

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 R 10/31/2018
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NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{E 000}	<p>Initial Comments</p> <p>Based on implementation of an acceptable plan of correction, the facility is deemed to be in compliance as of 10/31/18.</p>	{E 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE
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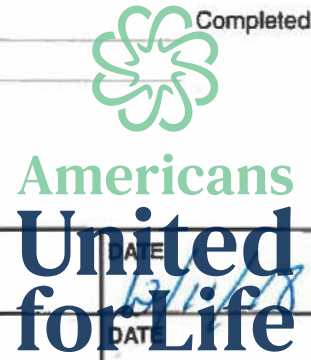
STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 300200	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/31/2018
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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix E0245	Correction	ID Prefix E0340	Correction	ID Prefix E0550	Correction
Reg. # 902 KAR 20:360 5(3) (a)11a-b	Completed	Reg. # 902 KAR 20:360 7(3) (a-e)	Completed	Reg. # 902 KAR 20:360 13(7)	Completed
LSC	10/31/2018	LSC	10/31/2018	LSC	10/31/2018

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS) [Signature]	DATE 12/11/18	SIGNATURE OF SURVEYOR [Signature]
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE



FOLLOWUP TO SURVEY COMPLETED ON 10/10/2018	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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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 000	E 245	
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.	10-17-18



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STATE FORM

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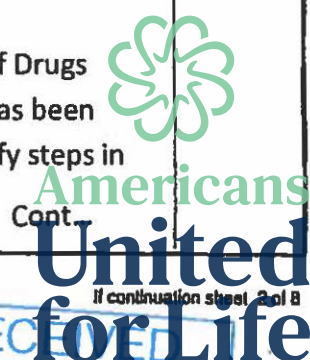
TITLE
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Physician/owner
OCT 31 2018
OFFICE OF INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

(X6) DATE

10/30/18
Continuation sheet 1 of 8

Office of Inspector General

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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 245	Cont. E 245 Policy also notes that Nurse Manager is responsible for testing new employees immediately and will conduct yearly testing on all employees within a year from the most recent test. A one page table has all employees' test dates clearly visualized to prevent missing the date.	
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	E 340	E 340 Expired medications and supplies were discarded immediately, by 9AM on 10-11-18. Policy regarding Storage, Handling, and Administration of Drugs and Biologicals has been updated to specify steps in	10-11-18



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E 340	<p>Continued From page 2</p> <p>established on the label of medications.</p> <p>(c) A thermometer accurate to \pm three (3) degrees Fahrenheit shall be maintained in these refrigerators.</p> <p>(d) Only authorized personnel shall have access to storage enclosures.</p> <p>(e) Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws.</p> <p>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.</p> <p>The findings include:</p> <p>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.</p> <p>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.</p> <p>Observation of the laboratory, on 10/10/18 at</p>	E 340	<p>Cont. E 340</p> <p>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.</p> <p>Outdated Micropore tape in laboratory has been discarded.</p> <p>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.</p>	



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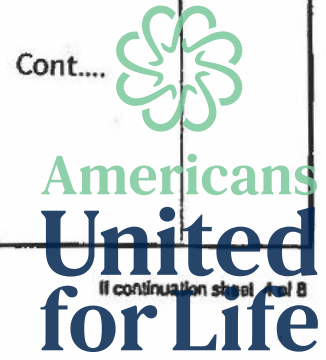
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E 340	<p>Continued From page 3</p> <p>10:48 AM, revealed one (1) box containing twelve (12) rolls of Micropore surgical tape, 1 inch x 10 yards, with an expiration date of 01/2017.</p> <p>Observation of the pre-procedure room, on 10/10/18 at 11:12 AM, revealed two (2) Jelco intravenous catheters, 16 Gauge 1-1/4, with expiration dates of 01/2018.</p> <p>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.</p> <p>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.</p> <p>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 06/2018.</p> <p>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:</p>	E 340	<p>Cont. E 340</p> <p>The Criterion Surgery gloves, a free promo sample box, not utilized by physicians have been discarded from the supply room.</p> <p>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.</p> <p>The non-aspirin pain reliever has been discarded and replaced.</p>	
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E 340	<p>Continued From page 4</p> <p>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 09/2006, two (2) expired 08/2004, and one (1) expired 05/2004.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	E 340	<p>Cont. E 340</p> <p>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.</p> <p>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.</p>	
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If continuation sheet 5 of 8

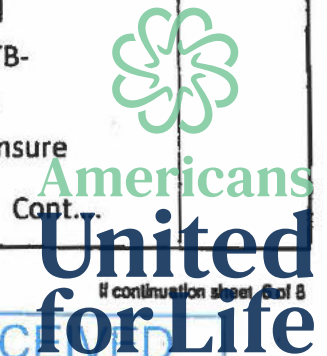


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E 340	<p>Continued From page 5</p> <p>as effective and expired supplies might have issues with sterility. In addition, the LPN stated she was unsure if the facility conducted audits related to expired medications or medical supplies.</p> <p>Interview 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 brittled with age, and as a result, medical supplies might be affected.</p> <p>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.</p>	E 340		
E 550	<p>902 KAR 20:360 13(7) Section 13. Quality Improvement</p> <p>(7) The quality improvement program shall identify and establish indicators of quality care specific to the facility that shall be monitored and evaluated.</p> <p>This requirement is not met as evidenced by:</p>	E 550	<p>E 550</p> <p>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</p>	10-31-18



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E 550	<p>Continued From page 6</p> <p>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.</p> <p>The findings include:</p> <p>The facility did not provide a Quality Improvement policy.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview with the Physician/Owner, on 10/10/18</p>	E 550	<p>Cont. E 550</p> <p>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.</p>	



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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 550		
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If continuation sheet 8 of 8

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IDENTIFIANT'S SIGNATURE

MD

QU7111

TITLE
Physician
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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 245	Cont. E 245 Policy also notes that Nurse Manager is responsible for testing new employees immediately and will conduct yearly testing on all employees within a year from the most recent test. A one page table has all employees' test dates clearly visualized to prevent missing the date.	
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	E 340	E 340 Expired medications and supplies were discarded immediately, by 9AM on 10-11-18. Policy regarding Storage, Handling, and Administration of Drugs and Biologicals has been updated to specify steps in	10-11-18



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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 10/10/2018
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NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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E 340	<p>Continued From page 2</p> <p>established on the label of medications.</p> <p>(c) A thermometer accurate to \pm three (3) degrees Fahrenheit shall be maintained in these refrigerators.</p> <p>(d) Only authorized personnel shall have access to storage enclosures.</p> <p>(e) Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws.</p> <p>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.</p> <p>The findings include:</p> <p>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.</p> <p>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.</p> <p>Observation of the laboratory, on 10/10/18 at</p>	E 340	<p>Cont. E 340</p> <p>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.</p> <p>Outdated Micropore tape in laboratory has been discarded.</p> <p>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.</p>	

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NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC		STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202		
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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) 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 06/2018. 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:	E 340	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....



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If continuation sheet 4 of 8



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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 10/10/2018
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NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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E 340	<p>Continued From page 4</p> <p>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 09/2006, two (2) expired 08/2004, and one (1) expired 05/2004.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	E 340	<p>Cont. E 340</p> <p>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.</p> <p>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.</p>	

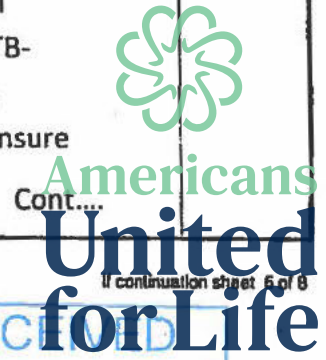


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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 300200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2018
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E 340	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 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.	E 340		
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:	E 550	E 550 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	10-31-18



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E 550	<p>Continued From page 6</p> <p>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.</p> <p>The findings include:</p> <p>The facility did not provide a Quality Improvement policy.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview with the Physician/Owner, on 10/10/18</p>	E 550	<p>Cont. E 550</p> <p>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.</p>		



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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 550		
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SURVEYOR NOTES WORKSHEET

Facility Name: CMW Womens Surgical Center Surveyor Name: _____
Provider Number: 300200 Surveyor Number: _____ Discipline: _____
Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
10/10/18 4:42pm	ED. 18 years.
	used to order - then med staff - always had nurse to go through @ least monthly. now taking that responsibility - may be in areas we dont look @ purpose - person may not even been aware.
	possible effects - might be defective. possible meds - not effective.
	if always there - maybe people dont think about this expiring if constant staffing (CNS) in back.
	TB - any idea - hasnt had one - may have been given would be surprised
	process is I feel nurses to make sure they get TB test for new persons + ^{over} Dept or set.
	be more conscientious -
	to ensure infected staff dont handle patients potentially segment of clients from other countries
	Fixe - call up - attempt to extenuate - plut me. - ensure vaccination
	power outage - have generator -

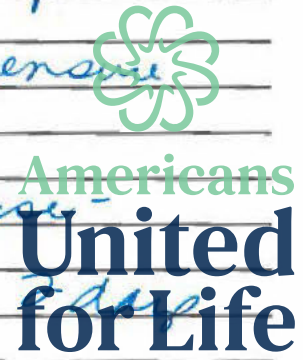


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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Womens Surgical Ctr Surveyor Name: _____
Provider Number: 300200 Surveyor Number: _____ Discipline: NCT
Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
10/10/18 16:12	RN here 2 mos.
	AM= do med. mg / fan to fan consents / learning us begins IV's - Shus. in O.R. order most supplies. help when needed.
	I will be responsible - unsure of current process - only ordering for about 2 wks.
	- IV process - keys in post-op - unlock cabinets - bring IV, alcohol, what ever is needed for each patient. I check for exp dates on drugs & diary - have only
	patient to get efficacy of pain med - potential reaction - plastic bottles -
	have not seen but unsure if occurs -
	DA - I know she checks charts - do have staff meetings - Flow mts - do look @ processes + ways to improve
	FILE call emergency services - ensure patients - staff are in building
	Orientation process - another nurse was with her 2 wks - 5 days prep - day in post op - moving lounge.
	NAF online modules



SURVEYOR NOTES WORKSHEET

Facility Name: FAW Surveyor Name: _____
Provider Number: 300200 Surveyor Number: _____ Discipline: NCIE
Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
	<p><i>cont</i> 2 days in OR.</p>
	<p>SDRM - have generator - if ALICE - I ask if want direction - if or then attach to DC. we have direct contacts / resources + can get them there same day if necessary.</p>



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Woman's Surgical Center Surveyor Name: _____
 Provider Number: 300200 Surveyor Number: _____ Discipline: NCS
 Observation Dates: From 10/10 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
	<p>✓ Surgery Schedule Lab Review</p>
	<p>11AM CLIA Exp 10/25/18 Posted on wall in</p>
	<p>LAB Refrig</p>
	<p>Pro (2) exp 09/13/20 X 1 plus Box of 10</p>
	<p>11/19/18 - PARA 12 Expend</p>
	<p>MAS Mendelexis Bottle dated opened Oct</p>
	<hr/> <p>Disposable Rigid Curette X1 Exp 3/18 ✓ 15 curved</p>
	<p>Epi X1 vial Exp Jan 1 2018 Lot 61065A</p>
	<p>Surgeon Sterile Glove Cauterm X1 Box Exp -06/2018</p>
	<p>Atropine vial X 12 0.4/1mg 1mg/1a X6 Zofran 4mg/2ml X 24</p>
	<p>Surgical Tape X 5 Rolls 1/2017</p>
	<p>PPD-Tubersal open date 2/6/18 - Exp date 1/1/19</p>
	<p>- medical</p>

All the RW Pre Op
 MHA
 Amik
 Sanguin
 Surgical
 Sterile
 * Anesthesia Cart



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Cntr Surveyor Name: _____
Provider Number: 300200 Surveyor Number _____ Discipline: NC/I
Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
	Patient records
①	<u>DOB</u> <u>MR#</u> - procedure 9/16/18 - all components, per regulation, present in record.
②	<u>DOB</u> <u>MR#</u> procedure 9-1-16. - all components present in record, per regulation
③	<u>DOB</u> <u>MR#</u> procedure 9-16-17. - all components present in record, per regulation
④	<u>DOB</u> <u>MR#</u> procedure 4/3/18 all components present in record, per regulation
⑤	<u>DOB</u> <u>MR#</u> procedure 4-25-17 all components present in record per regulation
⑥	<u>DOB</u> <u>MR</u> procedure 11-12-16



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Ctr Surveyor Name: _____
Provider Number: 300200 Surveyor Number _____ Discipline: NC/I
Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
- cond	orientation - showed me around - worked + she explained my duties - always there to ask if ?
10/10/18 4:00pm	LPN - 4 yrs February, role - in Am - ultrasounds - help distribute RU46 meds. any help needed. When ready - assist E IUs + paperwork any assistance necessary. to resp. meds / supplies I do handle the crash cart. any affect expired supply - may not be effective. - may affect sterility meds may be as effective. unseen audits RIT Supplies meds - have checklist & common - meds - goal to go through every couple months. QA - 2-3 months we have mtg - usually facilitated by md's - address any concerns + Charts are multiple time & community - essentially each person (staff) is chart is reviewed for accuracy - 10 + then after d/c goes through + reviews Chart. Fire - announce, get patients - attempt to extinguish Storm - power outage - assemble / count para



SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Center Surveyor Name: _____
 Provider Number: 300200 Surveyor Number: _____ Discipline: NC/I
 Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
10/10/18 3:30	" " 8/21/18
	Medical Assistant - in AM - labs / vitals / wts - draw blood - urine - p lab - going into exam room - assist md i dilator - offer any assistance p 1230 - recovery lounge - vitals - bathroom - bleeding - med. pills for pain - dress pat + d/c papers.
	never used that one - - was next to ibuprofen - available for use.
	who checks supplies - I am dont think expired
	possible effects - allergic - immediate - could be delayed reaction - could effect efficacy of medicine
	threw pills away - - I found another bottle and threw away.
	Nurse does that - goes around and checks for supplies -
	any questions I can go to QA - meetings occur - but a part of
	Files - if up - get my parents - try to if down - do the same. -
	if power out - gather in hall outside OR.



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Center Surveyor Name: _____
Provider Number: 300200 Surveyor Number: _____ Discipline: NC/E
Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
	Equipment Records.
	HVAC - service/inspection reports visualized from 5/18 - 8/18. Service Contract 12/18/13.
	Generator - ONAN 45-DEM-1612/1899M. Served 7/18/18 & recommendations re: fuel levels maintenance agreement 4/4/2018
	Sprinkler - contract 3/1/18 - 2/28/19.
	ultrasound ULOGAS- Service Contract dated 9/28/16 - 48 month.
	elevator - permit current + displayed inspection 7/31/18
	Clinical meetings
	mtg held 2-15-18 / 5-10-18 / 8-9-18 2-7-18 ^{staff} QA - infection control RIT "bed bug" (single one) noticed in common area - plans discussed - implemented & Flu next month.
	5-10-18. - MSDS organization ongoing Flu from previous QA. Concern new QA not specific to patients but concerning employees
	8-9-18. Staffing issues discussed - Flu from previous QA discussed. new QA dem specific to employee " " " " to patient dressing area & infection control.



