Health Standards Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 000	Initial Comments Complaint survey #LA0051232 Abbreviations: BP - blood pressure bpm - beats per minute cc - milliliter cm - centimeter D&C - Dilation and Curettage D&E - Dilation and Evacuation DON - Director of Nursing ga - gauge gm/dL - grams per deciliter H/H - Hemoglobin and Hematocrit Hct - Hematocrit Hgb - Hemoglobin IJ - Immediate Jeopardy IM - intramuscular inj - injection IV - intravenous LPN - Licensed Practical Nurse mcg - micrograms MD - Medical Doctor mg - milligram mil/uL - millions per microliter ml - milliliters NS - normal saline OAF- Outpatient Abortion Facility P&P - Policy & Procedure po - per os/by mouth POC - Products of Conception POR - Plan Of Removal PR - per rectum PRBC - Packed Red Blood Cells RBC - Red Blood Cells s/p - status post SPO2 - oxygen saturation u - unit V/S - Vital Signs yo - year old	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [redacted] TITLE Administrator (X6) DATE 6/5/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 137	4423 C - c -f - i-iv Staffing Requirements, Qualifications (i). identifying emergency medical equipment and medications that will be used to provide for basic life support until emergency medical services arrive and assume care; (ii). identifying and ensuring that a supply of emergency drugs for stabilizing and/or treating medical and surgical complications are maintained on the licensed premises; (iii). identifying and ensuring that each patient, before an abortion is performed or induced, is given by the physician performing or inducing the abortion, a telephone number of the hospital nearest to the home of the pregnant woman at which an emergency arising from the abortion would be treated; and This Rule is not met as evidenced by: Based on observations, review of records, and staff interviews, the Medical Director failed in the responsibility of identifying and ensuring that a supply of emergency medications and medical equipment for stabilizing and/or treating medical and surgical complications was maintained on the licensed premises. This failed practice affected 1 (Patient #1) of 3 (Patients #1, #2, and #3) sampled patients and had the potential of affecting 3 of 3 (Patients #1 - #3) sampled patients who had a surgical abortion procedure at the OAF. Findings: On 3/18/19 at 1:35 PM, S5Adm and S6Board	S 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 137	Continued From page 2 Member verified that Patient #1 underwent a surgical abortion procedure on 3/15/2019 and experienced heavy blood loss at the time. The two staff continued and said the OAF failed to have available the necessary IV fluids to help stabilize the Patient at the time, 911 was called, and the Patient was transported out by ambulance to an acute care hospital for treatment. During interview with S5Adm on 3/28/2019 at 11:05 AM, S5Adm presented a POR, done in response to another cited deficiency, which included the Policy and Procedure Managing Hemorrhage. The Interventions section of this Policy and Procedure documented medications and other supplies to be used in such procedures and documented interventions to be performed by Administrative, Nursing, and Physician staff. The Physician intervention for hemorrhage secondary to Uterine Atony and/or retained tissue/products of conception included in-part: Tamponade with sterile gauze and _____ Balloon. When questioned about the use and availability of the _____ Balloon as was documented on the Policy and Procedure, S5Adm affirmed that the OAF had no _____ Balloon on site or available for use by a physician if needed. S5Adm said the OAF would have to order one. On 3/28/19 at 12:20 PM, S5Adm presented two additional forms which were explained to be the list of emergency medications and supplies that the Medical Director approved to be kept on site. S5Adm explained that the form labeled as List of Emergency Equipment was the list of equipment the Medical Director approved to be kept on site. This form included a Crash KIT (crash cart). The next form labeled as STAT KIT ACLS was explained as the Medical Director's inventory list	S 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 137	Continued From page 3 of emergency medications and supplies which were kept in the STAT KIT (crash cart). On 3/28/2019 at 12:27 PM, a comparison of the OAF's STAT KIT (crash cart) inventory with the STAT KIT ACLS (inventory list of emergency medications to be kept in the cart) was performed with S4LPN. S4LPN verified that the inventory list included two vials of Midazolam (Versed) 2mg injection and two vials of Adenosine 3mg/4 ml. S4LPN verified that the STAT KIT (crash cart) had no Midazolam (Versed) available and only one vial of Adenosine which was expired as of 02/2019. An interview and review of the OAF's presented Policy and Procedures and associated list of emergency medications and emergency supplies was conducted with S3MD/Medical Director on 3/29/2019 at 11:10 AM. S3MD affirmed that he was involved with the OAF's POR and Policy and Procedures. S3MD acknowledged that the OAF's lists of emergency medications and supplies were approved and said that they were the responsibility of the administrative staff to maintain. When asked about the potential use of a _____ Balloon for an intervention in a patient who experienced hemorrhaging secondary to uterine atony and/or retained tissue/products of conception as was documented on the OAF's Policy and Procedure Managing Hemorrhage, S3MD said that he would not use a _____ Balloon. S3MD was asked about the inventory list containing the OAF's emergency medications, the lack of Midazolam (Versed) and only one of two vials of Adenosine, which was expired, present on the crash cart. S3MD replied that he would not use Adenosine. S3MD said the Adenosine would be for the 911 response personnel to use. S3MD said the medications should be checked and	S 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 137	Continued From page 4 should not have been expired. S3MD said he was aware that the Midazolam (Versed) was on back-order and was not aware of another medication to use in place of the Midazolam (Versed). S3MD was asked about the OAF's supply of IV fluids for stabilizing and/or treating medical and surgical complications should such complications present. S3MD said in the case of Patient #1, he assumed the OAF's administrative staff ensured IV fluids were available for use. S3MD acknowledged that the OAF's lists of emergency medications and supplies were approved and said that they were the responsibility of the administrative staff to maintain.	S 137		
