**Initial Comments**

Based on implementation of an acceptable plan of correction, the facility is deemed to be in compliance as of 10/31/18.
This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DATE</th>
<th>ITEM</th>
<th>DATE</th>
<th>ITEM</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Prefix 902 KAR 20:360 5(3)(a)11a-b</td>
<td>Completed</td>
<td>ID Prefix 902 KAR 20:360 7(3)(a-e)</td>
<td>Completed</td>
<td>ID Prefix 902 KAR 20:360 13(7)</td>
<td>Completed</td>
</tr>
<tr>
<td>LSC</td>
<td>10/31/2018</td>
<td>LSC</td>
<td>10/31/2018</td>
<td>LSC</td>
<td>10/31/2018</td>
</tr>
</tbody>
</table>

Reviewed by State Agency: Date: 10/1/18

Reviewed by CMS RO: Date: 10/1/18

Followup to survey completed on 10/10/2018

Check for any uncorrected deficiencies. Was a summary of uncorrected deficiencies (CMS-2587) sent to the facility?

Yes No
**E 000** Initial Comments

A Relicensure Survey was conducted on 10/10/18 and found the facility not meeting relicensure requirements with deficiencies cited.

**E 245**

902 KAR 20:350 5(3)(a)11a-b Section 5. Administration and Operation

(3) Personnel.

(a) A facility shall have a staff that is adequately trained and capable of providing appropriate service and supervision to the patients.

   11. A personnel file shall be maintained for each employee and for each volunteer as follows:

      a. The records shall be:

         (i) Completely and accurately documented;

         (ii) Readily available and systematically organized to facilitate the compilation and retrieval of information; and

         b. The file shall contain:

         (i) A current job description that reflects the individual's responsibilities and work assignments; and

         (ii) Documentation of the individual's orientation, in-service education, appropriate licensure, if applicable, and TB testing.

This requirement is not met as evidenced by:

Based on interview, record review, and facility policy review, it was determined the facility failed to maintain personnel records with current Tuberculosis testing for four (4) of ten (10) staff members.

The findings include:

The facility did not provide a policy regarding Tuberculosis testing.

---

**E 245**

Violations in TB—Testing were corrected immediately, all completed by 10-17-18.

Orderly, Surg. Tech and Receptionist #2 have been re-tested and Receptionist #1 had a TB test done. All results were negative.

The TB-Test and Documentation policy has been updated to reflect that the Nurse Manager will have TB-test documents in a binder in her possession. In addition the TB-Test documents are noted on a yellow form to distinguish them from other forms, and thus not easily misplaced.
**E 245** Continued From page 1

Review of four (4) personnel files revealed the Orderly and the Surgical Technician's most recent Tuberculosis tests were dated 11/16/16. Receptionist #1's file did not contain evidence of Tuberculosis testing conducted since the date of hire, 01/27/18, and Receptionist #2's file did not contain evidence of Tuberculosis testing conducted since the date of hire, 07/24/18.

Interview with the Executive Director (ED), on 10/10/18 at 4:42 PM, revealed she was aware the facility did not perform Tuberculosis testing on one (1) recently hired staff member. The ED stated she instructed the nurses to ensure Tuberculosis testing occurred for new staff and annually during September and October. She stated she was unable to locate the proof of testing for the staff. She stated the purpose of Tuberculosis testing was to ensure infected staff was not in direct contact with clients, as many of the clients might be more susceptible to infections given their backgrounds.

**E 340** 902 KAR 20:360 7(3)(e) Section 7. Pharmaceutical Services

Pharmaceutical services shall be provided in accordance with accepted professional practice and federal, state, and local laws.

(3) Medicine storage.

(a) Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored and safeguarded in enclosures of sufficient size that are not accessible to unauthorized persons.

(b) Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements.
Continued from page 2:

E 340 Established on the label of medications.
   (c) A thermometer accurate to ± three (3) degrees Fahrenheit shall be maintained in these refrigerators.
   (d) Only authorized personnel shall have access to storage enclosures.
   (e) Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws.

This requirement is not met as evidenced by:

Based on observation, interview, and facility policy review, it was determined the facility failed to ensure medications maintained in the facility, available for staff use, were not expired. In addition, observations revealed multiple medical supply items, which included surgical gloves, tape, curettes, and intravenous needles, were expired and available for staff use.

The findings include:

Review of the facility's policy, "Procedures to be Followed in the Storage, Handling, and Administration of Drugs and Biologicals", undated, revealed it did not address expired medications and/or supplies.

Observation of Exam Room #3, on 10/10/18 at 9:15 AM, revealed under the base cabinet, there was a 1000 milliliter (ml) bottle of 0.9% Normal Saline, partially used, dated opened 06/22/09. In addition, there was a silicone donut pessary kit with an expiration date of October 2000, and a silicone incontinence dish with support, packaged identical to the pessary kit, with the expiration date missing.

Observation of the laboratory, on 10/10/18 at...
E 340 Continued From page 3

10:48 AM, revealed one (1) box containing twelve (12) rolls of Micropore surgical tape, 1 inch x 10 yards, with an expiration date of 01/2017.

Observation of the pre-procedure room, on 10/10/18 at 11:12 AM, revealed two (2) Jelco intravenous catheters, 16 Gauge 1-1/4, with expiration dates of 01/2018.

Observation of the procedure room, on 10/10/18 at 11:17 AM, revealed seven (7) disposable rigid, 15 curved curettes with expiration dates of 03/2018. In addition, there was one (1) ampoule of Epinephrine with an expiration date of 01/01/18, in the anesthesia cart. Both the curettes and the Epinephrine were in areas with other items and available for staff use.

Interview with the Certified Registered Nurse Anesthetist (CRNA), on 10/10/18 at 11:23 AM, revealed she worked from the anesthesia cart for the scheduled procedures on this date, which she used the medications in the cart to manage the clients during their procedures. She stated she was preparing the cart for the next client and procedure. She stated she checked her medications every day and was not aware the medication was outdated. She stated staff should not use outdated medications, as expired medication potentially was not as effective as they should be.

Observation of the supply closet, on 10/10/18 at 11:38 AM, revealed one (1) opened box of size 7 Criterion surgeon gloves with an expiration date of 05/2018.

Observation of the post-procedure room, on 10/10/18 at 11:53 AM, revealed the following items on cabinet shelves available for staff use:

Cont. E 340

The Criterion Surgery gloves, a free promo sample box, not utilized by physicians have been discarded from the supply room.

The Transpore Tape in the post procedure room has been discarded. Other items in post procedure room were stored in cabinets not utilized by medical staff or used on patients. These items have been discarded.

The non-aspirin pain reliever has been discarded and replaced.

Cont....
E 340 Continued From page 4

five (5) rolls of Transpore tape, 1 inch x 10 yards, with expiration dates of 08/2016; and six (6) Terumo Intravenous catheters, 20 gauge x 1 inch, three (3) expired 09/2005, two (2) expired 08/2004, and one (1) expired 05/2004.

Continued observation of the post-procedure room revealed the following items in cabinet drawers available for staff use: one (1) BD PRN adapter with an expiration date of 04/2007, and one (1) opened box of one hundred (100) Kendall Monoject Hypodermic Needle Polypropylene Hubs, with an expiration date of 01/2017. Also available were three (3) BD eclipse needles 21 gauge 1-1/2 TW with expiration dates of 03/2011.

Observation of the recovery lounge, on 10/10/18 at 12:01 PM, revealed an opened bottle of Geri-Medic pain relief acetaminophen tablets, 100 count, with an expiration date of 08/2018.

Interview with the Medical Assistant (MA), on 10/10/18 at 3:30 PM, revealed the expired bottle of Geri-Medic pain relief tablets was available for staff use in the recovery lounge. The MA stated the use of expired medications potentially resulted in allergic reactions, delayed reactions, or ineffectual results. The MA stated the nurse was responsible to check supplies for quantity and expiration.

Interview with the Licensed Practical Nurse (LPN), on 10/10/18 at 4:00 PM, revealed she had no responsibility regarding medication or medical supply stock levels; however, she further stated she was involved with the other staff as they went through the items every couple of months to check for sufficient supplies and expiration dates. The LPN stated expired medications might not be

Cont. E 340

All medical staff have been reminded to note and discard items that have or are about to expire. All spaces, even if not used to store items we currently use, have been cleared.

The LPN, full time employee, had been responsible to check medications and supplies with two part time RNs. This duty has now been assigned to the full time Nurse Manager, who will do monthly checks on all medications and supplies as well as be responsible for ordering replacements. These monthly audits will be duly noted.
Continued From page 5

as effective and expired supplies might have issues with sterility. In addition, the LPN stated she was unsure if the facility conducted audits related to expired medications or medical supplies.

Interview with the Registered Nurse (RN), on 10/10/18 at 4:12 PM, revealed she was unsure of the facility processes related to inventory/audits of medications and medical supplies. The RN stated administration of expired pain medications might affect the potency of the medication, as the client might not receive the intended results. In addition, the RN stated plastic brittle with age, and as a result, medical supplies might be affected.

Interview with the Executive Director (ED), on 10/10/18 at 4:42 PM, revealed the facility previously audited supplies monthly, but there had not been consistent staffing. The ED stated the facility might have supplies in areas which staff did not often utilize and therefore, the staff might be unaware of the presence of the expired supplies. The ED stated expired medications and supplies might be ineffective or defective. The ED was unable to recall specific quality improvement items related to auditing medications and/or medical supplies.

E 550

902 KAR 20:360 13(7) Section 13. Quality Improvement

(7) The quality improvement program shall identify and establish indicators of quality care specific to the facility that shall be monitored and evaluated.

This requirement is not met as evidenced by:

The Quality Improvement Policy will be updated by Oct. 31, 2018, to include specific steps to monitoring TB-testing and medications/supplies. The Nurse Manager will monitor and note TB-testing every three months. She will ensure
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: 300200
(X2) MULTIPLE CONSTRUCTION
A. BUILDING: 
B. WING: 
(X3) DATE SURVEY COMPLETED: 10/10/2018

NAME OF PROVIDER OR SUPPLIER
EMW WOMEN'S SURGICAL CENTER, PSC
STREET ADDRESS, CITY, STATE, ZIP CODE
136 WEST MARKET STREET
LOUISVILLE, KY 40202

<table>
<thead>
<tr>
<th>ID (X4)</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID (X5)</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
</table>
| E 550   | Continued From page 6 
Based on interview and facility policy review, it was determined the facility failed to have a Quality Assurance Program that monitored indicators of quality care, as evidenced by a repeated deficiency related to staff Tuberculosis testing. The findings include:

The facility did not provide a Quality Improvement policy. 
Review of personnel files during survey revealed the files did not contain records of Tuberculosis testing. (Refer to E245) This deficient practice was cited during the last Relicensure Survey, 11/19/18. 

Interview with the Licensed Practical Nurse (LPN), on 10/10/18 at 4:00 PM, revealed the facility had a Quality Assurance (QA) type of meeting about every two (2) to three (3) months, in which the physicians facilitated the meeting. She stated the physicians brought forth concerns and presented the problems, followed by questions, regarding areas of concerns and improvement opportunities. Then, there was another meeting for follow-up to evaluate if the changes made resolved the issues. In addition, the LPN stated the Executive Director (ED) was involved in QA with the paperwork, such as signatures, discharge information, etc.

Interview with the ED, on 10/10/18 at 4:35 PM, revealed she was involved with the QA Program for the facility, which had not been a priority. She stated staff Tuberculosis testing was not on her QA, even though it was previously cited.

Interview with the Physician/Owner, on 10/10/18 |

Cont. E 550 
new employees are in compliance as soon as hired. As mentioned before, The Nurse Manager will monitor all supplies and medications monthly for expiration dates. Documentation of the above will be immediately placed in a binder to ensure quality assurance. Other things of concerns are discussed in the quarterly staff meetings where the problem is identified and discussed, plan of correction is designed and the issue is brought up again to see if it has been corrected. This plan of action will be documented in writing also to further ensure quality assurance.
E 550 Continued From page 7

at 4:59 PM, revealed his only concern was for client care and he was not involved with audits, reviews, or the operation of the facility. He stated he was unable to answer any nursing questions and anything related to those nursing issues were referred to the ED.
E 000 Initial Comments

A Relicensure Survey was conducted on 10/10/18 and found the facility not meeting re licensure requirements with deficiencies cited.

E 245 902 KAR 20:360 5(3)(a)11a-b Section 5. Administration and Operation

(3) Personnel.
(a) A facility shall have a staff that is adequately trained and capable of providing appropriate service and supervision to the patients.
11. A personnel file shall be maintained for each employee and for each volunteer as follows:
   a. The records shall be:
      (i) Completely and accurately documented;
      and
      (ii) Readily available and systematically organized to facilitate the compilation and retrieval of information; and
   b. The file shall contain:
      (i) A current job description that reflects the individual's responsibilities and work assignments; and
      (ii) Documentation of the individual's orientation, in-service education, appropriate licensure, if applicable, and TB testing.

This requirement is not met as evidenced by:
Based on interview, record review, and facility policy review, it was determined the facility failed to maintain personnel records with current Tuberculosis testing for four (4) of ten (10) staff members.

The findings include:
The facility did not provide a policy regarding Tuberculosis testing.

E 245 Violations in TB – Testing were corrected immediately, all completed by 10-17-18.
Orderly, Surg. Tech and Receptionist #2 have been re-tested and Receptionist #1 had a TB test done. All results were negative.

The TB-Test and Documentation policy has been updated to reflect that the Nurse Manager will have TB-test documents in a binder in her possession. In addition the TB-Test documents are noted on a yellow form to distinguish them from other forms, and thus not easily misplaced.
Review of four (4) personnel files revealed the Orderly and the Surgical Technician's most recent Tuberculosis tests were dated 11/16/16. Receptionist #1's file did not contain evidence of Tuberculosis testing conducted since the date of hire, 01/27/18, and Receptionist #2's file did not contain evidence of Tuberculosis testing conducted since the date of hire, 07/24/18.

Interview with the Executive Director (ED), on 10/1/18 at 4:42 PM, revealed she was aware the facility did not perform Tuberculosis testing on one (1) recently hired staff member. The ED stated she instructed the nurses to ensure Tuberculosis testing occurred for new staff and annually during September and October. She stated she was unable to locate the proof of testing for the staff. She stated the purpose of Tuberculosis testing was to ensure infected staff was not in direct contact with clients, as many of the clients might be more susceptible to infections given their backgrounds.

**E 340**

902 KAR 20:360 7(3)(a-e) Section 7, Pharmaceutical Services

Pharmaceutical services shall be provided in accordance with accepted professional practice and federal, state, and local laws.

(3) Medicine storage.

(a) Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored and safeguarded in enclosures of sufficient size that are not accessible to unauthorized persons.

(b) Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 340</td>
<td>Continued From page 2 established on the label of medications. (c) A thermometer accurate to ± three (3) degrees Fahrenheit shall be maintained in these refrigerators. (d) Only authorized personnel shall have access to storage enclosures. (e) Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws. This requirement is not met as evidenced by: Based on observation, interview, and facility policy review, it was determined the facility failed to ensure medications maintained in the facility, available for staff use, were not expired. In addition, observations revealed multiple medical supply items, which included surgical gloves, tape, curettes, and intravenous needles, were expired and available for staff use. The findings include: Review of the facility's policy, &quot;Procedures to be Followed In the Storage, Handling, and Administration of Drugs and Biologics&quot;, undated, revealed it did not address expired medications and/or supplies. Observation of Exam Room #3, on 10/10/18 at 9:15 AM, revealed under the base cabinet, there was a 1000 milliliter (ml) bottle of 0.9% Normal Saline, partially used, dated opened 06/22/09. In addition, there was a silicone donut pessary kit with an expiration date of October 2000, and a silicone incontinence dish with support, packaged identical to the pessary kit, with the expiration date missing. Observation of the laboratory, on 10/10/18 at 9:15 AM, revealed a bottle of 0.9% Normal Saline, dated opened 06/22/09, and a silicone incontinence dish with support, packaged identical to the pessary kit, with the expiration date missing.</td>
<td>E 340</td>
<td>Cont. E 340 monitoring and discarding expired medications. Items in Exam Room #3 were not used by EMW clinic staff or on EMW patients. That space was utilized by a previous gynecology practice no longer in practice. Items have been discarded. Outdated Micropore tape in laboratory has been discarded. Expired supplies in pre-op have been discarded, as have the items in the procedure room. The expired Epinephrine ampule has been discarded, a current Epinephrine ampule was available in the drawer.</td>
<td></td>
</tr>
</tbody>
</table>

| STATE FORM | QU7111 |

[Seal: Americans United for Life]

[Stamp: RECEIVED OCT 31 2019]

[Office of Inspector General]

[Division of Health Care Facilities and Services]
Continued From page 3

10:48 AM, revealed one (1) box containing twelve (12) rolls of Micropore surgical tape, 1 inch x 10 yards, with an expiration date of 01/2017.

Observation of the pre-procedure room, on 10/10/18 at 11:12 AM, revealed two (2) Jelco intravenous catheters, 16 Gauge 1-1/4, with expiration dates of 01/2018.

Observation of the procedure room, on 10/10/18 at 11:17 AM, revealed seven (7) disposable rigid, 15 curved curettes with expiration dates of 03/2018. In addition, there was one (1) ampule of Epinephrine with an expiration date of 01/01/18, in the anesthesia cart. Both the curettes and the Epinephrine were in areas with other items and available for staff use.

Interview with the Certified Registered Nurse Anesthetist (CRNA), on 10/10/18 at 11:23 AM, revealed she worked from the anesthesia cart for the scheduled procedures on this date, which she used the medications in the cart to manage the clients during their procedures. She stated she was preparing the cart for the next client and procedure. She stated she checked her medications every day and was not aware the medication was outdated. She stated staff should not use outdated medications, as expired medication potentially was not as effective as they should be.

Observation of the supply closet, on 10/10/18 at 11:38 AM, revealed one (1) opened box of size 7 Criterion surgeon gloves with an expiration date of 08/2018.

Observation of the post-procedure room, on 10/10/18 at 11:53 AM, revealed the following items on cabinet shelves available for staff use:

Cont. E 340

The Criterion Surgery gloves, a free promo sample box, not utilized by physicians have been discarded from the supply room.

The Transpore Tape in the post procedure room has been discarded. Other items in post procedure room were stored in cabinets not utilized by medical staff or used on patients. These items have been discarded.

The non-aspirin pain reliever has been discarded and replaced.

Cont....
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 340</td>
<td>Continued From page 4</td>
<td></td>
<td>Five (5) rolls of Transpare tape, 1 inch x 10 yards, with expiration dates of 09/2016; and six (6) Terumo intravenous catheters, 20 gauge x 1 inch, three (3) expired 09/2008, two (2) expired 08/2004, and one (1) expired 05/2004. Continued observation of the post-procedure room revealed the following items in cabinet drawers available for staff use: one (1) BD PRN adapter with an expiration date of 04/2007, and one (1) opened box of one hundred (100) Kendall Monoject Hypodermic Needle Polypropylene Hubs, with an expiration date of 01/2017. Also available were three (3) BD eclipse needles 21 gauge 1-1/2 TW with expiration dates of 03/2011. Observation of the recovery lounge, on 10/10/18 at 12:01 PM, revealed an opened bottle of Gericare non-aspirin pain relief acetaminophen tablets, 100 count, with an expiration date of 08/2018. Interview with the Medical Assistant (MA), on 10/10/18 at 3:30 PM, revealed the expired bottle of Gericare non-aspirin tablets was available for staff use in the recovery lounge. The MA stated the use of expired medications potentially resulted in allergic responses, delayed reactions, or ineffective results. The MA stated she believed the nurse was responsible to check supplies for quantity and expiration. Interview with the Licensed Practical Nurse (LPN), on 10/10/18 at 4:00 PM, revealed she had no responsibility regarding medication or medical supply stock levels; however, she further stated she was involved with the other staff as they went through the items every couple of months to check for sufficient supplies and expiration dates. The LPN stated expired medications might not be</td>
<td>E 340</td>
<td>Cont. E 340</td>
<td></td>
<td>All medical staff have been reminded to note and discard items that have or are about to expire. All spaces, even if not used to store items we currently use, have been cleared. The LPN, full time employee, had been responsible to check medications and supplies with two part time RNs. This duty has now been assigned to the full time Nurse Manager, who will do monthly checks on all medications and supplies as well as be responsible for ordering replacements. These monthly audits will be duly noted.</td>
<td></td>
</tr>
</tbody>
</table>
EMW WOMEN'S SURGICAL CENTER, PSC  
135 WEST MARKET STREET  
LOUISVILLE, KY 40202

<table>
<thead>
<tr>
<th>E 340</th>
<th>Continued From page 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>as effective and expired supplies might have</td>
</tr>
<tr>
<td></td>
<td>issues with sterility. In addition, the LPN</td>
</tr>
<tr>
<td></td>
<td>stated she was unsure if the facility conducted</td>
</tr>
<tr>
<td></td>
<td>audits related to expired medications or medical</td>
</tr>
<tr>
<td></td>
<td>supplies.</td>
</tr>
</tbody>
</table>

Interview with the Registered Nurse (RN), on 10/10/18 at 4:12 PM, revealed she was unsure of the facility processes related to inventory/audits of medications and medical supplies. The RN stated administration of expired pain medications might affect the potency of the medication, as the client might not receive the intended results. In addition, the RN stated plastic brittle with age, and as a result, medical supplies might be affected.

Interview with the Executive Director (ED), on 10/10/18 at 4:42 PM, revealed the facility previously audited supplies monthly, but there had not been consistent staffing. The ED stated the facility might have supplies in areas in which staff did not often utilize and therefore, the staff might be unaware of the presence of the expired supplies. The ED stated expired medications and supplies might be ineffective or defective. The ED was unable to recall specific quality improvement items related to auditing medications and/or medical supplies.

<table>
<thead>
<tr>
<th>E 550</th>
<th>902 KAR 20:360 13(7) Section 13. Quality Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(7) The quality Improvement program shall identify and</td>
</tr>
<tr>
<td></td>
<td>establish indicators of quality care specific to the</td>
</tr>
<tr>
<td></td>
<td>facility that shall be monitored and evaluated.</td>
</tr>
</tbody>
</table>

This requirement is not met as evidenced by:

<table>
<thead>
<tr>
<th>E 550</th>
<th>The Quality Improvement Policy will be updated by Oct. 31, 2018, to include specific steps to monitoring TB-testing and medications/supplies. The Nurse Manager will monitor and note TB-testing every three months. She will ensure</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH OF WHICH MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| E 550 | Continued From page 6  
Based on interview and facility policy review, it was determined the facility failed to have a Quality Assurance Program that monitored indicators of quality care, as evidenced by a repeated deficiency related to staff Tuberculosis testing.  
The findings include:  
The facility did not provide a Quality Improvement policy.  
Review of personnel files during survey revealed the files did not contain records of Tuberculosis testing. (Refer to E245) This deficient practice was cited during the last Relicensing Survey, 11/19/18.  
Interview with the Licensed Practical Nurse (LPN), on 10/10/18 at 4:00 PM, revealed the facility had a Quality Assurance (QA) type of meeting about every two (2) to three (3) months, in which the physicians facilitated the meeting.  
She stated the physicians brought forth concerns and presented the problems, followed by questions, regarding areas of concerns and improvement opportunities. Then, there was another meeting for follow-up to evaluate if the changes made resolved the issues. In addition, the LPN stated the Executive Director (ED) was involved in QA with the paperwork, such as signatures, discharge information, etc.  
Interview with the ED, on 10/10/18 at 4:35 PM, revealed she was involved with the QA Program for the facility, which had not been a priority. She stated staff Tuberculosis testing was not on her QA, even though it was previously cited.  
Interview with the Physician/Owner, on 10/10/18 |

<table>
<thead>
<tr>
<th>ID</th>
<th>PROVIDER’S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
</table>
| E 550 | Cont. E 550  
new employees are in compliance as soon as hired. As mentioned before, The Nurse Manager will monitor all supplies and medications monthly for expiration dates. Documentation of the above will be immediately placed in a binder to ensure quality assurance. Other things of concerns are discussed in the quarterly staff meetings where the problem is identified and discussed, plan of correction is designed and the issue is brought up again to see if it has been corrected. This plan of action will be documented in writing also to further ensure quality assurance. |
E 550 Continued From page 7

at 4:59 PM, revealed his only concern was for client care and he was not involved with audits, reviews, or the operation of the facility. He stated he was unable to answer any nursing questions and anything related to those nursing issues were referred to the ED.
Tag/Concerns:

10/10/18 4:42 P.M.

used to own - then we still staff always had nurse to go through at least monthly, now taking that responsibility may be in areas we don't look at purpose person may not even been aware possible effects might be defective possible there not effective always there maybe people don't know about new sponging consistent sponging (CD) in back.

Any idea hasn't had one may have been given word or surprise perhaps is I feel nurses to make sure they get TB test every new person in dept or out be more conscientious to ensure expected staff don't handle patients potentially segment by clients from other counties

Fire call up attempt to extinguish sent me extreme dehydration power outage have generator

Documentation:

CD 16 years.
Facility Name: CMS Women's Surgical Cat
Provider Number: 30000
Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS
09/10/18 16:12

DOCUMENATION
RN - June 2020

Am - do med. try / foley to foley concepts / learning
12G - IV in O.R. under nurse supervision - heel when needed.

I will be responsible - unsure if current process
only training for about 3 weeks.

