storage to get the boxes off the floor. | C 139 | | |
| C 214 | O.A.C. 3701-83-17 (I) Patient Accompanied at Discharge<br><br>The ASF shall discharge a patient only if accompanied by a responsible person, unless the attending or discharging physician, podiatrist, or anesthesia qualified dentist determines that the patient doesnot need to be accompanied and documents the circumstances of discharge in the patient's medical record.<br><br>This Rule is not met as evidenced by:<br>Based on medical record review and staff interview, the facility failed to ensure four of 16 sampled patients (Patients #1, 2, 7, and 12) were discharged only if accompanied by a responsible person, unless the attending or discharging physician determined that the patients did not need to be accompanied and documented the circumstances of the discharge in the patient's medical record. The facility performed 1610 procedures in 2012.<br><br>Findings include:<br><br>The medical record for Patient #1 was reviewed on 02/13/13. Review of the medical record | C 214 | | |

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| C 214 | Continued From page 5<br><br>revealed that the patient's surgical procedure (surgical abortion) was performed under local anesthesia on 04/12/12. The patient was discharged home per self on 04/13/12 at 1:05 PM. There was no documentation by the physician that the patient did not need to be accompanied by a responsible person, nor of the circumstances of the discharge. This finding was verified with Staff A on 02/13/13 at 4:30 PM. Staff A stated they were not aware that the physician needed to document in the medical record if the patient left without a responsible person.<br><br>The medical record for Patient #2 was reviewed in the afternoon on 02/13/13. Review of the medical record revealed that the patient had a surgical procedure (dilation and curettage) on 04/17/12 due to an incomplete abortion on 03/24/12. The patient was discharged home on 04/17/12 at 12:15 PM and was not accompanied by a responsible person. There was no documentation by the physician that the patient did not need to be accompanied by a responsible person, nor of the circumstances of the discharge. This finding was verified during interview with Staff A on 02/13/13 at 4:30 PM. Staff A stated they were not aware that the physician needed to document in the medical record if the patient left without a responsible person.<br><br>The medical record for Patient #7 was reviewed on 02/13/13. Review of the medical record revealed that the patient received services at the facility under local anesthesia on 02/10/12. The patient was discharged home per self. There was no documentation by the physician that the patient did not need to be accompanied by a responsible person, nor of the circumstances of the discharge. In an interview on 02/13/13 at | C 214 | | |

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| C 214 | Continued From page 6<br>12:04 PM, Staff A verified there was no documentation by the physician of the circumstances of the patient's discharge on the surgery treatment plan.<br><br>The medical record for Patient #12 was reviewed on 02/13/13. Review of the medical record revealed that the patient received services at the facility under local anesthesia on 05/18/12. The patient was discharged home per self. There was no documentation by the physician that the patient did not need to be accompanied by a responsible person, nor of the circumstances of the discharge. In an interview on 02/13/13 at 12:04 PM, Staff A verified there was no documentation by the physician of the circumstances of the patient's discharge on the surgery treatment plan. | C 214 | | |
| C 231 | O.A.C. 3701-83-19 (B) Drug Control & Accountability<br><br>The ASF shall:<br><br>(1) Provide adequate space, equipment, and staff for storage and the administration of drugs in compliance with state and federal laws and regulations.<br><br>(2) Establish and implement a program for the control and accountability of drug products throughout the facility and maintain a list of medications that are always available.<br><br>This Rule is not met as evidenced by:<br>Based on medical record review, review of the narcotic control/accountability signature logs, staff interview, and review of the facility policy entitled | C 231 | | |

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| C 231 | Continued From page 7<br>"Narcotic Management Protocol", the facility failed to ensure two licensed staff witnessed narcotics being wasted. The facility performed 1610 procedures in 2012.<br><br>Findings include:<br><br>The facility policy entitled "Narcotic Management Protocol" was reviewed on 02/13/13. The policy stated under number 1, "Wasting of any narcotic must be witnessed by two licensed staff."<br><br>The narcotic storage and the narcotic accountability/control logs were reviewed with Staff B on 02/13/13 between 1:30 PM and 2:00 PM . Review of the narcotic control /accountability log revealed Versed (narcotic) was wasted on the following dates, in these quantities without a second licensed staff signature/witness:<br><br>01/11/13 - Versed 5 mg (milligrams)<br>01/16/13 - Versed 3 mg<br>01/18/13 - Versed 1.5 mg<br>01/25/13 - Versed 10.5 mg<br><br>These findings were confirmed with Staff B on 02/13/13 at 1:45 PM. Staff B stated that two licensed staff should have signed as witnessing the wasting of the narcotic on the narcotic count log.<br><br>Further review of the narcotic count log revealed Fentanyl (narcotic) was not witnessed by two licensed staff when wasted on the following dates:<br><br>12/28/12 - Fentanyl 50 mcg (micrograms)<br>01/02/13 - Fentanyl 200 mcg<br>01/04/13 - Fentanyl 250 mcg | C 231 | | |

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| C 231 | Continued From page 8<br>01/11/13 - Fentanyl 50 mcg<br>01/16/13 - Fentanyl 100 mcg<br><br>These findings were verified with Staff B on 02/13/13 at 2:00 PM. | C 231 | | |