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SURVEYOR NOTES WORKSHEET

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

TAG/CONCERNS	DOCUMENTATION
	08/28/18
LPN	Admitted to Kare; check with State Board re: 502-429-3300 3313
	CPR Current
	TB 2/6/18
	Sterile Supply current CpR
	TB Missing 2017 (last 11/16/16 not obtained; paper for completion-none done)
	NO TB
	TB 11/16/16 done; 2017 missing
	no TB SKIN test on hire or since
	current BLS current TB



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SURVEYOR NOTES WORKSHEET

Facility Name: Samuel Women's
Provider Number: 300200
Observation Dates: From 10/10 To _____

Surveyor Name: _____
Surveyor Number: _____
Discipline: NCO

TAG/CONCERNS	DOCUMENTATION
10/10	Arrived 10/10 8:31
9 AM	Exam Room I * Paper Wrinkle on table → Appled Used ~ No one in room - o Cheet in the area
Dung Tech	
Sug Nurse	
Wetness	



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SURVEYOR NOTES WORKSHEET

Facility Name: 300 200 EMW- Womens Surgical Center Surveyor Name: _____
Provider Number: 300200 Surveyor Number: _____ Discipline: _____
Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
	<u>Patient / Client / Resident Roster</u>
	<u>①</u>
	<u>②</u>
	<u>③</u>
	<u>④</u>
	<u>⑤</u>
	<u>⑥</u>



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SURVEYOR NOTES WORKSHEET

Facility Name: Emw Women's Surgical Center
 Provider Number: 300200
 Observation Dates: From 10/10/08 To _____

Surveyor Name: _____
 Surveyor Number: _____
 Discipline: NCI

TAG/CONCERNS	DOCUMENTATION
<p>Observation #1 F/U Exam #1 Clean</p>	<p>Arrived 8:31 Am 9:25 AM Staff: <u>Surg Tech</u> Exam Room #1 - Light off Ultrasound equipment L660P5 Present Paper on table top - wrinkled → Stairrup pulled out - Covers hemmation & terris - Full Sharps Container on base cabinet behind Sink</p>
<p>Observation #2 7:15 Am</p>	<p>Exam Room 3 Storage PUP scrub - Gaps gloves cotton balls Refrig labeled Hozels Refrigerator - No Medicines, etc Stored here</p>
<p>Medical Towers</p>	<p>Base Cabinet → 0.9% Sodium Chloride Injection Exp May 11 Rx opened 6/22/09 LOT# G070672 850ml/1000ml Refr. - Shake well - Good 14d.org</p>
<p>Potassium Hydroxide 10% w/v Soln 500ml sealed on Base Cabinet</p>	<p>Exam Room 4 Compressed Gas in this location - Sign on door - present a tank carrier → Paper for tables (Exam) - drapes - Blue Chux</p>
<p>Same set up in clean plastic container</p>	<p>Silicone DONUT Pressure Kit Size 2-2 1/2" Exp DATE 10/2000 LOT# 0384 Miles Silicone Incontinence Disk w/Support Size 5-80mm</p>
<p>Storage of black foam storage support was alignment -</p>	<p>Storage of black foam storage support was alignment - Expiration paper out of container - Stenik field towel drapes - opened in box</p>



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SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
	ongoing observation
	Under sink - stored
	2 wire Basket
	① Basket
	420 items
	511 Graves Spec 7/1/09 sterilized \ \ on tape
	instrument
	specimen
	② wire Basket
	13 sealed sterilized dated 8/19/10
	9/15/11
	10/5/11
	3 items → long handled - clip -
	sharp points - ? hold drops
	<u>Self seal sterilization Beach</u>
	Plus to - Appears - to set on top of drawer
	to convert drawer to hold file holder
Observation	Group Counseling room 2 =
	Door unlocked / open - accessible to clients
9:40 A →	2 client seated / unsupervised in area
	Med -
Observed	- Greeting client - kind -

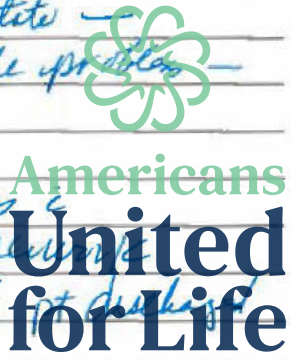


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SURVEYOR NOTES WORKSHEET

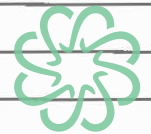
Facility Name: Emma Women's Clinic Surveyor Name: _____
Provider Number: 300202 Surveyor Number _____ Discipline: NCE
Observation Dates: From 10/10 To _____

TAG/CONCERNS	DOCUMENTATION
	<p>Interview 10/10/18 - ultrasound/LPN 4 yrs employment in lab Role u/s trained by P SC pass Ru 46 meds - assist MDs in rooms Help get EV started - prep work ready for OR P procedures - assist others, face to face consent</p>
	<p>Any Responder Meds - No ↳ Crash Cart → Banner Access →</p>
	<p>found outdated Not effective → Sure there is a reason any if sterile → Not sterile anymore medications not effective anymore</p>
	<p>Any part of checking → go through every couple of months →</p>
	<p>Ask about PAA → q 2-3 months - Docs facilitate concerns/questions / Docs presents the problem - ✓ see if it worked w changes →</p>
	<p>Circumstantial - get QAT several times Credibility → make sure papers signed - on each floor then again P not checked</p>



SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
	<p>Safety/Fire Get someone know to call → evacuate try to quiet</p>
	<p>Power Out → get all pts in 1 central area →</p>



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Surveyor Name: _____
 Provider Number: 300 200 Surveyor Number: _____ Discipline: _____
 Observation Dates: From 10/10 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
<p>10/10/18</p>	<p><u>RA</u> 2 months Employment Role: mornings - medical by face/face consultant Ultra sounds - IV - phenegons Thursday in OR - Order most of supplies Process - it will be tell me what we are down on → just been getting things we need / going through → Ordering supplies waits in TV Room - grab first sig → get charts - take first sig go down - my keep in frostop conduct cases - Check expirat. date refer & draw up - cath ones ordered Tylenol Expirat - sick reaction not get efficacy as exp. plastic chottle → use catheter & a bottle tube - o PPR list → QAA - does - v charts / v questions Study H. for (Flo Meeting) look → quantity or twice per call 1911 - Evad. - Call</p>



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SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
	nurse - worked per - 5 day pre-op - Post Op - 2 days in Rec. Room
	National Abortion 2 Days in OR - Conscious sedation
	Power Generator backup
	Abuse -

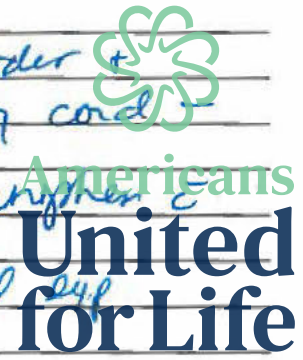


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SURVEYOR NOTES WORKSHEET

Facility Name: Emw Women's Surgical Ctr Surveyor Name: _____
Provider Number: 300200 Surveyor Number: _____ Discipline: NCLIS
Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
11:15- Ambient	Began 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. 6 stretchers in room - all dressed and ready for patients. stretchers and all eqpt appear clean.
	obs of surgical suite - appeared clean and bright: CNA working + preparing for case. per le cases. some expired supplies and one vial of epi as expired - in anesthesia cart in addition to expired IV catheters disposable cigarettes.
	Review of sterile supply revealed 2 auto claves - both with current inspection stickers. review obs of supply "closet" revealed 1 open box of Surgical Clones & expired date of 06/2018
	Re-obs of recovery room revealed area to be clean and free of odor. continued obs revealed expired supplies - See detailed notes
	obs of recovery lounge - clean + free of odor clutter. 1 patient rest room & emergency cord light outside restroom when activated. Refrigerator 41°. open bottle of acetaminophen expiration date of 8/2018. asked MA - _____ - and she verbalized exp date of Aug 1 2018



SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Surveyor Name: _____
Provider Number: 300200 Surveyor Number: _____ Discipline: NC/I
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.
8:58AM	arrived - showed us to office for us to use. gave HIV form, Civil Rts form & facility info form in addition to list for items - listing of all employees; staff schedule for today / tomorrow; organizational chart;
9:20AM	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.
9:25AM	provided list to to give to list of patient records to review - patient from last week; patient from week in 9/2018, patient from 9/2017; + patient from 9/2016.



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Cntr

Surveyor Name: _____

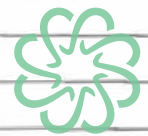
Provider Number: 300200

Surveyor Number _____

Discipline: NC/I

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

TAG/CONCERNS	DOCUMENTATION
Interview in progress	Orientation Started Showed everything - showed me my duties + other things - 1 week in orientation - if →
LAA - done	



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SURVEYOR NOTES WORKSHEET

Facility Name: Emm Women's Surgical Center Surveyor Name: _____
Provider Number: 300200 Surveyor Number _____ Discipline: NCLT
Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
✓ patient rights	
✓ administration/patient care records	
✓ storage, handling, + administration of meds/biologicals	
✓ emergency medical service	
✓ voluntary/informed consent	
✓ grievance procedures	
✓ available services/charges	
✓ patient participation in planning treatment	
✓ confidentiality of patient records	
✓ infection control policy + program	
✓ physician/nurse responsibilities	
✓ patient care policies - pre/intra/post procedure	
✓ patient education	
✓ patient follow-up p discharge	
✓ transfer of patients R/T care needs beyond facility	
✓ sanitation	
✓ medical waste disposal	
✓ incineration	
✓ quality improvement	
✓ minutes of clinical staff meetings	
✓ written orientation program	
✓ job descriptions - all positions	
✓ controlled substance records - nurses	



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Womens Surgical Cntr Surveyor Name: _____
 Provider Number: 300200 Surveyor Number _____ Discipline: NC/E
 Observation Dates: From 10/10/18 To 10/10/18

TAG/CONCERNS	DOCUMENTATION
	<p>Versed 2mg/2m 800bag 10/2018 Ver Fentanyl 100mcg/2m 125 vial exp 12/2018</p>
	<p>3 Saline</p>
	<p>Phenergan 12.5 mg X9 wrapped green - 100mg added to 50ml NS bag -</p>



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Center

Surveyor Name: _____

Provider Number: 300200

Surveyor Number: _____

Discipline: NCLF

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

TAG/CONCERNS	DOCUMENTATION
10/10/18 10:48-	1 box micropore tape - surgical 1" x 10 yds 12 rolls date exp - 2017-01. - lab.
11:12	preop area - 2 x 1000 1-1/4 delco IV catheters - exp 01/2018.
11:38	supply closet - 1 opened box - Criterion surgeon gloves size 7 sterile - exp 06-2018.
11:53	recovery/post procedure - in cabinets - Terumo suplb IV catheters' 200. 3 x 09-2006 2x 08/2004 1x 05/2004.
	5x transpore tape rolls 1" x 10 yds - exp 08/2016.
	14 drawers - - 1 BD Pm adapter 04/2007 exp. - 1 opened box Kendal Monojit 1 Hypodermic needle polypropylene Hubo - box of 100 - 290% full exp 01-2017 - 3x BP eclipse needles 216 1-1/2 TW exp 03/2011.
12:01	Recovery lounge. 1 opened bottle of 100 tablets 375mg. cercare non. aspirin pain relief - acetaminophen tabs exp 08/18



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW - Women's

Surveyor Name: _____

Provider Number: 300200

Surveyor Number: _____

Discipline: NCO

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

TAG/CONCERNS	DOCUMENTATION
459	
	Audits for →
	Dont ask me for missing
<u>QAA</u>	TB proof →
Expectative →	



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Womens

Surveyor Name: _____

Provider Number: 300200

Surveyor Number: _____

Discipline: PCF

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

TAG/CONCERNS	DOCUMENTATION
<u>QA</u> TB 10/10 11:30 pm Interview Supplies	Executive Director / Counseling social work / Marriage Counseling
	Knows - use to order all of it → then medical staff to put it away →
	has taken we don't store on a daily basis - possible effect → of expired supplies → they may be effective → gloves → not gloves we used - expired medications not effective anymore
	Any QA process → it will be new → it is always there - type everyone
	How did it happen - Epi can't answer that → tape wasn't used
	Dut last yr - 2 RN - Part time → no not really → let me know when we had a constant →
	→ TB - Give them TB test
	<u>QA</u> would not be surprised -
<u>NOT QA</u>	<u>Others</u> Five - Small group meeting Call the surveyor Power



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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 R 12/14/2015
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NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{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}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE



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DEC 14 2015

PRINTED: 11/30/2015
FORM APPROVED

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
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NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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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 000		
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.	E 245	<u>Written policy related to yearly TB testing:</u> 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.	12-10-15



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

X
STATE FORM

MSSW

TITLE

X Exec. Director

(X6) DATE

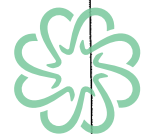
12-11-15

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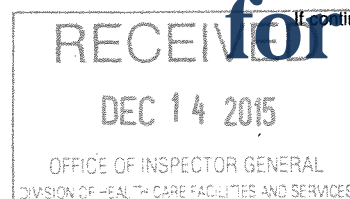
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NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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E 245	<p>Continued From page 1</p> <p>2. Interview, on 11/19/15 at 10:30 AM, with Employee #5 revealed she believed her last TB test was probably three (3)years ago.</p> <p>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.</p> <p>4. Review of Employee #6's file revealed TB testing for the years 2013 and 2014 were not located.</p> <p>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.</p>	E 245	<p><u>TB test results in employee file:</u></p> <p>On 11--25-2015 all employees were given a tuberculin skin test and the results were placed in the employee personnel files</p> <p>The documentation and storage of the yearly tests will be assured by the Clinic Director.</p>	11-25-15
E 330	<p>902 KAR 20:360 Section 5. Administration and Operation</p> <p>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:</p> <p>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,</p>	E 330		



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E 330	<p>Continued From page 2</p> <p>and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members; [5.(3)(a)6.a]</p> <p>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.</p> <p>The findings include:</p> <p>Review of five (5) employee records revealed no evidence of documentation for in-service/training programs were in place.</p> <p>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.</p> <p>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.</p> <p>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.</p>	E 330	<p><u>Employee In-service</u></p> <p>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.</p> <p><u>Infection Control in-service.</u></p> <p>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.</p>	11-25-15
E 565	<p>902 KAR 20:360 Section 7. Pharmaceutical Services</p> <p>(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</p>	E 565		1-14-16



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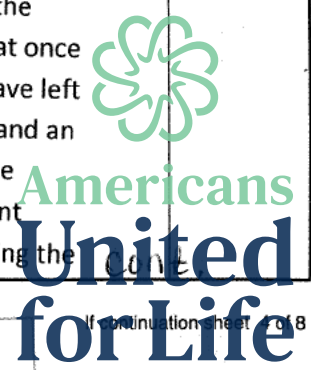
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E 565	<p>Continued From page 3</p> <p>that are not accessible to unauthorized persons. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications. 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)]</p> <p>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.</p> <p>The findings include:</p> <p>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.</p> <p>Interview, on 11/19/15 at 11:36 AM, with</p>	E 565	<p><u>Expired medication</u></p> <p>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.</p> <p><u>Storage of Medicines</u></p> <p>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</p>	<p>11-25-15</p> <p>11-24-15</p>

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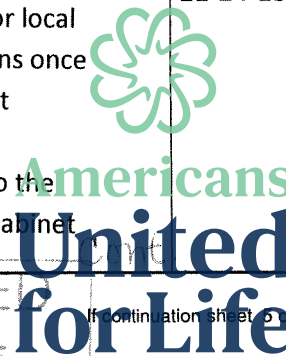
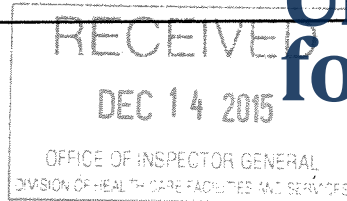
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NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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E 565	<p>Continued From page 4</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	E 565	<p>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.</p> <p><u>Storage of Propofol</u></p> <p>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 inspection 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.</p> <p><u>Keys to Valium Cabinet.</u></p> <p>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</p>	<p>11-24-15</p> <p>11-24-15</p>
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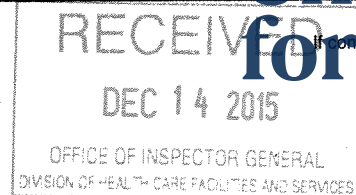


Office of Inspector General

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
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NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 650 E 650	<p>Continued From page 5</p> <p>902 KAR 20:360 Section 9. Medical Waste Disposal</p> <p>(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.</p> <p>The findings include:</p> <p>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.</p> <p>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</p>	E 650 E 650	<p>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.</p> <p><u>Medical Waste Disposal</u></p> <p>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.</p>	11-20-15



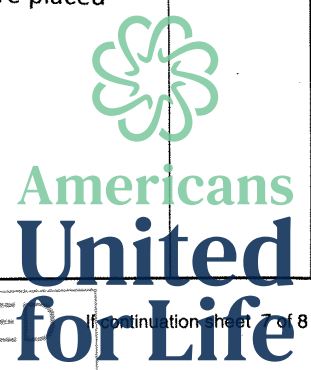
Office of Inspector General

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
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NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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E 650	<p>Continued From page 6 container.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	E 650	<p><u>Propofol Syringes</u></p> <p>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.</p>	11-20-15
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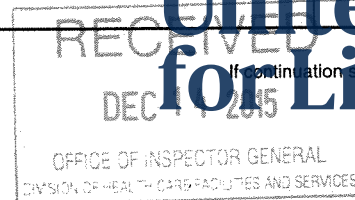
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DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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
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NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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E 650	Continued From page 7 way to dispose of the medical waste and it should have been put in a sharps container.	E 650		
E 730	<p>902 KAR 20:360 Section 11. Equipment and Supplies</p> <p>There shall be appropriate equipment and supplies maintained for the patients to include:</p> <p>(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.</p> <p>The findings include:</p> <p>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.</p> <p>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.</p> <p>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.</p>	E 730	<p><u>Soiled Linen</u></p> <p>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.</p>	11-20-15



Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 300200	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2017
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NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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E 000	<p>Initial Comments</p> <p>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.</p>	E 000		
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LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE



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

<u>Event ID</u>	<u>Start Date</u>	<u>Exit Date</u>	<u>Team Members</u>	<u>Staff ID</u>
6UET11	06/13/17	06/14/17		

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

SUMMARY OF CITATIONS:

<u>Event ID</u>	<u>Exit Date</u>	<u>Tag</u>
6UET11	06/14/2017	State - Not Related to any Intakes E0000-Initial Comments

EMTALA INFORMATION - No Data

ACTIVITIES

<u>Type</u>	<u>Assigned</u>	<u>Due</u>	<u>Completed</u>	<u>Responsible Staff Member</u>
Schedule Onsite Visit	06/13/2017	06/13/2017	06/13/2017	

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

<u>Proposed Action</u>	<u>Proposed Date</u>	<u>Imposed Date</u>	<u>Type</u>
None	06/14/2017	06/14/2017	Final

END OF COMPLAINT INVESTIGATION INFORMATION



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Ctr
 Provider Number: 300200
 Observation Dates: From 6/13/17 To _____

Surveyor Name _____
 Surveyor Number: _____ Discipline: _____

TAG/CONCERNS	DOCUMENTATION
<p>Facility is to provide any form/ folder with back into the prep area / unless a spec specimen sheet.</p>	<p>in summary: reviewed pt list - 6/7 6/8 RR. did disc. a pt - who has huncy orig w/ by name RR did not complete services - translator "advocate" came with her. at first - the team the pt & the translator said the Pt did not understand eng well enough to understand all the medical terms. etc. when pt was called back - the friend became very argumentative - called staff names new outside and began call into the office staff, then a 2nd person called in fr outside</p>



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SURVEYOR NOTES WORKSHEET

TAG CONCERNS

DOCUMENTATION

the pt got a call fr.
one of the disside
parties
and said just a
defend and
leave.

so that's what
happened

I called the pt.
she speaks good
English -

said the faculty
did tell them she
could handle the
chem process
and they heard she was
fluent in Eng. -
but she changed
her mind -
& left.