IV process -
Keep IV post-op - under cabinet
- Infusion W. Alcohol, whatever is needed
for each patient - I check for exp dates
and always dye drawing - change only

Parent 0 tetanus - If pain med -
potential reaction -

plaster strips

Have not been but unsure if occurs -

A - I know she checks charts -
do have staff meetings - flow mgs -
do look at processes - ways to improve

FIRE - case emerger, servers - ensure -

patients - staff be in building

Orientation today - another nurse
was with the nurses -
5 days people - days - post op - days

NAT online modules.
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days in ok.</td>
<td></td>
</tr>
<tr>
<td>OKM - have generator if</td>
<td></td>
</tr>
<tr>
<td>always</td>
<td></td>
</tr>
<tr>
<td>ask if want direction - if B then atten to</td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td></td>
</tr>
<tr>
<td>we have direct contact/resources &amp; can</td>
<td></td>
</tr>
<tr>
<td>get them their same day if necessary</td>
<td></td>
</tr>
<tr>
<td>TAG/CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Surgery Schedule</td>
<td></td>
</tr>
<tr>
<td>Lab Records</td>
<td></td>
</tr>
<tr>
<td>Clinic Exp 10/25/18</td>
<td></td>
</tr>
<tr>
<td>Posted on Water</td>
<td></td>
</tr>
<tr>
<td>Lab Refrig</td>
<td></td>
</tr>
<tr>
<td>P.O. (6) Exp 09/13/20</td>
<td></td>
</tr>
<tr>
<td>x 1 yleo Bor 09/10</td>
<td></td>
</tr>
<tr>
<td>11/19/18 - Port 12 Ex/End</td>
<td></td>
</tr>
<tr>
<td>MAS Wrenched Bottle</td>
<td></td>
</tr>
<tr>
<td>Dated opened Oct</td>
<td></td>
</tr>
<tr>
<td>Responsible Rigid Curette x 1 Exp 3/18</td>
<td>15 Applied</td>
</tr>
<tr>
<td>Ecol x 1 vial</td>
<td></td>
</tr>
<tr>
<td>Ecol Exp 1/2018</td>
<td></td>
</tr>
<tr>
<td>Ecol 61068A</td>
<td></td>
</tr>
<tr>
<td>Surgeon Sterile Syringe x 1 Box Exp 07/2018</td>
<td></td>
</tr>
<tr>
<td>Antipneural x 12-0.4/1mg 1mg/12-x6</td>
<td></td>
</tr>
<tr>
<td>Serum 12-0.4/1mg 1mg/12-x6</td>
<td></td>
</tr>
<tr>
<td>Surgical Tape x 5 Rolls 1/2017</td>
<td></td>
</tr>
<tr>
<td>PPD - Tubercol open date 21/11/18 - Exp date 21/11/18</td>
<td></td>
</tr>
<tr>
<td>TAG/CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Patient records</td>
<td>Procedure 9/15/18</td>
</tr>
<tr>
<td>1. DOB, MR# - all components, per regulation, present in record</td>
<td></td>
</tr>
<tr>
<td>2. DOB, MR# - all components present in record, per regulation</td>
<td></td>
</tr>
<tr>
<td>3. DOB, MR# - all components present in record, per regulation</td>
<td></td>
</tr>
<tr>
<td>4. DOB, MR# - all components present in record, per regulation</td>
<td></td>
</tr>
<tr>
<td>5. DOB, MR# - all components present in record, per regulation</td>
<td></td>
</tr>
<tr>
<td>6. DOB, MR - procedure 11/15/16</td>
<td></td>
</tr>
<tr>
<td>TAG/CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------</td>
</tr>
</tbody>
</table>
| 4:59 pm 10/10/18 | - have staff, responsible,
|               | - anything expired - throw it away.  
|               | - little thing they overlooked - 
|               | - places we don't go - 
|               | - isolated once stepped - I'm not right person - 
|               | - constant with on - 
|               | - to we do everyday - job to keep - |
## Surveyor Notes Worksheet

**Facility Name:** EWW Women's Surgery<br>
**Provider Number:** 820000<br>
**Observation Dates:** From 10/10/18 To 10/10/18

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>Orientation - showed me around - worked + she explained my duties - always there to ask if?</td>
</tr>
<tr>
<td>10/10/18 4:00p</td>
<td>LPN - 4 yrs February - role in AM - ultrasound - help distribute - little meds - any help needed. When needed - assist E 1/2 &amp; paperwork any assistance necessary - to keep meds / supplies I do charge the crash cart. Any affect expidited supply - may not be effective - may affect sterility meds may be the go effective. Unsecured audits R I.T. supplies needs - check for &amp; common needs - goal to go through every couple months. QA - 2-3 months we have met - usually saturated by mo's address any concerns? Charte c/e multiple time &amp; counsel - essentially each person (staff) - chart is reviewed for accuracy 10 + then after discharge (DR) goes through new. Fire - announce - get patient - attempt to extinguish. Storm - power outage - assemble / communicate.</td>
</tr>
</tbody>
</table>

Form CMS-807 (07/95)
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/10/18 3:30</td>
<td></td>
</tr>
</tbody>
</table>

Medical Assistant - AM labs / vitals / notes - draw blood - urine - lab going into exam room - assist Mob / chart - offer any assistance - 1200 recovery lounge - vitals - Platinum - bleeding - med - pulse for pain - ACCESS PAT + file papers

Never used that one - was next to computer available for use.

Who checks supplies - I am don't think expired

Possible effects allergies - immediate - could be delayed reaction - could effect efficacy of medicine.

Throw pulls away - I found another towel and threw away.

Nurse does that - goes around and checks for supplies.

Any questions I can go to QA meeting occur - but not part of.

Fire - if up - get my parents - try to go if down - do the same -

If power out - gather in hall outside OR.
SURVEYOR NOTES WORKSHEET

Facility Name: EWW Women's Surgical Center
Provider Number: 0000000
Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS

Equipment

HVAC - Service inspection report visualized 5/18-8/18
Service Contract 12/18/13

(Generator - Draw 4500W-160A/120V 60Hz
Service 7/1/18 & recommended: 25% fuel levels
Maintenance agreement 4/4/2018

Sprinkler - Contract 3/11/18 - 2/28/19

Ultrasound - ULD G5 -
Service contract dates 9/28/17 - 48 month

Elevator - Permit current & displayed
Inspection 3/12/18

Clinical Meeting

3/15/18 - 2/5-10-18/4-9/18
- Infection control & "bed bug" (singlecase)
noticed in common area - plans discussed
- Implement FLU next month

9/10/18 - MSDS organization ongoing
- Flu from previous QA. Concerns
- New QA not specific to patients or employees

8/9/18 - Staffing virus discussed - flu from previous QA discussed
New QA item specific to employee
- "No" to patient dressing, great infection control
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Exit Conference</strong></td>
</tr>
<tr>
<td></td>
<td>ACLU</td>
</tr>
<tr>
<td></td>
<td>MD</td>
</tr>
<tr>
<td></td>
<td>USSW</td>
</tr>
</tbody>
</table>

Facility Name: Emw
Provider Number: 300200
Observation Dates: From 10/10 To

Surveyor Name:
Surveyor Number:
Discipline:

Americans United for Life
SURVEYOR NOTES WORKSHEET

Facility Name: EMW, Womens AF
Provider Number: 300200
Observation Dates: From 10/10/18 To

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/28/16</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>LPN</td>
<td>Admitted to Kare; check with State Board re: 502-429-3300 3313 CPR Current TB 2/6/16</td>
</tr>
<tr>
<td></td>
<td>Sterile Supply current CPR TB Missing 2017 (last 11/16/16 not obtained; paper for completion-none done)</td>
</tr>
<tr>
<td></td>
<td>NG-TB</td>
</tr>
<tr>
<td></td>
<td>TB 11/16/16 done; 2017 missing</td>
</tr>
<tr>
<td></td>
<td>no TB SKIN test on hire or since</td>
</tr>
<tr>
<td></td>
<td>current BLS current TB</td>
</tr>
</tbody>
</table>

Form CMS-807 (07/95)
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:10</td>
<td>Arrived at 8:31</td>
</tr>
<tr>
<td>9 AM</td>
<td>EXAM ROOM 1 - Paper wrinkle on table - Apples used - No one in room - Client in the area</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TAG/CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>Patient / Client / Resident Roster</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>TAG/CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Exam Room #1</td>
<td>Light off</td>
</tr>
<tr>
<td>ULTRA sound equipment</td>
<td>WD10D5 Present</td>
</tr>
<tr>
<td>Paper on wall</td>
<td>Winkled</td>
</tr>
<tr>
<td>Storeroom pulled out</td>
<td>Covers removed from Sharps Container on Bar Stove</td>
</tr>
<tr>
<td>Exam Room 3</td>
<td>Storage</td>
</tr>
<tr>
<td>PIPSCREWS</td>
<td>Cups</td>
</tr>
<tr>
<td>GLOVES</td>
<td>Contaminated</td>
</tr>
<tr>
<td>Refrigerator labeled</td>
<td>No Medicine Life Storage Unit</td>
</tr>
<tr>
<td>Base Cabinet</td>
<td>0.9% Sodium Chloride Inj 5mL Exp May 11</td>
</tr>
<tr>
<td>8/22/09</td>
<td>82102262</td>
</tr>
<tr>
<td>Exam Room 4</td>
<td>Compressed Gas in this location - Sign on door</td>
</tr>
<tr>
<td>- present tank carriers - Paper for tables (exam)</td>
<td></td>
</tr>
<tr>
<td>- Sharp - Bales - Screwdriver</td>
<td></td>
</tr>
<tr>
<td>Surgical Drape Pleated Kit Exp 2-2-93</td>
<td></td>
</tr>
<tr>
<td>Exp Date</td>
<td>Lot #</td>
</tr>
<tr>
<td>10/2000</td>
<td>0-367</td>
</tr>
<tr>
<td>Storage of help</td>
<td>Storage support was aligned</td>
</tr>
<tr>
<td>Incontinence brief in support</td>
<td>5-50m</td>
</tr>
<tr>
<td>Effluent paper cut out</td>
<td>- x36 Feild Fuel Drapes - opened in log</td>
</tr>
<tr>
<td>TAG/CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Property Observation</td>
<td>Wildside - Stored</td>
</tr>
<tr>
<td>2 wire basket</td>
<td></td>
</tr>
<tr>
<td>1 basket</td>
<td></td>
</tr>
<tr>
<td>20 item</td>
<td>Bill shares screw 7/11/09 sterilized in top instrument speaker</td>
</tr>
<tr>
<td>2 wire basket</td>
<td>13 sealed sterilized dated 8/19/10</td>
</tr>
<tr>
<td></td>
<td>9/15/11</td>
</tr>
<tr>
<td></td>
<td>10/15/11</td>
</tr>
<tr>
<td>2 item - long handled - clip - sharp point - held SUSP</td>
<td>Self seal sterilization pass</td>
</tr>
<tr>
<td></td>
<td>Thus A - Appears - to open top of drawer to convert drawer to hold file holder</td>
</tr>
<tr>
<td></td>
<td>Doctor's office - Queen room 2 = Door unlocked / open - Accessible to client</td>
</tr>
<tr>
<td></td>
<td>2 client seated / unattended in area</td>
</tr>
<tr>
<td></td>
<td>Observed - Greeting client - kind</td>
</tr>
</tbody>
</table>

Americans United for Life
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview</td>
<td>10/10/18</td>
</tr>
<tr>
<td></td>
<td>Ultra sounds/LTM</td>
</tr>
<tr>
<td></td>
<td>4 yrs employed in lab</td>
</tr>
<tr>
<td></td>
<td>Role was trained by PSC</td>
</tr>
<tr>
<td></td>
<td>Pass Rx 46 med -</td>
</tr>
<tr>
<td></td>
<td>Assist MDs in hoops</td>
</tr>
<tr>
<td></td>
<td>Help get EV started -</td>
</tr>
<tr>
<td></td>
<td>Paperwork ready for OR</td>
</tr>
<tr>
<td></td>
<td>7 procedures - Assist others - face to face contact</td>
</tr>
<tr>
<td></td>
<td>Any responses made - no</td>
</tr>
<tr>
<td></td>
<td>Crash cart - Banon access -</td>
</tr>
<tr>
<td></td>
<td>Found outdated</td>
</tr>
<tr>
<td></td>
<td>Not effective -</td>
</tr>
<tr>
<td></td>
<td>Sure there is a reason any -</td>
</tr>
<tr>
<td></td>
<td>If sterile - not sterile anymore</td>
</tr>
<tr>
<td></td>
<td>Medications not effective anymore</td>
</tr>
<tr>
<td></td>
<td>Any part of checking - go through every couple 6 months -</td>
</tr>
<tr>
<td></td>
<td>Ask about PIA - 6-7-3 months - does facility -</td>
</tr>
<tr>
<td></td>
<td>Concerns / questions - docs present the plan -</td>
</tr>
<tr>
<td></td>
<td>Are if it worked in efficacy -</td>
</tr>
<tr>
<td></td>
<td>Circumstances - get EVтур and stents -</td>
</tr>
<tr>
<td></td>
<td>grass - make sure parameters -</td>
</tr>
<tr>
<td></td>
<td>Soled - on each item then again if not cleared</td>
</tr>
</tbody>
</table>

Americans United for Life
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety/fire</td>
<td>Get someone to call = evacuate</td>
</tr>
<tr>
<td></td>
<td>Try to put out</td>
</tr>
<tr>
<td>Power out</td>
<td>Get all pets in control area</td>
</tr>
<tr>
<td>TAG/CONECNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td>10/10/18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Invotive Empyment</td>
</tr>
<tr>
<td></td>
<td>Role: morning - midday - face to face - conduct</td>
</tr>
<tr>
<td></td>
<td>ultra sounds -</td>
</tr>
<tr>
<td></td>
<td>IV - phenegars</td>
</tr>
<tr>
<td></td>
<td>Thursday in off</td>
</tr>
<tr>
<td></td>
<td>Order most of supplies</td>
</tr>
<tr>
<td></td>
<td>Process - it will be</td>
</tr>
<tr>
<td></td>
<td>Tell me what we are doing on</td>
</tr>
<tr>
<td></td>
<td>Just been getting things we need / doing</td>
</tr>
<tr>
<td></td>
<td>through -</td>
</tr>
<tr>
<td></td>
<td>Ordering supplies</td>
</tr>
<tr>
<td></td>
<td>Waits in TV Room - grab first step</td>
</tr>
<tr>
<td></td>
<td>get charts - take first step go down</td>
</tr>
<tr>
<td></td>
<td>May keep in post op findest cases</td>
</tr>
<tr>
<td></td>
<td>Check expirient dates before I draw up</td>
</tr>
<tr>
<td></td>
<td>Cash and ordered</td>
</tr>
<tr>
<td></td>
<td>Tylenol Tuesday</td>
</tr>
<tr>
<td></td>
<td>Needle reaction not get efficacy or cap</td>
</tr>
<tr>
<td></td>
<td>Pulsate cradle</td>
</tr>
<tr>
<td></td>
<td>Use catheter - a little tube -</td>
</tr>
<tr>
<td></td>
<td>B Rate List -</td>
</tr>
<tr>
<td></td>
<td>QAA - down - V Charts / V Agendas</td>
</tr>
<tr>
<td></td>
<td>Study hits (for meeting) look - quarterly or twice a year</td>
</tr>
<tr>
<td></td>
<td>1971 - Eval - Call</td>
</tr>
<tr>
<td>TAG/CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Nurse</td>
<td>Worked per</td>
</tr>
<tr>
<td></td>
<td>5 days pre-op - Post Op - 2 days in Rec. Unit</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural Abortion</td>
<td>2 Days in OR - Concerns: pediatrics</td>
</tr>
<tr>
<td></td>
<td>Flower Generator take-up</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse</td>
<td></td>
</tr>
</tbody>
</table>
**SURVEYOR NOTES WORKSHEET**

**Facility Name:** ESW Women's Surgical Center  
**Provider Number:** 300200  
**Observation Dates:** From 10/10/18 To 10/10/18

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:15</td>
<td>Begun tour of lower level - Surgical area. Initial area - pre-operative - obs of area revealed 2 expired Jelco IV catheters. See other notes for specifics. Area noted to be clean and free of any odor. Area temperature comfortable. 6 stretchers in room - all dressed and ready for patients. Stretchers and all Egypt appear clean.</td>
</tr>
<tr>
<td></td>
<td>Obs of Surgical suite - appear clean and bright. Cena working + preparing for case. Per 6 cases. Some expired supplies and one vial of epi as expired - in anesthetist cart in addition to expired N catheters disposable syringes.</td>
</tr>
<tr>
<td></td>
<td>Review of sterile supply revealed 2 autoclaves - both with current inspection stickers. Review obs of supply &quot;closet&quot; revealed 1 opened box of Surgicel cloths &amp; expired date of 06/2018.</td>
</tr>
<tr>
<td></td>
<td>BGA recovery room revealed oven to be clean and free of odor. Continued obs revealed expired supplies - see detailed notes.</td>
</tr>
</tbody>
</table>

Form CMS-807 (07/95)
Facility Name: Emw Women's Surgical  
Provider Number: 300200  
Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS | DOCUMENTATION
--- | ---
10/10/18 8:31AM entered facility - presented cards to reception. allowed in to general waiting area. Stated ofc Manager not in yet but on way.

8:47AM - asked for update - Stated Manager not yet here but doesn't live far and should be soon.

8:50AM arrived - showed us to office for us to use.
Gave HIV form, Civil lts form & facility info form in addition to list for items - listing of all employees; staff schedule for today/tomorrow; organizational chart;

9:00AM discussed policies stated have paper set (old) and currently working to establish computerized set. Between both sets, stated should be able to provide any policies requested.

* 9:04AM left to begin tour of facility.

9:05AM provided list to to give to list of patient records to review - patient from last week; patient from week in 9/2013; patient from 9/2017; & patient from 9/2016.
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview in progress</td>
<td>Showing everything</td>
</tr>
<tr>
<td>Orientation started</td>
<td></td>
</tr>
<tr>
<td>Me my duties + other things</td>
<td></td>
</tr>
<tr>
<td>1 week in orientation</td>
<td>a 1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>www - done</td>
<td></td>
</tr>
</tbody>
</table>
## SURVEYOR NOTES WORKSHEET

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Surveyor Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emu Women's Surgical Center</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider Number:</th>
<th>Surveyor Number:</th>
<th>Discipline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>320000</td>
<td></td>
<td>607</td>
</tr>
</tbody>
</table>

**Observation Dates:** From 10/10/18 To 10/11/18

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ patient rights</td>
<td></td>
</tr>
<tr>
<td>✔️ administration / patient care records</td>
<td></td>
</tr>
<tr>
<td>✔️ storage, handling, &amp; administration of meds / biologicals</td>
<td></td>
</tr>
<tr>
<td>✔️ emergency medical service</td>
<td></td>
</tr>
<tr>
<td>✔️ voluntary / informed consent</td>
<td></td>
</tr>
<tr>
<td>✔️ grievances procedures</td>
<td></td>
</tr>
<tr>
<td>✔️ available services / charges</td>
<td></td>
</tr>
<tr>
<td>✔️ patient participation in planning treatment</td>
<td></td>
</tr>
<tr>
<td>✔️ confidentiality of patient records</td>
<td></td>
</tr>
<tr>
<td>✔️ infection control policy &amp; program</td>
<td></td>
</tr>
<tr>
<td>✔️ physician / nurse responsibilities</td>
<td></td>
</tr>
<tr>
<td>✔️ patient care policies - pre/intra/post procedure</td>
<td></td>
</tr>
<tr>
<td>✔️ patient education</td>
<td></td>
</tr>
<tr>
<td>✔️ patient follow-up &amp; discharge</td>
<td></td>
</tr>
<tr>
<td>✔️ transfer of patients &amp; IT care needs beyond facility</td>
<td></td>
</tr>
<tr>
<td>✔️ sanitation</td>
<td></td>
</tr>
<tr>
<td>✔️ medical waste disposal</td>
<td></td>
</tr>
<tr>
<td>✔️ incineration</td>
<td></td>
</tr>
<tr>
<td>✔️ quality improvement</td>
<td></td>
</tr>
<tr>
<td>✔️ minutes of clinical staff meetings</td>
<td></td>
</tr>
<tr>
<td>✔️ written orientation program</td>
<td></td>
</tr>
<tr>
<td>✔️ job descriptions - all positions</td>
<td></td>
</tr>
<tr>
<td>✔️ controlled substance records - nurses</td>
<td></td>
</tr>
</tbody>
</table>
**SURVEYOR NOTES WORKSHEET**

**Facility Name:** EMW Women's Surgical Arts  
**Provider Number:** 300200  
**Observation Dates:** From 10/10/18 To 10/10/18

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Versed 2 mg/2 ml 8:00 a.m. 10/2018</td>
<td></td>
</tr>
<tr>
<td>Ver Cephal 100 mg/2 ml 125 cc exp 12/2018</td>
<td></td>
</tr>
<tr>
<td>3 Saline</td>
<td></td>
</tr>
<tr>
<td>Phenacoum 12.5 mg X 7 wrapped green</td>
<td></td>
</tr>
<tr>
<td>100 mg added to 50ml NS bag</td>
<td></td>
</tr>
</tbody>
</table>
## SURVEYOR NOTES WORKSHEET

### Facility Name: BMW Women's Surgical Center
### Provider Number: 300300
### Observation Dates: From 10/10/18 To 10/10/18

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/10/18 10:48</td>
<td>1 box micropore tape - surgical 1&quot; x 10yd's</td>
</tr>
<tr>
<td></td>
<td>12 rolls, exp. 01/2017-01-01.</td>
</tr>
<tr>
<td>11.32 prep area</td>
<td>2 x 100 2 1/4 deluxe IV catheters.</td>
</tr>
<tr>
<td></td>
<td>exp 01/2018</td>
</tr>
<tr>
<td>11.34 supply closet</td>
<td>1 opened box</td>
</tr>
<tr>
<td></td>
<td>Cereni suvior gloves size 7 sterile</td>
</tr>
<tr>
<td></td>
<td>exp 06-2018</td>
</tr>
<tr>
<td>11.53 recovery/post procedure</td>
<td>In cabinets</td>
</tr>
<tr>
<td></td>
<td>Terumo Sureflo IV catheters 200</td>
</tr>
<tr>
<td></td>
<td>exp 01/2020. 3 x 09-2020 2 x 08/2020 1 x 05/2020.</td>
</tr>
<tr>
<td></td>
<td>5 x transparent tape rolls 1&quot; x 18yd - exp 08/2016.</td>
</tr>
<tr>
<td></td>
<td>In drawers</td>
</tr>
<tr>
<td></td>
<td>1 BD Pin adapter 04/2007 exp.</td>
</tr>
<tr>
<td></td>
<td>1 opened box Kendall Monogastri</td>
</tr>
<tr>
<td></td>
<td>Hypodermic needles polypropylene AUTO</td>
</tr>
<tr>
<td></td>
<td>exp 01-2017</td>
</tr>
<tr>
<td></td>
<td>3 x BP Eclipse needles 21G 1 1/2 Tuo</td>
</tr>
<tr>
<td></td>
<td>exp 03/2011.</td>
</tr>
<tr>
<td>12.01 recovery lounge</td>
<td>1 opened bottle 100 tablets 375 mg</td>
</tr>
</tbody>
</table>
| | Immediate non-aspirin pain relief - acetylsalicylic acid exp 09/18
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>459</td>
<td></td>
</tr>
<tr>
<td>Audits for</td>
<td></td>
</tr>
<tr>
<td>Don't ask me for</td>
<td></td>
</tr>
<tr>
<td>TB proof</td>
<td></td>
</tr>
<tr>
<td>Expired</td>
<td></td>
</tr>
</tbody>
</table>
SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women
Provider Number: 300 200
Observation Dates: From 10/10 To 10/14

TAG/CONCERNS

TB 10/10 [Person Intervied]

QAA

SUGGESTION

TB 10/10 [Person Interviewed]

DOCUMENTATION

Executive Director/Counseling
Social Work/Marriage Counseling

Ensure - Use to order all or if it then medical staff to put it away

They take
we don't store on a daily basis possible effect go expired supplies
they may be effective

gloves - Not gloves we used expired medication's not effective anymore

Any QAA process - It will be now - It is always there - contact everyone

How did it happen - Epi Centrt answer that tape wasn't used

Our last yr - SKP - Part time

No not really let me know when we had a constant

TB - Give them TB test

QAA - wouldn't be surprised

NOT QAA

Others
EMW WOMEN'S SURGICAL CENTER, PSC
136 WEST MARKET STREET
LOUISVILLE, KY 40202

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: 300200

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: ____________________
B. WING: ____________________

(X3) DATE SURVEY COMPLETED
R 12/14/2015

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

(E 000): 902 KAR 20:360 Initial Comments
Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 12/10/15 as alleged.

(E 000)

(X5) COMPLETE DATE

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

TITLE

STATE FORM RDXG12 0899

Continu... top 140 6.1
# Statement of Deficiencies and Plan of Correction

## NAME OF PROVIDER OR SUPPLIER
EMW Women's Surgical Center, PSC

## STREET ADDRESS, CITY, STATE, ZIP CODE
136 West Market Street, Louisville, KY 40202

### Summary Statement of Deficiencies

**E 000** 902 KAR 20:360 Initial Comments

A Relicensure Survey was initiated and concluded on 11/19/15 and found the facility not meeting the minimum requirements for relicensure with deficiencies cited.

**E 245** 902 KAR 20:360 Section 5. Administration and Operation

- **a.** A person with negative tuberculin skin tests who has direct contact with patients shall have an annual tuberculin skin test. [5.3(a)]
  - This requirement is not met as evidenced by:
    - Based on interview and record review, it was determined the clinic failed to ensure all person's with a negative tuberculin skin tests who had direct contact with patients had an annual tuberculin skin test performed and the test results included with the employee’s file for four (4) of six (6) files reviewed.

  The findings include:

  - Review of the Clinic’s Policy and Procedure manual revealed there was no written policy in place related to the yearly TB testing that was required for all staff and a procedure in place to monitor and insure that all testing was performed and documented in employee personnel files.

  - Review of the employee files revealed four (4) files did not have mandatory yearly TB testing results listed in files.

  - **1. Interview, on 11/19/15 at 10:21 AM, with Employee #4 revealed she did not know when her last TB was. Review of that employee’s file did not produce any evidence of TB testing being performed.**

### Written Policy Related to Yearly TB Testing:

- A written policy regarding yearly TB test have been created and has been placed in the Policy and Procedure Manual. This policy reflects that the Director orders the test each year, within 12 months of the most recent test, and assigns a staff nurse to give and read the results. New employees must provide proof of a recent valid test or get a skin test at the EMW clinic prior to starting her/his job.
**Office of Inspector General**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:**

300200

**(X2) MULTIPLE CONSTRUCTION**

A. BUILDING: 

B. WING: 

**(X3) DATE SURVEY COMPLETED:**

11/19/2015

**NAME OF PROVIDER OR SUPPLIER:**

EMW WOMEN’S SURGICAL CENTER, PSC

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

136 WEST MARKET STREET
LOUISVILLE, KY 40202

---

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER’S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
</table>
| E 245             | Continued From page 1  
2. Interview, on 11/19/15 at 10:30 AM, with Employee #5 revealed she believed her last TB test was probably three (3) years ago.  
3. Interview and record review, on 11/19/15 at 1:07 PM, with Employee #2 on duty revealed she did not know why her TB test results were not in her file. The last documented TB in her file was 2012. Employee #2 stated her last TB testing was done at a local school of medicine. Evidence of the test and results was provided for 2015 at the time of the survey. No evidence of TB testing for years 2013, or 2014 was provided at time of the survey.  
4. Review of Employee #6’s file revealed TB testing for the years 2013 and 2014 were not located.  
Interview, on 11/19/15 at 1:07 PM, with the Clinic Director revealed she had no idea why the TB tests were not in the employee files. The Clinic Director was unsure if this was a problem. |
| E 245             | TB test results in employee file:  
On 11–25-2015 all employees were given a tuberculin skin test and the results were placed in the employee personnel files  
The documentation and storage of the yearly tests will be assured by the Clinic Director. |
| E 330             | 902 KAR 20:360 Section 5. Administration and Operation  
6. In-service training programs shall be planned and provided for all employees and volunteers to ensure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: |
| E 330             | a. Infection control, to include as a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as hand washing, use of masks and gloves, |

---

**STATE FORM**

6009

RDXG11

**RECEIVED**

DEC 14 2015

OFFICE OF INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES AND SERVICES
**Employee In-service**

A binder has been created to document the nature and attendees of in-services. These in-services will be conducted in each specific area of clinic operation as well as ones held for all employees. These can occur more frequently, as needed, however no less than every six months. The Director will document and assure the in-services take place.

**Infection Control In-service.**

A scheduled Infection Control in-service will be scheduled at least annually, with the next upcoming one scheduled in January 2016. The in-services will be documented by topic and attendees and kept in a binder. The Director will schedule and document the in-service events.

---

**Continued From page 2**

and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members; [5.(3)(a)6.a]

This requirement is not met as evidenced by:

Based on interview and record review, it was determined the clinic failed to have an effective system in place to ensure inservice/training was provided, documented, and monitored for five (5) of five (5) staff and volunteers reflective of their job duties and responsibilities.

The findings include:

Review of five (5) employee records revealed no evidence of documentation for in-service/training programs were in place.

Interview, on 11/19/15 at 11:36 AM, with RN #3 revealed she had not received any training other than Ultrasound training that was provided to all nursing staff.

Interview, on 11/19/15 at 10:33 AM, with Employee #5 revealed she had not received in-service training other than what was provided at the time of hire.

Interview, on 11/19/15 at 10:21 AM, with Employee #4 revealed she had not received in-service training other than what was provided at the time of hire.

