MSDH - Health Facilities Licensure and Certification STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - NATIONAL WOMEN'S HEA B. WING **23NW** 10/04/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET NATIONAL WOMEN'S HEALTH ORG JACKSON, MS 39216 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) M 125 130.01 General - Location M 125 Location. The ambulatory surgical facility shall be located in an attractive setting with sufficient parking space provided, with provisions for meeting the needs of the handicapped. Also, the We have changed our schedule facility shall be located within 15 minutes travel time from a hospital which has an emergency to accommodate all patients and staff room staffed by an in-house physician during the hours the ambulatory surgical facility is open. by advising patients when calling to make Site approval by the licensing agency must be an appointment about our limited parking secured before construction begins. space thus giving patients the option to be dropped off for their appointments. We have also limited our patient load and spaced out the This Statute is not met as evidenced by: Based on observation on October 4, 2010 at 2:00 appointments more as to not have anyone p.m., staff of Mississippi Department of Health illegally park on property. observed the fenced parking area to be over capacity with two double parked vehicles blocking four others. There was a parking attendant present. Completion Date 10/10/2010 Findings include: The facility failed to provide accurate parking for the patients and staff. M 127 130.03 Structural Soundness M 127 Structural Soundness. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at intervals to be reasonably attractive inside and out ssissippi State Department of Health .TORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ATE FORM

FORM APPROVED MSDH - Health Facilities Licensure and Certification STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 - NATIONAL WOMEN S HEA B. WING 23NW 10/04/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET NATIONAL WOMEN'S HEALTH ORG JACKSON, MS 39216 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) M 127 Continued From page 1 M 127 This Statute is not met as evidenced by: The electrical outlet in OR 2 Based on observation, the facility failed to keep the building in good repair. has been repaired as stated by D.O.H. The findings are as follows: We have also included checking of all During a tour of the facility on 10/01/2010, at approximately 2:15 p.m. the surveyor observed outlets to our emergency light checklist. that the cover was missing on the electrical outlet in the 2nd procedure room. On 10/15/2010, at 12:28 p.m., the facility Completion Date 10/02/2010 provided a photo, which indicated that the electrical outlet cover had been replaced.

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MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

**23NW** 

A. BUILDING B. WING 01 - NATIONAL WOMEN S HE

10/04/2010

NAME OF PROVIDER OR SUPPLIER

NATIONAL WOMEN'S HEALTH ORG

STREET ADDRESS, CITY, STATE, ZIP CODE

2903 NORTH STATE STREET JACKSON, MS 39216

	JACK	(SON, MS 392	216	
(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
M 000	Initial Comments .	M 000		
ser .	42 CFR 416.44(b)	es		
	The facility must meet the applicable provisions of the 2000 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA)			
M 137	133.01 Location	M 137		
	Location. The abortion facility shall be located in an area with sufficient parking space provided, with provisions for meeting the needs of the handicapped. Also, the facility shall be located within 30 minutes travel time from a hospital	1		
t	which has an emergency room. Site approval by he licensing agent must be secured before construction begins.		We have changed our schedule	
B	This Statute is not met as evidenced by: lased on observation on October 4, 2010 at 2:00 m., staff of Mississippi Department of Health		by advising patients when calling to make an appointment about our limited parking	
Ca fo	bserved the fenced parking area to be over apacity with two double parked vehicles blocking our others. There was a parking attendant resent.		space thus giving patients the option to be dropped off for their appointments. We have	
1.	ndings include:		also limited our patient load and spaced out the	
Th the	ne facility failed to provide accurate parking for e patients and staff.		appointments more as to not have anyone illegally park on property.	2
139 13	3.03 Structural Soundness	M 139	Completion Da 20/	0/2010
str	ructural Soundness. The building shall be ucturally sound, free from leaks and excessive pisture, in good repair, and painted at intervals be reasonably attractive inside and out.	-	Amer	icar te

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(X5) DATE

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FORM APPROVED MSDH - Health Facilities Licensure and Certification STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 - NATIONAL WOMEN SHEA B. WING 23NW 10/04/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET . NATIONAL WOMEN'S HEALTH ORG JACKSON, MS 39216 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) M 139 Continued From page 1 M 139 The electrical outlet in OR 2 This Statute is not met as evidenced by: has been repaired as stated by D.O.H. Based on observation, the facility failed to keep the building in good repair. We have also included checking of all The findings are as follows: outlets to our emergency light checklist. During a tour of the facility on 10/01/2010, at approximately 2:15 p.m. the surveyor observed that the cover was missing on the electrical outlet Completion Date 10/02/2010 in the 2nd procedure room. On 10/15/2010, at 12:28 p.m., the facility provided a photo, which indicated that the electrical outlet cover had been replaced.



MSDH - Health Facilities Licensure and Certification

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A BUILDING	PLE CONSTRUCTION G	(X3) DATE S COMPLI		
		25JW		8. WING			1/2011
NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	PRESS, CITY, S	STATE, ZIP CODE		
	N WOMEN'S HEALTH	ORGANIZATION		TH STATE S I, MS 39216			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL !	ID PREFIX TAG	PROVIDER'S PLAN OF ( EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
M 052	times a designated a physician and wh	Each facility shall h medical director who shall be responsible	shall be le for the	M 052			
	of facility programs staff shall have like hospital; however, Facility, at least on	lination of all medical The members of the privileges in at least in the case of Level I be physician member	ne medical one local Abortion				
	performing abortion must have admitting local hospital. The licensed registered one time) at the clii	n procedures in the far of privileges in at least are shall be a minimular of nurse per six patient nic when patients are stor of nursing. All far	st one m of one its (at any a present,				a manufactura de la companya de la c
	personnel, medical to perform the services require lic State of Mississipp administered by an	l and others, shall be rices they render who ensure under the law l. Anesthetic agents anesthesiologist, a ered nurse anestheti	licensed en such vs of the shall be physician,				to the second se
	the supervision of anesthesiologist or actually on the pre of an anesthetic, p attended by an M.	a board-qualified or or operating physician mises. After the admatents shall be cons D., D.O., R.N., or an	certified , who is ninistration tantly L.P.N.				And the second s
	able to summon ai	r by an R.N., until readed. All employees of tient care shall be traditation at least annual	the facility alned in				Tribuy - Samuel A
	This Statute is no	t met as evidenced b ion with the Administ	by:			S	S
	JWHO and review	of the records/docu n Women 's Health	ments			Ame	ricans
Mississippi	State Department of Hea	ith			TITLE	Uni	To BATE

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MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 02/01/2011 **25JW** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES iD (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 052 M 052: Continued From page 1 Until recently (and for many years), JWHO Organization fails to have at least one physician member performing abortion procedures in the had a local physician on staff with admitting facility with admitting privileges in at least one privileges. Once that physician confirmed local hospital. No documents were presented indicating that the that he/she was leaving our staff, we began two physicians who are performing procedures at JWHO have admitting privileges at any of the seeking a replacement. We are currently in local hospitals. The Administrator specifically the midst of negotiations with another local stated that they do not have these privileges. Although another physician has admitting physician with admitting privileges, and we privileges at a local hospital, according to the Administrator, he does not perform procedures at hope he will join our staff in the very near **JWHO** future. In the meantime, we continue to ensure our patients' access to hospital care both through our transfer agreement with University Medical Center and through our transfer agreement with a physician who has admitting privileges at Central Mississippi Medical Center.

Mississippi State Department of Health STATE FORM

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MSDH -	Health Facilities Lice	ensure and Centilicat	1011	T		(X3) DATE S	IRVEY
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE	R/CLIA MBER:	410	IPLE CONSTRUCTION	COMPLI	ETED
AND PLAN	OF CORRECTION	(DENTI IOATION TO	1 20 5 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A. BUILDIN B. WING_			
*: *:	900 SF	- 25JW				08/1	8/2011
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
	N WOMEN'S HEALTH	ORGANIZATION	2903 NOR	TH STATE	5 ·	ų, de	. 6
0/4) 10	SUMMARY STA	TEMENT OF DEFICIENCIE	S	. ID	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S	HOULD BE	COMPLETE
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14.000	116.01 Transfer Ag	reement		M 068			
W ner			1091			A	
	Transfer Agreement. The abortion facility shall have a written transfer agreement with one or					4	
	more physicians for	r the express purpos nts who have complic	e or				
	will be immediately	transferred to the ph n who enters the writ	ten				
	agreement with the	abortion facility shall	₹,				
	acute general hosp within 30 minutes to	ing privileges with on itals that shall be loc ravel time of the abor	ated				
	facility;						
į.	Maintain his or h within 30 minutes to facility.	ner primary office loc ravel time of the abor	ation rtion	*		4	
÷	Have full creder of abortions with th	ntials to handle comp e acute general hosp	lications oital(s).				
	the abortion facility demand by the Mis The transfer agrees	ment is to be kept or subject to verification sissippi State Board ment as well as the p any information regard confidential by the Malth.	of Health. arties to ling the	*	- 24		
				9			
ž.						5	33
		•					223
	This Statute is not	met as evidenced by	<i>r</i> :			Ame	erican
	Record on review of	f documents, the facility has a written to	itty talled			Un	iter
r testesi s	State Department of Healt				~ A =====	CII	(X6) PATES