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SURVEYOR NOTES WORKSHEET

Facility Name: Emu Center

Surveyor Name: _____

Provider Number: Lic. 300200

Surveyor Number: _____ Discipline: _____

Observation Dates: From 6/13/17 To 6/14/17

attorney DOCUMENTATION attended interview

TAG/CONCERNS	DOCUMENTATION
<p>6/13/17 400/P.</p>	<p>cannot remember having any attorney situations, like the incident of the Perm. When appts are taken, then 8-12 min total exchange to prepare the pts and the information is given as to who cannot go back to exam/prep area. — I then told agent @ the door in waiting area. — on occasion exception is made in the case, as therapeutic continues, (some) they wrap & fetter) — didn't really want to have to have procedure further along in pregnancy, so may be a nurse, sig. other, partner, & I will make exception for the partner to come in, but has'nt run in to confusion on party after pt's in waiting room, but cannot hold confidentiality for the pt may therapeutic procedure.</p>
	<p>Stated has told office staff plans, to do insured on how to de-escalate a situation such as the one on 6/13/17 — is okay, but has not formally planned the incident, and plans to conduct it herself. Stated has mssw in morning & family counselor.</p>



SURVEYOR NOTES WORKSHEET

TAG CONCERNS

DOCUMENTATION

Stated tried to guide the patient
the best way possible,
we understand it is a difficult
time for them, we don't
definitely use them but
when I mean is, "we try to
empower them, I to do so -
that there is a caregiver woman
who has made a decision about
her life, to ensure they
are able to verbalize well,
they are making the decision,
that they have other options, and they
are connected to that topic.



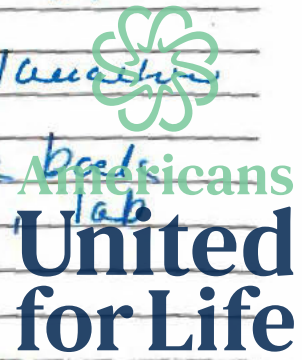
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SURVEYOR NOTES WORKSHEET

Facility Name: Emw Surgical Ctr Surveyor Name: _____
 Provider Number: LC 300200 Surveyor Number: _____
 Observation Dates: From 6/17/17 To 6/14/17 Discipline: _____

attorney in interview /
DOCUMENTATION

TAG/CONCERNS	
<p>6/17/17 (F) 30p 1</p>	<p>employed near full time > 1 1/2 yrs. works in reception area, takes appts. checks pts in the mornny → gets IDs, takes IDs ✓ pay me & pt - on a list - an appt schedule is prepared in advance. anticipate the arrivals, one of two lists. paperwork provided, a ask pts to sit in show lobby. chest rec-1 said recalls this chit. identified the person via the driver's lic. person & identified as a translator, she thinks, the person identified herself as the translator. was cheeky in, was speedy for the pt (so did not know at that point, it spoke English after the check in. new sit & other pts in waitg. at that pt gave explanation & how the day would go. The pts are can come to come to the st area where us lab room & video room. if a patient cannot speak English, then the translator is allowed back in to have surgical procedure, but if</p>



SURVEYOR NOTES WORKSHEET

TAG CONCERNS	DOCUMENTATION
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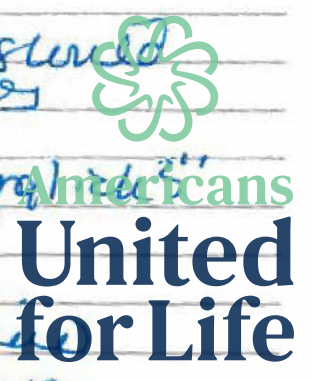
not speak Eng, then a chemical procedure
 This is a policy -
 b/c of the concern the pt may not be able to follow the instr. - in English & home was educated in this policy when started a job pt.

So pts were coming back & asked when would be a-4 pm - b/c would be having the surgical procedure. (The guard/trans = pt) stated the pt () wanted to do the "pill."

The pt was on the surgery schedule go through the pt was aware that prior to the actual appt-day - the pt either educated on procedures through video, guides either nurse or doctor conduct the initial consult.

The interpreter said she should be able to do when she was to do, said "to a pt" So told to come on a her, I would determine if she understood the procedure I knew enough English.

when payment procedure is done / more cover time opportunity...



SURVEYOR NOTES WORKSHEET

Facility Name: EMW
 Provider Number: 300200
 Observation Dates: From 6/13/17 To 6/14/17

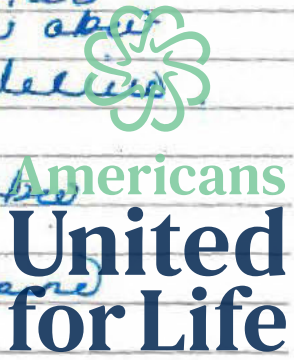
Surveyor Name: _____
 Surveyor Number: _____ Discipline: _____

TAG/CONCERNS	DOCUMENTATION
<p>6/17/17 10 4A</p>	<p>grievance p p ph. # interpreted / staff that speak Spanish any documents available in Spanish such as consents, information pamphlets / forms, etc. names of all staff working at facility.</p>
	<p>stated, she could try to find a grievance p p. that quite honestly has not heard of pts filing a grievance, if did, she would keep a record of them, have a form the pt can complete if has a c/o / concern. and they would do that @ the council session i know, maybe actually have the procedure, she would see the staff person to address the complaint / grievance</p>
<p>6/17/17 10 45/A</p>	<p>stated that the person who stays i a patient does counsel a program up to the actual procedure (medical) and helps i translation of information provided by facility, signs the transla verba document - a this could be a Spanish speaking employee, the facility if the pt does not have some i know to do the interpreters, in this case.</p>



SURVEYOR NOTES WORKSHEET

TAG CONCERNS	DOCUMENTATION
	that employee would sign the translation verification form.
6/13/17 4:22/p.	' did not receive care, need issues there. some ladies rude there & my friend. was only use pill - not give it b/c. 'my English was not good" I don't catch very much about medicine. said have to understand English. friend said she needed to be & b/c she wasn't understood enough about medicine. Broat friend & that to make sure I understood exactly about medicine said she got her reimbursement - said facility did feel that they would give the review of the oral method free. the procedure



+the nurse -
on duty that day. -

SURVEYOR NOTES WORKSHEET

TAG CONCERNS	DOCUMENTATION
	<p>called the Denise to report this situa- tion. The interview I walk up for case, I decided to leave before obtain the procedure & was given her refusal.</p>
<p>(I) - 6/13/17 1 +5/P</p>	<p>stated her duties of face included cannier, med assist, OR orderly. worked here since 2013. said when she arrived, explain to translator, if pt can't speak English, can't do pt. I would need the surgical procedure b/c of limited ability to speak English. The translator said "that's discrimination" you can't do that but told the translator, this was facility policy.</p>
	<p>Said to pt Can you speak Eng. "She said "yes." Can you understand Eng when you understand what I am saying & she said "yes." - the pt.</p>
	<p>translator said she wanted to come back to her pt, as she was her advocate. a person named kept calling into the building - and stated to you in the face, called her a "dirty bitch." The calls ended w/ the later there were > 10 calls, had to place</p>



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SURVEYOR NOTES WORKSHEET

Facility Name: Emu Women's Center Surveyor Name: _____
 Provider Number: 300100 Surveyor Number: _____ Discipline: _____
 Observation Dates: From 4/17/17 To 4/14/17

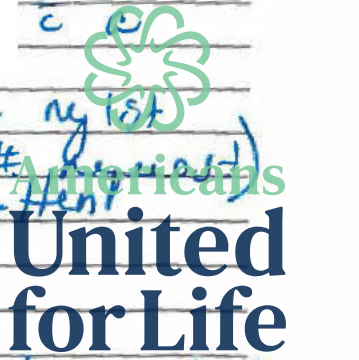
TAG/CONCERNS	DOCUMENTATION
	<p>Then can't tell if they can hear and understood the discussion re. the payment. Theco did payment the day. with door, 'can't understand why she ^{arrived} the door.</p>
	<p>"You are being so rude to me. Why are you being so rude?" so closed the door, I proceeded to the pt's. asked to speak to the interpreter, I agreed. and then needed to speak to dentist, but was explained to her D. needed was not urgent. therapist did speak to the pt not sure when.</p>
	<p>said the interpreter left the building, was outside then returned to the interior of the building asfy for the dentist. agreed, but again explained the D. to not in.</p>
	<p>was back in reception area a call came in. Called ID. call in relation to when the time of the calls from persons outside re to</p>



SURVEYOR NOTES WORKSHEET

Facility Name: Emw Womens Clinic Surveyor Name: _____
 Provider Number: 300200 Surveyor Number: _____ Discipline: _____
 Observation Dates: From 6/13/17 To 6/14/17 (1)

TAG/CONCERNS	DOCUMENTATION
(I) 920 A	<p>Physician did not feel comfortable proceeding the 480- pill process. Study procedure - clinic. send & send them home. The patient, & then them if not being able to communicate (LEP) in facility re process would be familiar with clinic who may not have been aware etc. is of medical induced menopause plus: uncomfortable provider pill process should she was in charge of 4 grievances attorney</p>
I	<p>attended in A day this interview</p>
P also told would need to review pt records	<p>This interview, provided list documents - (she took down on paper my list of policy, stuff, ph# I did not provide a written document to her but requested: stuff few 6/7/17, 6/8/17; list of patients scheduled for 6/7/17; 6/8/17. name, pl #, Spanish speaking staff, organizations of chart - names, titles, staff; PPs, grievances proced; process protocol needed: induced</p>



SURVEYOR NOTES WORKSHEET

TAG CONCERNS	DOCUMENTATION
9/5/17	provided business card said he was an attorney for and the Emw facility not litigation attorney.
	<p>At this same time also in the hall crew stated she had to get the crew flowing for the day, show video to patients, etc. help getting pts ready for surgery & covered. could summarize take lunch & come back later, would take to ~ 12:30 & could provide the documents requested. Surgeon stated she would stay could not go for lunch Bucal C this time - 9/5/17. & return C 12:30, not sure about that.</p>
6/12/17 9/5/17	<p>Attorney returned to the office area where surgeon asked to sit - actually is the physician office / desk - the attorney stated though facility could obtain some of the documents but wondered if they have to be provided immediately, could they be provided later. said he thought they had some of the requested documents per review before.</p>
6/12/17 9/5/17	<p>per review before. 2-10 min later provided form, "informed consent to treatment" doc;</p>

9/5/17

provided business card
said he was an attorney for
and the Emw facility
not litigation attorney.

At this same time
also in the hall crew stated
she had to get the crew flowing for
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6/12/17
9/5/17

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- actually is the physician
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they have to be provided
immediately, could they be
provided later.

said he thought they had
some of the requested documents
per review before.

6/12/17
9/5/17

2-10 min later
provided form, "informed consent
to treatment" doc;



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Clinic

Surveyor Name: _____

Provider Number: LIC 300200

Surveyor Number: _____

Discipline: _____

Observation Dates: From 6/13/17 To 6/14/17

TAG/CONCERNS	DOCUMENTATION
	<p>Tour of facility. 900A. suspicious area - is in basement. turned the dressy area, rest rooms surgeal area, recovery, area - taken Sterilize / area. sterilize & instruments.</p>
6/13/17	<p>2 Recovery areas. surgeal room - exam table. areas where surgeal procedures performed. also on table & surveyor.</p>
9A	<p>waity room, clean. lab area, ultrasound exam room, clean, no expired supplies observed. storage & supplies room organized (in basement) no expired supplies observed, room c autoclave, sterilized pkts wrapped, no emergency, surgical suite, resuscitation equipment in place. issue would be - if med eligible - = few Recovery rooms (s). No concerns.</p>
	<p>if don't have this type of documents largely unlinked informed & med includi -</p>
	<p>if don't have eligible for a chemical cannot provide the info.</p>



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SURVEYOR NOTES WORKSHEET

TAG COMMENTS

DOCUMENTATION

4/13/17 (I)
5P

Director
don't have

Danco -
is the
supplier

the form,
has it in English
we 486
shed. have

there is
a video
provided for viewing
for pt's

in Spanish
b/c. we do not offer
that service
if pt
unable
to speak
English

we
pull advice
has started.
- preg
test
taken
in 30ks

doesn't give
the pill process
to the Spanish
speakers.

said. ^{sent} 15
always
in call
for pt's.
the pt can
call clinic
- 4

the way
alternative
is the
surgical
procedure,
for the MD
determines
not safe
to send pt for
facility.
to do the
pill process
if not able to

has a call phone,
for pt's
& the # to
the phone
is ~~only~~
main voice
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need to speak English -
a bigger risk than
surgical procedure

4/17/17

EMW 411-300
Suey
Cater.

#3

Pt.