S 205	4435 A-B Intra-operative Procedures A. The outpatient abortion facility shall ensure that emergency medical equipment and supplies as required by the governing body, medical director and medical staff are available for intra-operative care and shall include, but are not limited to: 1. surgical or gynecologic table; 2. surgical instrumentation; 3. emergency drugs for stabilizing and/or treating medical and surgical complications as approved by the medical director; 4. oxygen; 5. intravenous fluids; and 6. sterile dressing supplies. B. The outpatient abortion facility shall ensure that the medical equipment required for an abortion shall be maintained and immediately available to the physician in the procedure and/or post-anesthesia recovery area to provide emergency medical care and treatment.	S 205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 205	Continued From page 5 This Rule is not met as evidenced by: Based on interviews and record reviews, the outpatient abortion facility failed to ensure that emergency medical equipment and supplies were available for intra-operative and/or post-op care. This is evidenced by failure of the facility to have emergency intravenous fluids available for 1 (#1) of 3 (#1, #2, #3) patients sampled having surgical abortion procedures. Patient #1 experienced excessive bleeding and a decreased blood pressure and had to be transferred to a local hospital without having been given IV fluids by the OAF to help stabilize her condition. This deficient practice resulted in an Immediate Jeopardy situation. Findings: An Immediate Jeopardy situation was found to exist and notification was made to S1DirOperations on 3/15/19 at 4:40 p.m. The immediate crisis was that patients undergoing surgical abortions did not have necessary IV fluids to help stabilize them in the event of complications during procedures or post-operatively. On 3/15/19 Patient #1 was admitted for a surgical abortion. She had a history of five previous Cesarean Sections (C-Section) and one miscarriage with heavy bleeding post operatively. During the surgical abortion procedure Patient #1 began to have a decrease in blood pressure, heavy bleeding and speaking incoherently. The OAF did not have any IV fluids to administer to help stabilize Patient #1. When the OAF checked to see if they had any fluids they realized there were no fluids available. The OAF had no system in place to replace/restock IV	S 205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 205	Continued From page 6 fluids that were used and/or to check to ensure IV fluids were available prior to the start of a surgical abortion procedure in the event of a complication. Patient #3 was currently having a surgical abortion procedure and Patient #2's surgical abortion procedure was to follow after Patient #3's was completed. Review of Patient #1's OAF medical record revealed she had arrived at the facility on 3/15/19 for a surgical abortion procedure. Further review revealed she had previously had 5 Cesarean Sections and 1 miscarriage. Review of Patient #1's OAF Operative Notes revealed the surgical abortion procedure began at 12:18 p.m. and ended at 1:02 p.m. Documentation revealed after Patient #1's placenta was extracted she began to have heavy supra-cervical bleeding. Patient #1's blood loss during the procedure was documented as 250cc-350cc. Patient #1's blood pressure was documented as 148/90 with a pulse of 92 bpm at the beginning of the procedure at 12:19 p.m. Patient #1's blood pressure upon transfer to a local hospital at 2:15 p.m. was documented as 100/70 with a pulse of 104 bpm. S3MD documented that, "Patient #1's affect was not to my satisfaction and I felt she needed fluids or blood." S3MD also documented Emergency Medical Services (local ambulance) had been called. There was no documentation that IV fluids had been administered. Review of Patient #1's OAF Recovery Room record revealed at 1:06 p.m. her blood pressure was documented as being 90/55. Further review revealed in the nurse's notes Patient #1 was documented as being semiconscious with a moderate amount of blood loss resulting in 911	S 205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 205	Continued From page 7 being called by S2DON. In an interview on 3/15/19 at 4:17 p.m. with S1DirOperations, she said there had been an ambulance at the facility earlier in the day. She said Patient #1 had lost a heavy blood volume after her procedure. S1DirOperations said S3MD had been concerned over Patient #1's blood volume loss. She also said Patient #1 had a history of heavy bleeding after a previous miscarriage. She said Patient #1 also had 5 previous cesarean sections. In an interview on 3/15/19 at 4:20 p.m. with S2DON, she said Patient #1 had been transferred out to a local hospital at about 2:15 p.m. to receive IV fluids and possibly blood. She said Patient #1 had a significant blood loss during her procedure. When asked if they give blood at the OAF she said no. When asked if they give fluids at the OAF, she said normally they did but they did not realize they had ran out of IV fluids until Patient #1 needed them. She said they typically have 3 bags of 1 Liter Normal Saline in the crash cart but there was none when she checked. She said there was no current process for restocking the fluids when they were used. S2DON said Patient #1's blood pressure had dropped to 78/56 at one point and her pressure was 100/70 when she was transferred to a hospital. In an interview on 3/15/19 at 4:30 p.m. with S1DirOperations, she said Patient #3 was currently in the middle of a surgical abortion procedure and Patient #2 was to have a surgical abortion procedure after Patient #3. When asked the process for checking the crash cart for fluids she replied it was checked regularly but she was not sure how often.	S 205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 205	Continued From page 8 In an interview on 3/15/19 at 4:35 p.m. with S2DON, she said the crash cart was checked for expiration dates monthly, but she did not know what the system was for replacing the normal saline bags of IV fluids when some had been used. A copy of the facility's policy for replacing emergency fluids was requested 3 times but none was provided. As of 3/15/19 at 5:45 p.m. the IJ remained in place. S1DirOperations was instructed and acknowledged that the OAF was not to perform any surgical abortion procedures until the IJ had been removed. An onsite revisit was conducted on 03/18/2019 at 1:35 p.m. S5Adm and S6Board Member presented the first POR dated 03/15/2019 which included in-part: the OAF will keep an adequate amount of IV fluids and necessary IV start kits on hand. ..the nurse on duty will check the stock of IV fluids during first work day of the week to ensure that proper amounts of IV fluids are readily available on site. S5Adm verified that the POR did not address what was an adequate amount of IV fluids or supplies to be kept on site and did not include input from any nursing or medical staff. A second POR was presented on 3/18/2019 at 2:20 p.m. This POR indicated in-part: that the OAF would keep a minimum of 3-1000 ml of 0.9% Sodium Chloride and 3-500 ml of 0.9% Sodium Chloride and all necessary IV start kits. S5Adm verified that the second POR did not include any input from any nursing or medical staff, did not address the quantity of IV start kits to have on site, or show any method of how the	S 205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 205	Continued From page 9 OAF determined the minimum amount of IV fluids to maintain on site. As of 3/18/19 at 3:00 p.m. the IJ remained in place. S5Adm verified that the OAF was instructed not to perform any surgical abortion procedures until the IJ had been removed. Review of the transporting ambulance run report dated 03/15/2019, revealed the following in-part: Patient #1's name: Primary Impression: Vaginal Hemorrhage Secondary Impression: Hypotension Chief Complaint: Weakness Signs & Symptoms: Genitourinary - Abnormal uterine and vaginal bleeding. Cardiovascular-Hypotension. Generalized Symptoms - Weakness. On scene: 14:11:03 At Patient: 14:12:16 14:13: Assessment- Physician reports that he was performing a D&E procedure on the patient and was able to extract the fetus but could not stop the vaginal bleeding and called 911 V/S monitored on scene. Pt is found hypotensive. Pt was moved over to stretcher. IV was established on scene. Pt was administered NS in route. BP increased in route. 