

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23NW	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - NATIONAL WOMEN S HE/ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2010
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NAME OF PROVIDER OR SUPPLIER NATIONAL WOMEN'S HEALTH ORG	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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M 125	<p>130.01 General - Location</p> <p>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 facility shall be located within 15 minutes travel time from a hospital which has an emergency room staffed by an in-house physician during the hours the ambulatory surgical facility is open. Site approval by the licensing agency must be secured before construction begins.</p> <p>This Statute is not met as evidenced by: Based on observation on October 4, 2010 at 2:00 p.m., staff of Mississippi Department of Health observed the fenced parking area to be over capacity with two double parked vehicles blocking four others. There was a parking attendant present.</p> <p>Findings include:</p> <p>The facility failed to provide accurate parking for the patients and staff.</p>	M 125	<p>We have changed our schedule to accommodate all patients and staff by advising patients when calling to make an appointment about our limited parking space thus giving patients the option to be dropped off for their appointments. We have also limited our patient load and spaced out the appointments more as to not have anyone illegally park on property.</p> <p style="text-align: right;">Completion Date 10/10/2010</p>	
M 127	<p>130.03 Structural Soundness</p> <p>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.</p>	M 127	<p>NOV 22 2010</p>	



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Mississippi State Department of Health

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Ramon Brewer / director* TITLE

(X6) DATE *11/17/2010*

MSDH - Health Facilities Licensure and Certification

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M 127	<p>Continued From page 1</p> <p>This Statute is not met as evidenced by: Based on observation, the facility failed to keep the building in good repair. The findings are as follows:</p> <p>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 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.</p>	M 127	<p>The electrical outlet in OR 2 has been repaired as stated by D.O.H.</p> <p>We have also included checking of all outlets to our emergency light checklist.</p> <p style="text-align: right;">Completion Date 10/02/2010</p>	
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MSDH - Health Facilities Licensure and Certification

PRINTED: 11/09/2010
FORM APPROVED

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M 000	Initial Comments 42 CFR 416.44(b) 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 000		
M 137	133.01 Location 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 which has an emergency room. Site approval by the licensing agent must be secured before construction begins. This Statute is not met as evidenced by: Based on observation on October 4, 2010 at 2:00 p.m., staff of Mississippi Department of Health observed the fenced parking area to be over capacity with two double parked vehicles blocking four others. There was a parking attendant present. Findings include: The facility failed to provide accurate parking for the patients and staff.	M 137	We have changed our schedule to accommodate all patients and staff by advising patients when calling to make an appointment about our limited parking space thus giving patients the option to be dropped off for their appointments. We have also limited our patient load and spaced out the appointments more as to not have anyone illegally park on property.	
M 139	133.03 Structural Soundness 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.	M 139		

Completion Date 10/10/2010



Mississippi State Department of Health

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

Shannon Brewer / DIRECTOR

TITLE

(X6) DATE

11/17/2010

DATE FORM

6889 KJ7U21

If continuation sheet 1 of 2

MSDH - Health Facilities Licensure and Certification

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M 139	<p>Continued From page 1</p> <p>This Statute is not met as evidenced by: Based on observation, the facility failed to keep the building in good repair. The findings are as follows:</p> <p>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 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.</p>	M 139	<p>The electrical outlet in OR 2</p> <p>- has been repaired as stated by D.O.H.</p> <p>We have also included checking of all outlets to our emergency light checklist.</p> <p style="text-align: right;">Completion Date 10/02/2010</p>	
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216	
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M 052	<p>108.07 Professional Staff</p> <p>Professional Staff. Each facility shall have at all times a designated medical director who shall be a physician and who shall be responsible for the direction and coordination of all medical aspects of facility programs. The members of the medical staff shall have like privileges in at least one local hospital; however, in the case of Level I Abortion Facility, at least one physician member performing abortion procedures in the facility must have admitting privileges in at least one local hospital. There shall be a minimum of one licensed registered nurse per six patients (at any one time) at the clinic when patients are present, excluding the director of nursing. All facility personnel, medical and others, shall be licensed to perform the services they render when such services require licensure under the laws of the State of Mississippi. Anesthetic agents shall be administered by an anesthesiologist, a physician, or a certified registered nurse anesthetist under the supervision of a board-qualified or certified anesthesiologist or operating physician, who is actually on the premises. After the administration of an anesthetic, patients shall be constantly attended by an M.D., D.O., R.N., or an L.P.N. supervised directly by an R.N., until reacted and able to summon aid. All employees of the facility providing direct patient care shall be trained in emergency resuscitation at least annually.</p> <p>This Statute is not met as evidenced by: Based on discussion with the Administrator of JWHO and review of the records/documents produced, Jackson Women ' s Health</p>	M 052	

Mississippi State Department of Health

TITLE

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

STATE FORM

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Continuation sheet 1 of 2

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M 052	Continued From page 1 Organization fails to have at least one physician member performing abortion procedures in the facility with admitting privileges in at least one local hospital. No documents were presented indicating that the two physicians who are performing procedures at JWHO have admitting privileges at any of the local hospitals. The Administrator specifically stated that they do not have these privileges. Although another physician has admitting privileges at a local hospital, according to the Administrator, he does not perform procedures at JWHO	M 052	Until recently (and for many years), JWHO had a local physician on staff with admitting privileges. Once that physician confirmed that he/she was leaving our staff, we began seeking a replacement. We are currently in the midst of negotiations with another local physician with admitting privileges, and we hope he will join our staff in the very near 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.	