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

Napil		anaura and a ortifica	tion			FORM	APPROVED
STATEMEN	- Health Facilities Lice of of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA	A. BUILD		(X3) DATE SURVEY COMPLETED	
*	<i>3</i> 14	∞ 25JW		B. WING		08/1	8/2011
NAME OF F	PROVIDER OR SUPPLIER	1/4		'	, STATE, ZIP CODE		
JACKSC	N WOMEN'S HEALTH	ORGANIZATION		RTH STATE N, MS 392			
(X4) ID PREFIX TAG	/FACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL :	PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
M 068	, ,			M 068	The previous transfer agreement	has been	
	agreement with a pl ensuring that patien be immediately tran	ts who have complic	ations will		revised and updated to eliminate		
	care.				Director of the previous owner fro	om the agreemen	t.
•	Findings include:				We continue to have our agreem	ent in place with	
	Review of the document provided as the transfer agreement required by the Minimum Standards of Operation for Abortion Facilities §116.01 was executed February 23, 2010 with the previous owners of Jackson's Women's Health Organization. The agency has received documentation that new management took over the facility July 1, 2010. The facility under this new management does not have an agreement with a physician at a local hospital to admit			the same local physician as before. This will ensure that patients are able to be admitted to a local hospital if necessary. No patients were affected by this because the admitting physician did not change during this process. We will continue to make any			
1	patients.	••			necessary changes to this agreeme		
	,				possible care and all minimum stan		
					to be met.		
						ompletion Date:	09/11/2011

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TATEMEN	Health Facilities Lice OF DEFICIENCIES OF CORRECTION	ensure and Certificat (X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA	A BUILDIN	IG	DATE SURVEY COMPLETED
		25JW		B. WING_		08/18/2011
	ROVIDER OR SUPPLIER N WOMEN'S HEALTH			TH STATE	STATE, ZIP CODE STREET 3	
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м 043	107.01 Personnel F	Records		M 043		٠
	should be maintaine following to help profacility:  1. Application for e  2. Written reference references.	A record of each ed which includes the ovide quality assurant employment.  ces and/or a record of training and experies on, registration and/or and/o	ence in the		SEP 2 2 2011	
( _	<ul><li>4. Performance ap</li><li>5. Initial and subse</li><li>6. Disciplinary and</li></ul>	quent health clearan	ces.		All employees that have been with our facility for at least a year have received	
	7. Commendations	<b>5.</b>			performance appraisals and they are being kept in their employee file.	
	Employee incide     Record of orient     And procedures and	ent reports. ation to the facility, its d the employee's pos	s policies		Administration will continue to evaluat	re
	Personnel records: Representatives of conducting an inspe	shall be confidential. the licensing agency ection of the facility sl			and document all employees on an an annual basis to ensure that the best	
	the right to inspect	personnel records.			possible patient care is given. Completio	n Date: 09/11/2011
	Paged on review of	met as evidenced by documents, the facili acility included Perfor ersonnel Files.	ity falled			American

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MODII	Health Facilities Lice	ensure and L'ettifica	tion			FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  08/18/2011	
		25JW	CTREET AN	DRESS CITY	STATE, ZIP CODE		
•	PROVIDER OR SUPPLIER			RTH STATE			
JACKSO	N WOMEN'S HEALTH	ORGANIZATION	JACKSON	N, MS 3921	6		
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(×5) COMPLETE DATE
M 043	Continued From pa	ge 1		M 043			*
	Findings include:				,	•	
	revealed that there	sonnel files reviewe were no Performand ts in each employee	:E				
M 044	107.02 Job Descrip	tions		M 044	All employee files have been changed		
	Job Descriptions				to include the minimum qualifications	8	
=	which adequately de	nall have a written de escribes the duties o	escription of the		for each particular job description.		
	position.				All files have been checked to ensure	that	
	authority, specific re	tion shall include pos sponsibilities and m	inimum		the employee does, in fact, meet the		
	qualifications. Quali education, training,	ifications shall includ experience, special a	ie abilities		minimum qualifications for that partic	ular	
	and license or certifi	ication required.			position. Any potential new hires will	be	
	given to each emplo	shall be kept current yee when assigned	to the		checked and documented in their file t	hat	
	position and whenever changed.	er the job descriptio	n is		qualifications are met. By doing such, o	эцг	
			•		facility has ensured that we are not onl	У	
					meeting the standards of MDOH, but a	50	
	This Statute is not no Based on review of contractions	documents, the facili	ty failed		the standards of good patient care for o	our facility.	
	to ensure that the fa- included the minimu	chity nad job descrip m qualifications.	nous mar		Compl	letion Date:	09/11/2011

Tississippi State Department of Health TATE FORM

Findings include:

Six (6) of six (6) personnel files reviewed revealed that the documents that listed job duties or responsibilities did not include minimum qualifications for staff.

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MSDH -	Health Facilities Lice	ensure and Certifica	non	T	A A A A A A A A A A A A A A A A A A A	(X3) DATE SURVEY
TEMENT	r of deficiencies of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	RICLIA	A. BUILDING	PLE CONSTRUCTION	09/18/2012
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	ROVIDER OR SUPPLIER		2903 NORT	TH STATE S MS 39216	THE WALL OF CORE	RECTION (XS)
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	Initial Comments			M 000	÷	1
*	** Abortion Facility	** Abortion Facility Regulations **				,
M Q63	M 063i 114.01 Personnel Records					
	n Bosord	a A record of each	employee		M 063	
following to help provide quality assurance in the facility:					it is Jackson Women's Health pol	
					have documentation of their job	description and the facility's
1. Application for employment.					policies and procedures in their	file. All employee files have
	<ol> <li>Written references and/or a record of verbal references.</li> </ol>				been reviewed and updated as	
t a F	3. Verification of a licensure, certifica renewals.	all training and exper ation, registration and	ience, and l/or			ensure accuracy. Our employees
		sequent health clears	inces.			Completion Date:10/10/2012
	1 S. Record of oriet	ntation to the facility,	Its policies		**	ą.
	and procedures and the employee's position.  Personnel records shall be confidential.  Representatives of the licensing agency conducting an inspection of the facility shall have the right to inspect personnel records.					3 5
						1
					3	
* *					in the second se	300
	Based on personr to maintain docum	ot met as evidenced to nel file review, the fac mentation that three (	fility failed			American United
	State Department of Hea	OWN ()	NTATIVE'S SIGN	//L	Duedo	CONSTANTA
(TE FOI					72Y\$11	of continuation sheet 1 of 5

MAME OF PROVIDER OR SUPPLIER  JACKSON WOMEN'S HEALTH ORGANIZATION  SIMMARY STATEMENT OF DEPICIPIONALS  (RACH DEPICENCY MUST BE PROGRADED VY PILL  TAG  SUMMARY STATEMENT OF DEPICIPIONALS  (RACH DEPICENCY MUST BE PROGRADED VY PILL  TAG  SUMMARY STATEMENT OF DEPICIPIONALS  (RACH DEPICENCY MUST BE PROGRADED VY PILL  TAG  SUMMARY STATEMENT OF DEPICIPIONALS  (RACH DEPICENCY MUST BE PROGRADED VY PILL  TAG  SUMMARY STATEMENT OF DEPICIPIONALS  (RACH DEPICENCY MUST BE PROGRADED VY PILL  TAG  SUMMARY STATEMENT OF DEPICIPIONALS  (RACH DEPICENCY)  M 083 CONTINUED FOR APPROPRIATE  PROVIDENTS PLAN OF CORRECTION  (RACH CONTINUED ACTION  (	- EMEN	T OF DEPICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA	A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED  09/18/2012
ACKSON WOMEN'S HEALTH ORGANIZATION  ACKSON WOMEN'S HEALTH ORGANIZATION  SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL PRETTY TAG  SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY)  M 083  Continued From page 1  employees were orientated to their job descriptions and to the facility's policies and procedures.  Findings include:  Review of facility personnel files revealed that three (3) employees had no documented evidence in heir file that the employees were orientated to their policies. The employees had no documented evidence in heir file that the employees were orientated to their policies. The personnel had a job description form which was not signed. Two (2) of six (6) personnel files reviewed had no documented evidence that the employees had ben orientated to the facilities policies and procedures.  M 084  Health Examination. As a minimum, each employee shall have a pre-employment health examination by a physician. The examination is to be repeated annually and more frequently if indicated to ascertain freedom from communicable diseases. The extent of the annual examinations shall be determined by a committee consisting of the physician, administrator and Registered Nurse, and documentation of the health examinations shall be included in the employee's personnel folder.  This Statute is not met as evidenced by: Based on a review of personnel files, the facility failed to provide documentation that five (5) of six			25JW	SYREET ADD	RESS. CITY, S	STATE, ZIP CODE	03/10/2012
Sylumination are prescribed by the property of the provided course o			- ORGANIZATION	2903 NOR	TH STATE	STREET	
m 063 Continued From page 1 employees were orientated to their job descriptions and to the facility's policies and procedures.  Findings include:  Review of facility personnel files revealed that three (3) employees had no documented evidence in their file that the employees were orientated to their position. One (1) of the sk: (6) personnel had a job description form which was not signed. Two (2) of sk: (6) personnel files reviewed had no documented evidence that the employees had been orientated to the facilities policies and procedures:  M 064  Health Examination. As a minimum, each employee shall have a pre-employment health examination by a physician. The examination is to be repeated annually and more frequently if indicated to ascertain freedom from communicable diseases. The extent of the annual examinations shall be determined by a committee consisting of the physician, administrator and Registered Nurse, and documentation of the health examination shall be included in the employee's personnel folder.  This Statute is not met as evidenced by: Based on a review of personnel files, the facility failed to provide documentation that five (5) of six	PREFIX	ALVOR NEGICIENO.	V MIIST AF PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	OULD BE COMPLETE
Health Examination. As a minimum, each employee shall have a pre-employment health examination by a physician. The examination is to be repeated annually and more frequently if indicated to ascertain freedom from communicable diseases. The extent of the annual examinations shall be determined by a committee consisting of the physician, administrator and Registered Nurse, and documentation of the health examination shall be included in the employee's personnel folder.  This Statute is not met as evidenced by: Based on a review of personnel files, the facility failed to provide documentation that five (5) of six		employees were or descriptions and to procedures.  Findings include:  Review of facility possible three (3) employees evidence in their fill orientated to their personnel had a jound signed. Two (2) reviewed had no discontinuous employees had be	ersonnel files reveales had no documente that the employees position. One (1) of b description form will be six (6) personne ocumented evidence en orientated to the f	ed that d were the six (6) nich was I files that the	M 063		
Health Examination. As a minimum, each employee shall have a pre-employment health examination by a physician. The examination is to be repeated annually and more frequently if indicated to ascertain freedom from communicable diseases. The extent of the annual examinations shall be determined by a committee consisting of the physician, administrator and Registered Nurse, and documentation of the health examination shall be included in the employee's personnel folder.  This Statute is not met as evidenced by: Based on a review of personnel files, the facility failed to provide documentation that five (5) of six  The statute is not met as evidenced by: Based on a review of personnel files, the facility failed to provide documentation that five (5) of six	M 064	16			M 064		*
This Statute is not met as evidenced by:  Based on a review of personnel files, the facility failed to provide documentation that five (5) of six  United Statute is not met as evidenced by:  America United		employee shall hat examination by a part to be repeated and indicated to ascert communicable distantial examination committee consists administrator and documentation of	ve a pre-employment obysician. The examinually and more frequiting freedom from eases. The extent of the shall be determined in gor the physician, Registered Nurse, are the health examination.	t neatth ination is cently if the ed by a and on shall be		All employees have had health and documentation is in each file. All as files will continue to have health as in them. Employee files are being a monthly basis for accuracy.	mployee seminations checked on
Based on a review of personnel files, the facility failed to provide documentation that five (5) of six							
	Simples 2-1	Based on a review failed to provide de	of personnel files, the ocumentation that five	e facility			America <b>Unit</b> e