---

902 KAR 20:360 Section 7. Pharmaceutical Services

(3) Medicine storage. Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored and safeguarded in enclosures of sufficient size...
E 565 Continued From page 3

that are not accessible to unauthorized persons. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications. A thermometer accurate to + three (3) degrees Fahrenheit shall be maintained in these refrigerators. Only authorized personnel shall have access to storage enclosures. Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws. [7.(3)]

This requirement is not met as evidenced by:

Based on observation and interview it was determined the clinic failed to ensure that all medicines and drugs maintained in the facility for daily administration were not expired and were properly stored.

The findings include:

Observation, on 11/19/15 at 1:33 PM, of the secured medications conducted along with the Clinic Director revealed the medications that were used during the course of the day were not properly stored to prevent access to unauthorized persons. Continued observation revealed there were medications stored in the sterilization room in the bottom of a locked cabinet. The Clinical Director retrieved a key from an unlocked upper cabinet directly above the locked cabinet. Located inside the locked cabinet were (20) twenty, 200 mg/20 ml bottles of Propofol. The locked medication was used daily by the Nurse Anesthetist. The only door leading into the sterilization room did not have the capability to be locked when staff was not in the room and or immediate area.

Interview, on 11/19/15 at 11:36 AM, with

Expired medication

EMW Clinic has a form, with all medications listed, for the purpose of inventory control and expiration date of medicines. RN is responsible for assessing these monthly, discarding expired medication, and asking clinic director to order medications as needed. The RN and Director will assure medications are up to date.

Storage of Medicines

EMW stores medicines that are used on a daily basis in locked refrigerator and cabinets in pre-op and post-op rooms. Nurses have kept keys to these cabinets in a drawer in the room due to the fact that once our patients and staff have left the building it is locked and an alarm system secures the building. Since our recent inspection, we are keeping the...
<table>
<thead>
<tr>
<th>Summary Statement of Deficiencies</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 565 Continued From page 4</td>
<td>E 565 keys in a locked room, the Director's office, where the nurses can retrieve the keys in the morning and give to the Director to store them overnight. In the Director's absence she will delegate the possession of the key to a nurse.</td>
</tr>
<tr>
<td>Registered Nurse (RN) #3 revealed the Clinic Director always had the key to the lockbox for the Valium that the RN administers to patients if needed. On 10/19/15 there was no access to the Valium at the time of request to inspect the contents of the lockbox due to the Clinic Director was not in the clinic. The Medical Doctor did not have access to the controlled drug at this time.</td>
<td></td>
</tr>
<tr>
<td>Interview, on 11/19/15 at 1:33 PM, with the Clinic Director revealed she had always kept the key to the Valium storage cabinet hidden in her office in a desk drawer. The Director instructed staff in the front office where the key was in case the key to the double locked cabinet/box was needed in her absence.</td>
<td></td>
</tr>
<tr>
<td>Interview with Employee #4, on 11/19/15 at 8:15 AM, revealed the Clinical Director was not in the clinic on this date and would not be coming into the office. The staff did not have access to any policy and procedures at the time of this survey. A call was made to the Clinical Director by Employee #4 to inform her of the survey. The Director stated she would not be coming in to the Clinic this date due to her going to the airport to pick up her son. The Director stated there was a binder with policies and procedures in the clinic, but it was locked up in her office and nobody had access except her.</td>
<td></td>
</tr>
<tr>
<td>Interview, on 11/19/15 at 1:33 PM, with the Clinical Director revealed the key to the locked cabinet that contained the medication Propofol was always kept in the unlocked cabinet located directly above the locked cabinet. Having the key in this location allowed anyone to gain access to any of the locked medications.</td>
<td></td>
</tr>
<tr>
<td>Two 5 mg Valium tablets are given to our patients for local anesthesia. This happens once every 2 months as most patients prefer general anesthesia. The keys to the double locked Valium cabinet</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Provider or Supplier</th>
<th>Street Address, City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMW WOMEN'S SURGICAL CENTER, PSC</td>
<td>136 WEST MARKET STREET LEXISVILLE, KY 40202</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Complete Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 565</td>
<td>11-24-15</td>
</tr>
<tr>
<td>E 565</td>
<td>11-24-15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X1</th>
<th>Provider/Supplier/Clinical Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>300200</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X2</th>
<th>Multiple Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Building:</td>
<td></td>
</tr>
<tr>
<td>B. Wing:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X3</th>
<th>Date Survey Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/19/2015</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X5</th>
<th>ID Prefix Tag</th>
<th>Complete Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STATE FORM</th>
<th>6800</th>
<th>RDXG11</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RECEIVED DEC 14 2015</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE OF INSPECTOR GENERAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION OF HEALTH CARE FACILITIES AND SERVICES</td>
</tr>
</tbody>
</table>
**EMW WOMEN'S SURGICAL CENTER, PSC**

136 WEST MARKET STREET
LOUISVILLE, KY 40202

<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 650</td>
<td>Continued From page 5</td>
<td><strong>Disposal (2) Disposable waste. (a) All disposable waste shall be placed in suitable bags or closed containers so as to prevent leakage or spillage, and shall be handled, stored, and disposed of in such a way as to minimize direct exposure of personnel to waste materials. [9.2][(a)]</strong> This requirement is not met as evidenced by: Based on observation and interview, it was determined the clinic failed to ensure all disposable waste was placed in suitable bags or closed containers to prevent leakage and stored in such a way as to minimize direct exposure of personnel to waste materials. The findings include: Observation, on 11/19/15 at 12:11 PM, revealed a treatment room with one (1) full, all the way to the top past the fill line, sharps container with a dark brown substance splattered on the entire top of the sharps container. An empty/unused sharps container was on the floor under a cabinet in plain view. Interview, on 11/19/15 at 12:11 PM, with RN #3, revealed the dark brown substance on the top of the sharps container was dried blood. RN #3 stated this was not the proper way to discard sharps material and that the blood on top of the container could possibly cause exposure to any blood borne pathogens. RN #3 stated she was not aware the sharps container had not been removed or replaced with an empty one and she had no knowledge of the condition of the top of the sharps container. RN #3 stated HIV, Hepatitis, and any vaginal infectious diseases may be present in the blood on top of the sharps</td>
<td>E 650</td>
<td>E 650</td>
<td>are always in the Director's possession and she gives them to the nurses as they need them and are no longer kept hidden in her desk drawer, but rather in a the Director's locked office. In the Director's absence the keys are given to a nurse.</td>
</tr>
<tr>
<td>ID PREFIX TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
<td>ID PREFIX TAG</td>
<td>PROVIDER’S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
<td>COMPLETE DATE</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>E 650</td>
<td>Continued From page 6 container. Interview, on 11/19/15 at 12:13 PM, with the Medical Doctor (MD) revealed the dark brown substance on the top of the sharps container was dried blood. The MD stated this was not the proper way to discard sharps material and that the blood on top of the container could possibly cause exposure to any blood borne pathogens. The MD stated HIV, Hepatitis may be present in the blood on top of the sharps container. Observation with the MD, Clinic Director, and RN #3, on 11/19/15 at 12:34 PM, revealed located in the common area in the hallway across from the sterilization room was an uncovered trash can. Inside the trash can, in plain view, were four (4) needleless syringes. Two (2) of the four (4) needleless syringes had a white milky substance. Interview, on 11/19/15 at 12:34 PM, with RN #3 revealed she identified the medication as Propofol. The RN stated this medication was used earlier in the day for a procedure that was performed. RN #3 stated this was not the proper way to dispose of the medical waste and it should have been put in a sharps container. Interview, on 11/19/15 at 12:34 PM, with the MD revealed she identified the medication as Propofol. The MD stated this medication was used earlier in the day for a procedure that was performed. The MD stated this was not the proper way to dispose of the medical waste and it should have been put in a sharps container. Interview, on 11/19/15 at 12:34 PM, with the Clinic Director revealed she identified the white milky substance in the needleless syringes as Propofol. The Clinic Director stated this was not the proper way to dispose of the medical waste and it should have been put in a sharps container.</td>
<td>E 650</td>
<td>Propofol Syringes The CRNA has been instructed not to discard syringes in the trash. They are now being disposed of in a sharps container. The Director is assuring the syringes are placed in sharps containers.</td>
<td>11-20-15</td>
<td></td>
</tr>
</tbody>
</table>
Continued From page 7

way to dispose of the medical waste and it should have been put in a sharps container.

E 730 902 KAR 20:360 Section 11. Equipment and Supplies

There shall be appropriate equipment and supplies maintained for the patients to include:

(9) Containers for soiled linen and waste materials with covers; [11. (9)]

This requirement is not met as evidenced by:

Based on observation and interview, it was determined the facility failed to ensure there were appropriate containers with covers for soiled linen and waste materials.

The findings include:

Observation, on 11/19/15 at 12:15 PM, revealed a soiled bed sheet and wash cloth hanging off the side of an uncovered soiled linen cart.

Interview, on 11/19/15 at 12:15 PM, with RN #3 revealed the soiled linen should have been placed in a yellow plastic bag and then tied and placed in the soiled linen cart. RN #3 stated exposure to soiled lined was a problem because of infection control.

Interview, on 11/19/15 at 12:20 PM, with the MD revealed the soiled linen should have been placed in a yellow plastic bag and then tied and placed in the soiled linen cart. The MD stated exposure to soiled lined was a problem because of infection control.

Soiled Linen

The Orderly has been asked to make sure all soiled linens are immediately placed in yellow plastic bags, tied and placed in the soiled linen cart. The Director is making sure this method is adhered to.

11-20-15
**Initial Comments**

A Complaint Survey was initiated on 06/13/17 and concluded on 06/14/17 to investigate complaint KY 26431. The Division of Health Care unsubstantiated the allegation with no deficiencies cited.
ACTS Complaint/Incident Investigation Report

ended, RN #1 stated she looked at Patient #6 and asked her if she wanted to continue on with the procedure. RN #1 also stated Patient #6 replied no, so she took the patient to the front office for a refund of her money.

Review of the clinical record for Patient #6, revealed the patient came into the facility on 05/31/17, for the intake/informational session. The patient scheduled an appointment on that day, listed for 06/07/17. was also listed beside Patient #6's name on the document. In addition, the clinical record contained the patient's basic history information, but there was no documentation of a procedure. The Facility Director's documented phone conversation with Patient #6 on 06/08/17, was in the record.

Review of consent forms and informational forms used by the facility revealed the facility had English and Spanish versions available. However, the instructions for RU486 pill process was printed only in English.

Review of five (5) additional patient records did not reveal any concerns.

No regulatory violations were identified.

The facility was notified during the exit conference on 06/14/17 at 1:00 PM. The complainant and hence not notified.

SURVEY INFORMATION

<table>
<thead>
<tr>
<th>Event ID</th>
<th>Start Date</th>
<th>Exit Date</th>
<th>Team Members</th>
<th>Staff ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>6UET11</td>
<td>06/13/17</td>
<td>06/14/17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Intakes Investigated: KY00026431 (Received: 06/09/2017)

SUMMARY OF CITATIONS:

<table>
<thead>
<tr>
<th>Event ID</th>
<th>Exit Date</th>
<th>Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>6UET11</td>
<td>06/14/2017</td>
<td></td>
</tr>
</tbody>
</table>

State - Not Related to any Intakes
E0000-Initial Comments

EMTALA INFORMATION - No Data

ACTIVITIES

<table>
<thead>
<tr>
<th>Type</th>
<th>Assigned</th>
<th>Due</th>
<th>Completed</th>
<th>Responsible Staff Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule Onsite Visit</td>
<td>06/13/2017</td>
<td>06/13/2017</td>
<td>06/13/2017</td>
<td></td>
</tr>
</tbody>
</table>

INVESTIGATIVE NOTES - No Data

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

DEATH ASSOCIATED WITH THE USE OF RESTRAINTS/SECLUSION - No Data

Reason for Restraint:
Cause of Death:

NOTICES

PROPOSED ACTIONS

<table>
<thead>
<tr>
<th>Proposed Action</th>
<th>Proposed Date</th>
<th>Imposed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>06/14/2017</td>
<td>06/14/2017</td>
</tr>
</tbody>
</table>
Facility Name: EMW Women's Gyn
Provider Number: 300280
Observation Dates: From 6/18/17 To

TAG/CONCERNS

In summary:

Encouraged pt fist -
6/7 6/8.

Did disc. - Pt - who had many orig as by
named

Did not complete services
Translator
Advocate came with her.

At first - the team
just pt & translator
saw the
pt did not understand
Eng well enough to
understand all the
medical terms.

When pt was called
back

The friend became
very arguementive-
called staff names
insulted, and began
crying into the office

2nd pt also called
in for outside
<table>
<thead>
<tr>
<th>TAG CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>the pt got a call fr. one of the outside parties and said just to defend and leave. so that's what happened.</td>
<td></td>
</tr>
<tr>
<td>I called the pt. she speaks good English.</td>
<td></td>
</tr>
<tr>
<td>said they found did tell they she could leave the chem process after the leaved she was fine in Eng. but she changed her mind. a lift.</td>
<td></td>
</tr>
</tbody>
</table>
Facility Name: Emsw Center
Provider Number: IC: 3002200
Observation Dates: From 1/13/17 To 1/17/17

TAG/CONCERNS

1/13/17

The ON haired resident AT the ATTORNEY is CANNOT remember how any other

situations, like the incident of the

patient. When the first interview, the

B-12 need total exchange to prepare

the Pt and the interview that is

given up to who cannot go back

to exam prep area.

The interview with the Director of

Social Services is made in

the case as therapeutic. He/She

stated that the patient had been

told over the phone to come in

for the interview and was told

that the patient would be

considered for the patient to come

in but has run into concern

on part after Pt in bathroom,

Not enough to consider

for the patient for therapeutic procedure.

Stated that emsw has to do mental health to de-escalate

the situation such as the one in

a bath house b/w her and

the Pt. She said, and plans to come

in herself. Stated that emsw is

married to family member.
<table>
<thead>
<tr>
<th>TAG CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stated tried to guess the future best one possible. We understand it is a challenge to time for them. We do try to show them we are there for them. When I mean is, &quot;we try to emphasize them, to do so - treat them as a conduit woman who has made a change in a more than just to encourage they are able to verbalize well. They are made the decision that they have other options and they are committed to that topic.&quot;</td>
<td></td>
</tr>
</tbody>
</table>
Facility Name: EMW | Surveyor Name: ____
Provider Number: 3002900 | Surveyor Number: ____
Observation Dates: From 6/17/17 To 6/14/17

TAG/CONCERNS

4/17/17

Employee name full time 1 1/2 yr.
Works in reception area.
Takes appts. Checks pts in the
morn.  qx. Gets IDs, takes IDs
and sees pt.

PT did not get a list of the
appointment schedule prepared in advance.  
Anticipate the arrival of a two
to-three pt., paper was provided to
ask pts. to sit in main lobby.

Clerk

Records this info.

Validated the person via the drivers lic.
Person was identified as a
translator, she teaches, the person
identified herself as

The translator.

Was checked in, was speedy for the
so did not leave

Pt. (at the point, it
after the check in

Said o other pts in ways.

Pt. at her pt. quiet explanation
on how the day would go.
The pts could come to come back
to the gift area, where us lab
room & video room.

If a patient cannot speak
English, then the translator
is allowed back if to have
surgical procedure, but if
"Not speak Eng. then 2 changed procedure. This is a policy, to discuss it. The concern the pt may not be able to follow the instructions in English. Came home was educated in their policy when started c job pt."

So pts were sure back to the relater.

Asked when would be 4x pm. It would be

("Hejuen") (trans = pt) stated the pt.

"Wanted to do the "pill.""

Stated she was that the pt was always that the pt was on the surgical schedule, go through the pt was obviously that prior to the actual prep day, either the pt was aware of the pt either in written or by video gives either realize as the nurse concluded the initial contact.

"Interpreted said she should be able to do when she was to do, stated she said, "do you speak English?"

So told me to come up to her. Said would determine it she understood the process knew enough English.

"When pay process is closer more cover time opportunity."
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>01/17/17</strong></td>
<td>names of all staff who assist.</td>
</tr>
<tr>
<td></td>
<td><strong>01/17/17</strong></td>
</tr>
<tr>
<td></td>
<td>the care to tend a</td>
</tr>
<tr>
<td></td>
<td>that patient honestly was not</td>
</tr>
<tr>
<td></td>
<td>record them was a form the</td>
</tr>
<tr>
<td></td>
<td>actually have the procedure.</td>
</tr>
<tr>
<td></td>
<td>The care to tend a</td>
</tr>
<tr>
<td></td>
<td>the person who stays a</td>
</tr>
<tr>
<td></td>
<td>patient also complete a form up to the above procedure (studies)</td>
</tr>
<tr>
<td></td>
<td>to translate the information</td>
</tr>
<tr>
<td></td>
<td>provided by local. A sign the</td>
</tr>
<tr>
<td></td>
<td>this could be a Spanish-speaking</td>
</tr>
</tbody>
</table>
|              | to do the interpretation in this case.
that employee would sign the translation verification form.

4/13/17
4/22/17

did not receive
care
need issues there.
some ladies rude
there is
my friend.
was only 25 palp -
not during it
b/c. my English
was not good"

I don't care
very much about
medication.
said have to
understand
English.

friend paid she
needed to be 6

free weekend
understood
energy about
medicines

brother friend is
tired to make money
i understood exactly about
medication
said she got her medications
now
said facility did test for
they would give the service
of the oral method
free. the procedures
**SURVEYOR NOTES WORKSHEET**

<table>
<thead>
<tr>
<th>TAG CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
</table>
| "Decided to report this case.
  Day the interview was up and I got a call, decided to leave.
  Began following the procedure.
  Was given her phone.
  Stated her duties of basic included
  Captain, med crew, or I, orderly.
  Worked here since 2013.
  Said when she arrived, explained to translator, if pt can+
  Spoke English, can’t do
  "Will need the surgical procedure.
  B/c limited ability to speak English.
  The translator said, ‘That’s
discouraging, you can’t do this.’
  Explained the translator, this was facility policy.
  Said to pt can you speak Eng.
  ‘She said yes.’
  Can you understand Eng when
  you’ll understand what I am
  saying. She said yes.’ — the pt.
  Translator said she wanted to
  agree back to pt, as she was
  her advocate.
  A woman named
  kept calls into the building
  and stood to
  you in the face, called you
  a dirty bitch.
  The calls ended in the labor,
  theater were 10 calls, heard place.
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
</table>
| Then got told it they can read and understand the documents. | The person did pay me the day we came in, the door, "can't understand why you admitted back to the clinic."
<p>| &quot;You are here so ready to me. Why are you here so rude?&quot; So closed the door, proceeded to the pts. | Asked to speak to the interpreter left. The build, you outside. They returned to the interior of the building. Again for the other. Again kee - again explained the D.N.R. not in. |
| We backed in reception area a call came in. | Callers ID was back in reception area a call came in. |
| Callers in relation to | Callers in relation to |</p>
<table>
<thead>
<tr>
<th>TAG/CONCERN</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
</table>
| Physician did not feel comfortable providing the life & goal process & staff procedures - a clinician & several them home. The patient, if them, if not was able to communicate (IEP) a physician & perhaps there would be family at times, home who may not have been aware of the need an individual grievance. Physical unremarkeable provided pill picture sheet she was in charge of the equipment. Attorney.

<table>
<thead>
<tr>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended in</td>
</tr>
<tr>
<td>interview</td>
</tr>
<tr>
<td>I did not provide any documents to find a chart. Policy, staff, I put pictures</td>
</tr>
<tr>
<td>List of patients scheduled for 8/7/17 &amp; 6/7/17</td>
</tr>
<tr>
<td>No evidence of chart - named titles, staff</td>
</tr>
<tr>
<td>PPS, grievances proceed; process protocol found not included</td>
</tr>
</tbody>
</table>
Within some time after, the nurse stated she had to go to the clinic for cerumen removal. The doctor asked if he could come back later, which he did at 12:30. He requested the documents.

The nurse stated she would stay and could not go for some time. They met at 12:30, not sure about this.

The attorney returned to the office and asked for a formal request in writing that is the physicians opinion on the case.

The attorney stated that the facility could obtain some of the documents but wondered if they had to be provided immediately. The attorney could not provide them but said he would try to get them. He would present them to the required persons.

At 10 a.m., the nurse provided a form, informed the nurse of the treatment date.
Facility Name: EIU Women's Clinic
Provider Number: LI0300200
Observation Dates: From 4/13/17 To 4/14/17

TAG/CONCERNS

Tour of facility: doc. office - is in basement.
- turned the dressing area, rest rooms
- surgical recovery area, taken sterilization area,
- surgery, x-ray areas, 2 therapy areas,
- surgery, x-ray areas, 2 therapy areas.
- surgery, x-ray, clean table.
- other areas, etc.
- surveyed, surgical procedures.
- no supplies observed.
- clean, no exposed supplies observed.
- no supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
- clean, no exposed supplies observed.
DaneCo does not have suppliers.

The form: have it in English

We urge home

in Spanish.

There is a video provided for training, if pt.

We hope for pts.

Are you able to

Call clinic

If not able to read (Speak English - a bigger risk than suggested procedure.

The # to call clinic.

The pt. can

The pt. can

Call clinic.

For pts.

To give the pill process.

To the Spanish speaker. The pt. can

The way

alternatives

is the

Surgical procedures.

From the MD!

Determines not safe to send pt. to facility.

U to do the pill process.

If not able to
<table>
<thead>
<tr>
<th>TAG CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
</table>
| Order grants abortion in record -
ratified 5/10/17, signed by judge
validity 1 pt. (petitioner)
competent, mature, well-informed
enough to make the abortion decision on her own. |

5. DOB: 4/7/17
Allergy: NICA
Checklist in record:
R.B.: (+)
S.0.: 
Per P.:
Counsel: - in record.

Ultrasoned certification:
Signed in clinical record
Images in chart dated 4/7/17
L.P. per patient dated 4/7/17 9:03 A.M.
Informed consent signed by pt.; dated 4/7/17

See hard copy attached
### SURVEYOR NOTES WORKSHEET

**Facility Name:** Emma Women's Care  
**Provider Number:** 800 200  
**Observation Dates:** From 9/17/17 To  

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.O.B: 6/17/17</td>
<td>Age:</td>
</tr>
<tr>
<td>8:11 PM Person listed as responsible for truly pt home:</td>
<td>Dr. Verified D.O.B.</td>
</tr>
<tr>
<td>Allergy: NKA</td>
<td>LMP: 4/6/17</td>
</tr>
</tbody>
</table>
| See hard copy & record attached | }
SURVEYOR NOTES WORKSHEET

Facility Name: Emir Women's Center  Surveyor Name:________
Provider Number: 300700  Surveyor Number:________  Discipline:________
Observation Dates: From 4/17/17 To 4/17/17

TAO/CONCERNS  Record Review  DOCUMENTATION

Pas 4/17
Pt.

1. DOB:
   Allergy: N/A
   Checklist: Front & chart
   Labs: CBC / Hgb. 13.4, RH+  Preg test +, LMP 4/17/17
   Sonogram:
   counseling:
   Ity:
   PE:

   "DOB 18/11 w/ 115.4 5'3"

   Ultrasound Certification in clinical record signed by patient, dated 4/17/17
   Sonogram images (copies) in clinical record, informed consent signed by client/patient dated 4/17/17

Pas 2

Pt. 6/18/17

DOB:
   Allergy: N/A
   Checklist: Front & chart
   Labs: Hgb 12.7; CBC;
   Sonogram:
   counseling:
   Ity:
   PE:

   Ultrasound Certification in clinical record signed by pt. & dated 6/18/17
   Informed consent signed by pt. dated 6/18/17
   Witness: __________ signed ______

   United for Life
<table>
<thead>
<tr>
<th>TAG CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
</table>
| **POS**: 6/7/17 | **Doc**
| **DOB**: 11/8/17 | **Age**: 39
| **Allergy**: Nicotine | **Ultrasound Certification Form**
| **CHEST**: Normal | **in clinic record, signed images in clinic record**
| **RWH**: Normal | **dated 4/8/17**
| **Sono**: Normal | **Informed Consent to tx**:
| **Labs**: c/e 13.8, WBC 10.6 | **Signed by pt**: 6/8/17
| **Ht**: 5'6" | **Wt**: 135 lbs
| **Physician**: | **Ultrasound images in record**
| **Hx**: Normal | **Dated**: 4/8/17

**Surgical procedure** for termination of pregnancy validated via drivers lic.

**LMP**: 3/4/17

**Known Gam admn**: 3/7/17

**PE**: V/S 67/87 118/118

**Temp**: 98.1

**Counseling**:

**Sono gram images in record**

**Dated**: 4/1/17 9:26 AM

**Surgery post op notes in record**

**Court order to see sound certification** signed by pt, dated 4/7/17

**Court order grant of abortion to a minor**
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:25 A.</td>
<td>Director</td>
</tr>
<tr>
<td>6/13/17 8:31 A.</td>
<td>Director said the facility is currently in Utica &amp; the state</td>
</tr>
</tbody>
</table>

is notifying Director said the facility is currently in Utica & the state

a person can bring someone to them to interpret for them, if needed. However, not everyone can speak English so we just have that person come 

when a person makes an appointment they give info by phone, able to talk with them. 

if pt is at home, they give pt a biological power of attorney & if they come.

PT signs in, facility is aware the pt is coming. The pt brings to another,

if pt is at home, there has to be a biological power of attorney & if they come.
Attorney - wait room - then taken in to obtain med info.

Then blood work - types of blood -
- Hgb
- CBC
- Hct -
- Rh factor -
- in order to know who receive Rhogam.

Then ultrasound

Ultrasound - room next -
- machine - exam table -
- spec. wheelchair -
- measuring guide.

When ultrasound done
- 3 video rooms,
- the procedure for
- National Association Federated
- produced by - (NAF)

Explaining what Happens
- due the procedure -
- have form for signature -
- pt. is provided the form - other times

- Bill procedure
- receives one part
- procedure -
- series of things.
**Surveyor Notes Worksheet**

**Facility Name:** Emw Womens Surgical Center  
**Facility ID:** LC 300200

**Surveyor Name/ID:** , Rn

**Care Area(s)/Activity:**

*Enter the time, source, and documentation.*

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Source and Documentation</th>
</tr>
</thead>
</table>
| 06/14/17 10:05 AM | , RN  
At beginning of call, stated can I put you on hold, I'm on another call. Surveyor waited and RN, came back on the line a short time later.  

stated she was an RN, who had worked at facility since early May 2017. Stated some of her duties included taking patient histories, assisting with patients who wanted to receive the medical procedure, taking of the pills for the end of pregnancy. She would administer the first pill of the series while patient was in clinic, and give the take home pack of pills and the at home instructions to the patient.  
She also would start IVs for the surgical patients, and monitor the patient before they went into surgical suite for the surgical procedure.  

RN said she also had provided the consent information during the pre appt session, but she did not remember conducting the pre-counseling session for . Said she did remember being the nurse who took the history form on the day of her appt, 06/07/17.  

RN stated through the course of the collection of patient history, was able to speak and understand English and was able to answer all the questions re to the patient history collection.  

RN, stated at no time during their conversation, did she detect having trouble understanding or comprehending the questions asked.  

stated at the point she started the history taking process, she had the understanding that the patient was going to proceed with the pill process, not surgery. RN said that she thought, initially, the patient was on the surgery schedule, but when staff realized she was able to speak/understand English, the procedure was switched to the pill process.  

RN stated during the course of obtaining the patient's history, the patient's phone rang, and the patient took the call. She began speaking Spanish to the person on the other end of the call, a said she herself was not fluent in Spanish, but heard the word 'denaro" and knew that meant money. said the patient said to her the person on the other end of call wanted to speak to her (the nurse). received the cell phone and the other person on the call told her that does not want to have the procedure, that she had 2 kids at home, and could not afford the procedure.  