14:16: Patient alert, blood pressure 88/59, pulse 109, respirations 16, SPO2 97% room air. 14:17: 16 ga, right antecubital, Normal Saline (0.9% NaCl), total fluid 300 ml, pt. response improved. Review of Patient #1's Hospital Records revealed in-part: Arrival 3/15/19 at 14:54 Arrival Mode: Ambulance Chief Complaint = Bleeding	S 205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 205	Continued From page 10 Hospital Report: Due to likely incomplete abortion and persistent moderate vaginal bleeding, I called ___ resident, to consult ___ OBGYN service for possible surgery ... Signed by MD 3/15/19 at 15:37 History and Physical in-part: GYN Faculty I saw and evaluated Patient in (the Hospital). Impression: 28 yo s/p attempted dilation and evacuation of 15 weeks pregnancy with continued vaginal bleeding, guarded condition. Plan: 1. s/p D&E - continued vaginal bleeding, approximately 300 cc + 800 after the procedure. Given 400 mcg Cytotec PO + 800 mcg PR given at the OAF, with continued bleeding. Tachycardia to 120's, + (positive) orthostatics, H/H 7/24. Patient symptomatic. Counseled about options, will proceed to OR for suction D&C for suspected retained POC. Signed 3/15/19 at 16:46 by MD. Operative Report: Date of Procedure March 15, 2019 Preoperative Diagnosis: retained POC status-post dilation and evacuation for elective abortion. Operation: Exam under anesthesia, Suction dilation and curettage, ultrasound guided. Specimen: Products of Conception. Drains: Foley catheter, uterine tamponade balloon containing 50 cc of saline. Estimated Blood Loss: 400 cc. Complications: Bleeding, Methergine 0.2 mg IM given intraoperatively along with one unit of packed red blood cells. Operative Progress Note: Procedure: Signed by supervising MD on 3/15/2019 at 19:19 I was present and scrubbed for exam under	S 205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 205	Continued From page 11 anesthesia and suction D&C. Cervix examined and without lacerations, approximately 1-2 cm dilated. Active bleeding was noted from os, suction and sharp curettage was done multiple times. US performed intra-operatively which helped to confirm intact uterus and homogenous appearing endometrial stripe. Methergine 0.2 mg IM given intra-operatively, along with 1u PRBCs. Bleeding improved, but due to continued minimal bleeding from os, balloon placed in uterus with 50 ml saline and urinary catheter inserted into bladder. Operative Report: Surgery: 03/16/2019 Preoperative Diagnosis: Persistent hemorrhage following D&E and status -post D&C for retained POC, cesarean section times five, suspicion for placenta accrete (accreta). Operation: Total abdominal hysterectomy and bilateral salpingectomy. Anesthesia: General endotracheal Estimated blood loss: 500 ccs. Specimens: Uterus, cervix and bilateral fallopian tubes. Indications: in part- Despite medical management as well as the tamponade balloon, the patient had persistent hemorrhage so it was decided at this time that the patient would undergo a hysterectomy and bilateral salpingectomy for persistent postoperative hemorrhage with suspicion for placenta accrete (accreta) due to the patient's history of five cesarean sections in the past. Hospital Laboratory Services Report: Patient #1's lab values were as follow: in-part: 3/15/2019 at 15:54: RBC = 2.90 with Reference at 4.2 to 5.40 mil/uL	S 205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 205	Continued From page 12 Hgb = 7.3 with Reference at 12.0 - 16.0 gm/dL Hct = 23.8 with Reference at 37.0 - 47.0 % Notes: in-part = Normocytic anemia consistent with blood loss/hemolysis. The hospital record indicated that the patient received a total of 4 units of blood as of 3/17/2019. The documented units of blood was administered as follows: 1. 3/15/19 at 17:36 2. 3/15/19 at 19:39 3. 3/17/19 at 12:40 4. 3/17/19 at 15:42 As of 3/18/2019 at 5:00 PM, Patient #1 remained an in-patient at the area Hospital. On 03/29/2019, an onsite survey was conducted at the OAF. At 3:30 p.m. S1DirOperations, S2DON, and S5Adm were notified of the accepted POR for the IJ situation. The surveyor confirmed that the OAF completed the following to remove the immediate jeopardy. The OAF, with involvement from S2DON and S3MD/Medical Director, developed a plan in-part as follows to ensure that: -The requisite number of IV fluids and IV start kits were available to nursing, determined on a daily basis by the number of patients scheduled for surgical procedures. -Designated staff were to fulfill the daily task of reconciliation of patients scheduled for surgical procedures and availability of IV fluids and IV start kits in accordance with the on-site work schedule of the DON. -Train all necessary staff for response to emergencies requiring IV resuscitation. -The development of the P&P; Pharmaceutical	S 205		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 205	Continued From page 13 Services Audit And Ordering - IV Start Kit And IV Fluids for auditing and maintaining the necessary amounts of emergency supplies to be available in the OAF. -Identified specific labeled containers in specific locations where IV fluids and IV start kits were to be maintained. -Trained staff and had staff view the location of the specific containers where IV fluids and IV start kits were located. -Developed daily and monthly check lists for designated nursing staff to check the quantities of IV fluids and IV start kits in the 3 designated storage areas. -A determination that the OAF shall maintain on site: 25 sets of IV fluids Sodium Chloride, 10 sets of IV fluids Dextrose, and 10 sets of IV fluids Lactated Ringers shall be on site daily and the same amount shall be kept in reserve. Maintenance of this inventory shall be the responsibility of the DON and has been reviewed and approved by the Medical Director. DON or clinic Administrator will be responsible for replenishing any used quantities using the same day or next day supplies ordering per protocol.	S 205		
S 259	4451 H Pharmaceutical Services H. The outpatient abortion facility shall order and maintain a supply of emergency drugs for stabilizing and/or treating medical and surgical complications on the licensed premises as authorized by the medical director.	S 259		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 259	Continued From page 14 This Rule is not met as evidenced by: Based on observations, review of records, and staff interviews, the OAF failed to order and maintain a supply of emergency drugs for stabilizing and/or treating medical and surgical complications on the licensed premises as authorized by the medical director. This deficient practice had the potential to affect 3 (Patients #1 - #3) of 3 (Patients #1 - #3) sampled patients who underwent a surgical abortion procedure at the OAF. Findings: During an interview on 3/28/19 at 12:20 PM, S5Adm presented a form which was explained to be the list of emergency medications and supplies that the Medical Director approved to be kept on site. S5Adm explained that the form labeled as STAT KIT ACLS was the Medical Director's inventory list of emergency medications and supplies which were kept in the STAT KIT (crash cart). On 3/28/2019 at 12:27 PM, a comparison of the OAF's STAT KIT (crash cart) inventory with the STAT KIT ACLS (inventory list of emergency medications to be kept in the cart) was performed with S4LPN. S4LPN verified that the inventory list included two vials of Adenosine 3mg/4 ml. S4LPN verified that the STAT KIT (crash cart) had only one vial of Adenosine which was expired as of 02/2019. An interview and review of the OAF's list of emergency medications and emergency supplies was conducted with S3MD/Medical Director on 3/29/2019 at 11:10 AM. S3MD acknowledged that the OAF's lists of emergency medications and supplies were approved and said that they were	S 259		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	BO0004642	A. BUILDING: _____ B. WING _____	C 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA CLINIC OF BATON ROUGE, INC	756 COLONIAL DRIVE BATON ROUGE, LA 70806