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M 068

116.01 Transfer Agreement.

M 068

Transfer Agreement. The abortion facility shall have a written transfer agreement with one or more physicians for the express purpose of ensuring that patients who have complications will be immediately transferred to the physician's care. The physician who enters the written agreement with the abortion facility shall:

1. Have full admitting privileges with one or more acute general hospitals that shall be located within 30 minutes travel time of the abortion facility;
2. Maintain his or her primary office location within 30 minutes travel time of the abortion facility.
3. Have full credentials to handle complications of abortions with the acute general hospital(s).

This transfer agreement is to be kept on site at the abortion facility subject to verification on demand by the Mississippi State Board of Health. The transfer agreement as well as the parties to the agreement or any information regarding the parties will be kept confidential by the Mississippi State Board of Health.

This Statute is not met as evidenced by:
Based on review of documents, the facility failed to ensure that the facility has a written transfer



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

Shannon Brewer

TITLE

(X5) DATE

STATE FORM

6889

BNF811

If continuation sheet 1 of 2

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M 068

Continued From page 1
 agreement with a physician for the purpose of ensuring that patients who have complications will be immediately transferred to the physician's care.
 Findings include:
 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 patients.

M 068

The previous transfer agreement has been revised and updated to eliminate the Medical Director of the previous owner from the agreement. We continue to have our agreement in place with 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 necessary changes to this agreement in order to ensure that our patients are receiving the best possible care and all minimum standards continue to be met.

Completion Date: 09/11/2011



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M 043	<p>107.01 Personnel Records</p> <p>Personnel Records. A record of each employee should be maintained which includes the following to help provide quality assurance in the facility:</p> <ol style="list-style-type: none"> 1. Application for employment. 2. Written references and/or a record of verbal references. 3. Verification of all training and experience, and licensure, certification, registration and/or renewals. 4. Performance appraisals. 5. Initial and subsequent health clearances. 6. Disciplinary and counseling actions. 7. Commendations. 8. Employee incident reports. 9. Record of orientation to the facility, its policies 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. <p>This Statute is not met as evidenced by: Based on review of documents, the facility failed to ensure that the facility included Performance Appraisals in the Personnel Files.</p>	M 043	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>SEP 22 2011</p> </div> <p>All employees that have been with our facility for at least a year have received performance appraisals and they are being kept in their employee file. Administration will continue to evaluate and document all employees on an annual basis to ensure that the best possible patient care is given.</p> <p style="text-align: right;">Completion Date: 09/11/2011</p>	

MISSISSIPPI STATE DEPARTMENT OF HEALTH	TITLE	(X6) DATE
DIRECTORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	<i>Shannon Brewer</i>	9/12/11
DATE FORM	6898 BNF-811	If continuation sheet # of 2



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M 043	Continued From page 1 Findings include: Six (6) of six (6) personnel files reviewed revealed that there were no Performance Appraisal documents in each employee's file.	M 043		
M 044	107.02 Job Descriptions Job Descriptions 1. Every position shall have a written description which adequately describes the duties of the position. 2. Each job description shall include position title, authority, specific responsibilities and minimum qualifications. Qualifications shall include education, training, experience, special abilities and license or certification required. 3. Job descriptions shall be kept current and given to each employee when assigned to the position and whenever the job description is changed. This Statute is not met as evidenced by: Based on review of documents, the facility failed to ensure that the facility had job descriptions that included the minimum qualifications. 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.	M 044	All employee files have been changed to include the minimum qualifications for each particular job description. All files have been checked to ensure that the employee does, in fact, meet the minimum qualifications for that particular position. Any potential new hires will be checked and documented in their file that qualifications are met. By doing such, our facility has ensured that we are not only meeting the standards of MDOH, but also the standards of good patient care for our facility.	Completion Date: 09/11/2011



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M 000	Initial Comments ** Abortion Facility Regulations **	M 000		
M 063	<p>114.01 Personnel Records</p> <p>Personnel Records. A record of each employee should be maintained which includes the following to help provide quality assurance in the facility:</p> <ol style="list-style-type: none"> 1. Application for employment. 2. Written references and/or a record of verbal references. 3. Verification of all training and experience, and licensure, certification, registration and/or renewals. 4. Initial and subsequent health clearances. 5. Record of orientation to the facility, its policies and procedures and the employee's position. <p>Personnel records shall be confidential. Representatives of the licensing agency conducting an inspection of the facility shall have the right to inspect personnel records..</p> <p>This Statute is not met as evidenced by: Based on personnel file review, the facility failed to maintain documentation that three (3) of six (6)</p>	M 063	<p>M 063</p> <p>It is Jackson Women's Health policy that all employees have documentation of their job description and the facility's policies and procedures in their file. All employee files have been reviewed and updated as needed. Employee files will be checked on a monthly basis to ensure accuracy. Our employees will continue to be oriented upon being hired with our company.</p> <p style="text-align: right;">Completion Date: 10/10/2012</p>	

Mississippi State Department of Health

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

Shannon Brown

TITLE

Director



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(X6) DATE

10/27/12

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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 six (6) 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 been orientated to the facilities policies and procedures.

M 063

M 064 114.02 Health Examination
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.

M 064

M 064
All employees have had health exams and documentation is in each file All employee files will continue to have health examinations in them. Employee files are being checked on a monthly basis for accuracy.