ior life

SDH - Health Facilities Licensure and Certification  TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  25JW		ER/CLIA MBER:	A. BUILDIN		(X3) DATE SURVEY COMPLETED 09/18/2012
NE OF PROVIDER OR SUPPLIEF				STATE, ZIP CODE	
CKSON WOMEN'S HEAL'		2903 NORT	TH STATES MS 39216		
(C4 OU DEELO(E))	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY LSC IDENTIFYING INFORM	TOLL :	IĎ PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETE JE APPROPRIATE : DATE
M 064   Continued From page 2  (6) employees had a pre-employment heath examination by a physician and/or a repeated health examination annually thereafter.  Findings include:  Personnel file review revealed that five (5) personnel files had no documented evidence pre-employment and/or annual health examination by a physician to ascertain freed from communicable diseases.  M 071 117.01 Written Policies and Procedures			M 071	M 071	
policies and procesafety within the minimize hazards  2. The policies a establishment of  a. Safety rules a personnel, equipment of accidental every and personnel (in taken;  c. Provision for information to emand	authority shall developed a developed a designed to en facility and on its ground to patients, staff and and procedures shall in the following:  and practices pertaining and practices, liquids, desperting and the invents regarding patients, cidents) and corrective dissemination of safe ployees and users of the syringe and needle stage.	nance nds and visitors. clude g to rugs; estigation visitors e action  ty-related the facility;		The wood pallet and the IV storemoved from blocking one of amployee bathroom. All emplies to ensure for proper safety monitored by the director to eat all times.	f the two doors of the loyees have been put bahind the doors conditions. This will be

MSDH -	Health Facilities Lice	ensure and Certificat	ion			
'EMEN'	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA	(X2) MULT A. BUILDII B. WING	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		25JW		1		09/18/2012
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE	ì
WOKED	N WOMEN'S HEALTH	ORGANIZATION	2903 NORT	MS 3921	STREET 6	
QAONOO					PROVIDER'S PLAN OF COR	RECTION (X5)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL 1	ID PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE
M 071	071 Continued From page 3			M 071		
:		met ac evidenced hi	<i>y.</i>			
	Based on observati	met as evidenced by on, the facility falled der to enhance safe' s grounds and minin , staff and visitors	to follow by within		= :	
	Findings include:					:
	surgical suite on 09 09:20 a.m. revealed	female locker room i /18/2012 at approxir I that the door exiting a sub sterile area wa d a IV (Intravenous)	nately g from the s blocked			
M 149	135.13 Lighting			M 149	14140	1
	eufficient artificial lic	of the facility shall ha ghting to prevent acc illumination for all se	cidents		M 149 The light bulb that was not working	ng properly in the laundry
	   sud blovide blober	mannagan roj on or			room has since been replaced. Th	ere were 3 other light
					bulbs in this room that were open	rathig properly. We will
		* is defendable by		•	continue to check all lighting on a	
	This Statute is not met as evidenced by: Based on observation the facility failed to have sufficient artificial lighting to prevent accidents and provide proper illumination for all services.  Findings include:				patient safety. No patients were the other three lights were working	eg appropriately.
11					Comp	letion Date: 10/10/2012
	observation reveale	surgical suite on 09, d that one florescen y in the room where	t light was	a) <del>a</del>		American <b>Unite</b>

Mississippi State Department of Health STATE FORM

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*YEMENT O	FORFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA	1	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
PLAN UP	Make at a result	Ť		A. BUILDIN	· · · · · · · · · · · · · · · · · · ·	09/18/2012
	VIDER OR SUPPLIER	25JW ORGANIZATION	STREET ADDR 2903 NORT JACKSON,	H STATE S	STATE, ZIP CODE STREET	
(X4) ID .: PREFIX TAG	SUMMARY STA	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIPYING INFORMA	FULL '	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TON SHOULD BE COMPLETE THE APPROPRIATE DATE
M 149 Continued From page 4  tank and washing machine were housed. This caused the lighting in the room to be very dim.				M 149		
į °	aused the lighting 35.14 Emergency	in the loom to be ve	iy unii.	M 150		1
· E	mergency Lighting	g. Emergency lighting	Audin		м 150	A C. Was Lave
corridors, procedure rooms, exit signs, stairways, and lights at exterior of each exit in case of electrical power failure.			e of		The bulbs in one of the exit s been replaced. We will cont	
:					on a weekly basis to ensure ; were affected by this because	
;					power outages during this til	
្នំ E ូ វា	Rased on observati	met as evidenced by on the facility failed i ency lighting system	to	×		Completion Date: 10/10/2012 :
F	indings Include:					
On September 17, 2012 at 11:15 a.m. observations made with the Administrative revealed that the lighted exit sign at the of the semi-restricted (back) corridor was illuminated.		east end				
		व				
;			-			America
						- Init
issippi Stat TE FORM	e Department of Health		9898	) p:	2YS11	If continuation sneer 5 of 5



MSDH -	Health Facilities Lice	ensure and Certifical	tion			T	
TEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA	A. BUILDIN		(X3) DATE S COMPL	ETED
		25JW		B. WING_		09/1	8/2012
MARK OF P	ROVIDER OR SUPPLIER	23011			STATE, ZIP CODE		
	N WOMEN'S HEALTH	ORGANIZATION	2903 NOR	TH STATE : , MS 39216			1
(X4) ID PREFIX TAG	PREFIX GEOM ATORY OR LSC (DENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S GROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETE DATE
M 000	Comments  ** Ambulatory Surgical Center Regulations **			M 000			
	! ** Ambulatory Surg :	ical Center Regulati	ons ^^				,
M 043	107.01 Personnel I			M 043	1 1		
	- Land be maintain	<ul> <li>A record of each led which includes the rovide quality assurant</li> </ul>					t
	facility:				M 043		
	Application for employment.     Written references and/or a record of verbal references.     Werification of all training and experience, and licensure, certification, registration and/or		a five sheet		it is Jackson Women's Health poli	су	
			ot Aetogi		that all amployees have documen	tation	ĺ
÷ ,			ence, and for		of their Job description and the fa policies and procedures in their fi		
	renewals.	ppraisals.			employee files have been reviewe	d and	
	•	equent health cleara	nces.		updated as needed. Employee file	s will be	
	1	j counseli <b>ng a</b> ctions.			checked on a monthly basis to en	sure accuracy.	
	7. Commendation	<b>\$</b> .			Our employees will continue to be	oriented	
	8. Employee incid	ent reports.			upon being hired with our compar		
	9. Record of orientation to the facility, its policie and procedures and the employee's position.  Personnel records shall be confidential.  Representatives of the licensing agency conducting an inspection of the facility shall have the right to inspect personnel records.		sition. ,		Comp	jetion Date: 10	/10/2012
	This Statute is not	t met as evidenced b	y:			An	nerica nite
dississión)	State Department of Heal		01		with the		(X8) DATE
,	RY DIRECTOR'S OR PROVI	Juanus	N 1 20	ATURE	Director	10	10-201
			B.	599 T	22Y\$11	If continue	stion sheet 1 of 6