(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
S 259	Continued From page 15 the responsibility of the administrative staff to maintain. S3MD was asked about the STAT KIT ACLS (inventory list) containing the OAF's emergency medications and about only one of two vials of Adenosine, which was expired, present on the crash cart. S3MD replied that he would not use Adenosine. S3MD said the Adenosine would be for the 911 response personnel to use. S3MD said the medications should have been checked and should not have been expired.	S 259		

S 137

Component 1 Address how corrective actions were accomplished for those residents/ clients/patients found to have been affected by the deficient practice. (refer to the survey identified list)

The Medical Director of Delta Clinic of Baton Rouge failed in the responsibility of identifying and ensuring that a supply of emergency medications and medical equipment for stabilizing and/or treating medical and surgical complications was maintained on the licensed premises.

Delta Clinic of Baton Rouge (DCBR) acknowledges that IV fluids were available in the facility but not in the designated storage area accessible to nursing and clinical staff to help stabilize patients in the event of complications during procedures or post- operatively. Not adequately ensuring emergency medication and medical equipment was maintained could have caused potential harm to patients.

Delta Clinic of Baton Rouge updated its Policy and Procedure on Managing Hemorrhage. The facility is adequately stocked with IV Fluids, IV Start Sets, and IV Tubing in accordance with the on-site work schedule for that day.

As stated in facility Policy and Procedure for Audit and Ordering, the first nurse on duty will check the stock of IV fluids at the start of each surgical day for proper amounts of IV fluids, IV start sets and IV tubing to coincide with patient surgery count. Delta Clinic of Baton Rouge will maintain at a minimum of 25 active stock supplies of IV fluids and IV start kits to help stabilize patients in the event of complications during procedures or post-operatively. When the reserve stock of IV fluids are depleted by half, a supervisor will be notified so that supplies may be replenish.

The facility will maintain adequate and sufficient amounts of active stock quantities of IV fluids, IV start sets and IV tubing in accordance with on-site work schedule for that day. The reserve stock (available on site and used to replenish active stock) will be monitored on a daily basis by the nurse/or designated staff member who will notify the supervisor/clinic administrator of the reserve stock quantities. In doing so, this will enable the supervisor/clinic administrator to be aware of reserve stock quantities in order to ensure the facility's restocking procedures are in compliance with facilities restocking policy.

The facility received the [redacted] Balloon on May 5, 2019, and it is available as needed per physician request in the event the emergency deems it necessary. DCBR Stat Kit inventory list included 2 vials of Adenosine which 1 (one) had expired. A replacement vial of Adenosine was ordered on March 28, 2019 to replace the expired vial and the Stat Kit ACLS list was updated to reflect the 1(one) vial needed according to the kit. The Medical Director is aware that Midazolam (Versed) is not in the Stat Kit ACLS and has agreed to use Diazepam (Valium) in its place.

S 137
Component 2

Describe how other residents/clients/patients that have the potential to be affected by the deficient practice will be identified; and what will be done for them.

Administrator and/or Director of Nursing shall determine on a daily basis the number of patients scheduled for surgical procedures and ensure that the requisite number IV Fluids, IV Start Sets, and IV Tubing are available to nursing staff and located in a designated storage area to help stabilize patients in the event of complications during procedures or post operatively. In the event the facility does not have adequate IV Fluids, IV Start Sets, and IV Tubing patients will be rescheduled for another procedure date. By not having emergency medications/equipment patients could have experienced bad outcomes.

Component 3

The measures that will be put in place or the system changes that will be made to ensure that the deficient practice will not recur.

Delta Clinic of Baton Rouge designated nursing staff to check the three (3) designated storage areas (Procedure Room 5, Procedure Room 6 and Recovery Room) for IV Fluids, IV Start Sets, IV Tubing and [redacted] Balloon (Recovery Room). The nurse on duty shall check the stock through direct observation (count) and aligning the count with the schedule for that surgical procedure day. Checking will ensure the availability of adequate supplies in the event of complications during procedures or post-operatively.

Component 4

Indicate how the facility plans to monitor its performance to make sure those solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. Indicate how the corrective measures will be monitored. What quality assurance program will be put into place? Monitoring must include who (what discipline), how (chart audit, direct observations, specific procedures), how often (daily, weekly, twice a month), and what will be done if problems are discovered.

The first nurse on duty shall check the stock of IV Fluids, IV Start Sets, and IV Tubing through direct observation (count) and aligning the count with the schedule for that surgical procedure day. A written log will be used to audit supplies at the start of each procedure day to ensure the proper amounts of supplies are readily available on site to maintain quality patient care. DCBR shall include IV Fluids, IV Start Sets, and IV Tubing in the monthly audit. This shall be the responsibility of the DON or Administrator and in their absence the Director of Operations. Administrative Staff shall immediately replenish supplies after usage. In the event the facility does not have adequate IV Fluids, IV Start Sets, and IV Tubing the patients will be rescheduled for another procedure date.

The first nurse on duty will check the stock amounts of IV fluids, IV start sets and IV tubing through direct inventory checklist at the start of each surgical day. The DON and/or clinic administrator will be made aware of current quantity status and will ensure that the inventory coincides with patient surgery count. In this way, the facility establishes a two-tiered system of quality assurance, implementation and execution.

S 137
Component 5 Include dates when corrective action will be completed.

Effective March 20, 2019, Delta Clinic of Baton Rouge had adequate of IV Fluids, IV Start Sets, and IV Tubing. On May 5, 2019 Delta Clinic received its [redacted] Balloon and it was placed in the Recovery Room.

S 259

Component 1 Address how corrective actions were accomplished for those residents/ clients/patients found to have been affected by the deficient practice. (refer to the survey identified list)

Delta Clinic of Baton Rouge failed to order and maintain a supply of emergency drugs for stabilizing and/or treating medical and surgical complications on the licensed premises as authorized by the medical director.