Completion Date: 10/10/2012

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



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M 064	Continued From page 2 (6) employees had a pre-employment health 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 of pre-employment and/or annual health examination by a physician to ascertain freedom from communicable diseases.	M 064		
M 071	117.01 Written Policies and Procedures Written Policies and Procedures. 1. 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. 2. The policies and procedures shall include establishment of the following: a. Safety rules and practices pertaining to personnel, equipment, gases, liquids, drugs; b. Provisions for reporting and the investigation of accidental events regarding patients, visitors and personnel (incidents) and corrective action taken; c. Provision for dissemination of safety-related information to employees and users of the facility; and d. Provision for syringe and needle storage, handling and disposal.	M 071	M 071 The wood pallet and the IV stand have been removed from blocking one of the two doors of the employee bathroom. All employees have been instructed that nothing can be put behind the doors as to ensure for proper safety conditions. This will be monitored by the director to ensure safety of the facility at all times. Completion Date: 10/10/2012	



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M 071	Continued From page 3 This Statute is not met as evidenced by: Based on observation, the facility failed to follow its procedures in order to enhance safety within the facility and on its grounds and minimize hazards to patients, staff and visitors. Findings include: Observation of the female locker room in the surgical suite on 09/18/2012 at approximately 09:20 a.m. revealed that the door exiting from the non sterile area to a sub sterile area was blocked by a wood pallet and a IV (Intravenous) stand.	M 071		
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M 149	135.13 Lighting Lighting. All areas of the facility shall have sufficient artificial lighting to prevent accidents and provide proper illumination for all services. 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: During a tour of the surgical suite on 09/18/2012 observation revealed that one florescent light was not working properly in the room where the water	M 149	M 149 The light bulb that was not working properly in the laundry room has since been replaced. There were 3 other light bulbs in this room that were operating properly. We will continue to check all lighting on a weekly basis to ensure patient safety. No patients were affected by this because the other three lights were working appropriately. Completion Date: 10/10/2012	
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MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2012
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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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

M 150 135.14 Emergency Lighting

M 150

Emergency Lighting. Emergency lighting systems shall be provided to adequately light corridors, procedure rooms, exit signs, stairways, and lights at exterior of each exit in case of electrical power failure.

This Statute is not met as evidenced by: Based on observation the facility failed to maintain the emergency lighting system to all exit signs.

Findings Include:

On September 17, 2012 at 11:15 a.m. observations made with the Administrator revealed that the lighted exit sign at the east end of the semi-restricted (back) corridor was not illuminated.

M 150

The bulbs in one of the exit signs in the facility have been replaced. We will continue to check all lighting on a weekly basis to ensure patient safety. No patients were affected by this because we did not have any power outages during this time while patients were in the facility. Completion Date: 10/10/2012



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STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2012
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2503 NORTH STATE STREET JACKSON, MS 39216
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Comments ** Ambulatory Surgical Center Regulations **	M 000		
M 043	107.01 Personnel Records Personnel Records. A record of each employee should be maintained which includes the following to help provide quality assurance in the facility: 1. Application for employment. 2. Written references and/or a record of verbal references. 3. Verification of all training and experience, and licensure, certification, registration and/or renewals. 4. Performance appraisals. 5. Initial and subsequent health clearances. 6. Disciplinary and counseling actions. 7. Commendations. 8. Employee incident reports. 9. Record of orientation to the facility, its policies 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. This Statute is not met as evidenced by:	M 043	M 043 It is Jackson Women's Health policy that all employees have documentation of their job description and the facility's policies and procedures in their file. All employee files have been reviewed and updated as needed. Employee files will be checked on a monthly basis to ensure accuracy. Our employees will continue to be oriented upon being hired with our company. Completion Date: 10/10/2012	

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

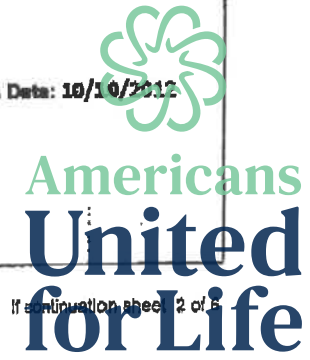
TITLE
Director



MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2012
NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216	

(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 043	Continued From page 1 Based on personnel file review, the facility failed to maintain documentation that three (3) of six (6) 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 six (6) 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 been orientated to the facilities policies and procedures.	M 043		
M 045	107.03 Health Examination 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 medical director, administrator and director of nursing, 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 (6) employees had a pre-employment health examination by a physician and/or a repeated health examination annually thereafter.	M 045	M 045 All employees have had health exams and documentation is in each file. All employee files will continue to have health examinations in them. Employee files are being checked on a monthly basis for accuracy.	Completion Date: 10/10/2012



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STATEMENT OF DEFICIENCIES) PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2012
NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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 045	Continued From page 2 Findings include: Personnel file review revealed that five (5) personnel files had no documented evidence of pre-employment and/or annual health examination by a physician to ascertain freedom from communicable diseases.	M 045		
M 055	110.01 Safety 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. This Statute is not met as evidenced by: Based on observation, the facility failed to follow its procedures in order to enhance safety within the facility and on its grounds and minimize hazards to patients, staff and visitors. Findings include: Observation of the female locker room in the surgical suite on 09/18/2012 at approximately 09:20 a.m. revealed that the door exiting from the non sterile area to a sub sterile area was blocked by a wood pallet and a IV (Intravenous) stand.	M 055	M 055 The wood pallet and the IV stand have been removed from blocking one of the two doors of the employee bathroom. All employees have been instructed that nothing can be put behind the doors as to ensure for proper safety conditions. This will be monitored by the director to ensure safety of the facility at all times. Completion Date: 10/10/2012	
M 126	130.02 Local Restriction Local Restriction. The ambulatory surgical	M 126		