RN said upon hanging up, she turned to (patient) as said is that what you want to do?--not go through with the procedure? and the patient is yes, she did not want to do the procedure.  

At that point, /nurse said she took the patient to the front area to where she could obtain her refund.
**SURVEYOR NOTES WORKSHEET**

**Facility Name:** emw candd  
**Provider Number:** 300200  
**Observation Dates:** From 4/13/17 To 4/14/17  

<table>
<thead>
<tr>
<th>TAG/COUNCERN</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/13/17 3^1/2p.</td>
<td></td>
</tr>
<tr>
<td>Is the provider able to perform the complex 36 yrs. old and at their facility since 1993?</td>
<td></td>
</tr>
<tr>
<td>a. Basic procedures</td>
<td></td>
</tr>
<tr>
<td>b. Medical procedure</td>
<td></td>
</tr>
<tr>
<td>c. Diet w/ special needs</td>
<td></td>
</tr>
<tr>
<td>d. Staff sheeted</td>
<td></td>
</tr>
<tr>
<td>e. Staff sheeted</td>
<td></td>
</tr>
</tbody>
</table>

**Surveyor Name:**  
**Surveyor Number:**  
**Discipline:**

---

**United for Life**
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/13/17 2:34 PM</td>
<td>&quot;Prior to show up in person to get the 24° conure. Every state is required to do every 24° course, involves a consultation giving info. the symptoms and procedure works. The options the national state's rule is also informs me the latex, sound a also verbally informs there is info regarding other options regard about an early pregnancy.&quot;</td>
</tr>
<tr>
<td>This client has to be &quot;a nurse or social worker,&quot; said she has conducted these initial counseling &amp;而且 the pt was called pt on 4/17/17 no answer. Delled next day 4/18/17 again to reach the pt. Said the patient spoke good English, the conversation made a note a now the conversation.</td>
<td></td>
</tr>
</tbody>
</table>
**SURVEYOR NOTES WORKSHEET**

**Facility Name:** Evan Women's Care  
**Provider Number:** 300200 (LC)  
**Observation Dates:** From 6/13/17 To 6/14/17

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
</table>
| (I) Intervened | Phone in "night call" status, no
|               | Phone on the floor, patient
|               | could not be reached. |
| 6/13/17      | Did come in to
| 2:30p         | Bed, but
|               | Patient had left. |
|               | If felt threatened, would
|               | Call police, did not feel threatened. |
|               | Patient wanted to come
<p>|               | Hospital. |
| 6/13/17 LVMM fever 24 |
|               | To call surveyors. |</p>
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
</table>
| 4/13/17 9:55 A | - 
  * Pt & they Client's documents
  * Administered order list
  * Schedule of pts from 4/7/17, 4/8/17 |
SURVEYOR NOTES WORKSHEET

Facility Name: Emma Women's Ct
Provider Number: LIC 300 000
Observation Dates: From 6/13/17 To 6/14/17

TAG/CONCERNS

Works at facility, full time, works Tues-Fri. and Sat.
Waded on June 7th, 2017.

Said the facility has documents in Spanish, and she was involved in translating facility documents.

Americans United for Life
Patient# __________________________ Date 6/7/17

Mother was at 8:15 on 6/7/17

And came to me and asked me to explain

into the pt. issues about the rules of if a pt. can or

can't take the pill. She spoke good English so I told

her that we are sorry. To both the pt. Do the

pill and she does not need a translator. She (room)

her told me that to her advocate and she has the

right to care back here with her and we are discriminating

against her. I then left the front to start taking

payments. The phone starts to ring and I answer the

phone and obviously the person started again. Now

the phone keeps ringing and I answer the phone the

person asked to speak to the director. I told her

she would not be in until 9:00 and I hung up.

She calls back several times and started yelling

at the phone and hung up on her. The phone
calls me a dirty idiot and I hung up and called

her back several times and started yelling

at the phone and hung up on her. That person

calls me a dirty idiot and I hung up and she

screamed at me that the lady just

calling back and I just kept asking to stop

her up on her. The person who was calling was last

at the pt. who said she came to the clinic with the

pt.

I then called to tell her about what

was going on and to tell her to please

come here to the clinic.

The pt. friends have finally stopped calling me to

the clinic.

* When I was taking the pt. payment I asked her to
care for friends and let them know that she is going
to do the pill and please stop calling me at the clinic.
At 9:00 am I called the patient's back. I explained how the day was going to go. All patients out by 12:00. Surgical patients lay 2:30pm. The patient came with a translator so I explained she was going to need to do surgery because of our policy about non-speaking patients could not do the pill. The patient never said anything. Her friend got rude saying she should be able to choose. "She has the right." I tried to explain again. But again, I talked to patient and we could communicate fine. I brought her back without the translator. Translator got rude again saying she should be able to come back saying I was being smart with her and wanted to speak with the boss. I said fine she could when she arrived. She waited at window. Then explained to her the same thing. She again got rude. Cussing us out. Someone else called and wanted to speak to my boss. Explained again. She wasn't in yet. She hung up and continued to call back to back. Finally had to just have up. We were allowing the patient to go on the pill because she spoke English. So fine. The friends were hopping mad without letting me say anything. Patient decided to not stay. All left.
Called pt around noon - N/A.
6/8/17 Called pt. She answered. I expressed my concern about the event in the morning of 6/7/17. Pt. said she was fine, very calm and kind in her words and voice. I assured pt. that she is welcome to come in to have a procedure done - even the pill procedure because her English is "perfect". I apologized for the events that happened that made her decide not to stay on Wed. 6/7/17, assured her again that she is welcome to come back and that she can come by herself because she understands English well. I also suggested not to bring her friend because of the problems in the morning on Wed. Our conversation ended friendly as the entire conversation was friendly.
Called pt. around noon - N/A.
6:08:17 Called pt. She answered. I expressed my concern about the event in the morning of 6:7:17. Pt. said she was fine, very calm and kind in her words and voice. I assured pt. that she is welcome to come in to have a procedure done - even the pill procedure because her English is "perfect". I apologized for the event that happened that made her decide not to stay on Wed. 6:7:17, assured her again that she is welcome to come back, and that she can come by herself because she understands English well. Also suggested not to bring her friend because of the problems in the morning on Wed. Our conversation ended friendly, and the entire conversation was friendly.
CONTACT INSTRUCTIONS

Date: 6-7-17

NAME: ____________________________________________

ADDRESS: ____________________________________________

PHONE NUMBER: ________________________________

RACE: W B O Age: ________ Birth Date: ________ Social Security #: ___________

EDUCATION: High School (0-12) __ College (1-2 yrs) 2-4 ______ 4+________

Married __ Single __

For surgery patients only: Person responsible for taking you home:

Name: ____________________________ Phone Number: __________

I verify that I listened to the 24 hour consent information given to me over the phone. It gave me nature and purpose of the abortion procedure, alternatives to the abortion procedure, medical risks associated with the abortion as well as with carrying the pregnancy to term. I was informed that the cabinet for Human Resources has printed materials available to assist me through my pregnancy, upon childbirth, and while the child is dependent, as well as also printed material about probable anatomical and physiological characteristics of the fetus at two week increments. I was told that those materials are available to me to view and if I want to view them I can come to the clinic to view them 24 hours prior to the abortion. I was told that the father of the fetus is liable to assist the support of the child, even in instances where he has offered to pay for the abortion.

Patient ______________________ Date __6/7/2017__ Time __8:11 AM__

COUNSELING NOTES

Pt. accompanied by: ________________________ Pt. a Minor Y N Jud. Bypass ____ Parent ____ Guardian ____

Pt. has been counseled on contraceptive use Y N Pt. asked about alternatives to abortion Y N

Choice of Birth Control: _________ Birth Control used in past: ____________ Will see priv. MD ______

Pt. has viewed video presentation on the abortion procedure _____ Given opportunity to ask questions _____

Pt. states she is certain abortion is the right decision for her ______ Uncertain _____ Resigned for ______

Procedure not done due to: Pt. __________________________ Medical reasons: ______________________ (see physician note)

Referral given to: See Private MD ______ Adoption ______ Alternate Clinic ______ Not Decline ______

24 hr. consent given on ___________ Phone ____ In person ____ Pt. viewed material ____ Declined ______

Counselor’s Signature: ____________________________ Date: ____________ Time: ____________
Date: 5-31-17

EMW WOMEN'S SURGICAL CENTER

RU486
Surgery Date 5-31-17 V Date
Time 12:00 Time

Name ____________________________

City ____________________________

Telephone ____________________________

Age _______ DOB __________

LMP __________ Gest. Age @ Appt. Date ____________

Previous Preg. _______ Vaginal _______ C-Section _______ Misc. _______ AB _______

Appt. Date 6-7-17 Reschedule Date ____________ Reschedule Date ____________

Heard of clinic from ____________________________

Price quoted patient
(Cash, Certified Check, VISA or Mastercard) ____________________________

Any major medical problems or currently under a physician's care Yes ______ No ______

If yes, explain ____________________________

Height _______ Weight _______

Current Medications ____________________________

Patient Instructions: Check all that apply
☑ Fee and method of payment
☑ Guest to sign in and out patient
☑ State issued photo id's for patient and guest(s)
☑ No eating, drinking, smoking, gum, mints, etc. after midnight the night before surgery
☑ Time to arrive at clinic is 8:00 am
☑ Birth Certificates of Minor
☑ Socks and sanitary napkins
☑ 2 day procedure if over 16 weeks and must stay within 30 minutes of clinic at a hotel
☑ Late tents must have guest to sign in both days
☑ Advise of protestors
☑ Advise of website address - www.emwwomens.com

Gestational Age on date of procedure ____________________________
Called pt. around noon - N/A.
6/8/17 Called pt., she answered. I expressed my concern about the event in the morning of 6/7/17. Pt. said she was fine, very calm and kind in her words and voice. I assured pt. that she is welcome to come in to have a procedure done - even the pill procedure because her English is "perfect". I apologized for the events that happened that made her decide not to stay on Wed. 6/7/17, assured her again that she is welcome to come back and that she can come by herself because she understands English well, also suggested not to bring her friend because of the problems in the morning on Wed. Our conversation ended friendly, and so the entire conversation was friendly.
LAB STUDIES:  Hgb.  RBC  HCT  WBC  Plt.  Rh

URINALYSIS:  Protein  Pregnancy Test  Glucose  Other

ULTRASOUND:  LMP  EGA by LMP  EGA by Ultrasound

Technique:  *Abdominal  *Vaginal  Planes scanned:  *Longitudinal  *Transverse

Gestation:  Single  Twin  Other multiple  Intrauterine:  Yes  No  Yolk sac:  Yes  No  Cardiac:  Yes  No

Interpretation:  Intrauterine pregnancy at __________ wks ________ days

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Measurement</th>
<th>Gest Age weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean sac diameter</td>
<td>cm</td>
<td></td>
</tr>
<tr>
<td>Crown-Rump Length</td>
<td>cm</td>
<td></td>
</tr>
<tr>
<td>Biparietal Diameter</td>
<td>cm</td>
<td></td>
</tr>
<tr>
<td>Femur Length</td>
<td>cm</td>
<td></td>
</tr>
<tr>
<td>Placenta location &gt;12 wks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sonographer Signature: ________________________________

Other findings:

MEDICAL HISTORY:  Allergies  ETOH  Drugs  Smoke

Current Medications:  __________________________  Medical Illnesses:  __________________________

Family History  Previous Surg.

GYN HISTORY:  LMP  STDs  PID

Pap Smear  Cervical Proced.

OB HISTORY:  G  P  AB  Miscarriage

<table>
<thead>
<tr>
<th>Date</th>
<th>Length of Gestation</th>
<th>Type of Delivery</th>
<th>Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nurse’s Signature  [RN]  Physician’s Signature: ________________________________

REV.
<table>
<thead>
<tr>
<th>TAG/CONCERN</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Rec. refused</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>
June 29, 2017

Via EMAIL:

[Email Address], Administrator
EMW Women's Surgical Center, PSC
136 West Market Street
Louisville, KY 40202

Complaint Investigation: [Intake ID KY 26431]

Dear:

On June 14, 2017, the Division of Health Care completed a Complaint Survey investigation at your facility. This survey was conducted to determine the facility's compliance with state licensure requirements as it relates to the allegation(s) of the complaint. The survey found your Abortion Facility to be in compliance with state requirements and the complaint was unsubstantiated.

Enclosed you will find the Statement of Deficiencies as it relates to the findings of this complaint investigation.

If you should have questions regarding this information, please contact our office.

Sincerely,

Sandra MacDonald, BSN, RN
Regional Program Manager
Division of Health Care

SW/rr
Enclosure
Initial Comments

A Complaint Survey was conducted on 06/20/19 to investigate KY29708. The Division of Health Care unsubstantiated the allegations with no deficiencies cited.
DIVISION OF HEALTH CARE
PACKET PROCESS LIST

FACILITY: EMW Women's Surgical Center  CITY: Louisville

LEVEL OF CARE: AF  SURVEY DATE(S): 6/30/19

SURVEY TYPE: INITIAL □ RELIC □ RECERT □ REVISIT □ OTHER □

COMPLAINT #: 29708  PRIORITY: 1 [ ] 2 [ ] 3 [ ] 4 [ ]

*LIST ENTRANCE TIME/DATE IF OFF-HOURS SURVEY: (M E W H)
*NURSE AIDE TRAINING PROGRAM: YES [ ] NO [ ]

TEAM: 

<table>
<thead>
<tr>
<th>ACTION</th>
<th>SECRETARY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Packet Completed: Deficiency(ies)? YES [ ] NO [ ]</td>
<td></td>
</tr>
<tr>
<td>Life Safety Code Tags Included</td>
<td></td>
</tr>
<tr>
<td>RPM Review</td>
<td></td>
</tr>
<tr>
<td>Packet to Secretary</td>
<td></td>
</tr>
<tr>
<td>SoD to Facility</td>
<td></td>
</tr>
<tr>
<td>PoC Received and Copy to Coordinator</td>
<td></td>
</tr>
<tr>
<td>POC Acceptable: YES [ ] NO [ ]</td>
<td></td>
</tr>
<tr>
<td>Provider Notified: by ______ on ______</td>
<td></td>
</tr>
<tr>
<td>POC Returned to Facility</td>
<td></td>
</tr>
<tr>
<td>2nd POC Received and Copy to Coordinator</td>
<td></td>
</tr>
<tr>
<td>2nd POC Acceptable: YES [ ] NO [ ]</td>
<td></td>
</tr>
<tr>
<td>Provider Notified: by ______ on ______</td>
<td></td>
</tr>
<tr>
<td>Revisit Required: YES [ ] NO [ ]</td>
<td></td>
</tr>
<tr>
<td>Revisit Completed: Deficiency(ies) YES [ ] NO [ ]</td>
<td></td>
</tr>
<tr>
<td>Revisit SoD to Facility</td>
<td></td>
</tr>
<tr>
<td>PoC Received and Copy to Coordinator</td>
<td></td>
</tr>
<tr>
<td>POC Acceptable: YES [ ] NO [ ]</td>
<td></td>
</tr>
<tr>
<td>Provider Notified: by ______ on ______</td>
<td></td>
</tr>
<tr>
<td>2nd Revisit Required: YES [ ] NO [ ]</td>
<td></td>
</tr>
<tr>
<td>2nd Revisit Completed: Deficiency(ies) YES [ ] NO [ ]</td>
<td></td>
</tr>
<tr>
<td>Packet Completed</td>
<td>7/23/19</td>
</tr>
</tbody>
</table>

Highest Scope/Severity: Opportunity to Correct or No Opportunity to Correct (OTC or NOTC)
SQC 1.13 1.15 .25 (X areas of SQC)------ (Complete form HCFA-673 if SQC identified)
RPM/C.O. notified of SQC Doctors/Board Letters Mailed-Ann Notified of SQC
Citation Issued: TYPE A or TYPE B (Type A stamped & faxed to Attorney General's Office)

PoC Due ___________ Latest PoC Date ___________  Date to be Corrected ___________

IDR Requested □ IDR Scheduled □
Changes to SoD? YES [ ] NO [ ]  IDR SoD/Notice ___________
IDR PoC Received □ PoC Acceptable? YES [ ] NO [ ]
PACKET TO C.O. ___________ PACKET TO R.O. ___________

IDR Held □
IDR PoC Due □
Provider Notified: by ______ on ______
462L faxed to C.O.
1539 faxed to C.O.
# ACTS Complaint/Incident Investigation Report

## PROVIDER INFORMATION
- **Name:** EMW WOMEN'S SURGICAL CENTER, PSC
- **Address:** 136 WEST MARKET STREET
- **City/State/Zip/County:** LOUISVILLE, KY, 40202, JEFFERSON
- **Telephone:**

## INTAKE INFORMATION
- **Taken by - Staff:**
- **Location Received:** REGION B COMMUNITY HEALTH
- **Intake Type:** Complaint
- **Intake Subtype:** State-only, licensure
- **External Control #:**
- **SA Contact:**
- **RO Contact:**
- **Responsible Team:** REGION B COMMUNITY HEALTH
- **Source:** Other
- **Received Start:** 05/29/2019 At 09:08
- **Received End:** 05/29/2019 At 09:08
- **Received by:** E-Mail
- **State Complaint ID:**
- **CIS Number:**

## COMPLAINANTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>EMail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Primary)</td>
<td></td>
<td>W:</td>
<td></td>
</tr>
</tbody>
</table>

## RESIDENTS/PATIENTS/CLIENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Admitted</th>
<th>Location</th>
<th>Room</th>
<th>Discharged</th>
<th>Link ID</th>
</tr>
</thead>
</table>

## ALLEGED PERPETRATORS

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Phone</th>
<th>SSN</th>
<th>License #</th>
<th>Link ID</th>
</tr>
</thead>
</table>

## INTAKE DETAIL

- **Date of Alleged Event:**
- **Time:**
- **Shift:**
- **Standard Notes:** A Complaint Survey was initiated on 06/20/19, by , RN, NC/I, a representative of the Office of Inspector General. Prior to the investigation, the Complainant was contacted on 06/19/19. During the course of the investigation, the following staff were interviewed:
  - Administrator
  - , M.D.
  - , Registered Nurse
  - Licensed Practical Nurse
  - , Scheduler

## Patient Roster:
- Patient #1 -
- Patient #2 -
- Patient #3 -
- Patient #4 -
- Patient #5 -
- Patient #6 -
- Patient #7 -

## Extended RO Notes:

## Extended CO Notes:

## ALLEGATIONS
ACTS Complaint/Incident Investigation Report

Category: Unqualified Personnel
Subcategory: Staff Improperly Qualified
Seriousness: Moderate
Findings: Unsubstantiated: Lack of sufficient evidence
Details: The facility failed to ensure staff were qualified to performed job duties specified by state regulations related to informed consent and procedure notification requirements. The complainant alleged the facility’s Administrative Director ( ) met with patients to acquire informed consents, which she was not qualified to do. Per the complainant, the Administrative Director did not have a valid Social Worker’s license issued by the state where she performs her job duties.

In addition, the Administrator violated the 24-hour notification requirement. The complainant stated a patient ( ) scheduled an appointment for Wednesday, 05/29/19; during a video call on Monday, 05/27/19 at 12:00 PM. The Administrator allegedly offered to move the appointment to Tuesday 05/28/19 at 8:00 AM, without provocation that violated the 24-hour notification requirement. According to the complainant, the facility never informed the patient of which abortion procedure she would be undergoing, the purpose of the procedure, or alternatives to the procedure; they never informed her of the probable gestational age of the embryo/fetus; they never informed her of medical benefits available for prenatal care, childbirth, or neonatal care, and they never informed her that the father of the fetus was liable to assist in the support of her child.

Findings Text: The Division of Health Care did not substantiate the allegations regarding unqualified personnel and staff improperly qualified, or the facility failed to provide statutory requirements. Based on observation, interview, and record review, there was insufficient evidence to determine staff were unqualified or improperly qualified, or the facility failed to provide the notifications mandated by statutory requirements.

The findings include:

Record review of employee files, credentials and job descriptions revealed staff employed were qualified to perform job duties as listed.

Review of the facility’s form, “Contact Instructions,” included a section in which the facility required patients to sign verifying the facility provided education on their scheduled procedure. The education included the nature and purpose of the abortion procedure, alternatives to the abortion procedure, the medical risks associated with the abortion procedure and the risks of carrying a pregnancy to term. In addition, the education included information regarding the availability of printed information available from the Cabinet for Health and Family Services related to services available during pregnancy, upon childbirth, dependent children, probable anatomical and physiologic characteristics of the fetus at two (2) week intervals. Other education provided included the availability of printed material about the probable anatomical and physiologic characteristics of the fetus at two (2) week increments, and information about the father’s liability to assist. In addition the form contained an attestation for which patients signed confirming the facility provided all elements of informed consent at least twenty-four (24) hours prior to the procedure.

Telephone Interview with Patient #1, on 06/24/19 at 2:46 PM, revealed she confirmed her identity with this surveyor and that she scheduled an appointment for a surgical procedure on Wednesday, May 29, 2019 at 8:00 AM. Patient #1 stated the facility Administrator contacted her on Monday, May 27, 2019 around noon, to conduct a Face-to-Face Video Chat to provide information required to be provided twenty-four (24) hours before the procedure using a telephone application. Patient #1 stated she could not recall all the elements discussed during the session but stated she felt rushed. In addition, Patient #1 stated the facility informed her of informational videos available at the facility and advised Patient #1 the videos needed to be viewed in sufficient time to not compromise the twenty-four (24) hour window. Patient #1 confirmed the Administrator did not offer to move the procedure to an earlier date or time. Further, the patient stated she had decided to cancel the appointment the night before the procedure. So the next morning, Patient #1 stated she called the facility and canceled the appointment “about an hour” before the scheduled appointment time on 05/29/19. Additionally, during the phone interview, Patient #1 confirmed the spelling of her name, and did not offer any other names under which the procedure may have been scheduled.

Interview with the RN, on 06/20/19 at 10:25 AM, revealed she and the LPN routinely perform the informed consent process and the Face-to-Face Video Chat with patients at least twenty-four (24) hours before the procedures. The RN stated previously the Administrator might have conducted some Face-to-Face Video Chat, but no longer took part in this process. RN #1 did not provide a facility policy regarding informed consent. RN #1 was not able to locate a patient file or contact card under the name for Patient #1 and stated the patient evidently never showed for an appointment.

Interview with the facility Physician, on 06/20/19 at 12:36 PM, revealed the informed consent procedure is
ACTS Complaint/Incident Investigation Report

performed in person or through Face-to-Face Video Chats by licensed nursing staff. He stated informed consent and the providing of additional information must occur twenty-four (24) hours prior to the procedure. Additionally, the Physician stated the facility recently became aware of requirements regarding who can conduct the informed consent process and is awaiting clarification.

Record review of facility's lobby area, Contact Instructions, Consent for Treatment forms, Surgical Consent and the Surgical Procedure logs, and electronic records revealed no record Patient #1 (person named in the complaint) entered the building, received treatment or a procedure at the facility.

Review of the facility's records for Patients #2, #3, and #5, revealed the facility provided a Face-to-Face by either the Registered Nurse or the Licensed Practical Nurse. Patient #4 did not have a procedure.

Observation of the admitting area, on 06/20/19 at 8:38 AM, revealed staff greeted patients and handed patients a clipboard containing a sheet labeled "Contact Instructions."

Observations in the office, on 06/20/19 at 9:00 AM and 9:30 AM, revealed the Licensed Practical Nurse (LPN) conducted a Face-to-Face Video Chat, via electronic video device, with Patients #7 and #8, during which the LPN verbalized all the components of the informed consent. In addition, the LPN afforded the patients multiple opportunities to voice questions.

Observation in the office area, on 06/20/19 at 10:48 AM, revealed the Registered Nurse (RN) accompanied a patient into a private office to conduct a final counseling, prior to the procedure.

Interview with the Scheduler, on 06/20/19 at 9:22 AM, revealed the Scheduler reviewed patient cards to determine when staff performed the Face-to-Face Video Chat. The scheduler stated she then scheduled procedures after a minimum of twenty-four (24) hours.

Interview with the LPN, on 06/20/19 at 12:02 PM, revealed part of her role included conducting Face-to-Face Video Chat with patients. The LPN stated she performed these typically in the afternoon, some evenings, and occasionally as needed at other times. The LPN stated the Face-to-Face Video Chat was scripted and included the regulatory requirements to insure the facility educated patients on all the required topics. The LPN stated she and the RN conducted the Face-to-Face Video Chats. The LPN further stated the Administrator, with a Master's Degree in Social Work, performed some over two (2) to three (3) months ago, however, no longer conducted them. The LPN stated the Administrator completed and documented the section labeled "Counseling Notes," which did not contain any elements of the regulatory requirements.