DCBR Stat Kit included 2 vials of Adenosine which 1 (one) had expired Feb. 2019. A replacement vial of Adenosine was ordered on March 28, 2019 and received on March 29, 2019. Standard of care protocol of medication required only 1 (one) vial of Adenosine on the crash cart.

Component 2 Describe how other residents/clients/patients that have the potential to be affected by the deficient practice will be identified; and what will be done for them.

By allowing expired medications to be on site patients may have been harmed because the effectiveness of the medications may decrease over time.

Component 3 The measures that will be put in place or the system changes that will be made to ensure that the deficient practice will not recur.

The Stat Kit ACLS form has been updated. The nursing/clinical staff will be responsible for checking and documenting all medication in the cart and verifying the expirations dates. The Director of Nursing or the Administrator will review/approve for accuracy.

The nursing/clinical staff responsible for checking and documenting all medications in the cart and verifying expiration dates shall do so on or just prior to the start of the month. The DON and/or administrator shall be responsible for approving the monthly audit form.

Component 4 Indicate how the facility plans to monitor its performance to make sure Those solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. Indicate how the Corrective measures will be monitored. What quality assurance program will be put into place? Monitoring must include who (what discipline), how (chart audit, direct observations, specific procedures), how often (daily, weekly, twice a month), and what will be done if problems are discovered.

Delta Clinic of Baton Rouge Director of Nursing and/or Administrator shall be responsible for approving the monthly audit form. The nursing/clinical staff will be responsible for checking and documenting all medications in the cart and verifying the expiration dates. If a problem is found with a medication, it will be removed and replaced immediately with the same or another approved medication by the Medical Director.

S 259
Component 5 Include dates when corrective action will be completed.

Corrective Action for Adenosine was completed on 3/29/2019.

S 205

Component 1 Address how corrective actions were accomplished for those residents/ clients/patients found to have been affected by the deficient practice. (refer to the survey identified list)

Delta Clinic of Baton Rouge failed to ensure that emergency medical equipment and supplies were available for intra-operative and/or post-operative care. This deficient practice resulted in an Immediate Jeopardy situation on 3/15/19.

Delta Clinic of Baton Rouge (DCBR) acknowledges that IV fluids were available in the facility but not in the designated storage area accessible to nursing and clinical staff to help stabilize patients in the event of complications during procedures or post- operatively. Not adequately ensuring emergency medication and medical equipment was maintained could have caused potential harm to patients.

The facility is adequately stocked with IV Fluids, IV Start Sets, and IV Tubing in accordance with the on-site work schedule and aligning the count with the schedule for that surgical procedure day. The nurse on duty shall check the stock of IV Fluids, IV Start Sets, and IV Tubing through direct observation (count) and aligning with the schedule for that surgical procedure day. A written log will be used to audit supplies at the start of each procedure day to ensure the proper amounts of supplies are readily available on site to maintain quality patient care. The medical staff has been in-serviced to know where all IV fluids and start kits are located and stored for easy accessibility. DCBR shall include IV Fluids, IV Start Sets, and IV Tubing in the monthly audit. DCBR also has instituted a restocking policy to replace used IV solutions and supplies. This shall be the responsibility of the DON or Administrator and in their absence the Director of Operations. Administrative Staff shall immediately replenish supplies after usage. In the event the facility does not have adequate IV Fluids, IV Start Sets, and IV Tubing the patients will be rescheduled for another procedure date.

The first nurse on duty will check the stock amounts of IV fluids, IV start sets and IV tubing through direct inventory checklist. The DON and/or clinic administrator will be made aware of current quantity status and will ensure that the inventory coincides with patient surgery count. In this way, the facility establishes a two-tiered system of quality assurance, implementation and execution.

Component 2 Describe how other residents/clients/patients that have the potential to be affected by the deficient practice will be identified; and what will be done for them.

S 205

In accordance with the newly updated hemorrhage protocol, patients that have the potential to be affected by the deficient practice will be identified by our hemorrhage risk assessment screening. Potential patients at high risk for excessive bleeding like in the case of Patient #1, will be identified pre-operatively, allowing the physician and concerned medical staff to intervene with IV access pre-operatively, and have needed medications immediately available per hemorrhage protocol. All medical staff have also been in-serviced on the hemorrhage protocol to enable them to identify at-risk patients. DCBR has updated its medical screening form to include a hemorrhage risk assessment to be completed by the physician doing the history taking.

DCBR shall ensure that in the event the facility does not have adequate IV Fluids, IV Start Sets, and IV Tubing patients will be rescheduled for another procedure date. By not having emergency medications/equipment patient could have experience an adverse event.

Component 3 The measures that will be put in place or the system changes that will be made to ensure that the deficient practice will not recur.

The Medical Director of Delta Clinic of Baton Rouge failed in the responsibility of identifying and ensuring that a supply of emergency medications and medical equipment for stabilizing and/or treating medical and surgical complications was maintained on the licensed premises.

The nursing/clinical staff responsible for checking and documenting all medications in the cart and verifying expiration dates shall do so on or just prior to the first of every month. The DON and/or administrator shall be responsible for approving the monthly audit form.

By allowing expired medications to be on site, patients may have been harmed because the effectiveness of the medications may decrease over time.

The facility will maintain adequate and sufficient amounts of active stock quantities of IV fluids, IV start sets and IV tubing in accordance with on-site work schedule for that day. The reserve stock (available on site and used to replenish active stock) will be monitored on a daily basis by the nurse/or designated staff member who will notify the supervisor/clinic administrator of the reserve stock quantities. In doing so, this will enable the supervisor/clinic administrator to be notified of reserve stock quantities so as to abide by the facilities restocking policy.

Delta Clinic of Baton Rouge Director of Nursing and/or Administrator shall be responsible for approving the monthly audit form. The nursing/clinical staff will be responsible for checking and documenting all medications in the cart and verifying the expiration dates. If a problem is found with a medication, it will be removed and replaced immediately with the same or another approved medication by the Medical Director. DCBR DON and/or administrator shall be responsible for ensuring that restocking policy for maintaining adequate medical equipment and supplies is implemented.

S 205

Component 4 Indicate how the facility plans to monitor its performance to make sure Those solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. Indicate how the Corrective measures will be monitored. What quality assurance program will be put into place? Monitoring must include who (what discipline), how (chart audit, direct observations, specific procedures), how often (daily, weekly, twice a month), and what will be done if problems are discovered.