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STATEMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2012
NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216		
(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 126	Continued From page 3 facility shall comply with local zoning, building, and fire ordinances. In addition, 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, Standard for Fire Windows and Doors. Findings include: On September 17, 2012 at 10:45 a.m. observation revealed that the storage room located between the rest room and the semi-restricted storage room was served by two (2) doors, both of which failed to latch when in the closed position. The door frame latch strike plates have been covered over with tape to defeat the latching operation. Review of the International Fire Code, Chapter 703.2 revealed: "Opening protectives shall be maintained in an operative condition . . ."	M 126	M 126 The doorknobs on the storage room have been replaced and the tape has been removed so that the door is latching properly. Any faulty doors will be reported to management immediately and fixed. Completion Date: 10/10/2012	
M 136	130.12 Lighting Lighting. All areas of the facility shall have sufficient artificial lighting to prevent accidents and provide proper illumination for all services.	M 136		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2012
NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216	
(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)
M 136	Continued From page 4 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: During a tour of the surgical suite on 09/18/2012 observation revealed that one florescent light was not working properly in the room where the water tank and washing machine were housed. This caused the lighting in the room to be very dim.	M 136	M 136 The light bulb that was not working properly in the laundry room has since been replaced. There were 3 other light bulbs in this room that were operating properly. We will continue to check all lighting on a weekly basis to ensure patient safety. No patients were affected by this because the other three lights were working appropriately. Completion Date: 10/10/2012
M 137	130.13 Emergency Lighting Emergency Lighting. Emergency lighting systems shall be provided to adequately light corridors, operating rooms, exit signs, stairways, and lights on each exit sign at each exit in case of electrical power failure. This Statute is not met as evidenced by: Based on observation the facility failed to maintain the emergency lighting system to all exit signs. Findings include: On September 17, 2012 at 11:15 a.m. observations made with the Administrator	M 137	M 137 The bulbs in one of the exit signs in the facility have been replaced. We will continue to check all lighting on a weekly basis to ensure patient safety. No patients were affected by this because we did not have any power outages during this time while patients were in the facility. Completion Date: 10/10/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2012
NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39218		
(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 137	Continued From page 5 revealed that the lighted exit sign at the east end of the semi-restricted (back) corridor was not illuminated.	M 137		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2012
NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216	

(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	<p>Comments</p> <p>Minimum Standards of Operation for Ambulatory Surgical Facilities</p> <p>• Rule 42.9.7 Professional Staff</p> <p>... 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 ...</p> <p>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 physicians.</p> <p>The statute is not met as evidenced by</p> <p>Based on review of documents and interview with the Administrator of the facility, the facility failed to ensure that each physician associated with the abortion facility has admitting privileges at a local hospital and staff privileges to replace local hospital on-staff physicians.</p> <p>Findings include</p> <p>Review of two (2) of three (3) credentialing files on 07/16/12 revealed that two (2) of the three (3) physicians associated with the facility do not have admitting privileges at a local hospital and staff privileges to replace local hospital on-staff physicians. Documents reviewed included applications to five (5) local hospitals for admitting privileges and staff privileges to replace local hospital on-staff physicians, but documentation</p>	M 000	<p>JWHO objects to this finding of deficiency for noncompliance with Rule 42.9.7 as written.</p> <p>The Department of Health adopted the amended Rule 42.9.7 on July 11, 2012.</p> <p>Under Miss. Code Ann. § 25-43-3.113, the amendment does not take effect for 30 days. Therefore, assuming that the Department filed the amended Rule with the Secretary of State on the day of adoption, JWHO should not be required to comply with the amendment until August 10, 2012. The Plan of Correction is provided subject to this objection.</p> <p><u>Plan of Correction</u></p> <p>JWHO will respond in a timely way to any inquiries from the hospitals concerning the privileges applications already submitted for JWHO's doctors. As of July 31, 2012, one hospital has denied privileges to both doctors. JWHO will continue to make phone calls and otherwise attempt to follow up with the hospitals at which applications are pending, on roughly a monthly basis. JWHO will submit an application for its doctors to University Medical Center if and when it receives such an application. JWHO has made repeated efforts to obtain such an application but has not received one to date. JWHO will continue to make phone calls and otherwise continue to make efforts to obtain an application.</p>	

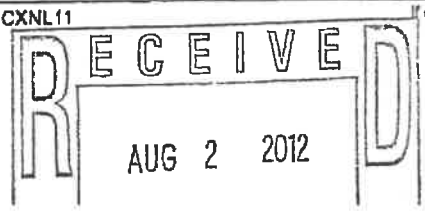
Mississippi State Department of Health

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

Shannon Brewer

TITLE

Director



accepted 8/3/2012 MFG

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2012
NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION		STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216	
(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)

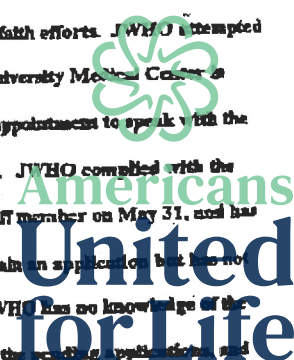
M 000 Continued From page 1

granting such privileges was not in the files. Interview with the Administrator confirmed that no such privileges have been granted.

M 000

Date of Completion: January 11, 2013.