SURVEYOR NOTES WORKSHEET

pg #2

TAG CONCERNS	DOCUMENTATION
	<p>RK order granting abortion in record - Jefferson Co. dated 5/10/17, signed by judge validating 1 pt (petitioner) (competent, mature, well-informed enough to make the abortion decision on her own.</p>
<p>5. DOS 4/7/17.</p>	<p>RK 486 procedure. -DOB validated via Druvic. EMP: 4/13/17</p> <p>DOB: _____ Age: _____ Allergy: NICA checklist in record: Rh: (+) Sono: ✓ Labs: hgb 13.3, CBC ✓ wbc 8.9 Hct, PE. counsel: - ✓ in record.</p>
	<p>Ultrasound Certification: Signed in clinical record → per patient dated 4/7/17 informed consent signed by pt.; dated 4/7/17</p> <p>Images in clin rec. dated 4/7/17 9:33 AM</p>
<p>6.</p>	<p>see hard copy attached</p>



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Ctr. Surveyor Name: _____
Provider Number: 12-300200 Surveyor Number _____ Discipline: _____
Observation Dates: From 9/17/17 To _____

TAG/CONCERNS	DOCUMENTATION
DOS La 4/17/17 8:11A	Ph. age : Person listed as responsible for taking pt home: DOB Driver's lic validated DOB.
	Allergy: NKA.
	LMP: 4/6/17 see hard copy of record attached



SURVEYOR NOTES WORKSHEET

Facility Name: EMW Womens Center Surveyor Name: _____
 Provider Number: 4C 300200 Surveyor Number: _____ Discipline: _____
 Observation Dates: From 6/17/17 To _____

TAG/CONCERNS Record Review DOCUMENTATION p9 #1

DOS 6/8/17 Pt. 1. Drivers Lic. Arkansas cv. RU 486 procedure.
 DoB _____ Age _____
 Allergy: NICA
 Checklist C front of chart
 Labs: Cbc/hgb, 13.1g, Rh(+) Preg test (+), LMP 4/4/17
 Sono ✓
 Counseling ✓
 PE ✓ vs 10/18 wt 115.4, 5'3"
 Itx: ✓
 Ultrasound Certification in clinical record -
 signed by patient, dated 6/8/17
 Sonogram images (copies) in clinical record.
 informed consent signed by client/pt dated 6/8/17
 witness, signed, dated 6/8/17

DOS 6/8/17 Pt. 2. RU 486 procedure
 DoB: _____ Age _____
 Allergy: NICA
 Checklist Front of chart
 Labs: hgb 12.7; Cbc;
 Sono: ✓ sonogram images dated 6/8/17
 Counseling: ✓
 PE: ✓
 Ultrasound Certification in clinical record
 signed by pt & date 6/8/17
 informed consent signed by pt. dated 6/8/17
 witness: ✓ signed/dated _____



#2

SURVEYOR NOTES WORKSHEET

RH 486 procedure

TAG CONCERNS	DOCUMENTATION	
<p>DOS 3. 6/8/17</p> <p>DOB</p> <p>Allergy: NICA</p> <p>checklist, front chart</p> <p>Rh</p> <p>Sono</p> <p>Labs CBC, hgb. 13.0, wbc 10.6</p> <p>Hx: ✓</p> <p>counseling: ✓</p> <p>PE.</p> <p>Ultrasound Certification form: in clinical record, signed by pt, dated 6/8/17</p> <p>Informed consent to tx: signed by pt 6/8/17 witnessed 6/8/17</p>	<p>Age:</p> <p>LMP 4/6/17</p> <p>Images in clinical record - dated 6/8/17 11:38 A.</p>	<p>Drivers Lic - age verifica.</p>
<p>DOS:PH 4. 6/7/17</p> <p>DOB:</p> <p>Allergy:</p> <p>checklist in chart -</p> <p>Rh: Rh- noted in chart</p> <p>Sono. ✓</p> <p>Labs. ✓ CBC, hgb 13.8 wbc 8.9 Temp 98.1</p> <p>counseling</p> <p>Hx: /</p> <p>PE</p> <p>consent signed.</p> <p>see info re. court order</p>	<p>v/s by 129/87 HR 118</p> <p>Sono gram images in record. dated 6/7/17, 9:26 A</p> <p>Surgey/post op notes in rec.</p> <p>Ultrasound Certifica. - signed by pt, dated 6/7/17</p> <p>see Court order granting abortion see consent to a minor.</p>	<p>surgical procedure for termination - validated via driver lic. & pregnancy. LMP 3/6/17</p> <p>Rho Gam admin 6/7/17</p>



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SURVEYOR NOTES WORKSHEET

Facility Name: Emw Surveyor Name: BAN
 Provider Number: 300200 Surveyor Number: _____ Discipline: NCF
 Observation Dates: From 4/13/17 To 4/19/17

TAG/CONCERNS	DOCUMENTATION
8:25 A.	<p><u>Director</u> View for 10 yrs. Does have a person employed who is Spanish speaking. This person could assist a patient who is LEP, and could assist in this need.</p>
<p>4/13/17 8:31 A.</p>	<p>is notifying <u>Director</u>, Medicaid said the facility is currently in litigation in the state. a patient can buy someone in them to interpret for them, if needed. however, not everyone doesn't need this they are 'good enough' in English so we just have that person come. when a person makes appt in we then they give info by phone, able to talk in them, then if interpreted here @ facility can call back - Pt signs in, facility is aware they are coming, then wait until the pt arrives to assist them. if pt is amirnow, then has a biological parent / and or guardian in them & know that they come.</p>



attorney, -
wait room, then take
in to obtain med hx.

then blood work -
types of blood -
hgb
CBC
net -
Rh factor) -
in order to
know who receives
rhogram
then ultrasound
performs

ultrasound room next -
o rackio / exam table
etc wheel - memo
guide.

when ultrasound done
3 video form,
the ^{retrieved} procedure 48%
National Abortion Federation
produced by it - (NAF)

explains what happens
during the procedure -
I have full br signall
I pt is provided the
form - at that time

o pill procedure
receives one pill
procedure
series of



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Surveyor Notes Worksheet

Facility Name: Emw Womens Surgical Center

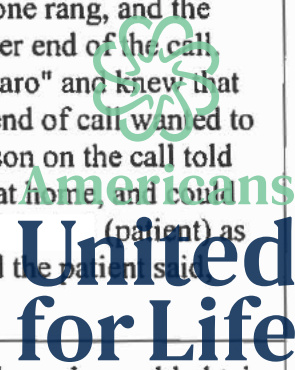
Facility ID: LIC 300200

Surveyor Name/ID: _____, Rn

Care Area(s)/Activity: _____

Enter the time, source, and documentation.

Date and Time	Source and Documentation
	<p>06/14/17 10:05 AM _____, RN</p> <p>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.</p> <p>_____ 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.</p> <p>She also would start IVs for the surgical patients, and monitor the patient before they went into surgical suite for the surgical procedure.</p> <p>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.</p> <p>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 her (Nurse _____) questions re to the patient history collection.</p> <p>_____ RN, stated at no time during their conversation, did she detect _____ was having trouble understanding or comprehending the questions asked.</p> <p>_____ stated at the point she started the history taking process, she had the understandsing 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 said yes, she did not want to do the procedure.</p>
	<p>At that point, _____ /nurse said she took the patient to the front area to where she could obtain her refund.</p>



SURVEYOR NOTES WORKSHEET

Facility Name: emw Center Surveyor Name: _____
 Provider Number: 300200 Surveyor Number: _____ Discipline: _____
 Observation Dates: From 6/13/17 To 6/14/17

TAG/CONCERNS	DOCUMENTATION
<p><i>is the Medical Director</i></p>	<p><i>6/13/17 3:10p.</i></p> <p><i>has reviewed the company 36 yrs, at this facility since 1993.</i></p> <p><i>2 basic procedures surgical procedures of medical per H.R.</i></p> <p><i>once we give the patient, a pill & to perform procedure @ home - then if there is a complication complication, then there may be a complication complication if C.P. ∴ The surgical procedure the procedure I choose for a complication complication liability should pay - when it fails in my home inter. but cannot practice this would be in place @ home - & feel the risk, complication is < by doing the surgical procedure.</i></p> <p><i>staff showed there was a beligerent friend in the</i></p>



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Womens Center Surveyor Name: _____
 Provider Number: LIC 300700 Surveyor Number: _____ Discipline: _____
 Observation Dates: From 6/17/17 To 6/14/17

TAG/CONCERNS	DOCUMENTATION
<p>6/13/17 2:33 PM</p>	<p>PT had to show up in person to get the 24^o consent. every state is required to do @ least @ 24^o consent. involves a conversation, giving info - a synopsis / how procedure works, the options, the national statistic. also informs the the ultra sound, & also verbally informs there is info regarding other options beyond abortion early pregnancy @ this facility. This conversation has to be @ a nurse or social worker. conducted there's initial consent. & prospective. Cannot remember if she was the one who spoke @</p>
<p>but the pt was PT</p>	<p>Called pt on 6/7/17 No answer. Called next day 6/8/17 able to reach the pt. said the patient spoke good English day the conversation, said she made a note about the conversation.</p>

SURVEYOR NOTES WORKSHEET

Facility Name: Erma Women's Ctr.

Surveyor Name: _____

Provider Number: 300200 (LIC)

Surveyor Number: _____

Discipline: _____

Observation Dates: From 6/13/17 To 6/14/17

TAG/CONCERNS	DOCUMENTATION
<p>(I) cont interview</p>	<p>phone on "night call" status, then took of status, can't keep phone on the day the day. Called the director to report the situation.</p>
<p>6/13/17 4:57P 1</p>	<p>did come in to bldg, saw the pt & friend had left - if felt threatened, would call police, did not feel threatened there was - wanted to come home etc. the pt.</p>
<p>6/13/17 2:29P</p>	<p>Lvmm few rd to call surveyor. pk#</p>



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Ctr Surveyor Name: _____
Provider Number: LIC 300200 Surveyor Number: _____ Discipline: _____
Observation Dates: From 6/13/17 To 6/14/17

TAG/CONCERNS	
	attorney sat in on interview MEDS. ^{EMW} DOCUMENTATION ^{medical}
	works @ facility MA. ^{crmt.} also
	full time, works Tues-Sat. and
	waited on June 7, 17, 17 to
	said the facility has few
	the documents, every form pts.
	in Spanish and she was involved
	in translating facility documents to
	Spanish.



Patient# _____

Date

6/7/17

Name is @ 8:15 on 6/7/17

Had come to me and asked me to explain to the pt. friend about the rules of if a pt. can or can't take the pill. She spoke good english so I told her friend that we are going to let the pt. do the pill and she does not need a translator she (friend) then told me she is her advocate and she has the right to come back here with her and we are discriminating against her. I then left the friend to start taking payments. The phone starts ringing and I answer the phone and obviously the TRANS started again. Now the phone keep ringing and I answer the phone, the person asked to speak to the director I tell her she will not be in until 9:30. and I hang up. She calls back several times and starts yelling on the phone so I hang up on her. She then calls back and calls me a dirty Bitch and I did get smart with her after that. The lady kept calling back and I just kept hanging the phone up on her. This person who was calling was not a pt. nor did she come to the clinic with the pt.

I then called _____ to tell her about what was going on and to tell her can she please come here to the clinic.

The pt. friends have finally stopped calling up here to the clinic.

* When I was taking the pt. payment I asked her to call her friends and let them know that she is going to do the pill and please stop calling here at the clinic harassing us.




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Patient# _____

Date

6/7/17

At 8:00 am I called the patient's back. I explained how the day was going to go. Pill patients out by 12:00. Surgical patients by 2-3pm. 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. The friend got rude saying she should be able to choose. "She has the right." I tried to explain again. Rude 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 ~~that~~ she wasn't in yet. She hung up and continued to call back to back to back. I finally had to just have up. We were allowing the patient to do pill because she spoke English just fine. The friends were horribly rude without letting me say anything. Patient decided to not stay. All left.


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9-2

[Handwritten scribbles and lines]

Total Cost	Chart #
------------	---------

Pt _____
Date: 6/7/17
Service: Ru
Rh-N _____
Ca: 00
CC: _____
NAF _____
A-fund _____
Misc. _____
Init. _____
Receipt # _____



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Patient# _____

Date 6.7.17

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 just as the entire conversation was friendly.



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Patient# _____

Date 6.7.17

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 just as the entire conversation was friendly.



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CONTACT INSTRUCTIONS

Date: 6-7-17

Patient # _____

NAME: _____
Last First Middle Initial

ADDRESS: _____ City: _____ Zip Code: _____

PHONE NUMBER () _____ State: _____

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 06/7/2017 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 _____ Res. (see physician note)

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

Referral given to: See Private MD _____ Adoption _____ Alternate Clinic _____ Pt. declined _____

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

Initials _____

RU486

P

Date 5.31.17

V Date _____

Surgery Time 12:00

Time _____

Name _____

PT# _____

City _____ State _____ mo/fa/guardian _____

Telephone _____ Soc Sec # _____

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 _____



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Patient# _____

Date 6.7.17

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 mill 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 just as the entire conversation was friendly!



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EMW WOMEN'S SURGICAL CENTER

Patient: _____ DOB: _____ Age: _____ # _____ Date: 6.7.17

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

ULTRASOUND PICTURES

	Measurement	Gest Age weeks
Mean sac diameter	_____ cm	
Crown-Rump Length	_____ cm	
Biparietal Diameter	_____ cm	
Femur Length	_____ cm	
Placenta location >12 wks		

Sonographer Signature: _____

Other findings:

MEDICAL HISTORY: Allergies _____ ETOH _____ Drugs _____ Smoke _____

Current Medications: _____ Medical Illnesses: _____

Family History _____ Previous Surg. _____

GYN HISTORY: LMF _____ STDs _____ PID _____

Pap Smear _____ Cervical Proced. _____ Other _____

OB HISTORY: G _____ P _____ AB _____ Miscarriage _____

Date	Length of Gestation	Type of Delivery	Complications



Nurse's Signature _____

RN Physician's Signature: _____

SURVEYOR NOTES WORKSHEET

Facility Name: EMW Center
Provider Number: LC 300200
Observation Dates: From 4/13/17 To _____

Surveyor Name: _____
Surveyor Number: _____ Discipline: _____

TAG/CONCERNS	DOCUMENTATION
1.	Rec. Review DS.
2.	
3.	
4.	
5.	
6.	





CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Matthew G. Bevin
Governor

Sandra MacDonald
Regional Program Manager
908 West Broadway, 10 West
Louisville, Kentucky 40203
(502) 595-4958
Fax: (502) 595-4540
<http://chfs.kv.gov/os/olg>

Vickie Yates Brown Glisson
Secretary

Robert S. Silverthorn, Jr.
Inspector General

June 29, 2017

Via EMAIL:

, Administrator
EMW women's Surgical Center, PSC
136 West Market Street
Louisville, KY 40202

Complaint Investigation: [Intake ID KY 26431]

Dea

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

SM/tr

Enclosure



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Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 300200	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/20/2019
--	---	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	--------------	---	--------------------

E 000	<p>Initial Comments</p> <p>A Complaint Survey was conducted on 06/20/19 to investigate KY29708. The Division of Health Care unsubstantiated the allegations with no deficiencies cited.</p>	E 000		
-------	--	-------	--	--

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE



**DIVISION OF HEALTH CARE
PACKET PROCESS LIST**

FACILITY: EMW Women's Surgical Center CITY: Louisville
#200200

LEVEL OF CARE: AF SURVEY DATE(S): 6/20/19.

SURVEY TYPE: INITIAL RELIC. RECERT REVISIT OTHER

COMPLAINT # Ky 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: _____

SECRETARY: _____

ACTION

INITIALS

DATE

Packet Completed: Deficiency(ies)? YES NO
Life Safety Code Tags included YES NO

6/24/19.

RPM Review

6/24/19.

Packet to Secretary

SoD to Facility

PoC Received and Copy to Coordinator

POC Acceptable: YES NO

Provider Notified: by _____ on _____

7/3/19.

POC Returned to Facility

2nd POC Received and Copy to Coordinator

2nd POC Acceptable: YES NO

Provider Notified: by _____ on _____

Revisit Required: YES NO

Revisit Completed: Deficiency(ies) YES NO

Revisit SoD to Facility

PoC Received and Copy to Coordinator

PoC Acceptable: YES NO

Provider Notified: by _____ on _____

2nd Revisit Required: YES NO

2nd Revisit Completed: Deficiency(ies) YES NO

Packet Completed

7/8/19.

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 _____

Date to be Corrected: _____

IDR Requested _____

IDR Scheduled _____

IDR Held _____

Changes to SoD? YES NO

IDR SoD/Notice _____

IDR PoC Due _____

IDR PoC Received _____

PoC Acceptable? YES NO

Provider Notified: by _____ on _____

PACKET TO C.O. _____

PACKET TO R.O. _____

462L faxed to C.O.

1539 faxed to C.O.



ACTS Complaint/Incident Investigation Report

PROVIDER INFORMATION

Name: EMW WOMEN'S SURGICAL CENTER, PSC License #: 300200
Address: 136 WEST MARKET STREET Type: AF
City/State/Zip/County: LOUISVILLE, KY, 40202, JEFFERSON Medicaid #:
Telephone: Administrator:

INTAKE INFORMATION

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

COMPLAINANTS

Name	Address	Phone	Email
(Primary)		W:	

Link ID:

RESIDENTS/PATIENTS/CLIENTS

Name	Admitted	Location	Room	Discharged	Link ID
------	----------	----------	------	------------	---------

ALLEGED PERPETRATORS

Perpetrator	Phone	SSN	License #	Link ID
-------------	-------	-----	-----------	---------

INTAKE DETAIL

Date of Alleged: 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



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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 more, 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 performed the informed consent process and the Face-to-Face Video Chat with patients at least twenty-four (24) hours in advance of 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 8:36 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.