The first nurse on duty shall check the stock of IV Fluids, IV Start Sets, and IV Tubing through direct observation (count) and aligning the count with the schedule for that surgical procedure day. A written log will be used to audit supplies at the start of each procedure day to ensure the proper amounts of supplies are readily available on site to maintain quality patient care. DCBR shall include IV Fluids, IV Start Sets, and IV Tubing in the monthly audit. This shall be the responsibility of the DON or Administrator and in their absence the Director of Operations. Administrative Staff shall immediately replenish supplies after usage. In the event the facility does not have adequate IV Fluids, IV Start Sets, and IV Tubing the patients will be rescheduled for another procedure date.

Component 5 Include dates when corrective action will be completed.

Effective March 20, 2019, Delta Clinic of Baton Rouge had adequate IV Fluids and IV Start Kits. On May 9. 2019, the [redacted] balloon was available in the facility for use as per facility hemorrhage policy.

POLICY AND PROCEDURE
PHARMACEUTICAL SERVICES
AUDIT AND ORDERING – IV START KIT AND IV FLUIDS

POLICY

This CLINIC has established criteria for the administration of intravenous fluids, medications, and/or parenteral injections. This CLINIC has established a policy and auditing system for maintaining necessary amounts of emergency supplies to be available in the facility.

PURPOSE

To maintain the amount of supplies in CLINIC necessary to stabilize given patient volume.

PROCEDURE

AUDIT

1) CLINIC will include IV fluids and IV start kits in our monthly audit. This will be the responsibility of the DON or the administrator in their absence.

2) CLINIC will maintain at a minimum of 25 active stock supplies of IV fluids and IV start kits to help stabilize patients in the event of complications during procedures or post-operatively.

3) The first nurse on duty will also check the stock of IV fluids through direct observation (count) and aligning the count with the schedule for that surgical procedure day to maintain quality patient care. The reserve stock will be used to replenish the active stock only. When the reserve stock of IV fluids are depleted by half (10), a supervisor will be notified so that supplies may be replenished.

ORDERING

1) Under the direction of the CLINIC physician, medications shall be ordered in appropriate quantities to have sufficient available in stock for the performance of services.

2) Any staff member who utilizes an item from the IV fluid stock will report it immediately to a supervisor so that replenishments may be ordered.

3) To maintain appropriate supply volume, all materials for IV Fluids and IV Start Kits may be ordered from vendors such as Henry Schein or McKesson with next day service.

4) The nurse will notify either the DON or Clinic Administrator of any medication due to expire during the following month.

5) The DON or Clinic Administrator will contact the vendor to ensure the medication is on re-order to arrive prior to expiration.

Delta Clinic of Baton Rouge, Inc
756 Colonial Drive, Suite B
Baton Rouge, LA 70806
225-923-3242

Policy and Procedure
Managing Hemorrhage

CONCEPTS

- Hemorrhage is defined by the Society for Family Planning as excessive bleeding that requires a clinical response and/or bleeding in excess of 500mL.
- Hemorrhage caused by uterine atony, retained intrauterine tissue, trauma to the uterus and/or cervix, or a rare underlying coagulopathic disorder may be treated with fundal massage, uterotonic medications, and/or vacuum (re)aspiration within our facility.
- Hemorrhage requiring transfusion, tamponade, surgical intervention beyond vacuum aspiration, and/or serial surveillance of CBCs would require EMS activation for transport to nearest hospital.
- Hemorrhage occurs in 0.07-0.4% of patients electing to terminate their pregnancy surgically

ASSESSMENT

- Preoperative Risk Assessment to be completed on consultation visit which directly solicits the following information:
    - Moderate Risk:
        - 2 or greater prior c/s, uterine scars, uterine surgical procedures
        - Prior c/s and previa
        - Coagulopathic disorder
        - PMHx of obstetric hemorrhage not needing transfusion
        - Increasing maternal age
        - Fibroids
        - Obesity
        - Anticoagulant therapy
    - High Risk:
        - Accreta and/or concern for accreta
        - PMHx of obstetric hemorrhage requiring transfusion
- **Signs and symptoms of suspected hemorrhage include but are not limited to**:
    - Hypotension (SBP <90 and/or DBP<50)
    - Tachycardia (HR > 110)
    - Frank, bright, red vaginal bleeding and/or any bleeding in excess of 500mL
    - Acute decline in level of consciousness
    - Cool, clammy, dusky, diaphoretic skin
    - Capillary refill >3 seconds
    - Perioral cyanosis
    - Syncope and/or Near Syncope

- Diagnostic Criteria and Physician Assessment for Acute Hemorrhage includes but is not limited to:
    - Inspection of cervix for laceration
    - Bimanual examination to assess for uterine atony and/or tenderness
    - Ultrasound examination to evaluate for retained products of conception, tissue, and/or blood.

INTERVENTIONS

Administrative:

- Obtain and verify emergency contact information from chart
- Contact emergency contact if deemed necessary
- Verify patient contact information
- Schedule follow up for patient in one week
- Maintain adequate amounts of listed medications in clinic at all times (25 1L bags of normal saline,10 lactated ringers, 10 dextrose and 25 IV start kits). The DON or clinic administrator will be responsible for performing weekly audit/inventory of supply amounts (IV solution and IV start kits). In addition, DON or clinic administrator will be responsible for replenishing any used quantities using the same day or next day supplies ordering per protocol. On or before surgical days, the DON and/or clinic administrator will ensure that the clinic has IV solutions and start kits enough for the number of patients scheduled (including equivalent number of supplies in "reserve".)
- Maintain clearly marked 3 IV fluid resuscitation kits: one in each OR and one in recovery room
- Update policy bi-annually
- Train and evaluate staff on policy and protocol bi-annually, maintain in-service and competency assessment evaluations in employee folders

Medications:

- Methergine 0.2mg IM q2hrs (avoid if possible in women with PMHx hypertension)
- Pitocin 20 units IM
- Pitocin 40 units in 500mL NS IV bolus
- Pitocin 40 units in 500mL LR IV bolus
- Misoprostol 1000 mcg PR
- 1L NS and/or LR IV bolus

Nursing:

- Notify MD of suspected hemorrhage immediately
- Protect airway and apply supplemental oxygen 5-7 L/min per face mask
- Establish and maintain large bore IV access x1-2
- Prepare 1L NS or LR bolus
- Prepare 0.2 methergine IM, Pitocin IM or IV, and 1000mcg misoprostol PR; administer medications as directed per physician
- Obtain vital signs q5min
- Documentation of assessments, interventions, evaluations, and patient response in nursing note
- Obtain code cart and have at bedside