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- YEMEN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLII (DENTIFICATION NU.  25JW	ER/CLIA	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION  G	(X3) DATE S COMPL 09/1	
	ROVIDER OR SUPPLIER	H ORGANIZATION	2903 NOR JACKSON	TH STATE S , MS 39216	PROVIDER'S PLAN OF CORRECT	TION	(X5)
(X4) ID PREFIX TAG	ACADU DESIGNAMO	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED 8\ LSC IDENTIFYING INFORM	r PULL 1	ID PREFIX TAĞ	(EAGH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	IŲLO BE	DATE
M 043	to maintain docum employees were or descriptions and to procedures.  Findings include:  Review of facility p three (3) employee evidence in their fil-	el file review, the face entation that three (3 rientated to their job or the facility's policies bersonnel files reveales had no documente that the employees position One (1) of ob description form were entated to the facility of the f	ed that ed s were the six (6)	M 043			:
14.045	not signed. Two (2 reviewed had no d employees had be policies and proce	of six (6) personne locumented evidence sen orientated to the dures.	that the	M 045			
M ()46	employee shall hat examination by a life to be repeated and indicated to ascert communicable distantial examination committee consist administrator and documentation of	in. As a minimum, ive a pre-employmen physician. The example and more frequents	nination is uently if the ed by a rector, and on shall be		M 045 All employees have had health example to be a more than the second of the second	ployee misetions	
	Based on a review failed to provide do: (6) employees had examination by a	it met as evidenced by of personnel files, the ocumentation that five it a pre-employment in physician and/or a renamentally thereafter.	he facility re (5) of six heath peated	ā	Comple	A1	nerica nite

Mississippi State Department of Health

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MSDH - Health Facilities Lic	ensure and Certifical	ion	1		V
ATEMENT OF DEFICIENCIES  PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED
	25JW		B. WING		09/18/2012
NAME OF PROVIDER OR SUPPLIER	25011			STATE, ZIP CODE	
JACKSON WOMEN'S HEALT	LOPGANIZATION	2903 NORT	H STATE	STREET	
			NG GOZI	. DECLAREDE DI AN DE CORRE	CTION (X5)
(A9) IV	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	PLIL	PREFIX TAG	(EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OUTD RE COMPLETE
M 045   Continued From pa	age 2		M 045		;
Findings include:					1
Personnel file revis	ew revealed that five	(5)		9	
personnel files had	l no documented evil nd/or annual health physician to ascertain	deuce of			
M 055 110.01 Safety			M 055		
*	hority shall develop V	vritten			:
The governing authority shall develop written policies and procedures designed to enhance safety within the facility and on its grounds and minimize hazards to patients, staff and visitors.		nds and		M 055	
minimize hazards	to patients, starr and	VISILUI B.		The wood pallet and the IV stand he	e been
				removed from blocking one of the to	ro doors of the
:				employee bathroom. All employees	have been
				instructed that nothing can be put be	hind the doors
<ul> <li>Based on observal</li> </ul>	t met as evidenced b tion, the facility failed	to follow		as to ensure for proper safety conditi	ons. This will be
the facility and on i	rder to enhance safe its grounds and minir	nize		monitored by the director to ensure	safety of the facility
hazards to patients	s, staff and visitors.	1		nt all times. Comp	letion Date: 10/10/2012
Findings include:					*
surgical suite on 09 09:20 a.m. reveale non sterile area to	female locker room 9/18/2012 at approxit d that the door exiting a sub sterile area wand a IV (Intravenous)	nately g from the as blocked		=	
M 126 130.02 Local Restr	iction		M 126		American
Local Restriction.	The ambulatory surg	lical .			United
Aississippi State Department of Healt	h			,	
STATE FORM		\$5 <b>8</b>	Age F	P2YS11	of the Calendary of S
					· · · · · · · · · · · · · · · · · · ·

MSDH -	Health Facilities Lice	ensure and Certificat	tion	T		(X3) DATE S	LIBVEY
TEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA	(X2) MULT A. BUILDIN B, WING	PLE CONSTRUCTION G	COMPLE	eted
		25JW		_		09/1	8/2012
	ROVIDER OR SUPPLIER N WOMEN'S HEALTH	ORGANIZATION		TH STATE			
(X4) ID PREFIX TAG	- ALAN ACCIDITATE	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	Truck i	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XE) COMPLETE DATE
	facility shall comply with local zoning, building, and fire ordinances. In additional, ambulatory surgical facilities shall comply with all applicable state and federal laws.  This Statute is not met as evidenced by: Based on observation, the facility failed to maintain opening protectives (doors) in an operative condition in accordance with NFPA (National Fire Protection Association) #80,				M 126  The doorknobs on the storage ro	om have been re	ntacad
					and the tape has been removed latching properly. Any faulty documenagement immediately and for	so that the door	d to
	¡ (National Fire Proto ¡ Standard for Fire V ; Findings include:	Vindows and Doors.					· • •
	observation reveal located between the semi-restricted sto (2) doors, both of victosed position. The plates have been of the latching operation of the latching operation of the latching operation of the latching operation.	2012 at 10:45 a.m. ed that the storage rise rest room and the rage room was serve which failed to latch whe door frame latch scovered over with taption.  The third protectives sperative condition.	ed by two when in the strike he to defeat Chapter hall be				
М 136	sufficient artificial li	s of the facility shall f ighting to prevent ac r illumination for all s	cidents	M 136	·	An	SS nerican
Aixalasioni S	State Department of Heat	th			V.	U <sub>1</sub>	nite

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ATEMENT OF DEFICIENCIES (ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILDIN	PLE CONSTRUCTION	COMPLETED	
MR URMA 64 Aminimations	14				09/18/2012	
	25JW	STREET ADDI	RESS, CITY. S	STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER		2903 NORT	TH STATE S	REET .		
JACKSON WOMEN'S HEALTI	HORGANIZATION	JACKSON,	MS 39216		oraci /ve	
	TOURNET OF DEFICIENCIE	S	ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH	LICKUD DE COMMETET DE	
PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM		TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE	
TAG REGULATION						
M 136 Continued From pa	age 4	1	M 136	44476		
				M 136		
<u>:</u>				The light bulb that was not working	properly in the laundry	
This Statute is no	t met as evidenced b	y:		room has since been replaced. The	re were 3 other light	
This Statute is not met as evidenced by: Based on observation the facility failed to have sufficient artificial lighting to prevent accidents and provide proper illumination for all services.				bulbs in this room that were opera	ting properly. We will	
				continue to check all lighting on a 's	welly besis to ensure	
Findings include:		<b>=</b> :		patient safety. No patients were at	Rected by this because	
During a tour of the surgical suite on 09/18/2012 observation revealed that one florescent light was				the other three lights were working	appropriately.	
not working prope	rly in the room where	the water		! Compk	etion Date: 10/10/2012	
tank and washing	machine were house in the room to be ve	ery dim.		İ	:	
Caused the lighting	, ((, (, , , , , , , , , , , , , , , ,				;	
M 137 130.13 Emergency	y Lighting		М 137			
Emergency Lightin	g. Emergency lighti	ng			:	
systems shall be p	rovided to adequate?	y light				
corridors, operatin	g rooms, exit signs, s exit sign at each exit	tin case of				
electrical power fa	ilure.			M 137		
2			a .	The bulbs in one of the exit signs in	the facility have been	
1 1				replaced. We will continue to check	all lighting on a weekly	
				hasis to ensure patient safety. No p	etients were affected	
This Statute is not	met as evidenced by tion the facility falled t	y:		by this because we did not have an	power outages during	
' maintain the emerg	gency lighting system	to all exit		this time while patients were in the	facility.	
រ ១ភ្នំបេ.		ļ		Comple	rtion Date: 10/10/2012	
Findings include:				*************************************	American	
On September 17,		+			T T . • 4	
observations made	with the Administrato	or			<b>United</b>	
weekseins State / Johannant of Haaii	an and an					

Mississippi State Department of Health STATE FORM

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ATEMEN	Health Facilities Lice T OF DEFICIENCIES OF CORRECTION	ensure and Certification (X1) PROVIDER/SUPPLIE	RICLIA	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE : COMP1	_ETED	
		25JW	DTD		TATE, ZIP CODE	09/18/2012		
	ROVIDER OR SUPPLIER			TH STATE S				
JACKSO	N WOMEN'S HEALTH	ORGANIZATION	JACKSON	, MS 39218				
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	PULL I	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
M 137	Continued From pa	ne 5		M 137				
(V) 1-07	revealed that the liq	hted exit sign at the ed (back) corridor wa	east end s not				3	
4 + 4								
		v				:		
1			mpo esta managama ma				-	
- Property and Pro						;	Sign	
			2-4				nerica nite	
esissippi Sta ATE FORM	ate Department of Health		6300	P2Y	811		on sheet 6 of 6	