Interview with the Administrator, on 06/20/19 at 11:34 AM, revealed she had a Master's Degree in Social Work, but never obtained a license, as she never opened a private practice. She stated she considered her work at the facility as counseling, which did not require a license. She stated she had counseled patients regarding services and the licensed nursing staff conducted the informed consent process.
**ACTS Complaint/Incident Investigation Report**

**AGENCY REFERRAL** - No Data

**LINKED COMPLAINTS** - No Data

**DEATH ASSOCIATED WITH THE USE OF RESTRAINTS/SECLUSION** - No Data

Reason for Restraint: 
Cause of Death: 

### NOTICES

<table>
<thead>
<tr>
<th>Created</th>
<th>Description</th>
<th>Notification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/03/2019</td>
<td>COMPLAINT INV - LICENSURE UNSUB NO DEFS/Facility</td>
<td>Date: 06/20/2019, Type: Findings Sent to Facility, Party: Central Office, Method: Written</td>
</tr>
<tr>
<td>07/08/2019</td>
<td>COMPLAINANT-LTR AFTER INVESTIGATED/Complainant</td>
<td>Date: 06/24/2019, Type: Final Response to Complainant: Central Office, Method: Written</td>
</tr>
</tbody>
</table>

### PROPOSED ACTIONS

<table>
<thead>
<tr>
<th>Proposed Action</th>
<th>Proposed Date</th>
<th>Imposed Date</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>06/20/2019</td>
<td></td>
<td>Federal</td>
</tr>
</tbody>
</table>

**Closed: 07/31/2019**  
**Reason:** Paperwork Complete  
END OF COMPLAINT INVESTIGATION INFORMATION

**Americans United for Life**
SURVEYOR NOTES WORKSHEET

Facility Name: Emu (Women's) Surgery  
Provider Number: 300000  
Observation Dates: From 12/30/19 To  

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Complaint Investigative Plan KY # 29708</td>
</tr>
<tr>
<td>Allegations Category:</td>
<td></td>
</tr>
<tr>
<td>Reg Tag:</td>
<td></td>
</tr>
<tr>
<td>History of deficiencies R/T allegation:</td>
<td>N/A</td>
</tr>
<tr>
<td>(detail dates reg, s/s if applicable)</td>
<td></td>
</tr>
<tr>
<td>Last survey highest s/s:</td>
<td>N/A - State level</td>
</tr>
<tr>
<td>Is the facility currently in compliance:</td>
<td>Yes</td>
</tr>
<tr>
<td>If no, detail tags out of compliance:</td>
<td></td>
</tr>
</tbody>
</table>

Contacts Made: (Name, Date, Time)

Complainant

Ombudsman

DCBS

Other

Observations to make pertinent to allegation: (detail partial tour)

Interviews to Get: (Name, Title, detail order & who may validate allegation)
SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Center
Provider Number: 300200
Observation Dates: From ________ To ________

TAG/CONCERNS | DOCUMENTATION
--- | ---
| Complaint Investigative Plan KY # | 29708

Allegations Category: Unqualified Personnel
Reg Tag: E0125 / E0135
History of deficiencies R/T allegation: n/a
(detail dates reg, s/s if applicable)

Last survey highest s/s: n/a
Is the facility currently in compliance: Yes ☑ No [ ]
If no, detail tags out of compliance:

Contacts Made: (Name, Date, Time)
Complainant
Ombudsman
DCBS
Other

Observations to make pertinent to allegation: (detail partial tour)
- general facility observations
- consultation area
- patient/staff interaction
- license display

Interviews to Get: (Name, Title, detail order & who may validate allegation)
- social workers r/t licensure and their responsibility w/ informed consent
- patient in complaint
- other patients r/t informed consent
- staff r/t informed consent process - how and who completes and document the
- staff r/t informed consent and content

Form CMS-807 (07/95)
**SURVEYOR NOTES WORKSHEET**

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews - Continued</td>
<td></td>
</tr>
</tbody>
</table>

**Record Review:** (Clinical Records, Policies, Audits, Documents from other facilities).

- patient records r/t informed consent completion, timing, content
- policy r/t informed consent

**Questions to be answered:**

- does staff member named conduct informed consent
- how does process of informed consent occur
- how is informed consent documented and timeframes?
- what is content of informed consent

Form CMS-807 (07/95)
<table>
<thead>
<tr>
<th>E 000</th>
<th>Initial Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A Complaint Survey was conducted on 06/20/19 to investigate KY28708. The Division of Health Care unsubstantiated the allegations with no deficiencies cited.</td>
</tr>
<tr>
<td>TAG/CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td>6-20-19 8:01</td>
<td>Entered facility, presented card to receptionist and asked to speak to person in charge of facility.</td>
</tr>
<tr>
<td>8:02</td>
<td>Receptionist handed me phone and said administration is on call but must wait to speak with investigator.</td>
</tr>
<tr>
<td></td>
<td>Investigator requested complainant to provide specifics of complaint.</td>
</tr>
<tr>
<td></td>
<td>Stated on hold. Florida not sure how much can be accomplished in her absence.</td>
</tr>
<tr>
<td></td>
<td>Explained would be doing other interviews and record review so staff should be able to assist.</td>
</tr>
<tr>
<td></td>
<td>Stated policy in her office behind locked door in her computer.</td>
</tr>
<tr>
<td></td>
<td>Said new manager will assist me today.</td>
</tr>
<tr>
<td>8:29</td>
<td>Met me and showed me to MD's office to set up.</td>
</tr>
<tr>
<td>8:45</td>
<td>Brief interview completed.</td>
</tr>
<tr>
<td></td>
<td>Explained informed consent offered and documented.</td>
</tr>
<tr>
<td></td>
<td>Stated no claim is &quot;declined&quot; needed.</td>
</tr>
<tr>
<td></td>
<td>Stated all they can do is offer.</td>
</tr>
<tr>
<td></td>
<td>Stated when patient arrives handled clipboard &amp; consent for healthcare proxy and emergency contact form.</td>
</tr>
<tr>
<td></td>
<td>Stated to patients go for $3 then watch video &amp; tutorial.</td>
</tr>
<tr>
<td></td>
<td>Stated she would be doing consent today in my absence.</td>
</tr>
</tbody>
</table>
# SURVEYOR NOTES WORKSHEET

**Facility Name:** EMM Women's Surgical Ctr  
**Surveyor Name:**  
**Provider Number:** 30200  
**Surveyor Number:**  
**Discipline:**  
**Observation Dates:** From 4/20/19 To  

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/20/19 10:32 observation of 3 females in room. Females appeared to be watching video. Video contained information.</td>
<td></td>
</tr>
<tr>
<td>10:45 Observation of patient taking patient into room to do final counseling. Patient declined surveyor presence.</td>
<td></td>
</tr>
</tbody>
</table>
DO face to face and I do all now. This is not a procedure that comes in used to do — my understanding someone she is not a licensed social worker. As soon as we found out, quit couple.

Documented when F-T occurred but 2 who — may have done home — afternoon periodically — we — pm —

never showed up.

I made appt again 5:45 — believe did you to face — in May? next couple days — complaint re: priests.

Grievance letter - how are you found out about complaint

F - read receipt

Policy - nobody F-T part counseling during 4/6. we referred

Nurses on unit only during 24 hr.

if after pg. — if done — don't get in if show rep — need to do less — you must return.
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/20/19 - 11:34 AM</td>
<td>Administrator</td>
</tr>
</tbody>
</table>

- Informed consent process.
  - Call in to make apt.
  - Set up F2F in person or video chat.
  - Patients downloaded app. on phone.
  - Speak and IT procedure, cost, and what/when to bring.
  - Review and read consent info.
  - Notes + hand script.

- The or one of nurses:
  - Usually 3 pm. - 4 pm. then nurse do some p hours.
  - Cover all areas - any old/ask do they ask for information.
  - Ask again when in.
  - Tell them again what needed to what to expect.

  - High risk: indocing alone. 
  - Exam at least 24 hours before.
  - May come in next day but 24 hours after.

- I am counselor/social worker or nurse.
  - Do me or nurse.
  - Have always kept the nurse + NP's...
<table>
<thead>
<tr>
<th>TAG/CONECNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>license</td>
<td>never been licensed</td>
</tr>
<tr>
<td></td>
<td>has for 30 years, not come up</td>
</tr>
<tr>
<td></td>
<td>licensing important for private practice + 3rd party billing</td>
</tr>
<tr>
<td></td>
<td>unethical for provider to tell you how many</td>
</tr>
<tr>
<td></td>
<td>people who counsel &amp; do private practice take cash to counseling &amp; masters</td>
</tr>
<tr>
<td></td>
<td>license &amp; what diagnoses to bill for</td>
</tr>
<tr>
<td></td>
<td>does not limit - can do counseling &amp; masters</td>
</tr>
</tbody>
</table>
TAG/CONCERNS

DOCUMETNATION

my role in process is
then answering
in afternoo

does afternoon

we have schedule 2-4 pm which have
been scheduled -

will do as they take appts if possible

two day week I do from home

why important - inform patient compensation -
other forms of therapy. this is not neg -
opportunity to be a person i able to -

if not - never happened -

never in other window -

we are pretty strict

mt. + mos. many steps

do not continue until least days open to

was n't past done them

rkd reg RN, LCN, phns's
Informed consent process - we have group individual before. 
For our patient can come in person if not possible to offer. 
Why important - want to ensure patient is medically informed mentally physically stable. 
Voluntary - coercion part of process to ensure they agree - indicate. 
Some may be influenced by parents or family - need to understand if any procedure could be complications 
who can do. 
Statute pay MD, licensed nurse. 
PT or social worker. 
LSS. 
Social worker has to be person's degree in social work. 
Licensing - come up recently - need clarified for us. 
Physician, dentist, nurse. 
LSS. 
LSS.
Facility Name: EWW Women's Surgery Center  
Provider Number: 300 300  
Surveyor Name:  
Surveyor Number:  
Discipline:  
Observation Dates: From 4/20/19 To  

TAG/CONCERNS

10/20/19 08:57

Doctor called patient, nurse called patient, doctor informed patient, husband to be present. Husband brought into room and consent explained to him. Both offered opportunity for 2. Husband asked about a pledge.

4:15 AM: Patient informed  
4:15 AM: Patient informed

10/20/19 10:50

State picture of complainant and accused

10/20/19 10:12

Surveyor reviewed complaints, listing of patient alleged in complaint

Americans United for Life
Facility Name: EMM -
Provider Number: 300000
Observation Dates: From 4/1/19 To 5/1/19

.getTag/concerns

Date: 4/1/19 2:47 pm

I believe - had short phone call w/ Secretary
was told would have video call w/ counselor

Stated in advance
She called me - expected a longer phone call.
Said my situation need a lot of information
Called me.

As I recalled the call - I need through
Thought was she the director was doing the
call. - would want someone experienced
Seemed ignorant about the possibility of adoption
told me of a list of her prior

- Poor - symptoms
Could show me fetal Imaging prior to coming
in - but must be 34 hr prior

called me personal day - apt was Wednesday
We went video & hr in advance that person - not
Told they didn't expect G to take them
Upon offer to watch videos.
I cancelled the apt due to that.

Felt almost like they rushed through a checklist
told me to adoption story - "week"

They were not an advocate for any other options

visited name & spoken
cancelled apt Wed. - Fri pm - don't care
who I spoke with

Answering machine - wanted to pm pm
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off our schedule</td>
<td></td>
</tr>
<tr>
<td>TAG/CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Patient records</td>
<td>DOB 11-17-18</td>
</tr>
<tr>
<td>Consent signed - NS present</td>
<td>DOB 11-17-18</td>
</tr>
<tr>
<td>Consent signed - NS present</td>
<td>DOB 3-23-18</td>
</tr>
<tr>
<td>Consent signed - NS present</td>
<td>DOB 5-23-18</td>
</tr>
<tr>
<td>Consent signed - NS present</td>
<td>DOB 11-3-18</td>
</tr>
<tr>
<td>TAG/CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------</td>
</tr>
</tbody>
</table>
| Employee files | RN 10/31/19 & instr.
|              | RN 10/31/19 & instr. |
A relicensure survey was conducted on 06/05/12 through 06/06/12 and found the facility did not meet the minimum requirements for relicensure of an Abortion Facility and deficiencies were cited.

(3) Medicine storage. Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored and safeguarded in enclosures of sufficient size that are not accessible to unauthorized persons. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications. A thermometer accurate to ± three (3) degrees Fahrenheit shall be maintained in these refrigerators. Only authorized personnel shall have access to storage enclosures. Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws. [7-.(3)]

This requirement is not met as evidenced by: Based on observation, interview, and review of the facility's policy, it was determined the facility failed to ensure medications were not available for use after the expiration date in three (3) of three (3) areas of the Operating (OR) Suite. The pre-op room, the crash cart and the recovery room.

The findings include:

Record review of the facility's policy titled Drugs used within the Operating (OR) Suite, dated March 2000, revealed the policy stated: drugs are
<table>
<thead>
<tr>
<th>E 565</th>
<th>Continued From page 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>checked monthly in each area by the nurse working in that area; drugs are checked for expiration dates, color and consistency of drugs and for dates and times of opened multi-dose vials; drugs are checked weekly for expiration, date color, and consistency, and drugs are checked by the person who administers the drug.</td>
</tr>
<tr>
<td></td>
<td>Review of the Emergency Crash Cart policy, dated 04/22/06, revealed the Director of Nursing (DON) was to check the emergency cart weekly using the emergency cart checklist. It was her duty to note if drugs had expired and nearing expiration, these were to be reordered and replaced.</td>
</tr>
<tr>
<td></td>
<td>1) Observation, on 06/05/12 from 10:10 AM to 10:50 AM revealed during tour of the facility’s pre-op room, ten (10) of ten (10) vials of gentamycin (used to prevent or treat infection) had an expiration date of June 1, 2012.</td>
</tr>
<tr>
<td></td>
<td>2) Observation, on 06/05/12 from 10:10 AM to 10:50 AM, revealed in surgical room number 1's crash cart: two (2) of two (2) vials of propanolol (used to treat high blood pressure, chest pain, and abnormally rapid heart rates) had an expiration date of April 2012; one (1) of one (1) vials aminophylline (used to prevent and treat wheezing, shortness of breath, and difficulty breathing) had an expiration date of June 1, 2012; and one (1) of one (1) vials of sodium bicarbonate (used to treat shock) had an expiration date of June 1, 2012.</td>
</tr>
<tr>
<td></td>
<td>3) Observation, on 06/05/12 from 10:10 AM to 10:50 AM, revealed during tour of the facility's recovery room, the medication cabinet contained two (2) of two (2) vials of gentamycin with an expiration date of June 1, 2012.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E 565</th>
<th>Expired Gentamycin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All expired Gentamycin has been discarded and have been replaced with new medication.</td>
</tr>
<tr>
<td></td>
<td>New DON as of 6-1-2012, is responsible for making sure medications in the pre-op are always up to date. This will be checked weekly. Each nurse working in that area will also check dates, color and consistency of medicines before administering them.</td>
</tr>
<tr>
<td></td>
<td>Crash Cart</td>
</tr>
<tr>
<td></td>
<td>All expired medications have been discarded. Two of the medications have been replaced and one has been ordered. DON, will check the emergency cart weekly using the emergency cart checklist.</td>
</tr>
<tr>
<td></td>
<td>Director, will assure that the cart is checked weekly, and that the log is kept up to date.</td>
</tr>
<tr>
<td></td>
<td>New DON as of 6-1-2012, is responsible for making sure medications in recovery room are always up to date. This will be...</td>
</tr>
</tbody>
</table>
### Interview on 06/05/12 at 10:20 AM to 10:35 AM

The interview with the Director of Nursing #1 (DON) revealed that the pre-operating room did have expired medications. She stated that medications that were expired should be discarded in a sharps container. She also stated that the staff should be checking the expiration dates of all medications prior to administration of that medication and the facility had provided training to all nursing staff that administers medications. DON #1 revealed the importance of having current medications in the crash cart used for emergencies. She further stated that it was her and the Directors' ultimate responsibility to ensure all medications in the facility are checked weekly, up to date and not expired.

### Interview on 06/06/12 at 8:00 AM

The interview with DON #2 revealed that she was aware the medications were expired as of June 1, 2012 but had not had the chance to remove them from the medication cabinets and crash cart.

### Interview on 06/06/12 at 9:00 AM

The interview with Executive Director revealed that she was not aware of the expired medications. She further stated that DON #1 was working part time and was responsible for keeping the crash cart up to date and was not aware that it was not.

---

**Check weekly. Each nurse working in that area will also check dates, color and consistency of medicines before administering them.**

**New DON as of 6-1-2012, is responsible for making sure medications in pre-op, recovery room, and in OR (crash cart) are up to date. A new log has been generated to mark weekly checks. Director, will assure that meds are checked and the log is kept up to date.**

**DON, will reorder medications as they near expiration, and discard and replace the meds with new ones.**

**Director, will make weekly checks on the upkeep and documentation of medications at the facility to assure that medications are up to date and that the expired ones are discarded.**
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 300200

(Y2) Multiple Construction
   A. Building
   B. Wing

(Y3) Date of Revisit 6/19/2012

Name of Facility
EMW WOMEN'S SURGICAL CENTER, PSC

Street Address, City, State, Zip Code
136 WEST MARKET STREET
LOUISVILLE, KY 40202

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Prefix</td>
<td>E0565</td>
<td>Correction Completed 06/12/2012</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
</tr>
<tr>
<td>Reg. #</td>
<td>902 KAR 20:360</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
</tr>
</tbody>
</table>

Reviewed By State Agency Reviewed By Date: 5/15/12 Signature of Surveyor

Reviewed By CMS RO Reviewed By Date: Signature of Surveyor:

Followup to Survey Completed on: 6/6/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2557) Sent to the Facility? YES NO

STATE FORM: REVISIT REPORT (5/89) Page 1 of 1 Event ID: NVH112
August 15, 2012

Ms. Administrator
EMW Women's Surgical Center, PSC
136 West Market Street
Louisville, KY 40202

Dear

The Division of Health Care received your plan of correction pertaining to the deficiencies identified during the state licensure survey completed on June 6, 2012. This office has accepted your plan of correction. Upon review of your plan of correction, it was determined that implementation of this plan should result in compliance with minimum abortion facility requirements.

If you have any questions, please contact RN, Nurse Consultant/ Inspector at ext.

Sincerely,

Millie K. Zumstein, R.D., L.D.
Regional Program Manager
Division of Health Care

MKZ/for

Americans United for Life

Kentucky Unbridled Spirit

An Equal Opportunity Employer M/F/D
June 18, 2012

Millie K. Zumstein, R.D., L.D.
Regional Program Manager
Office of Inspector General
Division of Health Care
908 West Broadway, 10West
Louisville, Kentucky 40203

Dear Ms. Zumstein:

Please accept our Plan of Correction for the deficiencies noted on the state licensure survey conducted at our facility on June 6, 2012.

Again, thank you for providing guidance to our community and us.

Sincerely,

[Signature]

MSSW
Executive Director, EMW Women's Surgical Center
June 8, 2012

Certified Mail

Ms. Administrator
EMW Women's Surgical Center, PSC
136 West Market Street
Louisville, KY 40202

Dear

The Division of Health Care completed a state licensure survey at your facility on June 6, 2012. This survey was conducted to determine compliance with state licensure requirements. The survey found that your facility failed to meet minimum state licensure requirements for operation of an abortion facility. The deficiencies cited are listed on the enclosed Statement of Deficiencies/Plan of Correction document.

As part of the licensure process, each facility is required to submit a written plan for the correction of all deficiencies noted during the survey. The plan shall specify:

- The date by which the violation shall be corrected;
- The specific measures utilized to correct the violation; and
- The specific measures utilized to ensure the violation will not recur.

902 KAR 20:008 Section 2.(5)(b) requires that a plan for correction of licensure deficiencies be submitted to this agency within ten (10) days from receipt of this letter. The plan, outlining methods of correction and proposed completion dates for each deficiency, should be incorporated in the column provided on the enclosed form.
The form should be signed by you or an authorized representative and received in this office within ten (10) days of receipt of this letter. You should make a copy of the form for your records.

Please mail your plan of correction to the following address:

Millie K. Zumstein, R.D., L.D.
Regional Program Manager
Office of Inspector General
Division of Health Care
908 West Broadway, 10 West
Louisville, Kentucky 40203

Continued failure to meet minimum state licensure requirements will result in a recommendation for revocation of a license to operate an abortion facility.

If you have any questions, please contact our office at 502-595-4958, ext. 5029.

Sincerely,

[Signature]

To:  
Millie K. Zumstein, R.D., L.D.
Regional Program Manager
Division of Health Care

MKZ/ror
Enclosure
VERIFICATION OF NON-INSTITUTIONAL SERVICES' COMPLIANCE
WITH TITLE VI OF THE FEDERAL CIVIL RIGHTS ACT OF 1964
AND THE
KENTUCKY CIVIL RIGHTS ACT OF 1966 AND AMENDMENTS THERETO

Name of Service: EMW Women's Surgical Ctr.
Address of Service: 360 W. Market St.

Chief Administrative Officer

Telephone No. _____________________________
Name, Address, and Telephone Number of Owner of Service:

1. What is the approximate non-white population in the service area? 1976
2. Have you notified the general public, in writing, that your service will serve clients equally, without regard to race, color, religion, or national origin? Yes ☐ No ☐
3. If "Yes" check method of communication:
   Date □ Newspaper □ Letter □
   □ Daily □ Other (Specify) □ Sign in Video □
4. Is the use of this service limited to membership in a defined group? (i.e., fraternal organization, religious denomination, employees of a corporation, etc.) Yes ☐ No ☐
5. If "Yes" explain and define membership requirements:

6. Does this service serve clients without regard to race, color, religion or national origin? Yes ☐ No ☐

Type of Service: Abortion Facility
License Number: 300 200
License Capacity: ___________________________

7. Are inquiries made as to the race, color, religion, or nation origin of the person requiring services before any such services are provided? Yes ☐ No ☐
8. Is race, color, religion, or national origin considered in the amount charged for service? Yes ☐ No ☐
9. Are referrals to other facilities and service made routinely without consideration of the race, color, religion, or national origin of the client? Yes ☐ No ☐
10. Are referrals made to other facilities or services which consider race, color, religion or national origin in the acceptance of clients? Yes ☐ No ☐
11. Has staff been notified in writing of the Service's Civil Rights Policies? Yes ☐ No ☐

I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

______________________________
Signature of Authorized Official

Extr. Director 6/5-2012

______________________________
Signature or reviewer

6/15/2012

(2/81)
CHECKLIST FOR COMPLIANCE WITH KRS 214.620 (4)
HIV/AIDS PATIENT INFORMATION

DISTRIBUTION METHOD

YES __ NO ___ Agency uses patient information form developed by the Department for Health Services.

YES ___ NO ___ Agency uses their own patient information form.

YES ___ NO ___ Agency distributes patient information in admissions package.

AGENCY FORM INCLUDES THE FOLLOWING INFORMATION

METHODS OF TRANSMISSION:

YES __ NO ___ sexual contact (anal, oral, or vaginal intercourse) with an infected person when blood, semen or cervical/vaginal secretions are exchanged;

YES __ NO ___ sharing a syringe/needle with someone who is infected;

YES __ NO ___ infected mother may pass HIV to unborn child; and

YES __ NO ___ receiving contaminated blood or blood products, organ/tissue transplants, and artificial insemination (rare now since testing for HIV antibodies began).

METHODS OF PREVENTION:

YES __ NO ___ no sexual intercourse except with a monogamous partner who is not infected;

YES __ NO ___ sexual relations with anyone else requires use of latex condom, female condom, or dental dam;

YES __ NO ___ do not share syringes or needles with anyone;

YES __ NO ___ should be tested for HIV if pregnant or plan to be pregnant; and

YES __ NO ___ education of self & others about HIV infection & AIDS.

APPROPRIATE ATTITUDES & BEHAVIORS

YES __ NO ___ assurances that the agency provides quality services to all patients, regardless of HIV status.
Plan of Correction Review (Licensed Facility)

Facility Name: Emw Womens Surgical

Providers License: 300200

Date: 6-20-12

Initials: PB

Tag: E5651 Correction date: 6-12-12 Exit date: 6-18-12

Met Not Met 1. The date by which the violation will be corrected.

Detail what is not met:

You cannot allege compliance before or on the date of exit, you must change the date to _______.

You cannot allege compliance on the date an action is taken, you must change the date to _______.

Met Not Met 2. The specific measures utilized to correct the violation.

Detail what is not met: ________________________________________

Met Not Met 3. The specific measures utilized to ensure the violation will not recur.

Detail what is not met: ________________________________________
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000</td>
<td>902 KAR 20:360 Initial Comments</td>
<td>E 000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A relicensure survey was conducted on 06/05/12 through 06/06/12 and found the facility did not meet the minimum requirements for relicensure of an Abortion Facility and deficiencies were cited.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E 565</td>
<td>902 KAR 20:360 Section 7. Pharmaceutical Services</td>
<td>E 565</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Medicine storage. Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored and safeguarded in enclosures of sufficient size that are not accessible to unauthorized persons. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications. A thermometer accurate to + three (3) degrees Fahrenheit shall be maintained in these refrigerators. Only authorized personnel shall have access to storage enclosures. Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws. [7.(3)] This requirement is not met as evidenced by: Based on observation, interview, and review of the facility’s policy, it was determined the facility failed to ensure medications were not available for use after the expiration date in three (3) of three (3) areas of the Operating (OR) Suite. The pre-op room, the crash cart and the recovery room.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The findings include:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Record review of the facility’s policy titled Drugs used within the Operating (OR) Suite, dated March 2000, revealed the policy stated: drugs are</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Prefix</td>
<td>Statement</td>
<td>Date Complete</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>--------</td>
<td>-----------------------------------------------</td>
<td>---------------</td>
<td></td>
</tr>
<tr>
<td>E 565</td>
<td></td>
<td>Continued From page 1 checked monthly in each area by the nurse working in that area; drugs are checked for expiration dates, color and consistency of drugs and for dates and times of opened multi-dose vials; drugs are checked weekly for expiration, date color, and consistency, and drugs are checked by the person who administers the drug.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Observation, on 06/05/12 from 10:10 AM to 10:50 AM revealed during tour of the facility's pre-op room, ten (10) of ten (10) vials of gentamycin (used to prevent or treat infection) had an expiration date of June 1, 2012.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Observation, on 06/05/12 from 10:10 AM to 10:50 AM, revealed in surgical room number 1's crash cart: two (2) of two (2) vials of propanolol (used to treat high blood pressure, chest pain, and abnormally rapid heart rates) had an expiration date of April 2012; one (1) of one (1) vials aminophylline (used to prevent and treat wheezing, shortness of breath, and difficulty breathing) had an expiration date of June 1, 2012; and one (1) of one (1) vials of sodium bicarbonate (used to treat shock) had an expiration date of June 1, 2012.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Observation, on 06/05/12 from 10:10 AM to 10:50 AM, revealed during tour of the facility's recovery room, the medication cabinet contained two (2) of two (2) vials of gentamycin with an expiration date of June 1, 2012.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Interview, on 06/05/12 at 10:20 AM to 10:35 AM, with the Director of Nursing #1 (DON) revealed the pre-operating room did have expired medications. She stated medications that were expired should be discarded in a sharps container. She also stated the staff should be checking the expiration dates of all medications prior to administration of that medication and the facility had provided this training to all nursing staff that administers medications. DON #1 revealed the importance of having current medications in the crash cart used for emergencies. She further stated it was her and the Directors ultimate responsibilities to ensure all medications in the facility are checked weekly, up to date and not expired.

Interview, on 06/06/12 at 8:00 AM, with DON #2 revealed she was aware the medications were expired as of June 1, 2012 but had not had the chance to remove them from the medication cabinets and crash cart.

Interview, on 06/06/12 at 9:00 AM, with Executive Director revealed she was not aware of the expired medications. She further stated that DON #1 was working part time and was responsible for keeping the crash cart up to date and was not aware that it was not.
POLICY ON CONTROLLED ABUSABLE DRUGS

The Director and Medical Director designate a R.N. to be responsible for making sure drugs are ordered and that an accurate record is kept of the drugs.

All controlled and abusable drugs are kept behind double locks.

A designated R.N./CRNA is responsible for the keys to the narcotic box and for dispensing drugs.

Each controlled drug has a control log which lists the number of that individual controlled substance.

The controlled drugs are counted and checked for correct amount randomly by two nurses. The appropriate controlled drug count log is filled out with the nurses’ initials, date and the number of pills. If the count is inaccurate, the Director and Medical director are notified.

If the physician wants a patient to be pre-medicated in pre-op, the physician will order the medication for the patient and request that an R.N. administer the medication. No drugs will be administered without an order from the attending physician.

All drugs that are administered must be noted in the patient’s chart.

Any controlled substance that is discarded must be discarded and witnessed by two nurses. The name of the drug and the amount discarded must be documented and dated followed by the signature of both nurses.

Patient charts must be audited at the time the charts are checked by nurses for QA to determine accuracy of proper documentation and usage of controlled drugs.

Records should be maintained in a book for at least one year.
POLICY FOR DRUGS USED WITHIN THE OR SUITE

1. All drugs for patient care are properly stored in the designated drug cabinets in the pre-op and recovery room; in the emergency cart, the anesthesia cart, the anesthesia work room or the refrigerator.

2. Drugs are checked monthly in each area by the nurse working that area. Drugs are checked for expiration dates, color and consistency of drugs and for dates and times of opened multidose vials.

3. Drugs are checked weekly for expiration, date, color and consistency. Drugs are checked by the person who administers the drug.

4. All drugs mixed at the clinic should be discarded 48 hours after mixing except multidose anesthesia.

5. Multidose anesthesia drugs should be discarded at the end of each week (5 days).

6. Drugs that require refrigeration will be stored in the R.R. refrigerator. A thermometer is kept inside the refrigerator to monitor appropriate temperature which should be 37° - 42° F. No food is to be kept in this refrigerator. It is to be cleaned and defrosted as needed or minimally once a month.

7. Keys for locked drug areas are in the possession of an R.N. at all times.

8. Drugs such as Anaprox are never left in sight with patients in the same area.

9. When unattended, all medications are locked in a secure cabinet.
**EMERGENCY CRASH CART**

An emergency crash cart is kept in the operating room. It is on rollers for easy transport to any area of the clinic.

The emergency crash cart is stocked with emergency drugs and equipment. The defibrillator and cardiac monitor are kept on top and plugged in at all times for charging purposes.

The top drawer is stocked with airway equipment and electrodes.