JWHO does not control whether and when a hospital will grant privileges applications and thus JWHO does not control its ability to comply with new Rule 42.9.7. The date indicated is the date on which the six-month period for compliance allowed by Miss. Code Ann. § 41-75-16 will end. Mississippi law requires the Department of Health to give JWHO a "reasonable time," of a period up to six months from the date on which a rule is adopted, to attempt to comply with the new rule. Miss. Code Ann. § 41-75-16. Under the current circumstances, a six month period is reasonable. After a significant effort to reach out to all of the area hospitals, JWHO has submitted applications for privileges to each of the local hospitals that have sent them applications and indicated that privileges might be granted. One hospital has denied privileges, but the others have not responded. While JWHO staff members have attempted to gather information about the timeline for the hospitals' process of reviewing applications, those efforts have been unsuccessful. Therefore, JWHO does not know when, if ever, the remaining hospitals will act on the pending applications for JWHO's doctors. JWHO has not received an application from University Medical Center, despite its good faith efforts. JWHO attempted to obtain an application from University Medical Center in early May, but could not get an appointment to speak with the appropriate person until May 31. JWHO complied with the directions given by the UMC staff member on May 31, and has continued to make efforts to obtain an application, but has not received one to date. Because JWHO has no knowledge of the timeframe for hospital action on the pending applications, and no control over that timeframe, and because it has been unable even to get an application from one local hospital, the maximum period allowed by Miss. Code Ann. § 41-75-16 is appropriate.



*accepted
8/3/2012
M JH*

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2012
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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M 000	<p>Initial Comments</p> <p>COMPLAINT INVESTIGATION #MS00010596</p> <p>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.</p>	M 000		

Mississippi State Department of Health

TITLE

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

STATE FORM

6899

1EFZ11



(if continuation sheet) of 1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/13/2013
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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M 000	<p>Initial Comments</p> <p>** Abortion Facility Regulations **</p> <p>Annual licensure survey conducted 9/13/2013 revealed the facility was in compliance with the Minimum Standards of Operation for Abortion Facilities.</p> <p>There were no deficiencies cited.</p>	M 000		
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Mississippi State Department of Health

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

Shannon J. Brennan

TITLE

Director

STATE FORM

6899

LHUN11



Americans
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for Life**

(X5) DATE

10-2-2013

continuation sheet of 1

MSDH - Health Facilities Licensure and Certification

COPY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2013
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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M 000	Initial Comments * Ambulatory Surgical Centers (ASC) Regulations ** Annual licensure survey conducted 9/13/2013 revealed the facility was NOT in compliance with the Minimum Standards of Operation for Ambulatory Surgical Centers.... Life Safety Code (LSC) deficiencies were cited.	M 000		
M 720	42.30.14 Emergency Power Emergency Power. Emergency generator shall be provided to make life sustaining equipment operable in case of power failure. Emergency failure outlets shall be provided in all patient care areas. This Statute is not met as evidenced by: *Ambulatory Surgical Center * The ASC facility was unable to provide weekly and monthly testing documentation for the emergency generator. Finding Include: While reviewing generator testing documentation on September 13, 2013 at approximately 10:45 a.m. the facility failed to provide the monthly and weekly generator testing documentation for the last 12 months. Generators should be tested in accordance with NFPA 110, Section 6-3.4 which states a written record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained on the premises. The written record shall include the following:	M 720	M 720 Prior to the installation of the new generator last year, Jackson Women's Health has always kept a log of all weekly and monthly generator testing and maintenance. Last year, after speaking with a representative of the Ms. Dept. of Health and the owner of the generator company simultaneously regarding the new generator, it was determined that because our new generator is self-testing and alerts us when there is anything not performing properly, a manual test and log would not be necessary. Only a yearly maintenance by a licensed professional should be obtained and documented (this is available on site). Nevertheless, in order to remain in compliance with	

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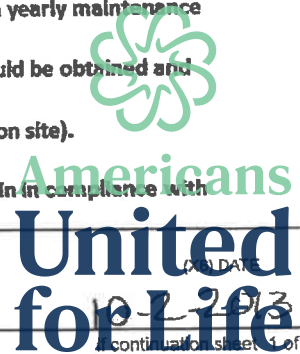
Shannon Brown

TITLE

Director

DATE

10-2-2013



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2013
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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M 720	Continued From page 1 (a) The date of the maintenance report (b) Identification of the servicing personnel (c) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced (d) Testing of any repair for the appropriate time as recommended by the manufacturer.	M 720	all policies and procedures, we will begin and continue to document weekly and monthly testing of the automatic generator. No patients were affected by this because the generator has been testing itself weekly and our yearly maintenance has been done by the company who installed the automatic generator.	Completion Date : 09/30/2013
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MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/18/2015
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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M 000 Initial Comments

- Health -

ABORTION FACILITY REGULATIONS

Annual Licensure Survey conducted 09/15 - 09/18/2015 revealed the facility was NOT in compliance with Minimum Standards of Operation for Abortion Facilities....

OK
11-15-15
DJ

M 195 44.11.1 Medical Staff

Medical Staff. 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 facility must comply with all state and federal laws and regulations, including, but not limited to, provisions of MS. Code Ann. §41-75-1. 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. Physicians performing procedures in the licensed abortion facility must meet the requirements set forth in Rule 44.1.5.