MSDH -	Health Facilities Lice	ensure and Certifica	tion			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
	. 77	25JW		8. WING		07/16/2012
	ROVIDER OR SUPPLIER N WOMEN'S HEALTH	ORGANIZATION	2903 NOR	TH STATE , MS 3921	STATE, ZIP CODE STREET 6	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC (DENTIFYING INFORM	FULL	IÔ PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETE
M 000	Comments	2.		M 000	JWHO objects to this limit	ag of écliciency
	Minimum Standards Surgical Facilities	s of Operation for Ar	nbulatory		for noncompliance with Ru The Department of Health	
*	· Rule 42.9.7 Professional Staff				Ruie 42.9.7 on July 11, 201.	
	In the case of an abortion facility, the facility must comply with all state and federal laws and regulations, including, but not limited to, provisions of MS. Code Ann. §41-75-1  MS. Code Ann. §41-75-1 states: All physicians associated with the abortion facility must have admitting privileges at a local hospital and staff privileges to replace local hospital on-staff		facility aws and		Under Mine. Code Ann. § 2 does not take effect for 30 d	5-43-3,113, the amendment
			.		that the Department filed to	-
			sicians		Secretary of State on the d	÷
			nd staff			omply with the amendment: Plain of Correction is provided
	physicians.				subject to this objection.	
					Plan of Correction  JWHO will respond in a time.	noly way to any imquiries
	The statute is not in	et as evidenced by:			from the hospitals concern	ing the privileges applications
9	the Administrator of	documents and inte	ity failed to		already submitted for JWH  one knoptial has desied pri	O's doctors. As of July 31, 2012.
	ensure that each phabortion facility has	ysician associated v admitting privileges	with the		JWHO will constant to mak	Le phone calls and otherwise
	hospital and staff pr hospital on-staff phy		JCal		•	ne hospitale at which applications nonthly basis. JWHO will submit
· ·	Findings include	6				rs to University Medical Center
	on 07/16/12 revealed	f three (3) credential ad that two (2) of the ed with the facility do	three (3)			an application. JWHO has made
	admitting privileges	at a tocal hospital a local hospital on-st	nd staff aff	•	•	O will continue to a cale proper co in
	applications to five (	ents reviewed includes 5) local hospitals for privileges to replace	r admitting local		and otherwise continue to m	American
llesissippi Si	hospital on-staff phy tate Department of Health	ysicians, but docume	antagon	hower	TITLE . ,	Unite
ABORATORY	OIRECTOR'S OR PROVID	ENSUPPLIER REPRESEN		ATURE	Director	Communitor sheet or 2
E PORM		3/2012 pl			DEGEIVE NAUG 2 2012	

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  25.JW		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 07/16/2012		
VAME OF PROVIDER OR		ORGANIZATION	2903 NOF	oress, city. RTH STATE: I, MS 39211	STATE, ZIP CODE STREET 5	7
(AT) IO	DEFICIENCY	TEMENT OF DEFICIENCY MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S FLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETE
Interview	uch privile with the A	ge 1 eges was not in the dministrator confirm e been granted.	files, ned that no	M 000	grant privileges applicate its ability to comply with the date on which the allowed by Miss. Code A Minsissippi law requires I/WEO a "reasonable the from the date on which with the new rule. Miss current circumstances. After a significant effort JWEO has subscitted a local hospitals that have that privileges might be privileges, but the other staff metabers have been those efforts have been used know when, if ever, the pending application JWEO has not received Medical Center, despital to obtain an application early May, but could me appropriate person unit	whether and whom a hospital will loss and thus JWHO does not compliance a new Rule 42.9.7. The date indicates fix-month pariod for compliance fix-month pariod for compliance and, § 41-75-16 will end.  The Department of Health to give me," of a period up to six months a rule is adopted, to attempt to con. Code Ann. § 41-75-16. Under the six month period is reasonable, to reach out to all of the area hospitalisms for privileges to cach a seast them applications and indicates have not responded. While JWH mpted to gather information about your process of reviewing applications are processed. Therefore, JWHO at the remaining hospitals will set on

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continued to make efforts to obtain

softrame for hospital action on the

received one to date. Because JWH Rus no ke

no cassive over that timeframe, and because it has been mable even to get un application from one local hospital, the maximum period allowed by Miss. Code Ann. § 41-75-16 is appropriate.

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**FORM APPROVED** MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 06/22/2012 **25JW** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES 1D (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 000 M 000 Initial Comments COMPLAINT INVESTIGATION #MS00010596 The licensure survey of 06/22/2012 indicated compliance with "The Minimum Standards of Operation of Abortion Facilities." No licensure violations were noted. The facility met the requirements for a Level 1 Abortion Facility.

Mississippi State Department of Health

TITLE

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

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MSDH - Health Facilities Licensure and tification (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 09/13/2013 **25JW** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 000 M 000 Initial Comments \*\* Abortion Facility Regulations \*\* Annual licensure survey conducted 9/13/2013 revealed the facility was in compliance with the Minimum Standards of Operation for Abortion Facilities. There were no deficiencies cited. Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

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MSDH - Health Facilities Lice	ensure and tification	9012		FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JW	B. WING		09/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE	
JACKSON WOMEN'S HEALTH		TH STATE ST I, MS 39216	FREET	
(FACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE
M 000 Initial Comments		M 000		
* Ambulatory Surgi Regulations **	cal Centers (ASC)			
revealed the facility	urvey conducted 9/13/2013  was NOT in compliance with dards of Operation for all Centers			
Life Safety Code (L	.SC) deficiencies were cited.			
M 720: 42.30.14 Emergen	cy Power	M 720	M 720	
provided to make to operable in case of failure outlets shall	Emergency generator shall be ife sustaining equipment f power failure. Emergency be provided in all patient care		Prior to the installation of the new ge last year, Jackson Women's Health he kept a log of all weekly and monthly	is always
l areas.  This Statute is not  *Ambulatory Surgion*	t met as evidenced by: cal Center *		testing and maintenance. Last year, a with a representative of the Ms. Dep	
The ASC facility w	as unable to provide weekly		and the owner of the generator comp	pany
and monthly testin emergency genera	g documentation for the		simultaneously regarding the new ge	
Finding Include:			determined that because our new ge self-testing and alerts us when there	
on September 13.	enerator testing documentation 2013 at approximately 10:45		not performing properly, a manual to	
weekly generator	led to provide the monthly and testing documentation for the enerators should be tested in		would not be necessary. Only a year	ly maintenance
accordance with N	IFPA 110, Section 6-3.4 which cord of the EPSS inspections,		by a licensed professional should be	obtained and
tests, exercising, o	pperation, and repairs shall be premises. The written record	The second of th	documented (this is available on situation of the Nevertheless, in order to remain in	
Va	INTO SEPRESENTATIVE'S SIG	_ / \	Director f	DICTOR OF STREET

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MSDH - Heaith Facilities Lice	ensure and .tification	T	- AGUATRIATION	(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION ::	COMPLETED
AND FLAN OF CONNECTION		A. BUILDING		
	25JW	B. WING		09/13/2013
OF OUR PROPERTY.		DRESS, CITY.	STATE, ZIP CODE	
NAME OF PROVIDER OR SUPPLIER	2903 NO	RTH STATE		
JACKSON WOMEN'S HEALTH	I OPO A NICONI	N, MS 3921	6	
(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETE
M 720; Continued From pa	age 1	M 720		4
1	maintenance report		all policies and procedures, we w	vill begin and continue
1	of the servicing personnel		to document weekly and month	y testing of the
(c) Notation of any	v unsatisfactory condition and	l.	automatic generator. No patient	s were affected by
the corrective action	the corrective action taken, including parts replaced		this because the generator has be	een testing itself
	repair for the appropriate time		weekly and our yearly maintenar	nce has been done
as recommended	by the manufacturer.		by the company who installed the	e automatic generator.
				Completion Dat
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				09/30/2013
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Mississippi State Department of He	ealth			United
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		censure and Certification			FORM APPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
		25JW	B. WING		09/18/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	TATE, ZIP CODE	
ACKSO	WOMEN'S HEALT	n ukganization	RTH STATE S N. MS 39216	TREET	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTK (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
M 000	Initial Comments		M 000		
	- Health -				
			A. Comment of the Com	2	
-	*ABORTION FACI	LITY REGULATIONS*	Ex si a manage appar	1, 1	
	Annual Honeure	Survey conducted 09/15 -		5	1
	09/18//2015 reveal	led the facility was NOT in			1
	compliance with M Operation for Abor	linimum Standards of tion Facilities		2)10	
***				73	
M 195	44.11.1 Medical St	iaff	M 195	)	range.
!	medical staff that I	re shall be a single organized has the overall responsibility for inical care provided to patients, conduct and professional	Experience of the control of the con		7 1 4 4 4 4
1	practices of its me	embers, as well as for one to the governing authority.			
		ich the medical staff is consistent with the facility's			and the same of th
I	documented staff	organization bylaws, rules and ertain to the setting where the	September 1		t
1	facility is located.	The facility must comply with all			1
!	state and federal la	aws and regulations, including, provisions of MS. Code Ann.			í
į	§41-75-1. The me	dical staff bylaws, rules and			ŧ
1	governing authorit	ne rules and regulations of the by shall require that patients are			
1	admitted to the fac	cility only upon the of a licensed physician and that			
1	a licensed physicia	an be responsible for diagnosis			-00
ı	performing proced	are and treatment. Physicians dures in the licensed abortion			Social
1	facility must meet Rule 44.1.5.	the requirements set forth in	- Chippen and Chip		<b>33</b>
		ot met as evidenced by:		An	nericans
	Based on a review	w of the Medical Staff Bylaws,	<u> </u>		nitod
SISSIPPI S	tata Department of Hear PRECYOR'S OR PROV	alth Ader/Supplier Bepresentative's Si	GNATURE	TITLE	
	Suann	on Ox Du	6220	W75J11	r life