- EMS activation and report should it be required
- Comfort and educate patient
- Delegate to assistive personnel- Ensure presence of appropriate staff during the rapid response: physician, nursing staff, writer; supply/medication runner.
- Equipment management
- Obtain STAT Hgb or Hct (performed in-house)
- Telephone follow-up with patient within 24 hours

Physician:

- Initiate Rapid Response to inform staff of STAT medical emergency
- Documentation of assessments, interventions, evaluations, and patient response in progress note
- Hemorrhage secondary to cervical laceration
    - Direct pressure with gauze and/or ring forceps
    - Application of topical clotting agents such as silver nitrate or ferric subsulfate solution
    - Place absorbable sutures
    - Confirm hemostasis
- Hemorrhage secondary to Uterine Atony and/or retained tissue/products of conception
    - Uterine massage
    - Order uterotonics
    - Vacuum (re)aspiration
    - Tamponade with sterile gauze and/or [redacted] Balloon
    - Confirm hemostasis
- Hemorrhage secondary to suspected uterine trauma and/or underlying coagulopathic disorder
    - Discharge to EMS for medical and/or surgical management at nearest hospital

Delta Clinic of Baton Rouge, Inc
756 Colonial Drive, Suite B
Baton Rouge, LA 70806

Hemorrhage Orders and Record

Patient Name_____ Chart #_____Date_____

Orders: *(physician to specify which IV solution to be used)*

1. **Notify** MD of suspected hemorrhage immediately
2. Protect airway and apply supplemental **oxygen** 5-7 L/min per face mask
3. Establish and maintain large bore **IV** access x1-2
4. Obtain **VS** q5min
5. **Bolus** 1L NS and/or LR IV
6. Obtain STAT **Hgb or Hct (performed in-house)**
7. **Methergine** 0.2mg IM q 2hrs up to 5 doses
8. **Pitocin** 20 units IM
9. **Pitocin** 40 units diluted in 500mL of Normal saline
10. **Pitocin** 40 units diluted in 500mL of Lactated Ringers
11. **Misoprostol** 1000mcg PR once
12. **Discharge** to home or EMS per MD with Rx for Promethazine 25mg #20 q6h prn N/V, Ibuprofen 800mg #20 q6h with food for pain one refill, Norco 5/325mg #20 q4-6h prn severe pain

Vital Sign and Medication Administration Record:

Time_____BP_____HR_____RR_____T_____SpO2_____Pain____
Time_____BP_____HR_____RR_____T_____SpO2_____Pain____
Time_____BP_____HR_____RR_____T_____SpO2_____Pain____
Time_____BP_____HR_____RR_____T_____SpO2_____Pain____
Time_____BP_____HR_____RR_____T_____SpO2_____Pain____
Time_____BP_____HR_____RR_____T_____SpO2_____Pain____
Time_____BP_____HR_____RR_____T_____SpO2_____Pain____
Time_____BP_____HR_____RR_____T_____SpO2_____Pain____
Time_____BP_____HR_____RR_____T_____SpO2_____Pain____
Time_____BP_____HR_____RR_____T_____SpO2_____Pain____
Time_____BP_____HR_____RR_____T_____SpO2_____Pain____
Time_____BP_____HR_____RR_____T_____SpO2_____Pain____

Methergine 0.2mg IM Time_____by_____Site_____
Methergine 0.2mg IM Time_____by_____Site_____
Methergine 0.2mg IM Time_____by_____Site_____
Methergine 0.2mg IM Time_____by_____Site_____
Pitocin 20 units IM Time_____by_____Site_____
Pitocin 40 units in 500mL IVsol Time_____by_____ Site_____
Misoprostol 1000 mcg PR Time _____by_____

_____ _____/_____/2019 _____am/pm
Physician signature Date Time

_____ _____/_____/2019 _____am/pm
Acknowledging nurse staff Date Time

Delta Clinic of Baton Rouge
756 Colonial Dr. Ste. B
Baton Rouge, LA 70806

STAT KIT ACLS

CONTENTS	EXP Date:
ANAPHYLACTIS, ALLERGY & ASTHMA MEDICATIONS	
Albuterol Inhaler	09/2020
Diphenhydramine 25 mg cap x1	05/2020
Diphenhydramine 50 mg 1 ml vial x2	10/2020
Epinephrine Auto 0.15mg	04/2020
Epinephrine auto 0.3 mg	11/2019
Epi 1:1000 1 ml 1mg/ml amp x2	05/2020
Solumedrol 125mg/2ml	02/2020
CARDIAC MEDICATIONS	
Adenosine 3mg/ml 2 ml vial x1	04/2020
Amiodarone 150mg/ml 3 ml vial x2	02/2020
ASA 325mg x2	04/2021
Atropine Sulfate 0.1mg/ml single Dose 1 Vial	09/2019
Epinephrine 1:10,000	02/2020
Lidocaine 2% 20mg/ml 5ml pf syringe x2	04/2020
NTG 0.4 mg sl tablets	04/2020
Verapamil 2.5mg/ml 2 ml vial	11/2019
MISCELLANEOUS MEDICATIONS	
Ammonia Inhalant x3	No Exp. Noted
Dextrose 50% 0.5mg/ml 10 mi syringe	10/2020
Dextrose 25% (PED Dose)	11/2019
Flumazenil 0.1 mg/ml 10 ml vial	06/2021
Midazolam (Versed) 2mg inj x2 (currently not available)	
Naloxone 0.4mg/ml 1ml vial x2	11/2019
Oral glucose gel	07/2020
Ondansetron 2mg/ml 2ml vial x2	09/2019
Scalpel, sterile	08/2019
AED Pad (Recovery Rm.)	10/2019
Ambu CO2 Detector	07/2020
AED Battery (Recovery Rm.)	08/2020

Checked by: _____ Date: _____

Approved by: _____ Date: _____

Delta Clinic of Baton Rouge, Inc.
756 Colonial Dr. Ste. B
Baton Rouge, La 70806
225-923-3242

Document quantity and initials to verify.

PROCEDURE RM-5	Jan		Feb		Mar		Apr		May		Jun	
Item	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials
IV Fluids												
IV Start Kit												
IV Tubing												
Jelco Saline Flush												

PROCEDURE RM-5	Jul		Aug		Sep		Oct		Nov		Dec	
Item	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials
IV Fluids												
IV Start Kit												
IV Tubing												
Jelco Saline Flush												

PROCEDURE RM-6	Jan		Feb		Mar		Apr		May		Jun	
Item	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials
IV Fluids												
IV Start Kit												
IV Tubing												
Jelco Saline Flush												

PROCEDURE RM-6	Jul		Aug		Sep		Oct		Nov		Dec	
Item	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials
IV Fluids												
IV Start Kit												
IV Tubing												
Jelco Saline Flush												

Document quantity and initials to verify.