This Statute is not met as evidenced by:
Based on a review of the Medical Staff Bylaws,

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

Shannon [Signature]

TITLE

DIRECTOR

(X6) DATE

10/2/15

STATE FORM

6899

W75J11



MSDH - Health Facilities Licensure and Certification

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



MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/18/2015
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39218
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 195	<p>Continued From page 2</p> <p>application for staff privileges and that the medical staff member's vita (resume) would be sufficient.</p> <p>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.</p>	M 195		
M 220	<p>44.13.1 Written Policies and Procedures</p> <p>1. 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.</p> <p>2. The policies and procedures shall include establishment of the following:</p> <p>a. Safety rules and practices pertaining to personnel, equipment, gases, liquids, drugs;</p> <p>b. Provisions for reporting and the investigation of accidental events regarding patients, visitors and personnel (incidents) and corrective action taken;</p> <p>c. Provision for dissemination of safety-related information to employees and users of the facility; and</p> <p>d. Provision for syringe and needle storage, handling and disposal.</p> <p>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.</p>	M 220		



MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/18/2015
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 220	<p>Continued From page 3</p> <p>Findings Include:</p> <p>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 said "battery low". The Administrator stated that the nurse had ordered another battery for the defibrillator, but she did not know what day the equipment was ordered or how long it would take to receive the equipment.</p> <p>Review of the facility's undated "Defective Equipment Tagging and Removal" policy revealed: "Any equipment that is broken, damaged, or not operating to the manufacturer's specifications shall be removed from service immediately."</p> <p>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."</p>	M 220	<p>M220</p> <p>A new battery for the defibrillator has been ordered. No patients were affected during this time because the defibrillator had not been used for any emergency purposes. To remain in compliance and prevent extensive delays when ordering any emergency equipment, the Director of Nursing and Director will place orders in a more timely manner.</p> <p>Completion Date: 10/02/2015</p>	



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/18/2015
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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M 000	<p>Initial Comments</p> <p>- Health -</p> <p>** AMBULATORY SURGICAL CENTERS (ASC) REGULATIONS **</p> <p>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....</p>	M 000		
M 160	<p>42.9.1 There shall be a single organized...</p> <p>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.</p>	M 160	<p><i>JK</i> <i>11-15-15</i> <i>(2)</i></p>	

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

Shannon B...

TITLE
Dine...
DATE
10/2/15



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for Life**

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/18/2015
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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M 160	<p>Continued From page 1</p> <p>This Statute is not met as evidenced by: Based on staff interview, review of the Medical Staff Bylaws and Medical Staff Credentialing file review, the facility failed to be organized consistent with their facility's documented staff organization bylaws, rules and regulations.</p> <p>Findings Include:</p> <p>Review of the facility's Medical Staff Bylaws, Article III, Section 2 (D) revealed, "Every application for staff appointment shall be signed by the applicant, and shall contain the applicant's specific acknowledgement of every staff member's obligation to provide emergency coverage of patients and to abide by the Medical Staff by-laws, rules, and regulations."</p> <p>Review of the facility's Article Medical Staff Bylaws, Article III, Section 2 (B) revealed, "Only physicians insured medical malpractice insurance, evidence by a Certificate of Insurance, shall be qualified for membership on the Medical Staff."</p> <p>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."</p> <p>During an interview with the facility Director on</p>	M 160	<p>M160</p> <p>We have updated our physician hiring protocol by including an application for staff appointment because our policies state that each physician has to have one on file. No patients were affected by this because prior to this form, physicians have always provided resumes' or CVs which contains work and education history along with references. (Blank Application attached)</p> <p>Completion Date:11/12/2015</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2015
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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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 160		
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; 3. Provision for dissemination of safety-related information to employees and users of the facility; and 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.	M 220		

Mississippi State Department of Health
STATE FORM

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Registration sheet of 7

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2015
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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M 220	<p>Continued From page 3</p> <p>Findings Include:</p> <p>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 said "battery low". The Administrator stated that the nurse had ordered another battery for the defibrillator, but she did not know what day the equipment was ordered or how long it would take to receive the equipment.</p> <p>Review of the facility's undated "Defective Equipment Tagging and Removal" policy revealed: "Any equipment that is broken, damaged, or not operating to the manufacturer's specifications shall be removed from service immediately."</p> <p>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."</p>	M 220	<p>M220</p> <p>A new battery for the defibrillator has been ordered. No patients were affected during this time because the defibrillator had not been used for any emergency purposes. To remain in compliance and prevent extensive delays when ordering any emergency equipment, the Director of Nursing and Director will place orders in a more timely manner.</p> <p style="text-align: right;">Completion Date: 10/02/2015</p>	
M 581	<p>42.27.4 Recovery Room Suite</p> <p>Recovery Room Suite.</p> <p>1. Recovery room shall contain charting space, medication storage and preparation and sink required.</p> <p>2. Each patient shall have readily available</p>	M 581		



MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2015
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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M 581	<p>Continued From page 4</p> <p>oxygen, suction and properly grounded outlets. Each bed shall be readily adjustable to various therapeutic positions, easily moved for transport, shall have a locking mechanism for a secure stationary position and a removable headboard.</p> <p>3. Direct visual observation of all patients shall be possible from a central vantage point, yet from the activity and noise of the unit by partitions, drapes and acoustic ceilings.</p> <p>4. Eighty (80) square feet shall be provided each bed or stretcher to make easily accessible for routine and emergency care of the patients and also to accommodate bulky equipment that may be needed.</p> <p>5. There shall be an alarm system for unit personnel to summon additional personnel in an emergency. The alarm shall be connected to any area where unit personnel might be, physician lounges, nurses lounges or stations.</p> <p>6. The kind and quality of equipment shall depend upon the needs of the patients treated. Diagnostic monitoring and resuscitative equipment, such as respiratory assist apparatus, defibrillators, pacemakers, phlebotomy and tracheostomy sets, endotracheal tubes, laryngoscopes and other such devices shall be easily available within the units, and in good working order. There shall be a written preventive maintenance program that includes techniques for cleaning and for contamination control, as well as for the periodic testing of all equipment.</p> <p>7. Expert advice concerning the safe use of, and preventive maintenance for all biomedical devices and electrical installations shall be readily</p>	M 581		
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Mississippi State Department of Health
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If continuation sheet 5 of 7