The second drawer is stocked with the following emergency drugs:

- Adrenalin
- Aminophylline
- Atropine
- Calcium Chloride
- Dextrose 50%
- Dilantin
- Inderal
- Lidocaine
- Propanolol
- Sodium Bicarbonate
- Valium

The third drawer is stocked with various emergency trays: tracheostomy and Trocar Kit.

The fourth drawer is stocked with all necessary IV fluids and equipment, syringes, tape, saline for flushing IV lines.

The fifth drawer is stocked with respiratory supplies.

The personnel of the clinic are familiarized with the crash cart and operation of the defibrillator annually at a designated staff meeting.

In the event that it is necessary to utilize the crash cart, the doctor will designate responsibilities to the medical personnel. One nurse will be responsible for drawing up all medications. Another nurse will be responsible for documentation. The executive director will take charge of emergency transportation means.

The Director of Nursing checks the emergency cart weekly using the emergency cart checklist. It is her duty to note if drugs have expired and that all equipment is working. She will also check suction machine in the recovery room at the same time and document its working condition. Any equipment failure will be taken care of immediately and drugs nearing expiration will be reordered and replaced.

**DON**  
The Executive Director will review the emergency cart check list on a monthly basis.
AMBULATORY CARE FACILITY
PRIMARY CARE CENTER

CONTENTS OF RELICENSURE PACKET

1. L&R-10-Memorandum
2. 2567 (State Form) - SOD & POC
3. 2567 B (State Form) Revisit Report (if applicable)
4. RPM Letters
5. L&R-87 Civil Rights Form
6. AIDS/HIV Form
7. 670- Workload Report & Follow-up (if applicable)

**Handwritten Notes:**
- I will create this computer printout.
- I will take the forms for them to fill out.
- I will create this computer printout.
- I will take the forms for them to fill out.

**Entrance Emphasis:**
- Introduce self - here to do the State survey.
- Complete 2 forms: #5 & #6
- Tour facility, look at personnel files, maybe
- Ask about roles, maybe
- Ask about location to work
- Ask about duties, maybe
- 2009 - drenity Environment, Housekeeping, Infection
- Central Pharmacy, Quality Improvement
- Last is for QA - take about a day
- Survey Summary Sheet
- 815 State tags
- CNAs? No need
- Ask for MO Lic on file
- Ask for DEA #
- Tour Safety
- Record forms 5-6-0 - Both
- Active/DL
8:30 - 5pm

Nurse anesthetist
RN
MA Cnrt.

Check Crash cart & expired med.

Quarterly meetings
Ask for contracts for
Ambulance/acute care hospital
Infectious control policy - Control Checks + Safety measures
Waste policy
Laundry service

Housekeeping who is in charge
Pasted signs for emergencies
Fire test every year
<table>
<thead>
<tr>
<th>CONCERNS</th>
<th>CHECKLIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-5-12</td>
<td>Enter Meet 2</td>
</tr>
<tr>
<td>1000</td>
<td>Director Ex</td>
</tr>
</tbody>
</table>

DON - RN.

10:00am - Tour Counsel - TV room.

Exam room #1 RN 486 full

Observed exam table

Table cracked several places

Steps did not feel a perceptible problem

Towel #49 room - using only at this time.

Sterial bar C - blocked tape

Room clean.

Housekeeping

Exam room 3 - 4 not used.

RN ultrasound & DON

Eluvon down stairs

All rooms O.K. - dry room

1st concerns

Laundry drop by. Universal linen

Tuesdays & Fridays.
<table>
<thead>
<tr>
<th>CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>l-5-12</td>
<td>Gentamicin exp Jan 1, 2012 exp DATE 10/16/12</td>
</tr>
<tr>
<td>1020 am</td>
<td>Don acknowledge the medication</td>
</tr>
<tr>
<td></td>
<td>expried med should be discarded in sharps container</td>
</tr>
<tr>
<td></td>
<td>Ultimately don responsible to keep med exp up to date</td>
</tr>
<tr>
<td></td>
<td>Should be checked every week</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In staff should be checking med exp 1st pm</td>
</tr>
<tr>
<td></td>
<td>All staff that administer med are required to discard - not use expried med</td>
</tr>
<tr>
<td></td>
<td>Surgical Rooms OR</td>
</tr>
<tr>
<td></td>
<td>MD to 1970's</td>
</tr>
<tr>
<td></td>
<td>own the place</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Atropine 0.6mg/ml exp 4/12 10/11</td>
</tr>
<tr>
<td></td>
<td>Sodium Bicarbonate 50mg (Bone)</td>
</tr>
<tr>
<td></td>
<td>Exp June 1, 2012 10/11</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Exp Date Jul 2012</td>
</tr>
<tr>
<td></td>
<td>will patch the expried med</td>
</tr>
</tbody>
</table>

For States it is important to have current med in crush drug carttyp emergencies
Concerns:

- State: DW

Documentation:

- Responsible for
- Disinfect trash cart as up to
- Cleaning schedule for surgery
- Room - WE between 4:00 to 7:00 PM
- Cleaned - toys, instrument tray
- Pink in surgical room is called on dust. Pink floor cleaning needed.
- Recovery room, door open room
- Curtains - Pink present
- Pink in recovery room - unlocked. It states the doors not locked plates
- O2 - Chambering program
- 
- Box full dose Hosp. 30mg 1800mg
- Sani. cloth
- Ref temp log. Received temp 94°F on
- Keys to recovery room keep in un
- locked drawer
- No mat normally kept in drawer
- Gentamicin reused June 12
- 
- 10:30 am (5)
- Medication given
- - Fluid: iv water - Style should know
- Recovery Round - Wake up - Get
- Prior to in, Launch alert 26mm

Americans
for Life
<table>
<thead>
<tr>
<th>CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-5-12</td>
<td>in Lounge Room - two large towels not tucked up</td>
</tr>
<tr>
<td></td>
<td>Ibuprofen 200mg</td>
</tr>
<tr>
<td></td>
<td>Four finished @ 1100am</td>
</tr>
<tr>
<td></td>
<td>Facility is posted Emergency Signs</td>
</tr>
<tr>
<td>10:00 am</td>
<td>Surgical Suite FU</td>
</tr>
<tr>
<td></td>
<td>[Redacted] New Don</td>
</tr>
<tr>
<td>8:00 am</td>
<td>Vent is free from dust</td>
</tr>
<tr>
<td></td>
<td>Ceiling tile replaced. Double locked key is</td>
</tr>
<tr>
<td></td>
<td>Keep to 1st Cabinet, keep drapes in the procedure room</td>
</tr>
<tr>
<td></td>
<td>Stater according to</td>
</tr>
<tr>
<td></td>
<td>all in drawers</td>
</tr>
<tr>
<td></td>
<td>Rugs is not locked this am</td>
</tr>
<tr>
<td></td>
<td>Keeps the key to fit 4 also in the</td>
</tr>
<tr>
<td></td>
<td>drawer</td>
</tr>
<tr>
<td></td>
<td>No concerns with-Eastern</td>
</tr>
<tr>
<td></td>
<td>Black Cabinet orderly</td>
</tr>
<tr>
<td></td>
<td>Stater did OK last week the</td>
</tr>
<tr>
<td></td>
<td>just taken out of Cabinet yet</td>
</tr>
<tr>
<td></td>
<td>Cash cart</td>
</tr>
</tbody>
</table>
|         | This policy no longer true policy
<table>
<thead>
<tr>
<th>Concerns</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9-12</td>
<td>Patient was not aware the crash cart was in such bad shape.</td>
</tr>
<tr>
<td></td>
<td>Stated the Don was in charge of keeping the crash cart up to date.</td>
</tr>
<tr>
<td></td>
<td>Stated the need for a full-time Don- a part-time Don is not enough.</td>
</tr>
<tr>
<td></td>
<td>In training to resume all Don for. States will ask the nurse anesthetist to resume the crash cart duties.</td>
</tr>
<tr>
<td>CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>10-5-12</td>
<td>Quarterly meeting</td>
</tr>
<tr>
<td>2:00 pm</td>
<td>State Medical Meetings, Quarterly. The MFs attended, and one medical assistant attended as well.</td>
</tr>
<tr>
<td></td>
<td>The RN is in charge of infection control.</td>
</tr>
<tr>
<td></td>
<td>Has a cleaning log.</td>
</tr>
<tr>
<td>3:00 pm</td>
<td>State line posted on wall - can be viewed through glass window from the waiting area.</td>
</tr>
<tr>
<td>2:00 pm</td>
<td>Quarterly meeting, June 24, 2011, 1-11-11, 1-10-12, 4-10-12</td>
</tr>
<tr>
<td>11:15 am</td>
<td>Review of minutes. No concerns.</td>
</tr>
<tr>
<td>11:45 am</td>
<td>Medication reviewed.</td>
</tr>
<tr>
<td>11:45 am</td>
<td>Emergency Crash Cart reviewed 4-11-12.</td>
</tr>
<tr>
<td>4:00 pm</td>
<td>Policies reviewed.</td>
</tr>
<tr>
<td>6:00 am</td>
<td>Infection Control Binder reviewed.</td>
</tr>
<tr>
<td>10:00 am</td>
<td>Review of EMW job description for certification.</td>
</tr>
<tr>
<td></td>
<td>Requirements passed from accredited program - no concerns.</td>
</tr>
<tr>
<td>CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>11:05 AM</td>
<td>Etnw Womans Surgical Center personnel policies reviewed.</td>
</tr>
<tr>
<td></td>
<td>WCM interns gated locked parking lot. THe trash bins were closed no trash outside of clinic.</td>
</tr>
<tr>
<td></td>
<td>Board of Medical Licensure dated 11/10/12 added till 3/1/13.</td>
</tr>
<tr>
<td></td>
<td>Ground floor inspection 3/15/12.</td>
</tr>
<tr>
<td></td>
<td>Ambulance training to staff.</td>
</tr>
<tr>
<td></td>
<td>Status no lacking.</td>
</tr>
</tbody>
</table>

 DEA exp 1-31-14. 
 DEA exp 9/13/14. 

<table>
<thead>
<tr>
<th>CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interview List</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DOCUMENTATION**

Executive Director, MSSW

1. DON

2. DON in training

Surgical Tech

---

Americans United for Life
<table>
<thead>
<tr>
<th>CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-6-12</td>
<td>ST ED015 Section 7 Pharmaceutical Service</td>
</tr>
<tr>
<td></td>
<td>The facility failed to maintain facility meditating evidence by other means found in the crash cart and recovery rooms.</td>
</tr>
</tbody>
</table>
OFFSITE SURVEY PREPARATION WORKSHEET

Facility Name: CMW Women
Facility Address: 1344 West Market St.
Provider Number: 300200
Total Beds: 162

Ombudsman Name/Number: n/a
Ombudsman Contact Date: n/a
Offsite Review Date: 10-4-12
Survey Begin Date: 6-5-12

List potential facility areas of concern and any potential residents to be reviewed during the survey. List any current complaints to be investigated onsite.

2009 Initial License

E0225  Dignity
E0315  Staff CPR
E0565  Expired Meds
E0765  Quality
E0975  Infection Control
E1000  Housekeeping

Medical Director
Administrator

Surveyors/Discipline (list Team Coordinator first):

Americans United for Life

Form CMS-801 (07/2001)
# Certification Performance History

<table>
<thead>
<tr>
<th>Building ID</th>
<th>Tag Cited</th>
<th>Cited On</th>
<th>Severity/Scope</th>
<th>Completion Date (X5)</th>
<th>Corrected On</th>
<th>Cert</th>
<th>Comp</th>
<th>Waived</th>
<th>IDR Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO SURVEYS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Certification Track ID:** 52X0

**Categories:** Initial Licensure, Follow-up/Revisit

**Survey Exit:** 04/28/2009

**IDR Key:**
01 None
02 Requested
03 No Change
04 Tag Change
05 Tag Removed
06 S/S Change
07 Expl/Remd/Other Wrk Chng
08 S/S Chng/Expl Rmw/Other Wrk Chng
09 Tag Added by IDR
10 Request Withdrawn
11 Revised Tag Change

05/28/2003
### Facility Administrators

<table>
<thead>
<tr>
<th>Started</th>
<th>End</th>
<th>Administrator Name</th>
<th>Address</th>
<th>City St. Zip</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Started</th>
<th>End</th>
<th>Administrator Name</th>
<th>Address</th>
<th>City St. Zip</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
</table>

### Ownership

<table>
<thead>
<tr>
<th>Start</th>
<th>End</th>
<th>Company</th>
<th>DBA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>EMW WOMEN'S SURGICAL CENTER, PSC</td>
<td></td>
</tr>
</tbody>
</table>
## Identification:

State Facility ID: 300200  
Provider ID:  
Medicaid ID:  
Type: Abortion Facilities  
State License ID: 300200

Name: EMW WOMEN'S SURGICAL CENTER, PSC  
Address: 136 WEST MARKET STREET  
City: LOUISVILLE  
State: KY  
Zip: 40202  
Phone:  
FAX: 

Administrator: (Current)  
Salutation:  
First:  
Last:  
Title:  
Team:  
Mgmt Unit:  
Mailing Address:  
Address:  
Extended Address:  
City:  
State:  
Zip: 

<table>
<thead>
<tr>
<th>Buildings</th>
<th>Name</th>
<th>Location</th>
<th>Constructed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Description</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

[Americans United for Life logo]
error code 300200
Observation Dates: From 6/15/12 To 6/16/12

CONCERNS

DOCUMENTATION

Sign on Sheet.

NO Card available.
Exit Conference

- We have concluded your standard (and extended) survey for licensure and certification. We would like to thank everyone for their assistance and ........

- Introduce team members.

- We have identified deficient practice (but no substandard quality of care and substandard quality of care in ________________).

- All of our findings are up to supervisory review, should there be any changes we would notify the facility as soon as possible.

- We have 10 working days to issue an SOD, you have 10 calendar days to respond with a POC. With the SOD you will receive a letter explaining the criteria required to respond to each deficiency. Also the letter will explain the Informal Dispute Resolution process and how to request it. The SOD will be E-mailed to you and you may E-mail the POC to us. Who will be responsible for receiving this E-Mail? We would like to remind you, to avoid an unacceptable plan of correction, to please remember to indicate by title the staff person who provides any education and especially for a designated person. (this term is no longer accepted). In addition, remember to indicate by title who, when, and how monitoring will be completed

- If after exit you feel there is information we have not reviewed, please feel free to contact our office on how to provide the information for supervisory review.

- If there are no questions at this point I will read our findings identified at this time. F tags and S/S will no longer be given.

- Read findings.

- Again. We would like to thank everyone.

- Get Email Address
## Employee Verification Form

<table>
<thead>
<tr>
<th>Name</th>
<th>License or Certification</th>
<th>Hire Date</th>
<th>NA Abuse</th>
<th>CRC E0365</th>
<th>Reference Check</th>
<th>Evaluation</th>
<th>Inservices CPR</th>
<th>Orientation</th>
<th>TB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RN</td>
<td>3-13-12</td>
<td>n/a</td>
<td>n/a</td>
<td>✓</td>
<td>New Employee</td>
<td>12/1/13</td>
<td>✓</td>
<td>6-8-11</td>
</tr>
<tr>
<td>CRNA</td>
<td>RN</td>
<td>10-25-11</td>
<td>✓</td>
<td>n/a</td>
<td>✓</td>
<td>CPR</td>
<td></td>
<td>✓</td>
<td>2-25-11/1-14-12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CRNA RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Facility Name:** Woman's Surgical Center  
**Provider Number:** 300200  
**Date:** 6-5-12  
**Surveyor:** RN NCI
<table>
<thead>
<tr>
<th>CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients Chart Reviewed</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>10-5-12</td>
<td>Record Review #1</td>
</tr>
<tr>
<td>11:00am</td>
<td></td>
</tr>
</tbody>
</table>

1. Face sheet: name address number emergency number all present. DOB = 10/21/12
2. Signed consent 10/21/12: brought by
3. Date of initial exam 10/21/12
4. Date of abortion 10/21/12
5. Ref MD to attend MD name & MD of Ref MD
6. Counselor's notes: list of meds. present
7. Physical exam: Health status with OB 15 days
detail of pelvic exam & estimated gestational age
LMP: 8/25/12
8. Results of drug test: exam lab: ultrasound
9. Urine dipstick
10. Counselor's notes: present verbal info 5/3/12
11. MD orders: name of MD signed
12. Complete record of abortion procedure
   VS: pre and postop.
13. Name of procedure: Dr. Anesthesia used: General
14. Name of obstetrician: present
15. Nursing notes: expect anesthesia part
16. Final dx: Condition of dc: Good, will be discharged
17. MD signed 3/12 hrs. (Meds: Celebrex, Mascard, UT, PCA, abused tooth)

(From 10/11/12 to 10/12/12)
<table>
<thead>
<tr>
<th>CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-5-12</td>
<td>Record Review #2</td>
</tr>
<tr>
<td>12:00pm</td>
<td></td>
</tr>
</tbody>
</table>

1. DOB: [Redacted]
   Parents consent given: [Redacted]
   Address: [Redacted]

   Counsel [Redacted] present.

   Physical exam 3/30/12: [Redacted] D/C 1 mo
   History reviewed. Anesthesia record rec'd.
   VS: present, inc. postop meds.
   Med history complete.
   Ultrasound performed: [Redacted] by [Redacted]

   Postop MD orders placed.
   Recovery room VS.
   Recovery lounge postop per MD.
   Abortion date: 3/30/12
   St. decline. 
   Condition at D/C: [Redacted]

   All forms signed by MD & Nursing.
<table>
<thead>
<tr>
<th>CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-5-12 12:20pm</td>
<td>Record Review #3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Face sheet &amp; Address &amp; HS</th>
<th>DDB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Counsel/mote Complete 4/1/12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical problem: V.S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IME</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Labs complete</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exam 4/12/12 Procedure 4/13/12 S/C</td>
<td>M.D. + V.S. present</td>
</tr>
<tr>
<td></td>
<td>Anesthesia complete V.S. present</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood banks &amp; bloods</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discharge complete &amp; signed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Postop orders complete &amp; signed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recovery notes V.S. present signed by M.D.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recovery lounge noted V.S. V.S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Signed by M.D.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consent signed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M.D. signed &amp; dated</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Concerns</td>
<td>Documentation</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>8-5-12</td>
<td>Read Review #4</td>
<td>DDB</td>
</tr>
<tr>
<td>4:15 pm</td>
<td>MO</td>
<td>face sheet &amp; address + #5</td>
</tr>
<tr>
<td></td>
<td>Urine test &amp; ultrasonogram</td>
<td>Confirm urine</td>
</tr>
<tr>
<td></td>
<td>No current meds, NKA, no medical illness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical history c V.S. Medical Studies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consent signed, exam 6/5/12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MD orders complete &amp; signed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counsel complete</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral meds on VIP C</td>
<td>6/5/12</td>
</tr>
<tr>
<td></td>
<td>Physical exam complete</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mifeprist 6/5/12, Lu 4007 exp 5/15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cytotec to take home, C/D instructions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deemed by MD &amp; nurse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Full appt 6/26/12 10:00AM</td>
<td></td>
</tr>
<tr>
<td>CONCERNS</td>
<td>DOCUMENTATION</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>---------------</td>
<td></td>
</tr>
<tr>
<td>1-4-12</td>
<td>Record Review #5</td>
<td></td>
</tr>
<tr>
<td>8:45am</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Physical exam
- Dx: Sore throat
- Anesthesia record complete, yes vs.
- Blood work done & reviewed
- Post op order complete, procedure SC
- Nursing notes reviewed, no concerns
- Recovery floor notes complete, normal
- Consults complete, 24 hr visual Center Complete
- Date of exam & procedure: 1-4-12
<table>
<thead>
<tr>
<th>CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/6/12</td>
<td>Record Review #4</td>
</tr>
<tr>
<td>8/4/5</td>
<td>DDB</td>
</tr>
</tbody>
</table>

Appointment 6/6/12 exam & procedure same day. Procedure SC ox LMX.

2/1/13, content done 5/31/12: - telephone recording - new system @ 1225 pm.

**Additional**

Complete diploma @ Spensers 9/2003

Must mandatory to take the test.

States has not taken. Did receive in the job training @ Jewish H Koenig.

Prior to this role - was in charge of

Scheduling & processing when pts are out of the room.

States the MD is always present in the room: will assume 24-hour clinical hours.

States the MD: instruction any support when needed.

Revised

920am General area: Sync labs done.

Physical exam completed & chart.

Anesthesia record complete & signed.

All orders placed with ap notes.

Sign & Ants present & signed.
DIVISION OF HEALTH CARE
PACKET PROCESS LIST

FACILITY: EMW Women's Surgical Center, PSC
CITY: Louisville

LEVEL OF CARE: Abortion Facilities
SURVEY DATE(S): 11/19/15

SURVEY TYPE: INITIAL [REELC [] RECENT [REVISIT [OTHER [COMPLAINT #_________ PRIORITY: 1 2 3 4]

*LIST ENTRANCE TIME/DATE IF OFF-HOURS SURVEY: ____________________ (M E W H)
*NURSE AIDE TRAINING PROGRAM: YES [NO [X]

TEAM

ACTION

Packet Completed: Deficiency(ies)? YES [NO [X] Life Safety Code Tags included YES [NO [X]
RPM Review: 5D Review 7.5D Packet to Secretary
SoD to Facility
PoC Received and Copy to Coordinator
POC Acceptable: YES [NO [X]
Provider Notified: by _______ on ________
POC Returned to Facility
2nd POC Received and Copy to Coordinator
2nd POC Acceptable: YES [NO [X]
Provider Notified: by _______ on ________
Revisit Required: YES [NO [X]
Revisit Completed: Deficiency(ies) YES [NO [X]
Revisit SoD to Facility
PoC Received and Copy to Coordinator
PoC Acceptable: YES [NO [X]
Provider Notified: by _______ on ________
2nd Revisit Required: YES [NO [X]
2nd Revisit Completed: Deficiency(ies) YES [NO [X]
Packet Completed

Secretary:

INITIALS

DATE

11/25/15
11/30/15

will and accept POC compliance of 7.4.16

Americans United for Life

Highest Scope/Severity _______ Opportunity to Correct or No Opportunity to Correct (OTC or NOTC)
SQC__13___15___25 (X areas of SQC) Complete form HCFA-673 if SQC identified
RPM/C.O. notified of SQC Doctors/Board Letters Mailed-Ann Notified of SQC
Citation Issued: TYPE A or TYPE B (Type A stamped & faxed to Attorney General's Office
PoC Due ________ Latest PoC Date 12/10/15

IDR Requested

IDR Scheduled

IDR Held

IDR PoC Due

Provider Notified: by _______ on ________

462L faxed to C.O.
1539 faxed to C.O.
EMW Women's Surgical Center, PSC
11/19/15 LU # 300200
HSS

Abortion facility
Adult Day Health
Alcohol & Other Drug Entities
Alcohol & Other Drug Prevention
Community Mental Health Centers
Special Health Clinics
Specialized Medical Technology Service
Chemical Dependency Facility

Contents of Licensure/Relicensure Packet

1. L&R-10-Memorandum
2. 2567 (State Form) – SOD & POC
3. 2567B (State Form) Revisit Report (if applicable)
4. RPM Letters
5. L&R-87 Civil Rights Form
6. 670-Workload Report & Follow-up (if applicable)

Desk Review
MEMORANDUM

TO: OIG CENTRAL OFFICE
FROM: Human Services Survey

SUBJECT: 300200
EMW Women's Surgical Center, PSC
136 West Market Street
Louisville, KY 40202

TYPE OF FACILITY/SERVICE: AF
DATE OF VISIT: 11/19/2015 - 11/19/2015
PURPOSE OF VISIT: State Relicensure

PRESENT AT FACILITY DURING VISIT:

FACILITY STAFF
   Director

OIG STAFF
   , Human Services Surveyor

COMMENTS

A Relicensure Survey initiated and concluded on 11/19/15 found the facility failed to meet minimum state licensure requirements and a statement of deficiencies was issued on 12/01/15. An acceptable plan of correction was received on 12/14/15 and implementation of this plan of correction on 12/10/15 found the facility to meet minimum state licensure requirements. Facility meets Title VI of Civil Rights.
<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
</table>
| (E 000)           | 902 KAR 20:360 Initial Comments
Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 12/10/15 as alleged. | (E 000)       |                                                   |                                                 |
E 000 902 KAR 20:360 Initial Comments

A Relicensure Survey was initiated and concluded on 11/19/15 and found the facility not meeting the minimum requirements for relicensure with deficiencies cited.

E 245 902 KAR 20:360 Section 5. Administration and Operation

a. A person with negative tuberculin skin tests who has direct contact with patients shall have an annual tuberculin skin test. [5.3(a)(2.a)]

This requirement is not met as evidenced by:

Based on interview and record review, it was determined the clinic failed to ensure all person’s with a negative tuberculin skin tests who had direct contact with patients had an annual tuberculin skin test performed and the test results included with the employee’s file for four (4) of six (6) files reviewed.

The findings include:

Review of the Clinic’s Policy and Procedure manual revealed there was no written policy in place related to the yearly TB testing that was required for all staff and a procedure in place to monitor and insure that all testing was performed and documented in employee personnel files.

Review of the employee files revealed four (4) files did not have mandatory yearly TB testing results listed in files.

1. Interview, on 11/19/15 at 10:21 AM, with Employee #4 revealed she did not know when her last TB was. Review of that employee’s file did not produce any evidence of TB testing being performed.

Written policy related to yearly TB testing:

A written policy regarding yearly TB test have been created and has been placed in the Policy and Procedure Manual. This policy reflects that the Director orders the test each year, within 12 months of the most recent test, and assigns a staff nurse to give and read the results. New employees must provide proof of a recent valid test or get a skin test at the EMW clinic prior to starting her/his job.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 245</td>
<td>Continued From page 1</td>
<td></td>
<td></td>
<td>E 245</td>
<td></td>
<td></td>
<td>TB test results in employee file:</td>
<td>11-25-15</td>
</tr>
<tr>
<td></td>
<td>2. Interview, on 11/19/15 at 10:30 AM, with Employee #5 revealed she believed her last TB test was probably three (3) years ago.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>On 11-25-2015 all employees were given a tuberculin skin test and the results were placed in the employee personnel files</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Interview and record review, on 11/19/15 at 1:07 PM, with Employee #2 on duty revealed she did not know why her TB test results were not in her file. The last documented TB in her file was 2012. Employee #2 stated her last TB testing was done at a local school of medicine. Evidence of the test and results was provided for 2015 at the time of the survey. No evidence of TB testing for years 2013, or 2014 was provided at time of the survey.</td>
<td></td>
<td></td>
<td>4. Review of Employee #6’s file revealed TB testing for the years 2013 and 2014 were not located.</td>
<td></td>
<td></td>
<td>The documentation and storage of the yearly tests will be assured by the Clinic Director.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interview, on 11/19/15 at 1:07 PM, with the Clinic Director revealed she had no idea why the TB tests were not in the employee files. The Clinic Director was unsure if this was a problem.</td>
<td></td>
<td></td>
<td>E 330</td>
<td>902 KAR 20:360 Section 5. Administration and Operation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. In-service training programs shall be planned and provided for all employees and volunteers to ensure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually:</td>
<td></td>
<td></td>
<td></td>
<td>a. Infection control, to include as a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as hand washing, use of masks and gloves,</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Office of Inspector General**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:** 300200

**(X2) MULTIPLE CONSTRUCTION**

A. BUILDING: 

B. WING: 

**(X3) DATE SURVEY COMPLETED:** 11/19/2015

**NAME OF PROVIDER OR SUPPLIER:** EMW WOMEN'S SURGICAL CENTER, PSC

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 136 WEST MARKET STREET, LOUISVILLE, KY, 40202
E 330 Continued From page 2

and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members; [5.(3)(a)(b)]
This requirement is not met as evidenced by:
Based on interview and record review, it was determined the clinic failed to have an effective system in place to ensure in-service/training was provided, documented, and monitored for five (5) of five (5) staff and volunteers reflective of their job duties and responsibilities.