SURVEY INFORMATION

<u>Event ID</u>	<u>Start Date</u>	<u>Exit Date</u>	<u>Team Members</u>	<u>Staff ID</u>
EXSQ11	06/20/19	06/20/19		

Intakes Investigated: KY00029708(Received: 05/29/2019)

<u>Event ID</u>	<u>Exit Date</u>	<u>Tag</u>	<u>SUMMARY OF CITATIONS:</u>
EXSQ11	06/20/2019		State - Not Related to any Intakes E0000-Initial Comments



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EMTALA INFORMATION - No Data

ACTIVITIES

<u>Type</u>	<u>Assigned</u>	<u>Due</u>	<u>Completed</u>	<u>Responsible Staff Member</u>
Schedule Onsite Visit	06/20/2019	06/20/2019	06/20/2019	

INVESTIGATIVE NOTES - No Data

CONTACTS - No Data

Printed: 08/20/2019 8:53:33AM
Due Date: 07/13/2019
Priority: Non-IJ High

Intake ID: KY00029708
Facility ID: 300200 / AF
Provider Number:

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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

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

PROPOSED ACTIONS

<u>Proposed Action</u>	<u>Proposed Date</u>	<u>Imposed Date</u>	<u>Type</u>
None	06/20/2019		Federal

Closed: 07/31/2019

Reason: Paperwork Complete

END OF COMPLAINT INVESTIGATION INFORMATION



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgery Ctr Surveyor Name: _____
Provider Number: 300200 Surveyor Number: _____ Discipline: NCI
Observation Dates: From 10/20/19 To _____

TAG/CONCERNS	DOCUMENTATION
	Complaint Investigative Plan KY # <u>29708</u>

Allegations Category: _____
Reg Tag: _____
History of deficiencies R/T allegation: N/A
(detail dates, reg, s/s if applicable)

Last survey highest s/s: N/A - state level

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)

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



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Center Surveyor Name: _____
 Provider Number: 300200 Surveyor Number _____ Discipline: NC/I
 Observation Dates: From _____ To _____

TAG/CONCERNS	DOCUMENTATION
	Complaint Investigative Plan KY # 29708

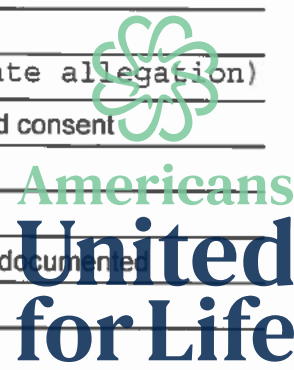
Allegations Category: Unqualified Personnel
 Reg Tag: E0125 / E0135
 History of deficiencies R/T allegation: n/a
 (detail dates, reg, s/s if applicable)

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 documents
 staff r/t informed consent and content



SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
Interviews - Continued	

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



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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 C 06/20/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	<p>Initial Comments</p> <p>A Complaint Survey was conducted on 06/20/19 to investigate KY29708. The Division of Health Care unsubstantiated the allegations with no deficiencies cited.</p>	E 000		



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

TITLE

(X6) DATE

SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Ctr Surveyor Name: _____
 Provider Number: 300200 Surveyor Number: _____ Discipline: _____
 Observation Dates: From _____ To _____

TAG/CONCERNS	DOCUMENTATION
6-20-19 8:21	Entered facility - presented card to receptionist and asked to speak to person in charge of facility
8:26	<p>- receptionist handed cell phone + said administration was out of town but wants to speak to me. SW explained where your complaint investigation is IT quality of care - I stated I could not reveal specifics of complaint. stated on road to Florida + not sure how much I could accomplish in her absence. I explained would be doing obs, interviews + record review so staff should be able to assist. stated policies in her office behind locked door in her computer. said in nurse manager + could assist me today.</p>
8:32	met me + showed me to MD's office to "set up."
8:45	<p>brief interview re IT consent process - explained informed consent offered and documented - obs of one card is "declined" needed. stated all they can do is offer. She stated when patient arrives handed clipboard + consent for healthcare + and emergency contact form. Stated to patients go for \$, then watch video of process. stated she would be doing consultations today in absence.</p>



SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Ctr Surveyor Name: _____
Provider Number: 300200 Surveyor Number: _____ Discipline: _____
Observation Dates: From 6/20/19 To _____

TAG/CONCERNS	DOCUMENTATION
<u>4/20/19 16:25</u>	<u>RW 9/2018</u>

do face to face - and I do all now -
there is not a procedure that comes in
used to do - my understanding someone
she is not a licensed medical worker.
as soon as we found out - quit
comple -

documented when F-T-F occurred but @
who - may have done some -
afternoon predominantly - me - pm -

never showed up.
I made appt - gave SSN - + believe
did face to face - in May?
next couple days - complaint re: process.

grievance letter - how we found out about complaint
F&F - read script

policy - believe F&F part. counseling
during u/s.
we review

Nurses on md only during 24 hr

if following - if done - don't get in
if show up - med - + do labs -
but must return



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SURVEYOR NOTES WORKSHEET

Facility Name: GW Women's Surgery Ctr Surveyor Name: _____
Provider Number: 300200 Surveyor Number: _____ Discipline: _____
Observation Dates: From _____ To _____

TAG/CONCERNS	DOCUMENTATION
<u>6/20/19 - 11:34 AM</u>	<u>Administrator</u>
	<p>informed consent process. call in - make appt - Set up. F2F - via person or video chat - patients download app. on after phone - speak to IT procedure, cost, & what/when to bring - demon - read consent info - notes + have script</p>
	<p>Me or one of nurses - usually 3pm - 4 - + then nurses do some p hours.</p>
	<p>Cover all aspects - very seldom do they ask for information.</p>
	<p>Ask again when in .</p>
	<p>Tell them again what needed + what to expect.</p>
	<p>highlight - indication, date/terms - ensure at least 24 hours lapsed.</p>
	<p>may come in next day but started at 15 24 hours.</p>
	<p>I am counselor / social worker or nurse - no me or nurse. has always been me + nurses + NP's</p>



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SURVEYOR NOTES WORKSHEET

TAG/CONCERNS

DOCUMENTATION

licensed - never been licensed
here for 20 years - not come up.
licensing important for private practice +
3rd party billing
unethical for someone to tell you how many
people who counsel + do private sessions take cash.
↳ counseling i masters
Sessions + what diagnoses to bill for -
does not limit - can do counseling i masters



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SURVEYOR NOTES WORKSHEET

Facility Name: enw Women's Surgery Cntr. Surveyor Name: _____
Provider Number: 300200 Surveyor Number: _____ Discipline: _____
Observation Dates: From _____ To _____

TAG/CONCERNS	DOCUMENTATION
6/28/19, 12:08	LPN - 4.5 yrs.
	my role in process is I been attempting of in April - I do. typically does afternoon
	we have schedule 2-4 pm - which have been scheduled - will do as they take appts if possible 2 days weekly I do from home
	Why important - inform pat of complication - other forms of help. This is not only - opportunity to be a person taste ? if not - never happened. never in other window -
	we are pretty strict me + + mo's - munity staff
	do not continue until 1 last attempt option to review
	has in past done them told reg. RN, LPN, PA, mo's



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW

Surveyor Name: _____

Provider Number: _____

Surveyor Number: _____ Discipline: _____

Observation Dates: From _____ To _____

TAG/CONCERNS	DOCUMENTATION
	informed consent process - we have group + individual before F&F or prior or can come in person if not possible is offering.
	why - important - want to insure patient is making decision - is medically informed - mentally + physical stability
	Voluntary & coercion - part of process is to insure - they call us + initiate
	some may be influenced by partners or family - need to understand if any procedure could be complications
	who can do - Statute says MD, licensed nurse, PA or social worker
	social worker - has to be person ^{MS-} & degree in social sociology
	licensing - come up recently - we need clarified for us.
← Physic? PA	physician - doesn't say licensed licensed nurse.
	no licensed



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Ctr Surveyor Name: _____
 Provider Number: 300 200 Surveyor Number: _____ Discipline: _____
 Observation Dates: From 6/20/19 To _____

TAG/CONCERNS	DOCUMENTATION
6/20/19 08:52	<p>plus of staff explaining & consent & refusal policy & health information policy to patient. patient asked for husband to be present. husband brought into room + consent explained to him. Both offered opportunity for husband asked about a pledge - found record + explained around + success. - husband asked about timing + explained expected/ anticipatal D/C time. husband commented on why this choice. showed them to d/s waiting area.</p> <p>handling scheduling of patients - stated procedures must be scheduled a minimum of 24 hrs prior to procedure - after face to face.</p>
4:00 AM observation of + 9:30 AM	<p>face to face - patients performance informed add elements informed (see ref. sheet). patients afforded opportunity to ask questions done via electronic video device</p>
10:00	<p>stated picture of complainant + alleged victim on wall b/c victim scheduled appointment under another name. stated unsure why other person's picture on wall (complainant)</p>
10:12	<p>Surveyor review of computerized listing & revealed listing for patient alleged in complaint</p>



SURVEYOR NOTES WORKSHEET

Facility Name: Enw-

Surveyor Name: _____

Provider Number: 300 000

Surveyor Number: _____ Discipline: _____

Observation Dates: From 6/20/19 To 6/20/19

TAG/CONCERNS

DOCUMENTATION

6/20/19 2:47pm.

stated - scheduled appointment for Monday AM.
I believe - had short phone call w secretary?
was told would have video call & counselor
24 hr in advance -

She called me - expected a longer phone call.
In my situation need a lot of information.
Called me.

as I recalled the call - I read through
I saw a lot of things missing -
thought weird the director was doing the
call. - would want someone experienced
seemed ignorant about the possibility of adoption
told me to get out prior -
- " - pos. symptoms.

could show me fetal images prior to coming
in - but must be 24 hr prior!

- called me memorial day - appt was Wednesday
- seeing video 24 hr in advance not poss - mdr
- believe they don't expect & to take them
- upon offer to watch videos.
- I cancelled the appt due to that.

felt almost like they rushed through a checklist
- referred me to adoption atty - "weird"

They were not an advocate for any other alternatives

- weird name + speaking
- cancelled appt Wed. 7 1 hr prior - don't know
who I spoke to

- answering machine - wanted to pm prior



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SURVEYOR NOTES WORKSHEET

Facility Name: EW. Suny Surveyor Name: _____
Provider Number: 300200 Surveyor Number: _____ Discipline: _____
Observation Dates: From _____ To _____

TAG/CONCERNS	DOCUMENTATION
	Patient records
consent signed	<u>DOB</u> <u>DOB 11-17-18</u> u/s present.
consent signed	<u>DOB</u> <u>DOB 3-23-19</u> u/s present
consent signed	<u>DOB</u> <u>DOB 5-23-19</u> - u/s present
consent signed	<u>DOB</u> <u>DOB 2-23-19</u> - u/s present
	<u>DOB</u> <u>DOB 11-3-18</u>



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW - Surveyor Name: _____
Provider Number: 300300 Surveyor Number: _____ Discipline: _____
Observation Dates: From _____ To _____

TAG/CONCERNS	DOCUMENTATION
	<u>Employee files</u>
	<u>PN</u> <u>exp 10/31/19 & rest</u>
	<u>RN</u> <u>exp 10/31/19 & rest</u>



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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 06/06/2012
NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC		STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	902 KAR 20:360 Initial Comments 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.	E 000		
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 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	E 565		



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

TITLE
Exec. Director 6-18-2012

6899

NVH111

RECEIVED

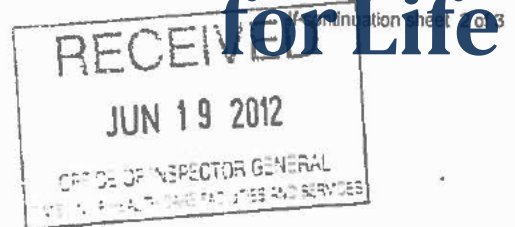
JUN 19 2012

OFFICE OF INSPECTOR GENERAL

If continuation sheet 1 of 3

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 06/06/2012
NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC		STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 565	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. 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. 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. 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 propranolol (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. 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.	E 565	<u>Expired Gentamycin</u> All expired Gentamycin has been discarded and have been replaced with new medication. new DON as of 6-1-2012, is responsible for making sure medications in 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. <u>Crash Cart</u> 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. Director, will assure that the cart is checked weekly, and that the log is kept up to date. new DON as of 6-1-2012, is responsible for making sure medications in recovery room are always up to date. This will be	6-12-2012 6-12-2012 6-12-2012

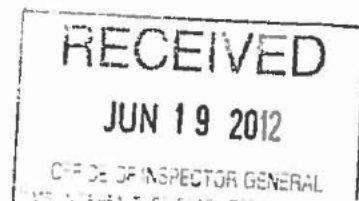


Office of Inspector General

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 06/06/2012
NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC		STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 565	Continued From page 2 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.	E 565	checked 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.	6-12-2012 6-12-2012 6-12-2012



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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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>E0565</u> Reg. # <u>902 KAR 20:360</u> LSC _____	Correction Completed <u>06/12/2012</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed



Reviewed By State Agency	Reviewed By	Date: <u>8/15/12</u>	Signature of Surveyor
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:

Followup to Survey Completed on: <u>6/6/2012</u>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		



CABINET FOR HEALTH AND FAMILY SERVICES

OFFICE OF INSPECTOR GENERAL

Millie Zumstein, Regional Program Manager
Division of Health Care
908 W. Broadway 10th Floor West
Louisville, Kentucky 40203
(502) 595-4958
Fax: (502) 595-4540
<http://chfs.ky.gov/os/oig>

Steven L. Beshear
Governor

Audrey Tayse Haynes
Secretary

Mary Reinle Begley
Inspector General

Connie Payne
Director

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
Inspector at ext.

RN, Nurse Consultant/

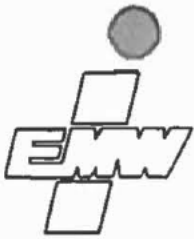
Sincerely,

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

MKZ/ror



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EMW Women's Surgical Center
Ambulatory Gynecologic Surgery

136-138 West Market street
Louisville, Kentucky 40202

In Kentucky

June 18, 2012

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

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,

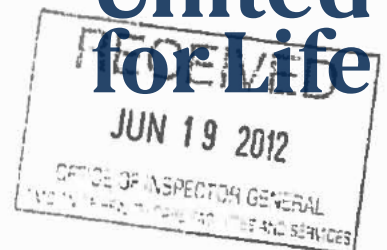
A handwritten signature in cursive script, appearing to read 'M. S. S. W.'.

MSSW

Executive Director, EMW Women's Surgical Center



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CABINET FOR HEALTH AND FAMILY SERVICES

OFFICE OF INSPECTOR GENERAL

Steven L. Beshear
Governor

Mille Zumstein, Regional Program Manager
Division of Health Care
908 W. Broadway 10th Floor West
Louisville, Kentucky 40203
(502) 595-4958
Fax: (502) 595-4540
<http://chfs.ky.gov/os/oig>

Mary Reinle Begley
Inspector General

Audrey Tayse Haynes
Secretary

Connie Payne
Director

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.



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Ms. Administrator
June 8, 2012
Page Two

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,

Jimmy Barone, H.S.C.

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

MKZ/ror

Enclosure



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**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 136 W. Market St.

Type of Service Abortion Facility
Ambulatory Surgery Center.
License Number 300200
License Capacity _____

W&W
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? 14%
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 in wall Newspaper Letter
daily Other (Specify) Sign in video room
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

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

Exec. Director
Title

6/5-2012
Date

Signature of Reviewer

RN NC1
Title

6/5/2012
Date



**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 ~~admission~~ package.
D/C

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 exchanges;

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.



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Plan of Correction Review (Licensed Facility)

Facility Name EMW Womens Surgical Ctr.

Date 6-20-12

Providers License 300200

Initials PB

Tag E5651

Correction date 6-12-12

Exit date 6-6-12

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: _____



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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 06/06/2012
NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC		STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	902 KAR 20:360 Initial Comments 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.	E 000		
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 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	E 565		



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TITLE

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

STATE FORM

6899

NVH111

If continuation sheet 1 of 3

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 06/06/2012
NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC			STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202		
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E 565	<p>Continued From page 1</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 propranolol (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.</p> <p>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.</p>	E 565			



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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 06/06/2012
NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC		STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202		
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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.



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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.



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

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.

The ^{DON}~~Executive Director~~ will review the emergency cart check list on a monthly basis.