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/18/2015
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 581	<p>Continued From page 5</p> <p>available at all times. Documentation of safety testing shall be provided on a regular basis to unit supervisors.</p> <p>8. There shall be written policies and procedures for the recovery room suite, which supplements the basic ambulatory surgical facility policies and procedures shall be developed and approved by the medical staff, in cooperation with the nursing staff.</p> <p>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 condition in the recovery room for the safety of all patients.</p> <p>Findings Include:</p> <p>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 said "battery low". The Administrator stated that the nurse had ordered another battery for the defibrillator, but she did not know what day the equipment was ordered or how long it would take to receive the equipment.</p> <p>Review of the facility's undated "Defective Equipment Tagging and Removal" policy revealed: "Any equipment that is broken, damaged, or not operating to the manufacturer's specifications shall be removed from service immediately."</p>	M 581	<p>M581</p> <p>A new battery for the defibrillator has been ordered. No patients were affected during this time because the defibrillator had not been used for any emergency purposes. To remain in compliance and prevent extensive delays when ordering any emergency equipment, the Director of Nursing and Director will place orders in a more timely manner.</p> <p style="text-align: right;">Completion Date: 10/02/2015</p>	



MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/18/2015
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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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."	M 581		
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MSDH - Health Facilities Licensure and Certification

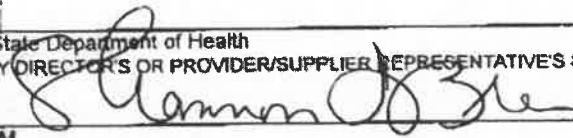
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2015
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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M 000	<p>Initial Comments</p> <p>- Life Safety Code (LSC) -</p> <p>* Ambulatory Surgical Centers (ASC) Regulations**</p> <p>Annual licensure survey conducted on 9/15/15 revealed the facility was in compliance with the Minimum Standards of Operation for Ambulatory Surgical Centers....</p> <p>There were no Life Safety Code (LSC) deficiencies cited during this survey.</p>	M 000		
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Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Director

STATE FORM

6899

4H3J11



Americans
United for Life

09/15/15

Continuation sheet 1 of 1

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PRINTED: 09/06/2016
FORM APPROVED

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/25/2016
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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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 000		
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°	M 265		

OK
9-23-16
(P)

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

Shannon J. Sewer

TITLE

Director

STATE FORM

6899

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SEP 22 2016

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25JW	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
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NAME OF PROVIDER OR SUPPLIER JACKSON WOMEN'S HEALTH ORGANIZATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH STATE STREET JACKSON, MS 39216
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 265	<p>Continued From page 1</p> <p>F). Containment of infectious medical waste at the producing facility is permitted at or below a temperature of 0° C (32° F) for a period of not more than ninety (90) days without specific approval of the Department of Health.</p> <p>d. Containment of infectious medical waste shall be separate from other wastes. Enclosures or containers used for containment of infectious medical waste shall be so secured so as to discourage access by unauthorized persons and shall be marked with prominent warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. Each container shall be prominently labeled with a sign using language to be determined by the Department and legible during daylight hours.</p> <p>e. Infectious medical waste, except for sharps capable of puncturing or cutting, shall be contained in double disposable plastic bags or single bags (1.5 mills thick) which are impervious to moisture and have strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid wasted during storage, handling, or transport.</p> <p>f. All sharps shall be contained for disposal in leak proof, rigid, puncture-resistant containers which are taped closed or tightly lidded to preclude loss of the contents.</p> <p>g. All bags used for containment and disposal of infectious medical waste shall be of a distinctive color or display the Universal Symbol for infectious waste. Rigid containers of all sharps waste shall be labeled.</p> <p>h. Compactors or grinders shall not be used to process infectious medical waste unless the waste has been rendered non-infectious. Sharps containers shall not be subject to compaction by</p>	M 265		

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M 265

Continued From page 2

any compacting device except in the institution

itself and shall not be placed for storage or transport in a portable or mobile trash compactor.

i. Infectious medical waste and medical waste contained in disposable containers as prescribed above shall be placed for storage, handling, or transport in disposable or reusable pails, cartons, drums, or portable bins. The containment system shall be leak proof, have tight-fitting covers and be kept clean and in good repair.

j. Reusable containers for infectious medical waste and medical waste shall be thoroughly washed and decontaminated each time they are emptied by a method specified by the Mississippi Department of Health, unless the surfaces of the containers have been protected from contamination by disposable liners, bags, or other devices removed with the waste, as outlined in I.E.

2. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one or more of the following procedures:

a. Exposure to hot water at least 180° F for a minimum of 15 seconds.

b. Exposure to a chemical sanitizer by rinsing with or immersion in one of the following for a minimum of 3 minutes:

i. Hypochlorite solution (500-ppm available chlorine).

ii. Phenolic solution (500-ppm active agent).

iii. Iodoform solution (100-ppm available iodine).

iv. Quaternary ammonium solution (400-ppm active agent).