The findings include:

Review of five (5) employee records revealed no evidence of documentation for in-service/training programs were in place.

Interview, on 11/19/15 at 11:36 AM, with RN #3 revealed she had not received any training other than Ultrasound training that was provided to all nursing staff.

Interview, on 11/19/15 at 10:33 AM, with Employee #5 revealed she had not received in-service training other than what was provided at the time of hire.

Interview, on 11/19/15 at 10:21 AM, with Employee #4 revealed she had not received in-service training other than what was provided at the time of hire.

E 565 902 KAR 20:360 Section 7. Pharmaceutical Services
(3) Medicine storage. Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored and safeguarded in enclosures of sufficient size

Employee In-service
A binder has been created to document the nature and attendees of in-services. These in-services will be conducted in each specific area of clinic operation as well as ones held for all employees. These can occur more frequently, as needed, however no less than every six months. The Director will document and assure the in-services take place.

Infection Control in-service.
A scheduled Infection Control in-service will be scheduled at least annually, with the next upcoming one scheduled in January 2016. The in-services will be documented by topic and attendees and kept in a binder. The Director will schedule and document the in-service events.

11-25-15
1-14-16
E 565 Continued From page 3

that are not accessible to unauthorized persons. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications. A thermometer accurate to ± three (3) degrees Fahrenheit shall be maintained in these refrigerators. Only authorized personnel shall have access to storage enclosures. Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws. [7.(3)]

This requirement is not met as evidenced by: Based on observation and interview it was determined the clinic failed to ensure that all medicines and drugs maintained in the facility for daily administration were not expired and were properly stored.

The findings include:

Observation, on 11/19/15 at 1:33 PM, of the secured medications conducted along with the Clinic Director revealed the medications that were used during the course of the day were not, properly stored to prevent access to unauthorized persons. Continued observation revealed there were medications stored in the sterilization room in the bottom of a locked cabinet. The Clinical Director retrieved a key from an unlocked upper cabinet directly above the locked cabinet. Located inside the locked cabinet were (20) twenty, 200 mg/20 ml bottles of Propofol. The locked medication was used daily by the Nurse Anesthetist. The only door leading into the sterilization room did not have the capability to be locked when staff was not in the room and or immediate area.

Interview, on 11/19/15 at 11:36 AM, with

**Expired medication**

EMW Clinic has a form, with all medications listed, for the purpose of inventory control and expiration date of medicines. RN is responsible for assessing these monthly, discarding expired medication, and asking clinic director to order medications as needed. The RN and Director will assure medications are up to date.

**Storage of Medicines**

EMW stores medicines that are used on a daily basis in locked refrigerator and cabinets in pre-op and post-op rooms. Nurses have kept keys to these cabinets in a drawer in the room due to the fact that once our patients and staff have left the building it is locked and an alarm system secures the building. Since our recent inspection, we are keeping the...
Continued From page 4

Registered Nurse (RN) #3 revealed the Clinic Director always had the key to the lockbox for the Valium that the RN administers to patients if needed. On 10/19/15 there was no access to the Valium at the time of request to inspect the contents of the lockbox due to the Clinic Director was not in the clinic. The Medical Doctor did not have access to the controlled drug at this time.

Interview, on 11/19/15 at 1:33 PM, with the Clinic Director revealed she had always kept the key to the Valium storage cabinet hidden in her office in a desk drawer. The Director instructed staff in the front office where the key was in case the key to the double locked cabinet/box was needed in her absence.

Interview with Employee #4, on 11/19/15 at 8:15 AM, revealed the Clinical Director was not in the clinic on this date and would not be coming into the office. The staff did not have access to any policy and procedures at the time of this survey. A call was made to the Clinical Director by Employee #4 to inform her of the survey. The Director stated she would not be coming in to the clinic this date due to her going to the airport to pick up her son. The Director stated there was a binder with policies and procedures in the clinic, but it was locked up in her office and nobody had access except her.

Interview, on 11/19/15 at 1:33 PM, with the Clinical Director revealed the key to the locked cabinet that contained the medication Propofol was always kept in the unlocked cabinet located directly above the locked cabinet. Having the key in this location allowed anyone to gain access to any of the locked medications.

keys in a locked room, the Director’s office, where the nurses can retrieve the keys in the morning and give to the Director to store them overnight. In the Director’s absence she will delegate the possession of the key to a nurse.

Storage of Propofol

Propofol is used by the Nurse Anesthetist only and a running log of its use and distribution is kept by the CRNA and Clinic Director. The key to the locked cabinet has since been removed from the upper cabinet and is being kept in the Director’s locked office. In her absence the keys are given to the CRNA.

Keys to Valium Cabinet.

Two 5 mg Valium tablets are given to our patients for local anesthesia. This happens once every 2 months as most patients prefer general anesthesia. The keys to the double locked Valium cabinet...
Continued From page 5

902 KAR 20:360 Section 9. Medical Waste Disposal

(2) Disposable waste. (a) All disposable waste shall be placed in suitable bags or closed containers so as to prevent leakage or spillage, and shall be handled, stored, and disposed of in such a way as to minimize direct exposure of personnel to waste materials. [9.2(a)]

This requirement is not met as evidenced by:

Based on observation and interview, it was determined the clinic failed to ensure all disposable waste was placed in suitable bags or closed containers to prevent leakage and stored in such a way as to minimize direct exposure of personnel to waste materials.

The findings include:

Observation, on 11/19/15 at 12:11 PM, revealed a treatment room with one (1) full, all the way to the top past the fill line, sharps container with a dark brown substance splattered on the entire top of the sharps container. An empty/unused sharps container was on the floor under a cabinet in plain view.

Interview, on 11/19/15 at 12:11 PM, with RN #3, revealed the dark brown substance on the top of the sharps container was dried blood. RN #3 stated this was not the proper way to discard sharps material and that the blood on top of the container could possibly cause exposure to any blood borne pathogens. RN #3 stated she was not aware the sharps container had not been removed or replaced with an empty one and she had no knowledge of the condition of the top of the sharps container. RN #3 stated HIV, Hepatitis, and any vaginal infectious diseases may be present in the blood on top of the sharps.

are always in the Director's possession and she gives them to the nurses as they need them and are no longer kept hidden in her desk drawer, but rather in a the Director's locked office. In the Director's absence the keys are given to a nurse.

Medical Waste Disposal

The employee in the lab has been instructed to assure that the sharps container does not get filled past the fill line. She has been asked to clean the top of the container when leaving the lab so it is free of dried blood splatter. The Director will assure this happens every day.
**EMW WOMEN'S SURGICAL CENTER, PSC**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID</th>
<th>Provider/Supplier/CLIA Identification Number:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>300200</td>
<td></td>
<td>A. BUILDING:</td>
<td>11/19/2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. WING</td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**: EMW WOMEN'S SURGICAL CENTER, PSC

**STREET ADDRESS, CITY, STATE, ZIP CODE**: 136 WEST MARKET STREET

LOUISVILLE, KY 40202

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 650</td>
<td>Continued From page 6 container. Interview, on 11/19/15 at 12:13 PM, with the Medical Doctor (MD) revealed the dark brown substance on the top of the sharps container was dried blood. The MD stated this was not the proper way to discard sharps material and that the blood on top of the container could possibly cause exposure to any blood borne pathogens. The MD stated HIV, Hepatitis may be present in the blood on top of the sharps container. Observation with the MD, Clinic Director, and RN #3, on 11/19/15 at 12:34 PM, revealed located in the common area in the hallway across from the sterilization room was an uncovered trash can. Inside the trash can, in plain view, were four (4) needleless syringes. Two (2) of the four (4) needleless syringes had a white milky substance. Interview, on 11/19/15 at 12:34 PM, with RN #3 revealed she identified the medication as Propofol. The RN stated this medication was used earlier in the day for a procedure that was performed. RN #3 stated this was not the proper way to dispose of the medical waste and it should have been put in a sharps container. Interview, on 11/19/15 at 12:34 PM, with the MD revealed she identified the medication as Propofol. The MD stated this medication was used earlier in the day for a procedure that was performed. The MD stated this was not the proper way to dispose of the medical waste and it should have been put in a sharps container. Interview, on 11/19/15 at 12:34 PM, with the Clinic Director revealed she identified the white milky substance in the needleless syringes as Propofol. The Clinic Director stated this was not the proper</td>
<td>E 650</td>
<td></td>
<td>11-20-15</td>
</tr>
</tbody>
</table>

**Propofol Syringes**

The CRNA has been instructed not to discard syringes in the trash. They are now being disposed of in a sharps container. The Director is assuring the syringes are placed in sharps containers.
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 650</td>
<td>Continued From page 7 way to dispose of the medical waste and it should have been put in a sharps container.</td>
<td>E 650</td>
<td></td>
</tr>
<tr>
<td>E 730</td>
<td>902 KAR 20:360 Section 11. Equipment and Supplies Adamant to maintain the patients to include:</td>
<td>E 730</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(9) Containers for soiled linen and waste materials with covers; [11.(9)] This requirement is not met as evidenced by:</td>
<td></td>
<td>The Orderly has been asked to make sure all soiled linens are immediately placed in yellow plastic bags, tied and placed in the soiled linen cart. The Director is making sure this method is adhered to.</td>
</tr>
<tr>
<td></td>
<td>Based on observation and interview, it was determined the facility failed to ensure there were appropriate containers with covers for soiled linen and waste materials.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The findings include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observation, on 11/19/15 at 12:15 PM, revealed a soiled bed sheet and wash cloth hanging off the side of an uncovered soiled linen cart.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interview, on 11/19/15 at 12:15 PM, with RN #3 revealed the soiled linen should have been placed in a yellow plastic bag and then tied and placed in the soiled linen cart. RN #3 stated exposure to soiled lined was a problem because of infection control.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interview, on 11/19/15 at 12:20 PM, with the MD revealed the soiled linen should have been placed in a yellow plastic bag and then tied and placed in the soiled linen cart. The MD stated exposure to soiled lined was a problem because of infection control.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Soiled Linen

The Orderly has been asked to make sure all soiled linens are immediately placed in yellow plastic bags, tied and placed in the soiled linen cart. The Director is making sure this method is adhered to.
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number  
300200

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
12/14/2015

Name of Facility  
EMW WOMEN'S SURGICAL CENTER, PSC

Street Address, City, State, Zip Code  
136 WEST MARKET STREET  
LOUISVILLE, KY 40202

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Prefix E0245</td>
<td>Correction Completed 12/10/2015</td>
<td>ID Prefix E0330</td>
<td>Correction Completed 11/25/2015</td>
<td>ID Prefix E0650</td>
<td>Correction Completed 11/29/2015</td>
</tr>
<tr>
<td>Reg. # 902 KAR 20:360</td>
<td>LSC</td>
<td>Reg. # 902 KAR 20:360</td>
<td>LSC</td>
<td>Reg. # 902 KAR 20:360</td>
<td>LSC</td>
</tr>
<tr>
<td>ID Prefix E0650</td>
<td>Correction Completed 11/20/2015</td>
<td>ID Prefix E0730</td>
<td>Correction Completed 11/20/2015</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. # 902 KAR 20:360</td>
<td>LSC</td>
<td>Reg. # 902 KAR 20:360</td>
<td>LSC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
</tr>
<tr>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
<td>ID Prefix</td>
<td>Correction Completed</td>
</tr>
<tr>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
<td>Reg. #</td>
<td>LSC</td>
</tr>
</tbody>
</table>

Reviewed  
State Ager...

Reviewed By  
Reviewed By  
Reviewed By  
Reviewed By

Date: 12/15/2015  
Signature of Surveyor:

Followup to Survey Completed on:  
11/19/2015

Check for any Uncorrected Deficiencies, Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?  
YES  
NO

STATE FORM: REVISIT REPORT (3/99)  
Page 1 of 1  
Event ID: RDXG12
CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Matthew G. Bevin
Governor

Millie K. Zumstein, Regional Program Manager
908 West Broadway, 10 West
Louisville, Kentucky 40203
(502) 595-4958
Fax: (502) 595-4640
http://chfs.ky.gov/oig

Vickie Yates Brown Glisson
Secretary

Stephanie Hold
Acting Inspector General

January 4, 2016

Ms. Administrator
EMW Women’s Surgical Center, PSC
136 West Market Street
Louisville, KY 40202

Dear

The Division of Health Care received your plan of correction pertaining to the deficiencies identified during the state survey completed on November 19, 2015. This office has accepted your plan of correction. Upon review of your plan of correction, it was determined that implementation of this plan should result in compliance with minimum licensure requirements.

If you have any questions, please contact our office.

Sincerely,

Millie K. Zumstein, R.D., L.D.
Regional Program Manager
Division of Health Care

MKZ/ror
Enclosure
CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Steven L. Beshear
Governor

Audrey Tayse Haynes
Secretary

Maryellen B. Mynear
Inspector General

908 W. Broadway, 10w
Louisville, Kentucky 40203
(502) 595-4958
Fax: (502) 595-4540
http://chfs.ky.gov/os/oig

December 1, 2015

CERTIFIED MAIL

Ms. Director
Emw Women’s Surgical Center, PSC
136 West Market Street
Louisville, KY 40202

Dear

The Division of Health Care completed a licensure survey at your facility on November 19, 2015. This survey was conducted to determine compliance with state licensure requirements. The survey found that your facility failed to meet minimum state licensure requirements for operation of an abortion facility. The deficiencies cited are listed on the enclosed Statement of Deficiencies/Plan of Correction document.

As part of the licensure process, each facility is required to submit a written plan for the correction of all deficiencies noted during the survey. The plan shall specify:

1. The date by which the violation shall be corrected;

2. The specific measures utilized to correct the violation; and

3. The specific measures utilized to ensure the violation will not recur.

902 KAR 20:008 Section 2.(5)(b) requires that a plan for correction of licensure deficiencies be submitted to this agency within ten (10) days from receipt of this letter. The plan outlining methods of correction and proposed completion dates for each deficiency, should be incorporated in the column provided on the enclosed form. The form should be signed by you or an authorized representative and received in this office within ten (10) days of receipt of this letter. You should make a copy of the form for your records.
Ms.
November 30, 2015
Page Two

Please mail your plan of correction to the following address:

Millie K. Zumstein, R.D., L.D.
Regional Program Manager
Division of Health Care
908 W. Broadway, 11w
Louisville, Kentucky 40203

Should you prefer faxing or emailing the plan of correction please fax it to or email it to

Continued failure to meet minimum state licensure requirements will result in a recommendation for revocation of a license to operate an abortion facility.

If you have any questions, please contact our office.

Sincerely,

[Signature]

Millie K. Zumstein, R.D., L.D.
Regional Program Manager
Division of Health Care

MKZ'rd

Enclosure
VERIFICATION OF NON-INSTITUTIONAL SERVICES' COMPLIANCE
WITH TITLE VI OF THE FEDERAL CIVIL RIGHTS ACT OF 1964
AND THE
KENTUCKY CIVIL RIGHTS ACT OF 1966 AND AMENDMENTS THERETO

Name of Service: EMW Women's Surgical Center
Address of Service: 136 W. Market St.

Chief Administrator/Officer

Telephone No

Name, Address, & Telephone Number of Owner of Service:

1. What is the approximate non-white population in the service area? 22%

2. Have you notified the general public, in writing, that your service will serve clients equally, without regard to race, color, religion, or national origin?
   Yes [ ] No [x]

3. If "yes" check method of communication:
   Date __________ Newspaper [ ] Letter [ ]
   Other (specify) __________

4. Is the use of this service limited to membership in a defined group? (i.e.; fraternal organization, religious denomination, employees of a corporation, etc.)
   Yes [ ] No [x]

5. If "yes" explain and define membership requirements:

6. Does this service serve clients without regard to race, color, religion, or national origin?
   Yes [ ] No [x]

Type of Service: Outpatient Gynecologic Surgery
License Number
License Capacity

7. Are inquiries made as to the race, color, religion, or national origin of the person requiring services before any such services are provided?
   Yes [ ] No [x]

8. Is race, color, religion, or national origin considered in the amount charged for services?
   Yes [ ] No [x]

9. Are referrals to other facilities and services made routinely without consideration of the race, color, religion, or national origin of the client?
   Yes [x] No [ ]

10. Are referrals made to other facilities or services which consider race, color, religion, or national origin in the acceptance of clients?
    Yes [ ] No [x]

11. Has staff been notified in writing of the Service's Civil Rights Policies?
    Yes [x] No [ ]

I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Signature/Authorized Official

Title (Director)

Date (11/19/15)

[Signature/Authorized Official]
Title

Date (11/19/15)

[Signature/Authorized Official]
Title

Date (11/19/15)
CHECKLIST FOR COMPLIANCE WITH KRS 214.620 (4)
HIV/AIDS PATIENT INFORMATION

DISTRIBUTION METHOD

YES ☑ NO ___ Agency uses patient information form developed by the Department for Health Services

YES ___ NO ☑ Agency uses their own patient information form.

YES ☑ NO ___ Agency distributes patient information in admissions package.

AGENCY FORM INCLUDES THE FOLLOWING INFORMATION

METHODS OF TRANSMISSION:

YES ☑ NO ___ sexual contact (anal, oral, or vaginal intercourse) with an infected person when blood, semen or cervical/vaginal secretions are exchanged;

YES ☑ NO ___ sharing a syringe/needle with someone who is infected;

YES ☑ NO ___ infected mother may pass HIV to unborn child; and

YES ☑ NO ___ receiving contaminated blood or blood products, organ/tissue transplants, and artificial insemination (rare now since testing for HIV antibodies began).

METHODS OF PREVENTION:

YES ☑ NO ___ no sexual intercourse except with a monogamous partner who is not infected;

YES ☑ NO ___ sexual relations with anyone else requires use of latex condom, female condom, or dental dam;

YES ☑ NO ___ do not share syringes or needles with anyone;

YES ☑ NO ___ should be tested for HIV if pregnant or plan to be pregnant; and

YES ☑ NO ___ education of self & others about HIV infection & AIDS.

APPROPRIATE ATTITUDES & BEHAVIORS

YES ☑ NO ___ assurances that the agency provides quality services to all patients, regardless of HIV status.
RN
MAFF Medical Assistant
Surgical Tech
Orderly
Receptionist
### Components To Be Documented in a Deficiency Citation

<table>
<thead>
<tr>
<th>Facility Number</th>
<th>LOC</th>
<th>AF</th>
<th>Exit Date</th>
<th>Facility Name</th>
<th>Due to C.O.</th>
<th>Initial Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>300200</td>
<td></td>
<td></td>
<td></td>
<td>Emn's Women's Surg, PSC</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Team Leader</th>
<th>Team Member</th>
<th>Initial Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>none</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 670 Time Completed: Yes

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>See SOD for review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample Size Present and accurate</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Initial comments rewritten</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifiers (Confidential)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>tag rewritten</td>
</tr>
<tr>
<td>Description of regulation violation</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Does not date your reviews</td>
</tr>
<tr>
<td>Source of Evidence present</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Policy manual to tag</td>
</tr>
<tr>
<td>Def. prac. approp. Tag/outcome</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>welshin shie dey for ple</td>
</tr>
<tr>
<td>Observation Date/time approp. to tag</td>
<td>None</td>
<td>None</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>needed interview about agent and responsibility for tense</td>
</tr>
<tr>
<td>Document reviewed date and type</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Interviews date/time, approp. to tag</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Seq. organization of facts</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Applicable to reg. cited</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Written in plain language, follows POD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate scope and severity</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>----------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Surveyor Summary Checklist

Check all that apply

Facility Name: EMW Women's Surgical Center, PSC
Team leader:

- Initial
- Recertification
- Relicensure
- Abbreviated
- Personal Care Home
- Family Care Home
- Rehabilitation
- Life Safety Code
- Other
- Complaint

Dates of survey: 11/19/15

SOD X Yes ___ No

G ___ tag(s)________

IJ ___ tag(s)________

SQC ___ tag(s)____

Date IJ called __________

Surveyor: [Signature]

REMEMBER TO ATTACH

Task 6 notes

Interview List

If there is an SOD

Complaint number Sub yes/no Tag number Surveyor

______  ______  __________  ______

______  ______  __________  ______

______  ______  __________  ______

______  ______  __________  ______

______  ______  __________  ______

______  ______  __________  ______

______  ______  __________  ______

[Signature]

Americans United for Life
December 12, 2015

Millie K. Zumstein, R.D., L.D.
Regional Program Manager
Division of Health Care
908 W. Broadway, 11W
Louisville, Kentucky 40203

Dear Ms. Zumstein:

We appreciate your recent visit to our facility on November 19, 2015. Please find our Plan of Corrections for the deficiencies that were noted.

Thanks you for providing guidance to our community and us.

Sincerely,

[Signature]

Executive Director
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Chart Review</td>
<td>DOB</td>
</tr>
<tr>
<td>#1 )</td>
<td></td>
</tr>
<tr>
<td>#2</td>
<td></td>
</tr>
<tr>
<td>#3</td>
<td></td>
</tr>
<tr>
<td>#4</td>
<td></td>
</tr>
<tr>
<td>#5</td>
<td></td>
</tr>
<tr>
<td>#5</td>
<td></td>
</tr>
</tbody>
</table>

**Employee Interviews**

**NAME:**

**Title:**

- Clinic Director
- Medical Doctor
- Registered Nurse
- Medical Ass't / Coordinator
- Receptionist

---

*Americans United for Life*
1. You are paid from the time you are scheduled to arrive at work unless you clock in late, then from the time of arrival.

2. You will be paid for your lunchtime if you have lunch on premises. If you leave for lunch, you must clock out.

3. Vacation and sick pay starts for Full Time employees after 12 months of continuous employment.

4. Pay periods are from Thursday through Wednesday. Paychecks are issued by weekly on Tuesday.

5. Director is always available to discuss any concerns.

6. Your probation period is 3 months, unless extended by Director.

7. TB test.

8. No personal calls.


10. Professional behavior.

11. Never discuss salaries or Christmas bonuses.

______________________________
Signature of Employee

__________________
Date

Americans United for Life
**Surveyor Notes Worksheet**

**Facility Name:** EMU Women's Surgical Center  
**Provider Number:** 300136  
**Surveyor Name:**  
**Provider Number:**  
**Observation Dates:** From 11/19/15 To 11/19/15  
**Surveyor Number:**  
**Discipline:** HSS

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E185</strong></td>
<td><strong>E185 - No Written Procedures Provided</strong></td>
</tr>
<tr>
<td><strong>E565</strong></td>
<td><strong>Procedures to be followed in the storage, handling, and administration of drugs and biologicals.</strong></td>
</tr>
</tbody>
</table>

11/19/15 11:30 AM  
Direct Patient Care  
Received screening on ultrasound  
Unable to review and/or see Valium in locker due to not having a key. Director has key & she is rest of clinic building.  
Unable to examine & document Propofol because it is locked up & due director needs key. She is not in clinic.  
11/19/15 1:30 PM with Clinic Director  
Med Room Office (Group Counseling Room 2)  
**Propofol - Used for Anesthesia**  
- 568 bottles in rear of office not locked up only locked in office door. Director said only 3 people have keys to the office herself and another person  
- 20 bottles of Propofol is kept in a locked cabinet in the central sterilization room. The key is always kept in an unlocked upper cabinet.  
- Outside door door not have a lock  
- Total of 1,408 bottles of Propofol inside clinic  

11/19/15 2:15 PM  
Full sharps container with dried donkey blood. Could cause exposure to blood borne pathogens.  

---

**Note:**  
Form CMS-807 (07/95)
11-19-15

PROPOFOL is used as anesthesia for our patients at EMW Women’s Surgical Center. This comes to us in packs of 5, in 20ml bottles. 200mg/20ml. The supply is ordered and received, and documented by the Director.

The amount used per patient is document in Intra-Op notes in patient’s chart.

At this time we have 1408 20 ml bottles in our possession.

Nurse Anesthetist has 25 bottles at the beginning of each day. She brings up the empty bottles to the office to be discarded at the end of every day, and is given the same amount to bring her up to 25 bottles the next day.

If additional bottles are needed, the director, or one of the owners is available to give more.
### SURVEYOR NOTES WORKSHEET

**Facility Name:**

**Provider Number:**

**Surveyor Name:**

**Surveyor Number:**

**Observation Dates:** From [ ] To [ ]

**Discipline:** HSS

<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/19/15 08:30</td>
<td>Documented teaching for staff.</td>
</tr>
<tr>
<td>4/19/15 12:00</td>
<td>Review of training records revealed only training that has been performed was the Ultrasound training for new staff.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interview with staff: All stated they have not received any training other than what they received when they were hired.</td>
</tr>
</tbody>
</table>

---

*Americans United for Life*

---

Form CMS-207 (07/95)
<table>
<thead>
<tr>
<th>TAG/CONCERNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/19/15</td>
<td></td>
</tr>
<tr>
<td>03:54 PM</td>
<td>STAFF:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exec. Director</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICATION</td>
<td>LOCATION</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Methergine / Methylergonovine 1.2 mg / ml</td>
<td>Post-op</td>
</tr>
<tr>
<td>Tubersol 5 u</td>
<td>Post-op</td>
</tr>
<tr>
<td>Rho-gam</td>
<td>Post-op</td>
</tr>
<tr>
<td>Mini-gam</td>
<td>Post-op</td>
</tr>
<tr>
<td>Nuva Ring</td>
<td>Post-op</td>
</tr>
<tr>
<td>Atropine 20 ml vials 8 mg / ml</td>
<td>Pre-op</td>
</tr>
<tr>
<td>Cleocin / Clindamycin 600 / 4 ml</td>
<td>Pre-op</td>
</tr>
<tr>
<td>Misoprostol / Cytotec 100 mg</td>
<td>Post-op</td>
</tr>
<tr>
<td>Misoprostol / Cytotec 200 mg</td>
<td>Lab</td>
</tr>
<tr>
<td>Depo / Medroxyprogesterone acetate 150 mg / ml</td>
<td>Post-op</td>
</tr>
<tr>
<td>Metronidazole / Flagyl</td>
<td>Post-op</td>
</tr>
<tr>
<td>Gentamycin 80 mg / 2 ml</td>
<td>Pre-op</td>
</tr>
<tr>
<td>Ibuprophen</td>
<td>Recovery Lounge</td>
</tr>
<tr>
<td>Cefazolin / Kefzol 1 gm</td>
<td>Pre-op</td>
</tr>
<tr>
<td>Labetalol 20 ml / 100 mg</td>
<td>Post-op</td>
</tr>
<tr>
<td>NaCl 10 ml vials 50 ml</td>
<td>Pre-op</td>
</tr>
<tr>
<td>Oxytocin / Pitocin 10 u / 1 ml</td>
<td>Pre-op</td>
</tr>
<tr>
<td>Promethazine / Phenergan 25 mg (per box of 25)</td>
<td>Pre-op 3</td>
</tr>
<tr>
<td>Acetaminophen / Tylenol</td>
<td>Recovery Lounge</td>
</tr>
<tr>
<td>Lactated Ringers</td>
<td>Post-op</td>
</tr>
<tr>
<td>NaCl 50 ml bags</td>
<td>Pre-op 2</td>
</tr>
<tr>
<td>NaCl 500 ml bags (Box of 30 in Supply Room)</td>
<td>Pre-op 3</td>
</tr>
<tr>
<td>NaCl 100 ml bags</td>
<td>Post-op</td>
</tr>
<tr>
<td>Clindamycin 300 mg / 2 ml</td>
<td>Pre-op</td>
</tr>
</tbody>
</table>

20 Dolestin & Samples
Minastin Samples
<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>LOCATION</th>
<th>EXP. DATE</th>
<th># REMAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methergine / Metylergonovine 1.2 mg / ml</td>
<td>Post-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tubersol 5 u</td>
<td>Post-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rho-gam</td>
<td>Post-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mini-gam</td>
<td>Post-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuva Ring</td>
<td>Post-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atropine 20 ml vials 8 mg</td>
<td>Pre-op</td>
<td>Post-op</td>
<td></td>
</tr>
<tr>
<td>Cleocin / Clindamycin 600 / 4 ml</td>
<td>Pre-op</td>
<td>Post-op</td>
<td></td>
</tr>
<tr>
<td>Misoprostol / Cytotec 100 mg</td>
<td>Post-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Misoprostol / Cytotec 200 mg</td>
<td>Lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depo / Medroxyprogesterone acetate 150 mg / ml</td>
<td>Post-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metronidazole / Flagyl</td>
<td>Post-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gentamycin 80 mg / 2 ml</td>
<td>Pre-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ibuprophen</td>
<td>Recovery Lounge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cefazolin / Kefzol 1 gm</td>
<td>Pre-op</td>
<td>Post-op</td>
<td></td>
</tr>
<tr>
<td>Labetalol 20 ml / 100 mg</td>
<td>Post-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NaCl 10 ml vials</td>
<td>Pre-op</td>
<td>Post-op</td>
<td></td>
</tr>
<tr>
<td>Oxytocin / Pitocin 10 u / 1 ml</td>
<td>Pre-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promethazine / Phenergan 25 ml</td>
<td>Pre-op</td>
<td>Post-op</td>
<td></td>
</tr>
<tr>
<td>Acetaminophen / Tylenol</td>
<td>Recovery Lounge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lactated Ringers</td>
<td>Post-op</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NaCl 50 ml bags</td>
<td>Pre-op</td>
<td>Post-op</td>
<td></td>
</tr>
<tr>
<td>NaCl 500 ml bags</td>
<td>Pre-op</td>
<td>Post-op</td>
<td></td>
</tr>
</tbody>
</table>
24 HOUR TELEPHONE CONSENT FORM

Name of Patient: ________________________________

Name and Title of person doing counseling: __________________________

Date: ___________________________ Time: ___________________________

I, ___________________________ hereby verify that I received telephone counseling by the above person on the above date at the above time.