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AMBULATORY CARE FACILITY
PRIMARY CARE CENTER

CONTENTS OF RELICENSURE PACKET

1. L&R-10-Memorandum *I will create this*
2. 2567 (State Form) - SOD & POC - *Computer print out.*
3. 2567 B (State Form) Revisit Report (if applicable) *after Review*
4. RPM Letters *will be added to Packet*
5. L&R-87 Civil Rights Form *- I will take with me for them to fill out.*
6. AIDS/HIV Form *" "*
7. 670- Workload Report & Follow-up (if applicable) - *Copy to copy packet.*

Entrance Compliance:

introduce self - here to do lic State survey.
Complete 2 forms. #5 + 6

Tour facility. See record reviews, Environment
Review P 3 P look at personal files, maybe
other items, Can you give me a location to work.
Everything in an 807

2009 - dignity environment housekeeping, infection
control pharmacy quality improvement >

* look @ Reg for QA takes about a day.

- Survey summary sheet
SIS State tags.
CNAs? no need.
off site sheet.
Ask for MD Lic on file
ask for DEA #

How is in
charge.
what is the
admit process
look H&P mpardus.

Tour safety
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Record Review
5-6 - Both
Active/D/C



8:30 - 5pm

nurse anesthetist

RN

MA DCert.

Check Crash cart ✓ expired meds.

✓ Quarterly meetings

ask for contracts for ✓

Ambulance / acute care hospital ✓

Infection Control policy - Control checks + safety measures.

waste policy ✓

laundry service ✓

Housekeeping who is in charge. ✓

Posted signs for emergencies ✓

fire test every year. ✓



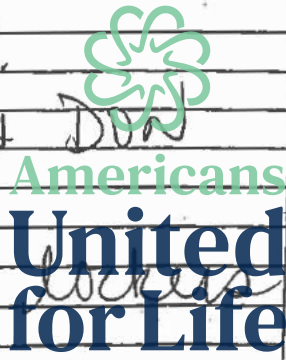
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PC/NH/NF/FC

Facility Name: Emw Womens Surgical Center Surveyor Name: _____
Lic. Number: 300200 Surveyor Number: _____
Observation Dates: From 4/5/12 To 4/6/12

Discipline: AC

CONCERNS	DOCUMENTATION
4-5-12 1000	Enter Meet c. Director Ex
	<p style="text-align: right;">DON - RN</p> <p>is leaving to a part time position Training new DON June 1 2012 RN</p>
1010am	Tour Counsel - TV Room.
	Exam Room #1 RU 486 full Cracked exam table vaginal exam
	table cracked several places doesn't feel a physical problem used one cloth.
	Total of 4 rooms - using only 2 at this time.
	steril bag c blackend tape Room clean.
	House Keeping
	Exam Room 3+4 not used.
	RN ultrasound + DON elevator down stairs.
	day room BR - day room no concerns.
	Laundry done by universal linen Tuesday + Friday.



PC/NH/NF/FC

Facility Name: EMW
Lic. Number: 300200
Observation Dates: From 6/5/12 To 6/6/12

Surveyor Name:
Surveyor Number:

Discipline: RN
NCI

Pre-op Room

CONCERNS	DOCUMENTATION
<p>6-5-12 ① 1020am</p>	<p><u>Recovery Room</u> Gentamycin exp June 1, 2012 10 vials / of 10 Don acknowledged the med & dates expired med should be usecard sharps container</p>
	<p>② Don responsible to keep meds up to date. Director should be looked every week. meds locked.</p>
	<p>The staff should be checking meds for exp dates. all nsg staff that administers meds or trained to discard - not use expired meds.</p>
	<p>Surgical Rooms. OR 1 MD is <u>OWN the place</u> 1970's</p>
2-7	<p>Propranolol 1mg/ml 2 vial box exp 4/12</p>
1-1	<p>Aminopyridine 250mg 2mg/ml (10ml) exp date June 1 2012</p>
1-1	<p>8.4% Sodium Bicarbonate 50mg (50ml) exp June 1 2012 1 of 1</p>
1-1	<p>Diazepam 2ml 10mg/2ml exp will patch the expired meds.</p>
②	<p>States it is important to have current meds in crash cart for emergencies</p>

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PC/NH/NF /FC

Facility Name: Emw
Lic. Number: 500200
Observation Dates: From 6/5/12 To 6/6/12

Surveyor Name: _____
Surveyor Number: _____
Discipline: RN
NCI

CONCERNS	DOCUMENTATION
①	States D/W is responsible to ensure crash cart is up to date
	Cleaning schedule for surgical room - in between ea opt - table cleaned - table instruments (cart)
	Vent in surgical room c caked on dust. Air flow blowing. Reviewed.
	Recovery Room, large open room curtains - D/W present
	Ref in recovery room - unlocked. He states the keys not locked states doesn't need to be lock.
* 0.2mg	- melbergine Rhogam 25 ← mini gam Reviewed Pres no concern
	2 box full dose Rhogam 300mg 1500IU Sanic Cloth.
	Ref temp log. Reviewed temp 40°F He keys for Recovery Room kept in unlocked drawer
	no mat normally kept in drawer
80mg/2ml	gentamycin expired June 1 2012
1035am ①	Ceiling tile absent - had a leak water. - States should know.
	Recovery Room - awake up - opt prior to in launch absent 20 mins



PC/NH/NF /FC

Facility Name: EMW
Lic. Number: 300 200
Observation Dates: From 6/5/12 To 6/6/12

Surveyor Name:
Surveyor Number:

Discipline: NIC

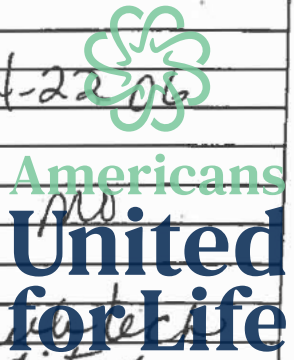
CONCERNS	DOCUMENTATION
<p>5-5-12 1055am</p>	<p>in lounge room - two large bottles of OTC meds APAP 325mg not locked up Ibuprofen 200mg Jou finished @ 1100am Facility to posted emergency signs</p>
<p>6-6-12 800am</p>	<p>Surgical Room FK I Rt new DON Vent is free from dust. ceiling tile replaced. double locked Ref to or keep to med cabinet keep in drawer in the recovery room. States according to keep are in drawers only Ref's not locked this am - keeps the key to Ref & also in the drawer NO CONCERN Black cabinet orderly. Americans states did OK last week the United was exp on June 1st state for Life not taken out of cabinet yet. Crash Cart. has policy on latex free policies</p>

PC/NH/NF/FC

Facility Name: Emw
Lic. Number: 300200
Observation Dates: From 6/5/12 To 6/6/12

Surveyor Name: _____
Surveyor Number: _____
Discipline: NCI

CONCERNS	DOCUMENTATION
10-5-12 300pm	Quarterly meetings Have medical meetings quarterly. The MDs attend. DNN
	The AANA and one medical assistant. orderly attends do well. in charge of infection, has a cleaning log.
320pm	State Lic posted on wall - can be viewed through glass window from the waiting room.
4pm	Quarterly meeting June 24 2011, 10-11-10, 1-10-12, 4-10-12.
	states the staff is small when ever things come up they are address right away. Review of minutes no concerns. Facility doesn't have a CPR policy for employees.
440pm	Policies Reviewed -
6/6/12 941am	Emergency Crash Cart Reviewed 4-22-06 Reviewed
	Infection Control binder reviewed interns.
1000am	Review Emw job description for Requirements Grad from accredited program - no concerns.

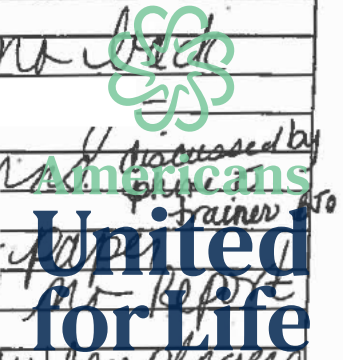


PC/NH/NF/FC

Facility Name: Emw Surveyor Name: RN
Lic. Number: 300200 Surveyor Number: _____
Observation Dates: From 6/5/12 To 6/6/12 Discipline: NCA

6/5/12

CONCERNS	DOCUMENTATION
11:05am	Emw Woman's Surgical Center personnel policies reviewed.
12:34pm	Review of Contracts Stericycle for medical waste.
	Upon entering gated locked parking lot the trash bins were closed no trash outside of bins.
	Ky Board of Medical Licensure dated 1/10/12 good til 3/1/13
	DEA 8/31/13 exp 1/10/12 good til 3/1/13 DEA exp 1-31-14 12/7/12 good til 3/1/13
2:15pm	Review of <u>DEA exp 9/30/14</u> <u>Walter</u> Hospital privileges for <u>Dr</u>
	Current Ambulance Contract c Molex Ambulance.
	Last fire inspection 3/5/12 Inservice training to staff
	states no lead ground ch on employed back in 1990 no concern
	Request CRC on signed in employee's file was not before states they have new employees sign for the CRC that don't do them. The reason why you don't do a CRC - they get the info needed and run ck if they feel the need



PC/NH/NF/FC

Facility Name: EMW

Surveyor Name:

Lic. Number: 300200

Surveyor Number:

Discipline: NC

Observation Dates: From 6/5/12 To 6/6/12

RN

CONCERNS

DOCUMENTATION

Interview List

Executive Director 3 MSSW

#1 DON

#2 DON in training

Surgical tech.



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OFFSITE SURVEY PREPARATION WORKSHEET

Facility Name: EMW Womens Ombudsman Name/Number: n/a
Facility Address: 1364 West Market St. Ombudsman Contact Date: n/a
Provider Number: 300200 Offsite Review Date: 6-4-12
Total Beds: n/a 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 Licensure

E0225 Dignity
E0315 Staff ICPR
E0565 Expired meds
E0755 Quality
E0975 Infection Control
E1000 Housekeeping

Medical Director

Administrator

Surveyors/Discipline (list Team Coordinator first):



Office of Inspector General
ASPEN: Full Facility Profile (FFP)
EMW WOMEN'S SURGICAL CENTER, PSC

Printed: 06/04/2012

Page 2 of 2

Facility Administrators

<p>Started</p> <p>End</p>	<p>Administrator Name</p> <p>Address</p> <p>City St. Zip</p> <p>Phone</p> <p>Email</p>
<p>Started</p> <p>End</p>	<p>Administrator Name</p> <p>Address</p> <p>City St. Zip</p> <p>Phone</p> <p>Email</p>

Ownership

<u>Start</u>	<u>End</u>	<u>Company</u>	<u>DBA</u>
		EMW WOMEN'S SURGICAL CENTER, PSC	



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**Office of Inspector General
ASPEN: Facility Information (FI)**

Printed 06/04/2012

Page 1 of 1

Identification:			
State Facility ID: 300200	Provider ID:	State License ID: 300200	
Medicaid ID:	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:		Team:	
Address:			Mgmt Unit:
Extended Address:			
City:	State:	Zip:	
Buildings	Description	Name	Constructed
Type		Location	



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PC/NH/NF /FC

Facility Name:

Emw

Surveyor Name:

Lic. Number:

300200

Surveyor Number:

Discipline:

RN

Observation Dates:

From 6/5/12 To

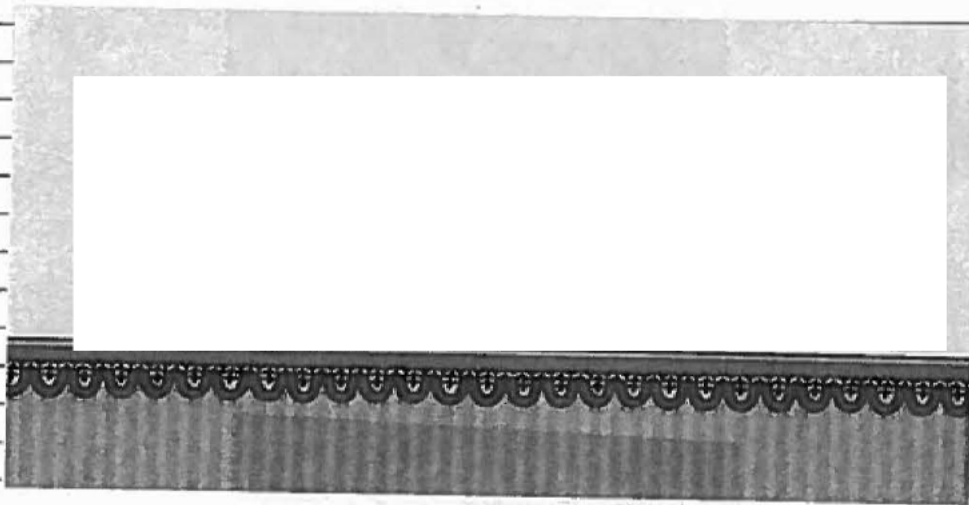
NCI

CONCERNS

6/5/12

DOCUMENTATION

Sign in sheet.



no card available.



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6-6-12 @ 11am

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



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Employee Verification Form

EMW
Facility Name - Womanis Surgical Center

Provider Number - 300200

Date - 6-5-12

Surveyor -

RN NCI

Name	License or Certification	Hire Date	NA Abuse	CRC E0365	Reference Check	Evaluation	Inservices CPR	Orientation	TB
	RN RN		3-13-12	n/a	✓	new employee	12/12/13	✓	6-8-11
	CRNA		10-25-11 ↓	• prior to 92	✓	✓ indep Contract	CPR 9-13-12	eval ✓	2-25-11 ✓ 1-14-12 ✓
	orderly		n/a	• n/a	✓	✓	n/a	✓	1-15-12
	RN		June 1, 12	n/a	✓	n/a	CPR 5-31-13	✓	2/12/12
Surgeon rec	CPR: none not required		n/a	n/a	✓	✓	CPR 9-13-12	✓	1-13-12



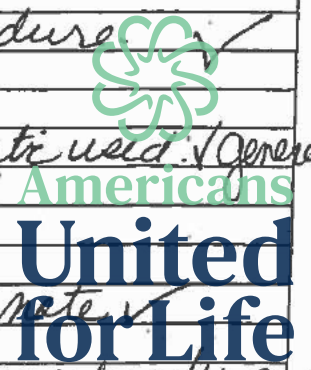
PC/NH/NF/FC

Facility Name: EMW
Lic. Number: 300200
Observation Dates: From 6/5/12 To 6/6/12

Surveyor Name:
Surveyor Number:

Discipline: NCI RW

CONCERNS	DOCUMENTATION
6-5-12 11:20am	Record Review #1 date 6/21
1.	Face sheet: name address number emergency number all present. DOB = <u>VS</u> old
2.	signed consent <input checked="" type="checkbox"/> 6/2/12 - brought by
3.	date of initial exam 6/2/12
4.	date of abortion 6/2/12
5.	Ref MD <input checked="" type="checkbox"/> attend MD name & # - <u>no</u> Ref MD.
6.	Complete medical history <input checked="" type="checkbox"/> list of meds. present <input checked="" type="checkbox"/>
7.	Physical exam: Health status with in 15 days - detail of pelvic exam + est gestational age. LMP: <u>Sono</u>
8.	Results of diag test 3 exams - labs - ultrasound pathology <input checked="" type="checkbox"/>
9.	Preop diagnosis <input checked="" type="checkbox"/> <u>Uterus</u>
10.	Counselor's notes: present - verbal info 5/3/12
11.	MD orders <input checked="" type="checkbox"/> name of MD <input checked="" type="checkbox"/> signed <input checked="" type="checkbox"/>
12.	Complete Record of abortion procedure <input checked="" type="checkbox"/> - VS pre + postop.
13.	name of procedure: <input checked="" type="checkbox"/> D&E. Anesthetic used: <input checked="" type="checkbox"/> General
14.	Names of clinical ast: all present <input checked="" type="checkbox"/>
15.	Nursing notes <input checked="" type="checkbox"/> post anesthesia notes <input checked="" type="checkbox"/>
16.	Final Dx: Condition @ DIC <input checked="" type="checkbox"/> Postop orders/flu care <input checked="" type="checkbox"/> <u>Good.</u> <u>Uterine education</u>
17.	MD signed c in 72 hrs. <input checked="" type="checkbox"/> (Meds: Celebra, Macrobid UTI, PCN abraded tooth)



PC/NH/NF/FC

Facility Name: Emw
Lic. Number: 300200
Observation Dates: From 6/5/12 To 6/6/12

Surveyor Name:
Surveyor Number:

Discipline: RN
NCI

CONCERNS	DOCUMENTATION
6-5-12 1200pm	Record Review #2
	<p>1. <u>DOB</u> - <u>minor</u> <u>yr old</u> <u>parental consent given</u> <u>brought in by</u> <u>address + #'s in chart.</u></p> <p><u>Counsel notes present.</u></p> <p><u>physical exam 3/30/12</u> <u>plan D/C</u> <u>1 mo</u> <u>labs reviewed</u> <u>Anesthesia Record in file.</u> <u>VS present pre & post.</u> <u>no current meds.</u> <u>med history complete</u> <u>ultrasound performed</u> <u>labs taken</u> <u>all orders</u> <u>VS</u> <u>signed by MD</u> <u>Dr</u></p>
	<p><u>Post op MD orders signed.</u></p> <p><u>Recovery Room</u> <u>VS</u> <u>Recovery lounge</u> <u>Post op put MD.</u></p> <p><u>Abortion date 3/30/12</u> <u>Pl decline state materials.</u></p> <p><u>Condition at D/C good.</u></p> <p><u>All forms signed by MD & Nursing</u></p>



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PC/NH/NF /FC

Facility Name:

EMW

Surveyor Name:

RN

Lic. Number:

300200

Surveyor Number:

Discipline:

NU

Observation Dates:

From 6/5/12 To 6/6/12

CONCERNS

DOCUMENTATION

6-5-12
4:15pm

Record Review #4

DOB

MO

face sheet c address + #'s

LMP

sono

Confirm urine

test & ultrasound

no current meds NKA no medical illness

Medical history c VS. blood studies

Consents signed utam 6/5/12

MO orders complete & signed
counsel complete

Oral meds for VIP @

6/5/12

physical utam complete

Mifeprist 6/5/12 lot 1G007 exp 5/15

Cytotec to take home c DIC instructions

signed by MO & nurse

in appt 6/26/12 10:00am



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PC/NH/NF/FC

Facility Name: Emw
Lic. Number: 300200
Observation Dates: From 6/5/12 To 6/6/12

Surveyor Name: RN
Surveyor Number: _____
Discipline: NCV

CONCERNS	DOCUMENTATION
<p>6-6-12 845</p>	<p>Record Review #6</p> <p>DOB _____ yrs _____</p> <p>Uppt date 6/5/12 exam & procedure same day. procedure SC OX LMF</p> <p>24hrs consent done 5/31/12 - telephone recording - new system @ 1225pm</p>
<p>900am (I)</p>	<p>Complete diploma @ Spencerian 9/2003</p> <p>not mandatory to take the cert test. states has not taken. Did Review on the job training @ Jewish / Kosair</p> <p>Prior to this role - was in charge of Steriduprocessing when Pts are out of the room.</p> <p>States the MD is always present in the room. on resume 200 clinical hours.</p> <p>States the MD: instruction and support when sky was new. Resolved.</p>
<p>920am</p>	<p>Cert Record Review</p> <p>General anes. SMO / labs done</p> <p>physical exam complete & signed</p> <p>Anesthesia Record complete & signed</p> <p>pre op orders signed infra op notes complete & signed</p> <p>Consents present & signed</p>

Resolved

Americans United for Life

**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 **RELIC** RECERT REVISIT OTHER
 COMPLAINT # _____ PRIORITY: 1 2 3 4

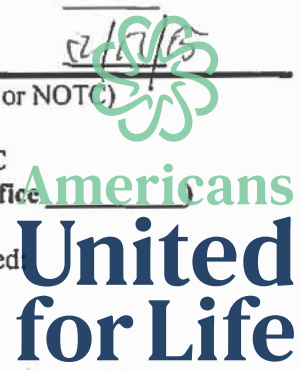
*LIST ENTRANCE TIME/DATE IF OFF-HOURS SURVEY: _____ (M E W H)
 *NURSE AIDE TRAINING PROGRAM: YES NO

TEAM:	SECRETARY:
ACTIOI	INITIALS DATE
Packet Completed: Deficiency(ies)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	_____ 11/25/15
Life Safety Code Tags included YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	_____ 11-30-15
RPM Review <u>SD Drmen 2.5D</u>	_____ 11-30-15
Packet to Secretary	_____ 11-30-15
SoD to Facility	_____ email 11.30.15
PoC Received and Copy to Coordinator	_____
POC Acceptable: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	_____
Provider Notified: by _____ on _____	_____
<u>PK Review .5D</u>	<i>will send accept POC compliance of 1.4.16</i>
POC Returned to Facility	_____
2nd POC Received and Copy to Coordinator	_____
2nd POC Acceptable: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Provider Notified: by _____ on _____	_____
Revisit Required: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Revisit Completed: Deficiency(ies) YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Revisit SoD to Facility	_____
PoC Received and Copy to Coordinator	_____
PoC Acceptable: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Provider Notified: by _____ on _____	_____
2nd Revisit Required: YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
2nd Revisit Completed: Deficiency(ies) YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Packet Completed	_____ 12/15/15

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 Date to be Corrected _____

IDR Requested _____ IDR Scheduled _____ IDR Held _____
 Changes to SoD? YES NO IDR SoD/Notice _____ IDR PoC Due _____
 IDR PoC Received _____ PoC Acceptable? YES NO Provider Notified: by _____ on _____
 PACKET TO C.O. 1.5.16 PACKET TO R.O. _____ 462L faxed to C.O. _____
 1539 faxed to C.O. _____



EMW Womens Surgical Center, ASC
11/19/15 LIC #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) HIV
6. 670-Workload Report & Follow-up (if applicable)

↓ desk review



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L&R-10

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.

12/17/2015

HSS



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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 R 12/14/2015
--	--	--	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{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}		

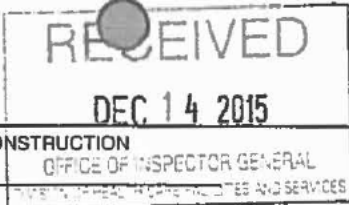
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X1) DATE



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PRINTED: 11/30/2015
FORM APPROVED

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
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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 000		
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.	E 245	<u>Written policy related to yearly TB testing:</u> 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.	12-10-15



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

TITLE

(X6) DATE

X
STATE FORM

MSSW

X Exec. Director 12-11-15

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 245	<p>Continued From page 1</p> <p>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.</p> <p>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.</p> <p>4. Review of Employee #6's file revealed TB testing for the years 2013 and 2014 were not located.</p> <p>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.</p>	E 245	<p><u>TB test results in employee file:</u></p> <p>On 11--25-2015 all employees were given a tuberculin skin test and the results were placed in the employee personnel files</p> <p>The documentation and storage of the yearly tests will be assured by the Clinic Director.</p>	11-25-15
E 330	<p>902 KAR 20:360 Section 5. Administration and Operation</p> <p>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:</p> <p>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,</p>	E 330		



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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
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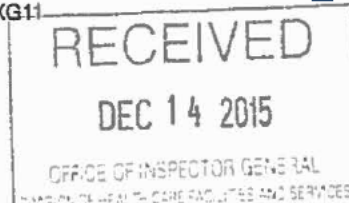
NAME OF PROVIDER OR SUPPLIER EMW WOMEN'S SURGICAL CENTER, PSC	STREET ADDRESS, CITY, STATE, ZIP CODE 136 WEST MARKET STREET LOUISVILLE, KY 40202
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E 565	<p>Continued From page 3</p> <p>that are not accessible to unauthorized persons. Refrigerators used 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)]</p> <p>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.</p> <p>The findings include:</p> <p>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.</p> <p>Interview, on 11/19/15 at 11:36 AM, with</p>	E 565	<p><u>Expired medication</u></p> <p>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.</p> <p><u>Storage of Medicines</u></p> <p>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</p>	<p>11-25-15</p> <p>11-24-15</p>
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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	
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E 565	<p>Continued From page 4</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	E 565	<p>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.</p> <p><u>Storage of Propofol</u></p> <p>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 inspection 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.</p> <p><u>Keys to Valium Cabinet.</u></p> <p>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</p>

11-24-15

11-24-15



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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
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E 650 E 650	<p>Continued From page 5</p> <p>902 KAR 20:360 Section 9. Medical Waste Disposal</p> <p>(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.</p> <p>The findings include:</p> <p>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.</p> <p>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</p>	E 650 E 650	<p>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.</p> <p><u>Medical Waste Disposal</u></p> <p>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.</p>	11-20-15

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Continuation sheet 6 of 8



Office of Inspector General

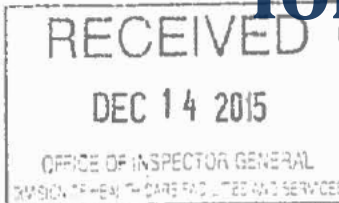
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E 650	<p>Continued From page 6 container.</p> <p>Interview, on 11/19/15 at 12:13 PM, with the Medical Doctor (MD) revealed the dark brown substance on the top of the sharps container was dried blood. The MD stated this was not the proper way to discard 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	E 650	<p><u>Propofol Syringes</u></p> <p>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.</p>	11-20-15



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E 650	Continued From page 7 way to dispose of the medical waste and it should have been put in a sharps container.	E 650		
E 730	<p>902 KAR 20:360 Section 11. Equipment and Supplies</p> <p>There shall be appropriate equipment and supplies maintained for the patients to include:</p> <p>(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.</p> <p>The findings include:</p> <p>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.</p> <p>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.</p> <p>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.</p>	E 730	<p><u>Soiled Linen</u></p> <p>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.</p>	11-20-15



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DIVISION OF HEALTH CARE REGULATION AND SERVICES

If continuation sheet 8 of 8

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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>E0245</u> Reg. # <u>902 KAR 20:360</u> LSC _____	Correction Completed 12/10/2015	ID Prefix <u>E0330</u> Reg. # <u>902 KAR 20:360</u> LSC _____	Correction Completed 11/25/2015	ID Prefix <u>E0565</u> Reg. # <u>902 KAR 20:360</u> LSC _____	Correction Completed 11/25/2015
ID Prefix <u>E0650</u> Reg. # <u>902 KAR 20:360</u> LSC _____	Correction Completed 11/20/2015	ID Prefix <u>E0730</u> Reg. # <u>902 KAR 20:360</u> LSC _____	Correction Completed 11/20/2015	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed



Reviewed By _____	Reviewed By _____	Date: <u>12/30/15</u>	Signature of Surveyor: _____	Date: <u>12/30/15</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

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
--	--



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) 595-4540
<http://chfs.ky.gov/os/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,

A handwritten signature in cursive script that reads "Millie K. Zumstein".

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

MKZ/ror

Enclosure



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CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Steven L. Beshear
Governor

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

Audrey Tayse Haynes
Secretary

Maryellen B. Mynear
Inspector General

December 1, 2015

CERTIFIED MAIL

Ms. Director
Erw 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.



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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,



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

MKZ/rd

Enclosure



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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 EMK Women's Surgical Center
Address of Service 136 W. Market St.
MSW

Type of Service Outpatient Gynecologic Surgery
License Number _____
License Capacity _____

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

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

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

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

8. Is race, color, religion, or national origin considered in the amount charged for services? 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:

<u>MSW</u>	
Signature of Authorized Official	
<u>Exec. Director</u>	<u>11.19.15</u>
Title	Date
	<u>11/19/15</u>
<u>HSS</u>	<u>11/19/15</u>
Title	Date

Facility Name

EMW Women's Surgical Center, PSC

**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.
post-GP

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.



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RN
AA Medical Assistant
Surgical Tech
orderly
receptionist



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Date SOD Submitted to QR 11-25-15

Date Audit Completed 11-30-15

QR Audit Tool

Components To Be Documented in a Deficiency Citation																			
Facility Number		300200						LOC		AF						Exit Date		11-19-15	
Facility Name		EMW Womens Surgical Ctr, PSC						Due to C.O.								facility		12-7-15	
Team Leader:																			
Team Member: <i>NMC</i> Initial Comments: <i>Yes</i>																			
670 Time Completed: <i>Yes</i>																			
Deficiency present	Tag:		Tag:		Tag:		Tag:		Tag:		Tag:		Tag:		Tag:		Comments:		
<i>yes</i>	<i>245</i>	<i>330</i>	<i>565</i>	<i>650</i>	<i>730</i>												<i>See SOD for review</i>		
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N			
Sample Size Present and accurate		✓		✓		✓		✓		✓							<i>initial comments rewritten</i>		
Identifiers (Confidential)	✓		✓		✓		✓		✓								<i>tag rewritten</i>		
Description of regulation violation	✓		✓		✓		✓		✓								<i>sample size 4% to n/m</i>		
Source of Evidence present	✓		✓		✓		✓		✓								<i>do not date your reviews</i>		
Def. prac. approp. Tag/outcome		✓		✓		✓		✓		✓							<i>policy moved to top</i>		
Observation. Date/time approp. to tag		<i>NMC</i>		<i>NMC</i>		✓		✓		✓							<i>making dates for tags</i>		
Document reviewed date and type	✓		✓		<i>NMC</i>		<i>NMC</i>		<i>NMC</i>								<i>needed interviews about system and responsibility</i>		
Interviews date/time, approp to tag	✓		✓		✓		✓		✓								<i>past tense</i>		
Seq. organization of facts		✓		✓		✓		✓		✓									
Applicable to reg. cited	✓		✓		✓		✓		✓										
Written in plain language, follows POD		✓		✓		✓		✓		✓									
Appropriate scope and severity	<i>NA</i>		<i>NA</i>		<i>NA</i>		<i>NA</i>		<i>NA</i>		<i>NA</i>								



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EMW Women's Surgical Center, PSC

HSS

Lic # 300200

Surveyor Summary Checklist

Check all that apply

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

Dates of survey 11/19/15

SOD Yes ___ No

___ ' Initial ' ___

G ___ tag(s) _____

___ Recertification

IJ ___ tag(s) _____

Relicensure

SQC ___ tag(s) _____

___ Abbreviated

Date IJ called _____

___ Personal Care Home

Surveyor

HSS

___ Family Care Home

REMEMBER TO ATTACH

___ Rehabilitation

Resident Roster

___ Life Safety Code

Task 6 notes

___ Other _____

Interview List

___ Complaint

If there is an SOD

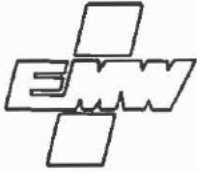
Complaint number	Sub yes/no	Tag number	Surveyor
_____	_____	E 185	_____
_____	_____	E 245	_____
_____	_____	E 330	_____
_____	_____	E 565	_____
		E 650	
		E 730	

Drop

Keep



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EMW Women's Surgical Center
Ambulatory Gynecologic Surgery

136-138 West Market street
Louisville, Kentucky 40202

In Kentucky
Out of State
Fax #

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.

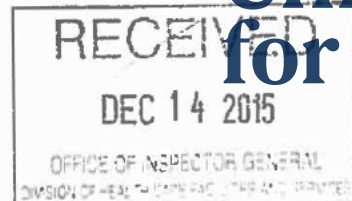
Thanks you for providing guidance to our community and us.

Sincerely,


, MSSW
Executive Director



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Center Surveyor Name: _____
 Provider Number: 300200 Surveyor Number: _____ Discipline: HSS
 Observation Dates: From 11/19/15 To 11/19/15

TAG/CONCERNS	DOCUMENTATION
	Patient Chart Review:
# 1)	DOB
# 2)	
# 3)	
# 4)	
# 5)	
# 6)	

Employee Interviews

NAME:	Title:
	Clinic Director
	Medical Doctor
	Registered Nurse
	Medical Asst. / CA
	Receptionist



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ORIENTATION

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.
9. Dress code.
10. Professional behavior.
11. Never discuss salaries or Christmas bonuses.

Signature of Employee _____

Date _____



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Drugs E185 - A&P - not provided
 E565 - not properly stored Drugs.

SURVEYOR NOTES WORKSHEET

Facility Name: EMW Womens Surgical Center Surveyor Name: _____
 Provider Number: 300000 Surveyor Number: _____ Discipline: HSS
 Observation Dates: From 11/19/15 To 11/19/15

TAG/CONCERNS	DOCUMENTATION
--------------	---------------

185 E 185 565	E 185 - NO Policy + Procedures Provided Procedures to be followed in the storage, handling, and administration of drugs and biologicals.
------------------	---

11/19/15
 @ 11:30 AM
 (I) RN - oversees LPN's, Medical Asst.
 Direct patient care.
 received training on ultrasound.

Unable to review + observe Valium in lockbox due to not having a key. note Director has key + she is not in the building.

unable to examine + document Propofol because it is locked up + the director has the key + she is not in the clinic.