3. Reusable pails, drums, or bins used for

M 265



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M 265	<p>Continued From page 3</p> <p>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.</p> <p>a. Trash chutes shall not be used to transfer infectious medical waste.</p> <p>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.</p> <p>4. Treatment or disposal of infectious medical waste shall be by one of the following methods:</p> <p>a. By incineration in an approved incinerator which provides combustion of the waste to carbonized or mineralized ash.</p> <p>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:</p> <p>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.</p> <p>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</p>	M 265		

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M 265	<p>Continued From page 4</p> <p>least annually.</p> <p>iii. Use of heat sensitive tape or other device for each container that is processed to indicate the attainment of adequate sterilization conditions.</p> <p>iv. Use of the biological indicator <i>Bacillus stearothermophilus</i> placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions.</p> <p>v. Maintenance of records of procedures specified in (1), (2), (3) and (4) above for period of not less than a year.</p> <p>c. By discharge to the approved sewerage system if the waste is liquid or semi-liquid, except as prohibited by the Department of Health.</p> <p>d. Recognizable human anatomical remains shall be disposed of by incineration or interment, unless burial at an approved landfill is specifically authorized by the Mississippi Department of Health.</p> <p>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 <i>Bacillus subtilis</i> spores or other equivalent organisms shall be conducted quarterly to ensure the sterilization effectiveness of gas or steam treatment.</p> <p>5. Treatment and disposal of medical waste which is not infectious shall be by one of the following methods:</p> <p>a. By incineration in an approved incinerator which provides combustion of the waste to</p>	M 265		
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M 265	<p>Continued From page 5</p> <p>carbonized or mineralized ash.</p> <p>b. By sanitary landfill, in an approved landfill which shall mean a disposal facility or part of a facility where medical waste is placed in or on land and which is not a treatment facility.</p> <p>c. All the requirements of these standards shall apply, without regard to the quantity of medical waste generated per month, to any generator of medical waste.</p> <p>This Statute is not met as evidenced by: Based on observation, the facility failed to ensure infectious medical waste and medical waste is contained in a manner which discourages access to unauthorized persons.</p> <p>Findings Include:</p> <p>During a tour of the facility on 08/29/2016, at approximately 9:15 a.m., observation revealed that the door to the Medical Waste Storage room was not locked. The Medical Waste Storage room was located in the same corridor as a rest room and the counseling room. Since the door was not locked exposure to the public was not minimized.</p>	M 265	<p>M 265</p> <p>We have changed our entrance to the Medical Waste Storage room to include a locked doorknob to discourage access by unauthorized persons.</p> <p>Patients were not affected because prominent warning signs have and will continue to remain outside of the door leading to Medical Waste Storage room therefore, no unauthorized person have entered this room.</p> <p style="text-align: right;">Completion Date: 09/19/2016</p>	
M 380	<p>44.23.1 Environment</p> <p>Environment. The abortion facility shall provide a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.</p> <p>1. An infection committee, or comparable arrangement, composed of physician, Registered</p>	M 380		



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M 380

Continued From page 6

Nurse and Administrator, shall be established and shall be responsible for investigating, controlling, and preventing infections in the abortion facility.
2. There shall be written procedures to govern the use of aseptic techniques and procedures in all areas of the abortion facility.
3. Continuing education shall be provided to all abortion facility personnel on causes, effects, transmission, prevention, and elimination of infection on an annual basis.

This Statute is not met as evidenced by:
Based on observation and staff interview, the facility failed to provide a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.

Findings Include:

During a tour of the facility on 08/29/2016, at approximately 9:15 a.m., observation revealed that the stainless steel sink in the dirty utility room showed evidence of rust. Also, the handles and sprayer on the stainless steel sink had turned black. Observation in the Medical Waste Storage area revealed one hinge on the door of the chest type freezer, where medical waste is stored, was loose and the door would not close properly. There was no medical waste in the freezer at that time.

During the exit conference on 8/29/16 at 11:30 a.m. the Administrator stated that the use of bleach had caused the handle and sprayer in the stainless steel sink to turn black.

M 380

M 380

The stainless steel sink in the dirty scrub room which contained blotches obtained from a chemical used to deter rust, mildew and mold has been replaced with a new sink. No patients were affected because the blotches on the stainless steel were that of a chemical mixing with bleach which caused the spots so it appeared unsanitary to the naked eye although the sink is and will continue to be cleaned properly daily. The freezer in the Medical Waste Storage area has also been replaced with a new freezer. No patients were affected because the temperature of the interior of the freezer had not changed due to the broken hinge on the exterior of the freezer.

Completion Date: 09/19/2016



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M 000	<p>Initial Comments</p> <p>- Health -</p> <p>*ABORTION FACILITY REGULATIONS *</p> <p>Annual Licensure Survey conducted 08/22/2017 revealed the facility was in compliance with Minimum Standards of Operation for Abortion Facilities.</p> <p>No deficiencies were cited.</p>	M 000		

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M 000	<p>Initial Comments</p> <p>- Health -</p> <p>*ABORTION FACILITY REGULATIONS *</p> <p>Annual Licensure Survey conducted 09/18/2018 revealed the facility was in compliance with Minimum Standards of Operation for Abortion Facilities.</p> <p>No deficiencies were cited.</p>	M 000		
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M 000	<p>Initial Comments</p> <p>- Health -</p> <p>** AMBULATORY SURGICAL CENTERS (ASC) REGULATIONS **</p> <p>Annual licensure survey conducted 09/17/2019 revealed the facility was in compliance with the Minimum Standards of Operation for Ambulatory Surgical Centers.</p> <p>No deficiencies were cited.</p>	M 000		
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