PRINTED: 09/29/2015 FORM APPROVED MSDH - Health Facilities Licensure and Certification (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 25JW 09/18/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2903 NORTH STATE STREET** JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 195 M 195 Continued From page 1 Medical Staff Credentialing files, and staff interview, the facility failed to be organized consistent with their facility's documented staff M195 organization bylaws, rules and regulations. We have updated our physician Findings include: hiring protocol by including an Review of the facility's Medical Staff Bylaws, application for staff appointment Article III, Section 2 (D) revealed, "Every application for staff appointment shall be signed because our policies state that each by the applicant, and shall contain the applicant's specific acknowledgement of every staff physician has to have one on file. member's obligation to provide emergency coverage of patients and to abide by the Medical No patients were affected by this Staff by-laws, rules, and regulations." because prior to this form, physicians Review of the facility's Article Medical Staff have always provided resumes' or CVs Bylaws, Article III, Section 2 (B) revealed, "Only physicians insured medical malpractice which contains work and education insurance, evidence by a Certificate of Insurance, shall be qualified for membership on the Medical history along with references. Staff." (Blank Application attached) Review of Article V. Section 1. (A) of the facility's Completion Date: 11/12/2015 Medical Staff Bylaws revealed, "All applications for membership on the Medical Staff shall presented in writing, shall be signed by the applicant, and shall be submitted on the prescribed form." During an Interview with the facility Director on 09/15/2015 at 3:00 p.m. she stated that she had been informed by management that the medical

Mississippi State Department of Health

staff was no longer required to complete an

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TATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		25JW	B. WING		09/1	8/2015
	PROVIDER OR SUPPLIER N WOMEN'S HEALT	HORGANIZATION 2903 NO	DRESS, CITY, S' RTH STATE S' N, MS 39216	TATE, ZIP CODE TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLET DATE
M 195	Continued From particular application for staff memorical staff memorificient.	age 2 f privileges and that the ber's vita (resume) would be	M 195			!
	revealed that three failed to have an a Privileges in their f	dical Staff Credentialing files (3) of the four (4) physicians pplication for Medical Staff ile and one (1) of the four (4) have proof of malpractice				nazou han urveni
M 220	The governing a policies and proce safety within the fall minimize hazards	nuthority shall develop written dures designed to enhance ucility and on its grounds and to patients, staff, and visitors. It procedures shall include the following:	M 220			
	personnel, equipments, Provisions for maccidental events personnel (incider c. Provision for distinformation to empland	d practices pertaining to nent, gases, liquids, drugs; eporting and the investigation of regarding patients, visitors and its) and corrective action taken; semination of safety-related ployees and users of the facility ringe and needle storage, osal.	- francounter of the state of t			
	Based on equipm policy and proced the facility failed to	of met as evidenced by: ent maintenance log review, ure review and staff interview, o provide a defibrillator in good I failed to follow safety rules and ng to equipment.	1	<u> </u>	meri	
sissippi ATE FOI	State Department of He RM	eith	0899	W75J11	Jnii or L	

FORM APPROVED MSDH - Health Facilities Licensure and Certification STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING **25JW** 09/18/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) M 220 M 220 | Continued From page 3 Findings include: During the facility tour led by the Administrator on 9/15/2015 at 1:35 p.m., the maintenance log for the emergency equipment was reviewed. The log check recorded for the defibrillator on 8/29/15 M220 said "battery low". The Administrator stated that the nurse had ordered another battery for the A new battery for the defibrillator has been defibrillator, but she did not know what day the ordered. No patients were affected during equipment was ordered or how long it would take this time because the defibrillator had not to receive the equipment. been used for any emergency purposes. To remain in compliance and prevent Review of the facility's undated "Defective extensive delays when ordering any Equipment Tagging and Removal" policy emergency equipment, the Director of revealed: "Any equipment that is broken, Nursing and Director will place orders damaged, or not operating to the manufacturer's specifications shall be removed from service in a more timely manner. immediately." Completion Date: 10/02/2015 On 9/18/2015 at 10:05 a.m. a second interview was held with the Administrator regarding the defibrillator's low battery reading. The Administrator stated, "A new battery for the defibrillator is very expensive so I am looking into possibly buying a new defibrillator." Mississippi State Department of Health W75J11

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MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: B. WING 09/18/2015 **25JW** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 000 M 000 Initial Comments - Health -"AMBULATORY SURGICAL CENTERS (ASC) **REGULATIONS \*\*** 115/5 Annual licensure survey conducted 09/15 -09/18/2015 revealed the facility was NOT in compliance with the Minimum Standards of Operation for Ambulatory Surgical Centers.... M 160 42.9.1 There shall be a single organized... M 160 There shall be a single organized medical staff that has the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as for accounting therefore to the governing authority. The manner in which the medical staff is organized shall be consistent with the facility's documented staff organization bylaws, rules and regulations, and pertain to the setting where the facility is located. The medical staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall require that patients are admitted to the facility only upon the recommendation of a licensed physician and that a licensed physician be responsible for diagnosis and all medical care and treatment. The organization of the medical staff, and its bylaws, rules and regulations, shall be approved by the facility's governing authority. The medical staff shall strive to assure that each member is qualified for membership and shall encourage the optimal level of professional performance of its members through the appointment/reappointment procedure, the specific delineation of clinical privileges, and the periodic reappraisal of each staff member according to the established provisions. Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE STATE FORM W75.111

MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A BUILDING: B. WING 25JW 09/18/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 160 Continued From page 1 M 160 This Statute is not met as evidenced by: Based on staff interview, review of the Medical Staff Bylaws and Medical Staff Credentialing file M160 review, the facility falled to be organized consistent with their facility's documented staff organization bylaws, rules and regulations. We have updated our physician Findings Include: hiring protocol by including an application for staff appointment Review of the facility's Medical Staff Bylaws, because our policies state that each Article III, Section 2 (D) revealed, "Every application for staff appointment shall be signed physician has to have one on file. by the applicant, and shall contain the applicant's specific acknowledgement of every staff No patients were affected by this member's obligation to provide emergency coverage of patients and to abide by the Medical because prior to this form, physicians Staff by-laws, rules, and regulations." have always provided resumes' or CVs which contains work and education Review of the facility's Article Medical Staff Bylaws, Article III, Section 2 (B) revealed, "Only history along with references. physicians insured medical malpractice insurance, evidence by a Certificate of Insurance, (Blank Application attached) shall be qualified for membership on the Medical Staff." Completion Date:11/12/2015 Review of Article V, Section 1, (A) of the facility's Medical Staff Bylaws revealed, "All applications for membership on the Medical Staff shall presented in writing, shall be signed by the applicant, and shall be submitted on the prescribed form." During an interview with the facility Director on Mississippi State Department of Health STATE FORM W75J11 orLi

MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING: B. WING 09/18/2015 25JW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 160 M 160 Continued From page 2 09/15/2015 at 3:00 p.m. she stated that she had been informed by management that the medical staff was no longer required to complete an application for staff privileges and that the medical staff member's vita (resume) would be sufficient. A review of the Medical Staff Credentialing files revealed that three (3) of the four (4) physicians failed to have an application for Medical Staff Privileges in their file and one (1) of the four (4) physicians failed to have proof of malpractice insurance. M 220 M 220 42,11,2 The policies and procedures shall... The policies and procedures shall include establishment of the following: 1. Safety rules and practices pertaining to personnel, equipment, gases, liquids, drugs; 2. Provisions for reporting and the investigation of accidental events regarding patients, visitors and personnel (incidents) and corrective action taken; Provision for dissemination of safety-related information to employees and users of the facility; 4. Provision for syringe and needle storage, handling and disposal. This Statute is not met as evidenced by: Based on equipment maintenance log review, policy and procedure review and staff interview, the facility failed to provide a defibrillator in good working order and failed to follow safety rules and practices pertaining to equipment. Mississippi State Department of Health STATE FORM W75J11

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FORM APPROVED MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING \_ B. WING 09/18/2015 25JW NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY M 220 M 220 | Continued From page 3 Findings Include: M220 During the facility tour led by the Administrator on A new battery for the defibrillator has been 9/15/2015 at 1:35 p.m., the maintenance log for the emergency equipment was reviewed. The log ordered. No patients were affected during check recorded for the defibrillator on 8/29/15 this time because the defibrillator had not said "battery low". The Administrator stated that been used for any emergency purposes. the nurse had ordered another battery for the defibrillator, but she did not know what day the To remain in compliance and prevent equipment was ordered or how long it would take extensive delays when ordering any to receive the equipment. emergency equipment, the Director of Nursing and Director will place orders Review of the facility's undated "Defective in a more timely manner. Equipment Tagging and Removal" policy revealed: "Any equipment that is broken, Completion Date: 10/02/2015 damaged, or not operating to the manufacturer's specifications shall be removed from service immediately." On 9/18/2015 at 10:05 a.m. a second interview was held with the Administrator regarding the defibrillator's low battery reading. The Administrator stated, "A new battery for the defibrillator is very expensive, so I am looking into possibly buying a new defibrillator." M 581 M 581 42.27.4 Recovery Room Suite Recovery Room Suite. Recovery room shall contain charting space, medication storage and preparation and sink 2. Each patient shall have readily available Mississippi State Department of Health W75J11 STATE FORM orli