The information I received in my telephone counseling was about the nature and purpose of the abortion procedure, alternatives to the abortion procedure and the medical risks associated with that procedure. I was given the probable gestational age of the fetus at the time the abortion is to be performed. I was given the medical risks associated with carrying the pregnancy to term. I was informed that the Cabinet for Human Resources has printed materials available for me to view. These materials give information about public and private agencies and services that are available to assist me through my pregnancy, upon childbirth, and while the child is dependant; and which informs about the probable anatomical and physiological characteristics of the fetus at two week increments. I was told that those materials are available to me to view and that if I want to view them, I can come to the clinic to view them 24 hours prior to the abortion. I was told the father of the fetus is liable to assist in the support of the child, even in instances where he has offered to pay for the abortion.

(Name of Patient) ___________________________ (Date) ___________________________ (Time) ___________________________

(Witness) ___________________________

Patient declines to view state materials: ________

Patient wishes to view state materials. Date viewed: ____________ Time Viewed: ____________
THIS BINDER CONTAINS:

CODE RED – FIRE

MAP OF FIRE EXTINGUISHERS AND FIRE ALARM BOXES

CODE BLUE – CARDIO PULMONARY ARREST

HOSPITAL ADMITTANCE PROCEDURE

CODE YELLOW – CLINIC DISRUPTION OR TRESPASS

CODE ORANGE – BOMB THREAT

HAZARD COMMUNICATION PROGRAM

LIST OF HAZARDOUS CHEMICALS

BLOODBORNE PATHOGEN – EXPOSURE CONTROL PLAN

BI-MONHTLY CHECK LIST FOR EMPLOYEES TO VERIFY THEY HAVE READ/REVIEWED AND UNDERSTAND THE CONTENT OF THIS BINDER
Office of Inspector General
ASPEN: Facility Information (FI)

Identification:
State Facility ID: 300200
Medicaid ID: Provider ID: State License ID: 300200

Type: Abortion Facilities

Name: EMW WOMEN'S SURGICAL CENTER, PSC
Address: 136 WEST MARKET STREET
City: LOUISVILLE State: KY
Zip: 40202
Phone: FAX:

Administrator: (Current)
Salutation: Title:
First:
Last:

Mailing Address:
Address:
Extended Address:
City: State:
Zip:

<table>
<thead>
<tr>
<th>Buildings</th>
<th>Name</th>
<th>Location</th>
<th>Constructed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Description</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Americans United for Life
Surveyor:
A Relicensure Survey initiated and concluded on 11/19/15 found the facility failed to meet minimum state licensure requirements and a statement of deficiencies was issued on

The Following Tags were cited: E245, E330, E565, E650, E730

[Signature]
11/24/15 3:45 PM
Surveyor:
E245- a. A person with negative tuberculin skin tests who has direct contact with patients shall have an annual tuberculin skin test. [5. (3) (a) 2.a]

The findings include:

11/19/15 at 10:54 AM, Review of employee files revealed that three (3) out of six (6) files that were reviewed, failed to have mandatory yearly TB testing results listed in files.

11/19/15 at 10:21 AM, Interview with Medical Assistant/Cashier revealed he/she did not know when her last TB was. Review of employee file did not produce any evidence of TB testing being performed.

11/19/15 at 10:30 AM, Interview with Clinic Receptionist revealed he/she believes her/his last TB test was probably three (3) years ago. Employee file was not reviewed.

11/19/15 at 1:07 PM - Interview with Clinic Director revealed she had no idea why the TB tests were not in the employee files. Clinic Director asked if this was a problem.

11/19/15 at XXXX AM - Interview with Clinic Medical Director on duty revealed he/she did not know why her TB test results were not in her/his file. Last TB in his/her file was 2012. MD revealed that he/she had last TB testing done at University of Louisville School of Medicine. Evidence was provided for 2015. No evidence of TB testing for years 2013 or 2014 was provided at time of survey.

11/19/15 at 11:23 AM - Review of Clinic Policy and Procedure manual revealed there was not a written policy in place related to the yearly TB testing that is required for all staff and a procedure in place to monitor and insure that all testing was performed and documented in employee personnel files.

11/19/15 at XXXX AM - Review of employee personnel files revealed an Orientation checklist. Number seven (7) was "TB test".
Surveyor:

6. In-service training programs shall be planned and provided for all employees and volunteers to ensure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually:

a. Infection control, to include as a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as hand washing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members; [5. (3 ) (a ) 6.a]

Findings:

Record review on 11/19/15 at 10:54 AM, revealed five (5) of five (5) employee records failed to have documentation indicating there was an in-service training programs in place. The training shall be planned and provided for all employees and volunteers to ensure and maintain their understanding of their duties and responsibilities.

Interview on 11/19/15 at 11:36 AM, with RN revealed she has not received any training other than Ultrasound training that is provided to all nursing staff.

Interview on 11/19/15 at 10:33 AM, with Receptionist revealed
she has not received in-service training other than what was provided at time of hire.

Interview on 11/19/15 at 10:21 AM, with Medical Assistant/Cashier, revealed she has not received in-service training other than what was provided at time of hire.
E 565 - (3) Medicine storage. Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored and safeguarded in enclosures of sufficient size that are not accessible to unauthorized persons. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications. A thermometer accurate to plus three (3) degrees Fahrenheit shall be maintained in these refrigerators. Only authorized personnel shall have access to storage enclosures. Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws. [7. (3)]

Interview on 11/19/15 at 11:36 AM, with the Registered Nurse (RN) revealed the Clinic Director always has the key for the lockbox for the Valium that the RN administers to patients if needed. On 10/19/15 there was no access to the Valium at the time of request to inspect the contents of the lockbox due to the Clinic Director not being in the clinic. The Medical Doctor did not have access to the controlled drug at this time.

Interview on 11/19/15 at 1:33 PM, with the Clinic Director revealed that she has always kept the key to the Valium storage cabinet hidden in her office in a desk drawer. The Director instructs staff in the front office where the key is incase the key to the double locked cabinet / box is needed in her absence.

Interview with Medical Assistant / Cashier on 11/19/15 at 8:15 AM, revealed the Clinical Director was not in the clinic on this date and would not be coming into the office. The staff did not have access to any policy and procedures at the time of this survey. A call was made to the Clinical Director by the MA / Cashier to inform her that the Office of Inspector General’s Office was in the clinic and was requesting to review records and policy and procedures. I spoke with the Director on the phone and she said that she would not be coming into the Clinic this date due to her going to the airport to pick up her son. I asked the Director if there was a binder with policies and procedures in the clinic. The Director said there was a binder but it was locked up in her office and knowone had access except her.

Observation on 11/19/15 at 1:33 PM, of secured medications was conducted along with the Clinic Director. The facility failed to insure that medication that was used during the course of the day was not properly to prevent the access to unathorized persons.

Observation on 11/19/15 at 1:33 PM, revealed there were medications stored in the sterilization room in a locked bottom cabinet. The Clinical Director retrieved a key from an unlocked upper cabinet directly above the locked cabinet. Located inside the locked
cabinet was (20) twenty, 200mg/20ml bottles of Propofol. The locked medication is used daily by the Nurse Anesthetist.

Interview on 11/19/15 at 1:33 PM, with the Clinical Director revealed that the key to the locked cabinet that contained the medication Propofol is always kept in the unlocked cabinet located directly above the locked cabinet. Having the key in this location will allow anyone to gain access to any unauthorized persons to the locked meds.

Observation on 11/19/15 at 1:33 PM, revealed the only door leading into the sterilization room did not have the capability to be locked when staff is not in the room and or immediate area.
(2) Disposable waste. (a) All disposable waste shall be placed in suitable bags or closed containers so as to prevent leakage or spillage, and shall be handled, stored, and disposed of in such a way as to minimize direct exposure of personnel to waste materials. [9. (2) (a) ]

Findings:

Observation on 11/19/15 at 12:11 PM, Revealed in a treatment room one (1) full (all the way to the top of the container) past the fill line sharps container with dark brown substance splattered on the entire top of the sharps container. Observed on the floor under a cabinet in plain view was an empty/unusued sharps container.

Interview on 11/19/15 at 12:11 PM with RN, revealed that the dark brown substance on the top of the sharps container was dried blood. RN revealed that this was not the proper way to discard of sharps material and that the blood on top of the container could possibly cause exposure to any blood borne pathogens. RN revealed she was not aware that the sharps container had not been removed and replaced with an empty one and she had no knowledge of the condition of the top of the sharps container. RN gave examples of the following contagious disease that may be present in the blood on top of the sharps container: HIV, Hepatitis, any vaginal infectious diseases.
Interview on 11/19/15 at 12:13 PM with MD, revealed that the dark brown substance on the top of the sharps container was dried blood. MD revealed that this was not the proper way to discard of sharps material and that the blood on top of the container could possibly cause exposure to any blood borne pathogens. MD gave examples of the following contagious disease that may be present in the blood on top of the sharps container: HIV, Hepititus.
Surveyor:

There shall be appropriate equipment and supplies maintained for the patients to include:

(9) Containers for soiled linen and waste materials with covers; [11. (9) ]

Findings:

Observation on 11/19/15 at 12:15 PM, revealed soiled bed sheet and wash cloth hanging off the side of an uncovered soiled linen cart.

Interview on 11/19/15 at 12:15 PM, with RN revealed that the soiled linen should have been placed in yellow plastic bag and then tied and placed in the soiled linen cart. RN revealed that exposure to soiled lined is a problem because of infection control.

Interview on 11/19/15 at 12:20 PM, with MD revealed that the soiled linen should have been placed in yellow plastic bag and then tied and placed in the soiled linen cart. MD revealed that exposure to soiled lined is a problem because of infection control.
ORIENTATION

I. Overview of clinic by Executive Director
   A. Clinic Objectives
   B. Tour of clinic
   C. Clocking in and out
   D. Expectations of Employee
   E. Job Description and Performance
   F. Employee's Policies
   G. Procedure Manual
   H. Emergency Protocol
      1. Fire drill
      2. Procedure for bomb scare/clinic invasion
      3. Admitting patient to hospital

II. Counseling overview
   A. Video Informed consent of
      1. First and Early Mid-trimester abortion
      2. Late Mid-trimester abortion
      3. Voluntary Female Sterilization
      4. Contraceptive Information
   B. Post Operative instructions and care
   C. Explanation by counselor of counseling process and importance of the support system.

III. Overview of medical services by Director of Nursing
   A. Sonogram demonstration and information
   B. Exam area and significance of laminaria insertion
   C. Surgical Area
      1. Pre-OP
      2. Operating Room – Types of surgery – Anesthesia
      3. Recovery Room
      4. Recovery Lounge
   D. Observation of surgery (optional)

IV. Office procedures with Administrative Assistant
   A. How to take an appointment
   B. Medical Records
   C. Admitting a patient

V. Intense training in area of employment prepared by supervision.

Each employee is responsible for the information contained in the Employee Policies and in the Procedure Manual.

The employee is expected to sign the copy of the Orientation relating to his/her training and is responsible for all information presented.

Rev. 5/86
TABLE OF CONTENTS

Business Office

Organization Chart
In Executive Director's absence
Patient Flow
Surgeries Performed
Fees for Surgical Procedures
Time Cards
Daily Appointment Log
Appointments and Scheduling of Patients
Appointment Card
24-hour Consent
Protocol for making an appointment for a patient under age 18
Protocol for Therapeutic Abortion Patients
Protocol for RU 486
Protocol for Medical Consult for Patient Appointments
HIPPA Protocol
Privacy Notice
Utilization Committee HIPPA Contract
Employee Confidentiality Policy
Patient Confidentiality
Welcome -- Patient Rights
Patient's Rights Policy
Guideline for Good Patient Outcome
Admittance of Patients
Patient Sign-In Sheet
Surgery Schedule
Charting of Reschedule/Return Patient
HIV/AIDS Information
Copy of HIV/AIDS info given to patients
Medical Records
Receipt of Patient Records
Policy on Collecting Fees, Daily Deposit, Petty Cash Fund, Director's Expense Account
Cashiering Procedures
Credit cards
Day Sheet
Refund Policy
Pre-Abortion Pregnancy Test
Inventory Policy
Personnel Files
Orientation
Open Office, Preparation for next day, Closing of Office
Putting Telephones On/Off Service
Protocol on KY Vital Statistics
Copy of Vital Statistics Form
EMW Personnel Policy
Counseling and Examination

Counseling Protocol
Copy of Informed Consent
Twenty-four Hour Consent
24-hour Consent Form
Complications from Legal Abortion
Complications from Continuing Pregnancy
Verification of Translation
Statement by Patient Regarding Rape/Incest
Parental/Guardian Informed Consent for Patient Under 18
Judicial Bypass

Exam Area Protocol
Items to be listed in Red on patients chart
Cleaning of instruments used in Exam Room
Information for Laminaria Patients
Policy Regarding Routine Lab for Patients
Protocol for Flow Through Lab
Procedure for Pregnancy Testing
Protocol For Blood-Typing for Rh-factor
Procedure for Determining Rh-factor/Procedure for Rh-control
Policy Regarding Ultrasonography
Early Pregnancy Termination
Protocol for patients who are not pregnant or early in their pregnancy
Not Pregnant or Early Pregnancy - Written information given to patient
Ectopic Pregnancy
Pamphlet on Abnormal Vaginal Discharge
Pamphlet on Three Major Causes of Vaginitis
Pamphlet on Hemophilic Vaginitis
Pamphlet on Trichomonas

Surgical Area
Tray Set-Ups for Surgery
Emergency Power System
Surgical Privileges
Physicians at EMW Women’s Surgical Center
Admitting Privileges to Norton Hospital – EMW Physicians
Contract with Ambulance Service
Application for Surgical Privileges at EMW
Loss of Licensure, Registration or Certification
Anesthesia Policy
ASA Physical Status Classification
Policy on Local Anesthesia
Cleaning and Processing Anesthesia Equipment
Pitocin Stimulation
Pre-Operative Physician’s Orders
Cont. Surgical Area

Hypertensive Crisis Protocol
Procedure for Patient Care in the Pre-Op Area
Procedure for Patient Care in Operating Room
Admission and Care of Patient in PARR
Procedure for Patient Care in the Recovery Room
Policy on Criteria for Discharging Patient from Recovery Room and Recovery Lounge
Policy on Medical Excuse
Policy on Contraceptives
Oral Contraceptive Instructions
Policy on Drugs Used Within the O.R. Suite
Policy on Controlled Abusable Drugs
Diazepam Control Log
Rh-negative Patients and Administration of Mini-gam and Rho-gam
Policy and Procedure for Medication Treatment Errors
Policy and Procedure for Examination of Products of Conception
Protocol for Pathology Reports
Infection Control Committee
Infection Control / AIDS Guidelines
Standards for HIV and Hepatitis Environmental Exposure and care of Patients
Recommendations for Preventing HIV Transmission in Health Care Settings
Infection Control Safety Policy and Procedure for O.R. Suite
Prepping of Patient in O.R.
Cleaning Within the Exam Rooms
Environmental Culturing
Autoclave Cleaning
Janitorial Checklist for Cleaning
Policies and Procedures for Handling of Linen, Waste and Sharps
Isolation Policy: O.R. Suite
Enteric Isolation
Physician Operative Note of Surgical Procedure
Dress Code in the Operating Room
Policy on disposal and Storage of Wastes
Employee Health
Employee Incident Report

Procedure Codes

On-Call Protocol for Medical Staff
Emergency Call Record
Security System at EMW Women's Surgical Center
ADT
Clinic Vulnerability Assessment
Policy Statement on Clinic Violence
Code Red – Fire
Map of Fire Alarms and Extinguishers
Cont. Procedure Codes
Code Orange – Bomb Threat
Bomb Threat Received by Telephone
Personal Threats by Telephone
NAF Violence and Disruption Log
Guidelines for Clinic Escorts
Code Yellow – Clinic Disruption or Trespass
Code Blue – Cardio Pulmonary Arrest
Hospital Admittance Procedure
Resuscitation Record
Defibrillation
Toxic Reaction to Local Anesthesia
Care of Patients Having a Seizure
Diabetic Emergencies
Septic Pelvic Thrombo-Phlebitis
Allergic Reactions
Pulmonary Embolus
Emergency Crash Cart
Emergency Cart Check List
Protocol for Malignant Hyperthermia
Diagnosis and Management of Malignant Hyperthermia
Protocol for Press Release and Interviews in case of Death
Press Release in case of an Abortion Related Death
SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Care
Provider Number: 200260
Observation Dates: From 11/14/15 To 11/19/15

Tag/Concerns

- ERT
- STAFF

11/15/15
1:33 pm
Med OBSERVATIONS - Group Counseling Room
- Plastic Instrument
- No double lock just outside door

11/16/15
1:42 pm
Dquezman Control Log - 960 on hand - Consists one of many Security Measures
- Propane kept in sterilization room - not
-,warm, ready for use, could explode if not leak - Leaks
- 200 pm Training Bank on Ultrasound with Nurses

185 Timely e.g. Tx: Admissions, Administration of Drugs, Biologicals
215 - Initial S/A
330 - Initial T/B Testing
540 - 330 Sec 5 - Training

- MPD criteria
- Physician on call on premises
- 150 - 500 sec - Pharmaceutical Services
- 650 - 120 sec - Medical Waste Disposal
- 950 - 30 sec - Equipment Supplies - RNA
- 950 - 15 sec - Infection Control
- 950 - 10 sec - Enzymes

2:55 pm
Meet weekly with 500
(0) calendar
(0)

End call with 316 on charge.
<table>
<thead>
<tr>
<th>TAG/CONCERN</th>
<th>DOCUMENTATION</th>
<th>Direct Patient Care</th>
</tr>
</thead>
</table>

1/19/15 11:30 AM

To test per
1991 to round Medication and X-Ray note
-4/17/87 yrs in P & G
-8 days in ultrasound
-4 days in OR
-4 days in ICU
-4 days in 3D-AM.

Came done is 7:15 am. No doctors here when
the patient
came around 9:30 am & then
minutes - training with


Was nurse doing all times
If yes, is only nurse left with
attending person. - only RN when with patient.

11:58 - Pre-morning check - check ear, mouth, arm
- no medical hx - not documented.
- can not inspect mark. No bed side
- available cannot not locked - locked in
- cabinet

12:41 pm Sharp> container - fall with dried sheet inside.
- all over sink top. Testing Sharp container.
- No problem - can still
- cause contamination? HIV positive. Stop C-Sharp-

12:10 pm linen - sheet is washed with hanging over the
- back side of linen cart.

12:30 pm Rebatching on top sterile gauze substance
- not fresh. Barrel outside of dewy room
- order room.

1:05 pm called 10-16 due to spot

1:07 pm meeting with

Each area w/ the registered nurse. See contingency TB.
**SURVEYOR NOTES WORKSHEET**

**Facility Name:** EMW Women's Surgical Center

**Provider Number:** 300275

**Observation Dates:** From 11/19/15 To 11/19/15

<table>
<thead>
<tr>
<th>TAG/CONECNS</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 245</td>
<td>TB RESULTS - STAFF: 67 had issues with testing</td>
</tr>
<tr>
<td>10:01 am</td>
<td>Did not review her file. Did not know when her last TB test was @ 3 years ago.</td>
</tr>
<tr>
<td>10:07 am</td>
<td>Clinic Director: No idea why TB test not on staff files.</td>
</tr>
<tr>
<td>11:23 am</td>
<td>Orientation list #17. TB Test. No policy procedure related to documenting year by year TB testing should be performed yearly.</td>
</tr>
<tr>
<td>TAG/CONCERNS</td>
<td>DOCUMENTATION</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td></td>
<td>HSS RN - oversee LPN Med tests.</td>
</tr>
<tr>
<td></td>
<td>1/19/15 11:30AM</td>
</tr>
<tr>
<td></td>
<td>To IP West. Rec</td>
</tr>
<tr>
<td></td>
<td>1001 to Round of medications.</td>
</tr>
<tr>
<td></td>
<td>- All right fingers in FB.</td>
</tr>
<tr>
<td></td>
<td>- Trauma x-ray.</td>
</tr>
<tr>
<td></td>
<td>- CT scan.</td>
</tr>
<tr>
<td></td>
<td>Arrived at 1:00AM.</td>
</tr>
<tr>
<td></td>
<td>Court time is 8:35 AM.</td>
</tr>
<tr>
<td></td>
<td>- 1st med here.</td>
</tr>
<tr>
<td></td>
<td>Curved at 9:30AM &amp; thru. minutes - training with</td>
</tr>
<tr>
<td></td>
<td>was Nurse leaving all times.</td>
</tr>
<tr>
<td></td>
<td>It kept is left here.</td>
</tr>
<tr>
<td></td>
<td>Last patient.</td>
</tr>
<tr>
<td></td>
<td>LAST 2 pre-made Sch. - Sen's abdomen made up.</td>
</tr>
<tr>
<td></td>
<td>- Can not inspect rectal for no lab.</td>
</tr>
<tr>
<td></td>
<td>- Available casket not closed - locked box at inside at cabinet.</td>
</tr>
<tr>
<td></td>
<td>Burr put Sharp's container fall with dried stool substance all over the top of the Sharp container.</td>
</tr>
<tr>
<td></td>
<td>- There is a problem -</td>
</tr>
<tr>
<td></td>
<td>- Course contamination - HIV positive, Hep C, Deep.</td>
</tr>
<tr>
<td></td>
<td>12:15 PM linen - Sheet is wash cloth hanging over the</td>
</tr>
<tr>
<td></td>
<td>left side of linen case.</td>
</tr>
<tr>
<td></td>
<td>- TV monitor in top white glossy substance of trash barrel outside of deep room.</td>
</tr>
<tr>
<td></td>
<td>- Orderly room.</td>
</tr>
<tr>
<td></td>
<td>- 105 pm called OIG due to cot directions.</td>
</tr>
<tr>
<td></td>
<td>- 107 pm reception night</td>
</tr>
<tr>
<td></td>
<td>- Each area the registered nurse then examined.</td>
</tr>
<tr>
<td></td>
<td>1/27 pm went back issues to margins &amp; TB.</td>
</tr>
</tbody>
</table>
SURVEYOR NOTES WORKSHEET

TAG/CONCERNS

1/19/15 @ 10:00 AM

DOCUMENTATION

3:45 PM

3:00 PM

25 to box 1300
52 boxes maple 51C
+70
+15

1,385

+ 300 downstairs

1,408 bottles

on hand

1/19/15

11:10.21 Am

1. NO Doctor in Office Building. Bets done
2. Not usually in building doors a 7:30 Am
3. We open front door for Angles 7:45 AM
4. Explanations to uptake seen when to be signed
5. Doesn't know when last TB test was done
   She was that one who called you director
   
   Words
   
   Words
   
   Words
   
   Words

1/19/15

9:30 AM

1. No Doctor in Building - came in a 9:43 AM
2. Judges patients in a stand
3. Did not have access to Policy + Procedures
4. Last TB test 3 months or years ago
5. Has contact within patients

The staff chart file review

Date of hire: 01/09/80

No evidence of TB testing on file

1/19/15 10:54 AM

Through file twice to make sure

No training record or documentation found in files

1/19/15 11:03 AM

Finished checking policies + procedures binder

No evidence of ongoing or initial staff training.
January 12, 2014

I have discussed and reviewed [redacted] for any potential signs and symptoms for TB. There seems to be no sign and no reason for concern and I have concluded that it is not necessary for her to have another x-ray.

[Signature]
M.D., Medical Director
April 24, 2017

Ms.
EMW Women’s Surgical Center, PSC
136 West Market Street
Louisville, Kentucky 40202

License # 300200

Dear 

Your Abortion Facility license is due for renewal on May 31, 2017. Attached is the license application. Please review sections I. Identification and II. Control. This is the most current information on file with OIG. If this is NOT correct, please provide the correct information. Please note that if there has been a change in location or ownership, please contact OIG immediately. Please complete the remaining sections of the license application and forward it to this office, along with your annual license fee of $155 within thirty (30) days of the date of this letter. Make your check payable to the Kentucky State Treasurer in the amount shown above. Note: The enclosed application must be completed and returned.

The Application for License to Operate an Abortion Facility is specifically referenced in 902 KAR 20:360 and therefore cannot be altered. As such, the third paragraph on page 2 remains part of the form, but OIG acknowledges that it is presently enjoined from requiring that EMW Women's Surgical Center, PSC submit the written agreements required by KRS 216B.0435 and 902 KAR 20:360(10). Accordingly, the applicant need not submit these written agreements with its renewal application.

Please note that your administrator’s e-mail address on the line of the application below the administrator’s name. The e-mail address you submit will be used by this office for communication and correspondence.

Upon receipt of your completed application and fee, a letter validating your license will be issued pursuant to the terms of the Order, filed April 10, 2017, in EMW Women’s Surgical Center, P.S.C. v. Vickie Yates Brown Gilsson, U.S. District Ct., W.D.KY, Case No. 3:17 cv-00189-GNS. Please continue to display your license certificate in a prominent location and file the validation letter for easy reference.
Pursuant to 902 KAR 20:008, failure to submit the application and renewal fee may result in the revocation of your facility license. If you have any questions, please feel free to contact at or by e-mail to

Sincerely,

ROBERT S. SILVERTHORN, JR.
Inspector General

Cc: Hon. Donald Cox (via mail and to doncox@lynchcox.com)
RSS/mlj
Enclosure