11/19/15 @ 1:33 pm with Clinic Director
 (I) (6) Med. Room / office / Group Counseling Room 2
 Propofol - used for anesthesia 20 ml bottles
 • 1,388 bottles in Rear of office not locked up only lock in the office door. Director said only 3 people has key to the office herself. co-order

* 20 bottles of Propofol is kept in a bottom locked cabinet in the Central Sterilization Room. the key is always kept in an unlocked upper cabinet.
 • Outside door does not have a lock.
 total of 1,408 bottles of Propofol in the Clinic not double locked.

11/19/15
 @ 12:11 pm (I) (6) E 565 Improper storage of drugs.
 Full sharps container with dried dark Brown and stained red tag RN
 Butcher knife blade blood could cause exposure to blood borne pathogens
 could contact HIV, Hep,



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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.

MSSW

Exec. director

EN-2029

EN-2029

PROPOFOL Injectable Emulsion 1%
10 mg/mL

CONTAINS BENZYL ALCOHOL (See **PRECAUTIONS** section.)

Fliptop Vial
FOR I.V. ADMINISTRATION
Shake Well Before Use



Rx only
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SURVEYOR NOTES WORKSHEET

Facility Name: _____ Surveyor Name: _____
Provider Number: _____ Surveyor Number: _____ Discipline: HSS
Observation Dates: From _____ To _____

TAG/CONCERNS	DOCUMENTATION
1/19/15 E350 @	Ongoing - Training - failure to provide ongoing documentation - training for staff -
1/19/15 (R) @	Review of training records revealed only training that has been performed to was ultra sound training for nursing staff.

@ (R) Interviewed with staff:
- All stated they have not received
any training other than what they received
when they were hired



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SURVEYOR NOTES WORKSHEET

Facility Name: GMW Women's Surgical Center Surveyor Name: _____
Provider Number: 230 230 Surveyor Number _____ Discipline: HSS
Observation Dates: From 11/19/15 To 12/19/15

TAG/CONCERNS	DOCUMENTATION
11/19/15	
@ 3:54 PM	EXIT STAFF: _____, Exec. Director



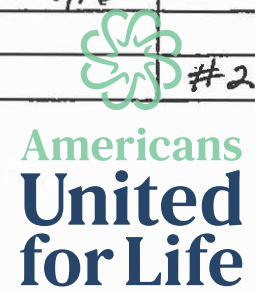
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CHECK EXPIRATION ON THESE MEDS:

Date: 8/25/15

MEDICATION	LOCATION	EXP. DATE	# REMAINING
✓ Methergine / Methylergonovine 1.2 mg / ml	Post-op	2/16 9/16	#4 #10 (19)
✓ Tubersol 5 u	Post-op	10/16	#1
✓ Rho-gam	Post-op Lab	1/17	#6
✓ Mini-gam	Post-op Lab	8/16 8/16	#18 #2 (20)
✓ Nuva Ring	Post-op Lab	7/17 7/17	#6 #28 (34)
✓ Atropine 20 ml vials 8 mg / ml vials 0.4mg/ml	Pre-op Post-op	4/16	#25
✓ Cleocin / Clindamycin 600 / 4 ml	Pre-op Post-op	1/16	#2
✓ Misoprostol / Cytotec 100 mg #60 per bottle	Post-op	1/16 12/16	#6 bottles #2 (8) bc
✓ Misoprostol / Cytotec 200 mg	Lab		#6 bottles
✓ Depo / Medroxyprogesterone acetate 150 mg / ml	Post-op		
✓ Metronidazole / Flagyl	Post-op	4/16	#17
✓ Gentamycin 80 mg / 2 ml	Pre-op	2/16	#24
✓ Ibuprophen	Recovery Lounge	5/17 7/16	#500 #75 (575)
✓ Cefazolin / Kefzol 1 gm	Pre-op Post-op	9/17	#14
✓ Labetalol 20 ml / 100 mg	Post-op	10/16	#2
✓ NaCl 10 ml vials 50ml vials	Pre-op Post-op	7/16 7/16	#12 #25 (37)
✓ Oxytocin / Pitocin 10 u / 1 ml	Pre-op	5/16 8/16	#7 #50 (57)
✓ Promethazine / Phenergan 25 ml (per box of 25) 1ml	Pre-op 3 Post-op 6	4/17	#3 boxes #6 Boxes (9)
✓ Acetaminophen / Tylenol	Recovery Lounge	3/16	#50
✓ Lactated Ringers	Post-op	11/16	#3
✓ NaCl 50 ml bags	Pre-op 2 Post-op 37	7/16	#39
✓ NaCl 500 ml bags (Box of 30 in Supply Room upstairs)	Pre-op 3 Post-op 19	10/17 9/17 3/17 (#8)	30 #17 #22
✓ NaCl 100ml bags	Postop	6/16	#10 #12
Clindamycin 300mg/2ml 25/box	pre op	4/16	#2 boxes

Lo Dolstrin Fe Samples
Minastrin Samples



CHECK EXPIRATION ON THESE MEDS:

Date:

MEDICATION	LOCATION	EXP. DATE	# REMAINING
Methergine / Methylergonovine 1.2 mg / ml	Post-op		
Tubersol 5 u	Post-op		
Rho-gam	Post-op Lab		
Mini-gam	Post-op Lab		
Nuva Ring	Post-op Lab		
Atropine 20 ml vials 8 mg	Pre-op Post-op		
Cleocin / Clindamycin 600 / 4 ml	Pre-op Post-op		
Misoprostol / Cytotec 100 mg	Post-op		
Misoprostol / Cytotec 200 mg	Lab		
Depo / Medroxyprogesterone acetate 150 mg / ml	Post-op		
Metronidazole / Flagyl	Post-op		
Gentamycin 80 mg / 2 ml	Pre-op		
Ibuprophen	Recovery Lounge		
Cefazolin / Kefzol 1 gm	Pre-op Post-op		
Labetalol 20 ml / 100 mg	Post-op		
NaCl 10 ml vials	Pre-op Post-op		
Oxytocin / Pitocin 10 u / 1 ml	Pre-op		
Promethazine / Phenergan 25 ml	Pre-op Post-op		
Acetaminophen / Tylenol	Recovery Lounge		
Lactated Ringers	Post-op		
NaCl 50 ml bags	Pre-op Post-op		
NaCl 500 ml bags	Pre-op Post-op		



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24 HOUR TELEPHONE CONSENT FORM

Name of Patient: _____

Name and Title of person doing counseling: _____, MSSW

Date: _____ Time: _____

I, _____ hereby verify that I received
(Name of Patient)

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 yes

Patient wishes to view state materials. Date viewed: _____ Time Viewed: _____



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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



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**Office of Inspector General
ASPEN: Facility Information (FI)**

Printed 11/18/2015

Page 1 of 1

Identification:

State Facility ID: 300200

Provider ID:

State License ID: 300200

Medicaid ID:

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:

Team:

Address:

Mgmt Unit:

Extended Address:

City:

State:

Zip:

Buildings		Name	
Type	Description	Location	Constructed



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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

Working
copy

11/24/15 @ 3:45 PM



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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".



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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 recieved 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



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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.



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Surveyor

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 + 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 in case 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 no one 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 unauthorized 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



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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.



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Surveyor

(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/unused 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.



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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, Hepatitis.



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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:

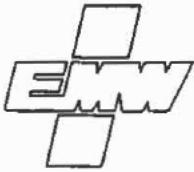
Observation on 11/19/15 at 12:15 PM, revealed soiled bed sheet and wash cloth hanging off the side of an uncovered soiled linen cart.

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.



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EMW Women's Surgical Center
Ambulatory Gynecologic Surgery

136-138 West Market Street
Louisville, Kentucky 40202

In Kentucky
Out of State
Fax # |

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 abortin
 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 supervisor

Each employee is responsible for the information contained in the employee's 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.



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TABLE OF CONTENTS

Business Office

Organization Chart
In Executive Director's absence
Patient Flow
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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
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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



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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
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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
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Anesthesia Policy
ASA Physical Status Classification
Policy on Local Anesthesia
Cleaning and Processing Anesthesia Equipment
Pitocin Stimulation
Pre-Operative Physician's Orders



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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



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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



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SURVEYOR NOTES WORKSHEET

Facility Name: EMW WOMEN'S Surgical Ctr Surveyor Name: _____
 Provider Number: 300200 Surveyor Number: _____ Discipline: HSS
 Observation Dates: From 11/19/15 To 11/19/15

TAG/CONCERNS	DOCUMENTATION
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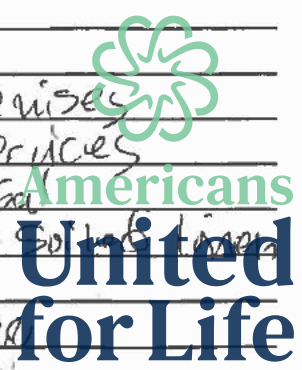
	EXIT
	STAFF:
11/15/15 1:33 pm	Med Observations - Group Counseling Room 2 - Propofol, injectable No double lock just outside door lock Project co-owner

11/15/15 1:42 pm	Dicizepam control log - 46 on hand - completed one on chair security measures * 300 Propofol kept in sterilization room not on hand double lock outside door will not lock her/locks 2:00 pm training back on ultrasound with nurses.
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lock on policy no procedure	ITAB: E 105 section 5 Administration E Operation
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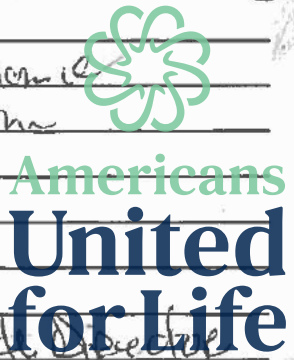
105 storage + 1105	E. storage handling administration of drugs & biologicals
215 - TB test yearly	- Read Req.
330 training	E 210 spec 5 TB testing
565 place supplies	E 330 sec 5 training
not in proper storage	E 305 3. Physician notation on premises
730 - linen	E 565 sec 7 Pharmaceutical Services
QSD sheets monitors	E 610 spec 9 Medical Waste Disposal E 730 sec 11 Equipment & supplies - E 910 sec 15 Infection Control

3:35 pm out call with 216 on drugs	no 10 working day 505 10 calendar POC
---------------------------------------	--



SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
<p>11/19/15, 11:30 AM</p>	<p>Direct Patient care HSS RN - oversee - LPN, Med, Assts. - NO evidence on file related to TX Post. per she has test positive 1991 to Round of Medication. See X-Ray note - almost 3 yrs in FPB - drawings on ultrasound. drawings on Book - See. arrived at - few 8:10 AM. Can't come in 8:15 AM - NO doctors here when she arrived was 1st med here around 9:30 AM & then a few minutes - training with</p>
	<p>has Nare kept @ all times if key is not here. key is left with other personnel. - only use Valium with patients</p>
<p>11:58 AM</p>	<p>2 Pre Med Sch. Jenifer P. Smith made up + Normal Saline - not labeled + dated. can not inspect Nare Box no key available cabinet not locked - locked Box inside of cabinet</p>
<p>12:11 PM</p>	<p>Sharp > container - fall with dried stick substance all over the top of the Sharp container. FPB - sharp - is a problem can cause contamination? HIV positive, Hep C, Hep B -</p>
<p>12:15 PM</p>	<p>linen - sheet & wash cloth hanging off over the left side of linen cart</p>
<p>12:34 PM</p>	<p>2 substances on top white milky substance of trash barrel outside of dirty room orderly room -</p>
<p>1:05 PM</p>	<p>called OIG for directions</p>
<p>1:07 PM</p>	<p>meeting with</p>
<p>1:27 PM</p>	<p>Each area the Registered Nurse the went over issues @ training + TB</p>



SURVEYOR NOTES WORKSHEET

Facility Name: EMW Women's Surgical Center Surveyor Name: _____
 Provider Number: 300200 Surveyor Number: _____ Discipline: HSS
 Observation Dates: From 11/19/15 To 11/19/15

TAG/CONCERNS | **DOCUMENTATION**

11/19/15

10:54 am (I) 1) TB RESULTS → STAFF: P/T Had issues with TB testing *Req. Yearly*
 2013, 2014 Results missing
 - NO TB test results
 - NO TB test results in file - ^{per} file tests positive.
 - Missing 2013 + 2014 TB test results.
 - Did not know when her last TB test was.

10:21 am (I) 5) ~~pharmacy~~ - look through her file
 x2 - twice no record of TB testing in file.
 - thinks her last TB test was @ 3 years ago.
 Did not review her file.

11:07 am (I) - Clinic Director - NO Idea why TB test are not in staff files.

(R) • Orientation list #17. TB Test.
 P+P Review

11:23 am (R) • NO policy & Procedure related to documenting & performing TB test on staff. TB testing should be performed yearly.

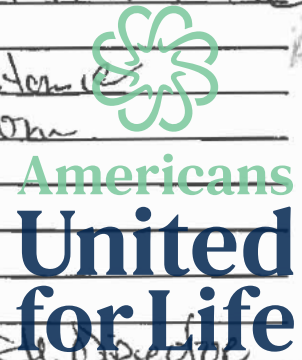
11/19/15



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SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
<p>11/19/15, 11:36 AM</p> <p>to TX Post. per 1991 to Round of Medication check X-Ray note - almost 3 yrs in FPB - drawings on ultrasound. drawings on Book - Spec. arrived at - few 8:10 AM - Chart done is 8:15 AM - No doctors here when she arrived - was 1st one here - arrived at 9:30 AM & then a few minutes - training with</p>	<p>A DOCUMENTATION Direct Patient care</p> <p>HSS RN - oversee - LPN, Med, Assts.</p> <p>- No evidence on file related - she has test positive</p>
<p>11:58 AM</p>	<p>was Nore Kays @ all times if keys is not here key is left with other personnel. - only use Valium with patients</p>
<p>12:11 PM</p>	<p>Pre made Sch. for 1st patient made up + normal Saline - not (ABU) led + added. can not inspect Nore's Box no key available cabinet not locked - locked Box outside of cabinet</p>
<p>12:15 PM</p>	<p>Sharp > container - fall with dried stool substance all over the top of the Sharp container. - sharp - is a problem - can't see</p>
<p>12:34 PM</p>	<p>cause contamination - HIV positive, Hep C, Hep - linen - sheet & wash cloth hanging over the left side of linen cart</p>
<p>1:05 PM</p>	<p>Salvages on top white milky substance at trash barrel outside of dirty room orderly Room -</p>
<p>1:07 PM</p>	<p>called OIG and got directions - question with</p>
<p>1:27 PM</p>	<p>Each area the Registered Nurse (the supervisor) went over issues @ training + TB-</p>



SURVEYOR NOTES WORKSHEET

TAG/CONCERNS	DOCUMENTATION
11/19/15 (I) @ 10: AM	Surveyor: HSS EN: 3:43 PM 25 to box - 1,300 52 boxes in open box F70 + 18 1,388 + 70 down stairs 1,408 bottles on hand.
11/19/15 @ 10:21 AM	<ol style="list-style-type: none"> 1. NO Doctor in the Building Bael done 2. Not usually in building opens @ 7:30 AM opens front door for Patients 7:45 AM 3. explanations to HPT was then false payments. 4. Doctors get here 9:00 AM - 9:30 AM 5. Doesn't know when last TB test was done. She was the one who called the doctor Recipient
End @ 10:30 AM 11/19/15	
Start 10:33 AM	<ol style="list-style-type: none"> 1. No Doctor in Building - comes in @ 9-9:30 2. takes Patients in @ 8 AM 3. did not have access to Policy + Procedures 4. Last TB test 3 maybe 5 years ago. 5. Was constant with Patients.
11/19/15 End 10:39 AM	#6 staff chart/file review Date of hire Orientation NO evidence of TB testing on the staff through file twice to MAKE sure NO training records/documentation found in files finished reviewing policies + procedures binder No evidence of ongoing or initial staff training.
11/19/15 10:54 AM	
11/19/15 11:03 AM	



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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.

[redacted]
[redacted]
[redacted], M.D., Medical Director



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CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Matthew G. Bevin
Governor

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Vickie Yates Brown Glisson
Secretary

Robert S. Silverthorn, Jr.
Inspector General

April 24, 2017

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

License # 300200

Dear [REDACTED]

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 notate 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 Glisson, 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.

EMW Women's Surgical Center, PSC
April 24, 2017
Page 2

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 [redacted] at [redacted] or by e-mail to [redacted]

Sincerely,



ROBERT S. SILVERTHORN, JR.
Inspector General

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

RSS/mlj

Enclosure



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