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	CORRECTION	IDENTIFICATION NUMBER:	A BUILDING		(X3) DATE SURVEY COMPLETED	
		25JW	B. WING		09/	18/2015
NAME OF PROV	VIDER OR SUPPLIER		RESS, CITY, ST			
JACKSON W	OMEN'S HEALTH	ORGANIZATION	TH STATE ST , MS 39216	RECI		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
M 581   Cc	ntinued From pa	ge 4	M 581			
the shada a sh	ch bed shall be in prapeutic position all have a locking all have a locking all have a locking birect visual obs ssible from a cer a activity and noise apes and acousting Eighty (80) squared or stretcher to	d properly grounded outlets. eadily adjustable to various is, easily moved for transport, mechanism for a secure and a removable headboard.  ervation of all patients shall be atral vantage point, yet from se of the unit by partitions, c ceilings.  re feet shall be provided each make easily accessible for ency care of the patients and				
5. pe	to to accommoda needed.  There shall be a resonnel to summ nergency. The all ea where unit pe	n alarm system for unit non additional personnel in an arm shall be connected to any rsonnel might be, physician unges or stations.				A distinguishment
6. up Di eq de tra	The kind and que non the needs of agnostic monitor puipment, such a offibrillators, pacel icheostomy sets tyngoscopes and	ality of equipment shall depend the patients treated. ing and resuscitative is respiratory assist apparatus, makers, phiebotomy and endotracheal tubes, other such devices shall be thin the units, and in good				
m fo as	orking order. The aintenance progi r cleaning and fo a for the periodic	re shall be a written preventive am that includes techniques recontamination control, as well testing of all equipment.			S	3
рг	eventive mainter	nance for all biomedical cal installations shall be readily			Amer	ican
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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		25JW	B. WING		09/18/2015	
	PROVIDER OR SUPPLIER ON WOMEN'S HEALT	STREET ADD	RESS, CITY, S TH STATE S , MS 39216			
(X4) ID PREFIX TAG	(PACH DEFICIENC	ATEMENT OF DEFICIENCIES 'Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		N SHOULD BE COMPLETE DATE	
M 581	available at all time testing shall be presupervisors.  8. There shall be presupervisors.  8. There shall be presupervisors.  1 the basic ambulate procedures shall the medical staff, staff.  This Statute is not Based on equipment policy and procedure the facility failed the working condition safety of all patient.  Findings Include:  During the facility 9/15/2015 at 1:35 the emergency equipment was orthogonal to the facility shall be patient. Taggin revealed: "Any equipment	es. Documentation of safety povided on a regular basis to unit written policies and procedures from suite, which supplements ory surgical facility policies and be developed and approved by in cooperation with the nursing of met as evidenced by: ent maintenance log review, ure review and staff interview, or provide a defibrillator in good in the recovery room for the log or the defibrillator on 8/29/15. The Administrator stated that ered another battery for the dered or how long it would take ipment.  It is undated "Defective g and Removal" policy uipment that is broken, operating to the manufacturer's it be removed from service	M 581	Ar	ted during or had not urposes. event any ctor of	
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MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING 09/18/2015 25JW NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 (XS) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 581 M 581 Continued From page 6 On 9/18/2015 at 10:05 a.m. a second interview was held with the Administrator regarding the defibrillator's low battery reading. The Administrator stated, "A new battery for the defibrillator is very expensive, so I am looking into possibly buying a new defibrillator." Mississippi State Department of Health W75J11 STATE FORM for Life

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  25JW			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 09/15/2015	
		B. WING				
	PROVIDER OR SUPPLIER ON WOMEN'S HEALT	H OPGANIZATION 2903 NO	DORESS, CITY, STATE STON, MS 39216			
X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(XS) COMPLET DATE
M 000	Initial Comments - Life Safety Code	(LSC) -	M 000			1
	* Ambulatory Surg Regulations**	ical Centers (ASC)	9.7			
	revealed the facilit	urvey conducted on 9/15/15 y was in compliance with the ds of Operation for Ambulatory				
	There were no Life deficiencies cited of	e Safety Code (LSC) during this survey.				
	to quarte contrates					
			e derentalente de la constantina della constanti			Vage v
			6 to 1 to			į
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						3
	0	N			Amer	ican
ORATO	State Department of He	alth VIDER/SUPPLIER REPRESENTATIVE'S	SIGNATURE	DINCTOR		C) J/C



MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 08/25/2016 25JW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) M 000 M 000 Initial Comments - Health -\*ABORTION FACILITY REGULATIONS \* Annual Licensure Survey conducted 08/25/2016 revealed the facility was NOT in compliance with Minimum Standards of Operation for Abortion Facilities.... Licensure violation(s) was cited. M 265 M 265 44.16.4 Medical Waste Management Plan Medical Waste Management Plan All generators of infectious medical waste and medical waste shall have a medical waste management plan that shall include, but is not limited to the following: 1. Storage and Containment of Infectious Medical Waste and Medical Waste a. Containment of infectious medical waste and medical waste shall be in a manner and location which affords protection from animals, rain and wind, does not provide a breeding place or a food source for insects and rodents, and minimizes exposure to the public. b. Infectious medical waste shall be segregated from other waste at the point of origin in the producing facility. c. Unless approved by the Mississippi Department of Health or treated and rendered non-infectious, infectious medical waste (except for sharps in approved containers) shall not be stored at a waste producing facility for more than seven (7) days above a temperature of 6° C (38° Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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MSDH -	Health Facilities Lice	ensure and Certification				
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AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COM	
					i	
		25JW	B. WING		08/2	5/2016
**********	DOLLARED OR CLIRELIER	STREET AF	DRESS, CITY, ST	TATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER		RTH STATE ST			
JACKSO	N WOMEN'S HEALTH	ACRCANIZATION	N, MS 39216			
	SI IMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE API DEFICIENCY)	PROFRIE	
			1			
M 265	Continued From pa	nge 1	M 265			
İ	E) Containment of	infectious medical waste at	1 1	·		
	the producing facili	ty is permitted at or below a	1			
	temperature of 0° (	(32° F) for a period of not	1 1			
	more than ninety (S	(a) days without specific	1			
	approval of the Del	partment of Health.	1			
	d Containment of i	infectious medical waste shall	1			A Addition
		ther wastes. Enclosures or	1			
	containers used for	r containment of infectious	1			
		il be so secured so as to	1			-
	discourage access	by unauthorized persons and				
	shall be marked wi	th prominent warning signs on,				
	or adjacent to, the	exterior of entry doors, gates,				- All Parties
	or lids. Each contain	iner shall be prominently				
	labeled with a sign	using language to be				i) jacondii
	determined by the	Department and legible during				
	daylight hours.					
	e. Infectious medic	al waste, except for sharps				
	capable of punctur	ing or cutting, shall be	1 1			
	contained in double	e disposable plastic bags or	1 1			
	single bags (1.5 m	ills thick) which are impervious	1 1			
	to moisture and ha	ive strength sufficient to	1 1			
	preclude ripping, to	earing, or bursting under	1 1			
	normal conditions	of usage. The bags shall be				
	securely tied so as	s to prevent leakage or or liquid wasted during storage,				1
	handling, or transp	pe contained for disposal in	1			
	In All Straips Strain to	uncture-resistant containers				
	which are taped at	osed or tightly lidded to				
	preclude loss of th					
	a. All bags used for	or containment and disposal of				
	infectious medical	waste shall be of a distinctive				
		Universal Symbol for				
	infectious waste. F	Rigid containers of all sharps				
	waste shall be lab				_(	
	h. Compactors or	grinders shall not be used to				
	process infectious	medical waste unless the	1		Ų	シン
	waste has been re	endered non-infectious. Sharps				40
	containers shall no	ot be subject to compaction by			A 400 0	Li ac

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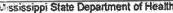
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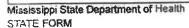
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	IEACH DEFICIENCY	2903 NO	DRESS, CITY, ST RTH STATE ST	<u> </u>	
(X4) ID PREFIX	SUMMARY STA	ORGANIZATION JACKSOI		rpeet	
(X4) ID PREFIX	SUMMARY STA	JACKSO!	N MC 2024E	(C) India C	
PREFIX	IEACH DEFICIENCY	TEMENT OF DEFICIENCIES	T T		701
		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLE
M 265 (	Continued From pa	ge 2	M 265		
a	any compacting de	vice except in the institution			of the sec
i	tself and shall not t ransport in a porta Infectious medica contained in dispos	pe placed for storage or ble or mobile trash compactor. I waste and medical waste able containers as prescribed			*:
	ransport in dispose drums, or portable shall be leak proof, be kept clean and i	ed for storage, handling, or able or reusable pails, cartons, bins. The containment system have tight-fitting covers and in good repair.			
	waste and medical washed and decon emptied by a methon Department of Heacontainers have be	ers for infectious medical waste shall be thoroughly taminated each time they are od specified by the Mississippi lth, unless the surfaces of the en protected from			
1	contamination by d devices removed w I.E.	isposable liners, bags, or other rith the waste, as outlined in			
3	but are not limited	ds of decontamination include to, agitation to remove visible one or more of the following	•		
	minimum of 15 sec	water at least 180° F for a conds. nemical sanitizer by rinsing			este unabortatoroni.
i	with or immersion i minimum of 3 minu	n one of the following for a			in in the court of
1	chlorine). ii. Phenolic solutior	(500-ppm active agent).			-00
1		n (100-ppm available iodine). nonium solution (400-ppm			SS
7741	3. Reusable pails,	drums, or bins used for			America





MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING 08/25/2016 25JW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) M 265 Continued From page 3 M 265 containment of infectious waste shall not be used for containment of waste to be disposed of as non-infectious waste or for other purposes except after being decontaminated by procedures as described in part (j) of this section. a. Trash chutes shall not be used to transfer infectious medical waste. b. Once treated and rendered non-infectious, previously defined infectious medical waste shall be classified as medical waste and may be landfilled in an approved landfill. 4. Treatment or disposal of infectious medical waste shall be by one of the following methods: a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash. b. By sterilization by heating in a steam sterilizer, so as to render the waste noninfectious. Infectious medical waste so rendered non-infectious shall be disposable as medical waste. Operating procedures for steam sterilizers shall include, but not be limited to the following: i. Adoption of standard written operating procedures for each steam sterilizer including time, temperature, pressure, type of waste, type of container(s), closure on container(s), pattern of loading, water content, and maximum load quantity. ii. Check or recording and/or indicating thermometers during each complete cycle to ensure the attainment of a temperature of 121° C (250° F) for one half hour or longer, depending on quantity and density of the load, in order to achieve sterilization of the entire load. Thermometers shall be checked for calibration at





MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 08/25/2016 25JW STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE EACH CORRECTIVE ACTION SHOULD BE **TEACH DEFICIENCY MUST BE PRECEDED BY FULL** PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY M 265 M 265 Continued From page 4 least annually. iii. Use of heat sensitive tape or other device for each container that is processed to indicate the attainment of adequate sterilization conditions. iv. Use of the biological indicator Bacillus stearothermophilus placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions. v. Maintenance of records of procedures specified in (1), (2), (3) and (4) above for period of not less than a year. c. By discharge to the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the Department of Health. d. Recognizable human anatomical remains shall be deposed of by incineration or internment, unless burial at an approved landfilled is specifically authorized by the Mississippi Department of Health. e. Chemical sterilization shall use only those chemical sterilants recognized by the U.S. Environmental Protection Agency, Office of Pesticides and Toxic Substances. Ethylene oxide, glutaraldehyde, and hydrogen peroxide are examples of sterilants that, used in accordance with manufacturer recommendation, will render infectious waste non-infectious. Testing with Bacillus subtilis spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment. 5. Treatment and disposal of medical waste which is not infectious shall be by one of the following methods: a. By incineration in an approved incinerator which provides combustion of the waste to

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MSDH - H	lealth Facilities Lice	ensure and Certification				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		25JW	B. WING		08/25/2016	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	TATE, ZIP CODE		
IACKSON	WOMEN'S HEALTH	OPCANIZATION	TH STATE S	TREET		
JACKSON		JACKSON	I, MS 39216		7011	
(X4) ID PREFIX TAG	FACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE	
M 265	Continued From pa	ge 5	M 265			
ļ.	carbonized or mine	ralized ash.		M 265	å terren	
1	b. By sanitary landf	ill, in an approved landfill		We have changed our entrance	: to	
;	which shall mean a	disposal facility or part of a cal waste is placed in or on		the Medical Waste Storage room		
[]	land and which is not a treatment facility.  c. All the requirements of these standards shall			include a locked doorknob to d	iscourage	
1	apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.  This Statute is not met as evidenced by:			access by unauthorized persons.		
¥ .				Patients were not affected because		
				prominent warning signs have and will		
1	Based on observati	ion, the facility failed to ensure		continue to remain outside of t	he door	
1	contained in a man	ste and medical waste is r which discourages access		leading to Medical Waste Storage room		
	to unauthorized per	ons.		therefore, no unauthorized per	son have	
976	me Pour traduction			entered this room.		
	Findings Include:			Completion D	ate: 09/19/2016	
	approximately 9:15 that the door to the was not locked. The room was located if room and the countries approximately 9:15 that the door to	e facility on 08/29/2016, at a.m., observation revealed Medical Waste Storage room the Medical Waste Storage in the same corridor as a rest seling room. Since the door posure to the public was not				
M 380	44.23.1 Environme	ent	M 380			
d de de de de de de de de de de de de de	safe and sanitary 6	abortion facility shall provide a environment, properly ped, and maintained to protect ety of patients.			83	
	1. An infection con	nmittee, or comparable				
	arrangement, com	posed of physician, Registered			<u>American</u>	

Mississippi State Department of Health

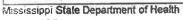
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MSDH -	Health Facilities Lice	ensure and Certification	,		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION ·	(X3) DATE SURVEY COMPLETED	
MAD LEVIA	THE I WHY OF OCCUPANTS		A, BUILDING:		
		25JW	B. WING		08/25/2016
NAME OF F	ROYIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
14.01/00	N WOMEN'S HEALTH	COCANIZATION	RTH STATE S		
JACKSO	N WOMEN'S REALIF	JACKSOI JACKSOI	N, MS 39216		
(X4) ID FREFIX IAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
M 380	Continued From pa	ge 6	M 380		4
		trator, shall be established and			
	shall be responsible	e for investigating, controlling,			Confidence of the Confidence o
ŧ	and preventing infe	ctions in the abortion facility.			1
	2. Inere snall be w	ritten procedures to govern echniques and procedures in		M 380	
6	all areas of the abo	rtion facility.		The stainless steel sink in the dirty s	cruh
	3. Continuing education shall be provided to all abortion facility personnel on causes, effects, transmission, prevention, and elimination of			·	
				room which contained blotches obt	
i	infection on an ann	ual basis.		from a chemical used to deter rust,	mildew
				and mold has been replaced with a	new sink.
	This Statute is not	met as evidenced by:		No patients were affected because	the blotches
	facility failed to pro	ion and staff interview, the vide a safe and sanitary		on the stainless steel were that of a	chemical
	environment, prope	erly constructed, equipped, and ect the health and safety of		mixing with bleach which caused th	ne spots
	patients.			so it appeared unsanitary to the na	ked eye
				although the sink is and will contin	ue to be cleaned
	Findings Include:			properly daily. The freezer in the M	ledical Waste
	During a tour of the	e facility on 08/29/2016, at		Storage area has also been replaced	l with a new freezer.
	that the stainless s	pproximately 9:15 a.m., observation revealed at the stainless steel sink in the dirty utility room		No patients were affected because	the
	sprayer on the stail	of rust. Also, the handles and nless steel sink had turned		temperature of the interior of the fi	reezer had
	black. Observation in the Medical Waste Storage area revealed one hinge on the door of the chest			not changed due to the broken hing	ge on the
	area revealed one type freezer, where	ninge on the door of the chest e medical waste is stored, was		exterior of the freezer.	
	loose and the door There was no med	would not close property. ical waste in the freezer at that		Completion Date:	09/19/2016
	· time.				
	a.m. the Administr	ference on 8/29/16 at 11:30 rator stated that the use of I the handle and sprayer in the to turn black.			SIS





MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 08/22/2017 **25JW** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2903 NORTH STATE STREET **JACKSON WOMEN'S HEALTH ORGANIZATION** JACKSON, MS 39216 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) M 000 M 000 Initial Comments - Health -\*ABORTION FACILITY REGULATIONS \* Annual Licensure Survey conducted 08/22/2017 revealed the facility was in compliance with Minimum Standards of Operation for Abortion Facilities. No deficiencies were cited.

Mississippi State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

for continuation sheet 4 of 1

ED: 09/21/2018 M APPROVED

(X5) COMPLETE DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED	
		25JW			09/18/2018		
	PROVIDER OR SUPPLIEI	TH ORGANIZATION 2903 NO	ADDRESS, CITY, S' DRTH STATE S' DN, MS 39216				
(X4) ID PREFIX TAG	(EACH DEFICIENT	SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRIES OF THE		(X5 COMPL DAT	
M 000	Initial Comments		M 000				
	- Health -						
	*ABORTION FAC	ILITY REGULATIONS *	Birde - Farming				
	revealed the facili	Survey conducted 09/18/2018 ty was in compliance with ds of Operation for Abortion					
	No deficiencies w	ere cited.				, and a	

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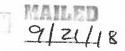
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MSDH - Health Facilities Licensure and Certification (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING **25JW** 09/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2903 NORTH STATE STREET** JACKSON WOMEN'S HEALTH ORGANIZATION JACKSON, MS 39216 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) M 000 Initial Comments M 000 - Health -\*\* AMBULATORY SURGICAL CENTERS (ASC) **REGULATIONS \*\*** Annual licensure survey conducted 09/17/2019 revealed the facility was in compliance with the Minimum Standards of Operation for Ambulatory Surgical Centers. No deficiencies were cited.

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

or Life

If continuation sheet 1 of 1