Recovery Rm.	Jan		Feb		Mar		Apr		May		Jun	
Item	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials
IV Fluids												
IV Start Kit												
IV Tubing												
Jelco Saline Flush												
Recovery Rm.	**Jul**		**Aug**		**Sep**		**Oct**		**Nov**		**Dec**	
Item	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials
IV Fluids												
IV Start Kit												
IV Tubing												
Jelco Saline Flush												

Reserve Stock	Jan		Feb		Mar		Apr		May		Jun	
Item	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials
IV Fluids												
IV Start Kit												
IV Tubing												
Jelco Saline Flush												
Reserve Stock	**Jul**		**Aug**		**Sep**		**Oct**		**Nov**		**Dec**	
Item	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials	Qty	Initials
IV Fluids												
IV Start Kit												
IV Tubing												
Jelco Saline Flush												

Initial :_____ Sig: _____

Initial :_____ Sig: _____

Initial :_____ Sig: _____

Initial :_____ Sig: _____

Initial :_____ Sig: _____

Initial :_____ Sig: _____

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Health Standards Section

March 29, 2019

VIA CERTIFIED MAIL: 7015 3010 0001 9968 0037 & EMAIL - admin@whccno.com

Katie Caldwell, Administrator
Womens Health Care Center Inc
2701 General Pershing Street
New Orleans, LA 70115

Re: License Renewal - Change in License Status from Full to Provisional

Lic#: 03 State ID#: BO0004641

Dear Ms. Caldwell,

This letter is notification that the Louisiana Department of Health (LDH), Health Standards Section (HSS), has applied provisional status to the license of Womens Health Care Center Inc. Please be advised that the enclosed **provisional** license expires on **May 31, 2019 at 4:30 p.m.**

The Abortion Facilities Licensing Standards License Renewal Application Process (see Louisiana Administrative Code, Title 48, Part 1, Subpart 3, Chapter 44, Sections §4401 through §4453, as published in the Louisiana Register, Vol. 41, No. 4, April 20, 2015) states "If it is determined that the outpatient abortion faciltiy is not in compliance with all applicable federal, state, and local statutes, laws, rules, regulations, and ordinances, including department rules, regulations, and fees governing or relating to outpatient abortion facilities, abortion or termination procedures, reporting requirements, ultrasound requirements, informed consent requirements or any other matter addressed by law related to abortion or abortion procedures, but the department, in its sole discretion, determines that the noncompliance does not present a threat to the health, safety, and welfare of the patients, the department may issue a provisional license."

The Department's decision to issue a provisional license was based upon your failure to comply with state licensing regulations. On February 21, 2019 an annual survey was conducted and your facility was found to be non-compliant with the Patient Medical Records and Reporting Requirements (see Louisiana Administrative Code, Title 48, Part 1, Subpart 3, Chapter 44, Sections §4401 through §4453, as published in the Louisiana Register, Vol. 41, No. 4, April 20, 2015).

The STATE FORM/Statement of Deficiencies is enclosed for your response and is to be returned to this office signed and dated by the administrator, or designee, as indicated. The Plan of Correction (PoC)

shall be specific, realistic and state how the deficient practice will be prevented from recurring. Please refer to the enclosed **"Required Components for a Plan of Correction"** for guidance in developing your PoC. The PoC shall be completed and submitted to this agency within 10 calendar days of receipt of this notice letter. This will ensure that the Departmet will be able to schedule a timely follow-up survey of your outpatient abortion facility to evaluate your compliance with the applicable licensing standards. **Failure to be in compliance with the outpatient abortion facility licensing standards at the time of the follow-up survey may result in the revocation of your outpatient abortion facility license.**

You have one opportunity to question citations of deficient practices through an informal dispute resolution process. To request an informal dispute resolution, you must send your written request**,** specifying the deficient practice(s) that you are disputing and why you are questioning these to the following:

IDR Program Manager
LDH / Health Standards Section
P.O. Box 3767
Baton Rouge, La. 70821-3767

You may also submit your written request via email to: HSS.IDR-Sanction@la.gov. To be considered timely, this request must be received by the HSS within 10 calendar days of your receipt of the STATE FORM/Statement of Deficiencies and this notice letter. Please note: The informal dispute process does not exempt the facility from submitting a plan of correction.

Should you have any questions regarding this letter, please contact [redacted], Program Manager, Health Standards Section, at 225-[redacted]

Sincerely,

[redacted]
Director

CDC/zs

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Health Standards Section

April 10, 2019

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
 # 7015 3010 0001 9968 0181

Attn: Ms. Javonne Turner, Administrator
Delta Clinic of Baton Rouge, Inc.
756 Colonial Drive
Baton Rouge, LA 70806

RE: Delta Clinic of Baton Rouge, Inc.
Event ID: 0VJ111 ID: N/AMedicaid ID: N/A
State ID: BO0004642

Dear Ms. Turner:

On 03/29/2019, a survey on Complaint #LA000 was conducted at the above referenced facility. At that time it was determined that the facility was out of compliance with the federal and/or state rules for nursing facilities. Specifically, the facility had deficient practices in the following areas:

St - S - 0000 - - Initial Comments
St - S - 0137 - 4423 C - C -F - I-Iv - Staffing Requirements, Qualifications
St - S - 0205 - 4435 A-B - Intra-Operative Procedures
St - S - 0259 - 4451 H - Pharmaceutical Services

This office has determined that your facility's failure to comply with this rule constitutes a **Class "B" violation** pursuant to a final rule published by this Department in November of 2013, in that the above referenced facility's actions or inactions created the substantial probability that serious harm or death would result to a resident(s) if the situation was not corrected. Additionally, considering the findings of the previous survey dated October 26, 2018, this Class "B" violation constitutes a **repeat violation**. Further, this facility has been previously cited for a Class "B" violation that occurred within eighteen (18) months of this violation. **As a result of this infraction, we are assessing this facility a Civil Fine of $1,400.00 for the violations under Tag F- S0000, S0137, S0205, S0259, for this Class "B" violation, as referenced in this letter.**

Therefore, the total amount of the Civil Fines assessed against this facility for this Class "B" violation, as referenced in this letter, is $1,400.00.

Additionally, at that time it was determined that the facility was out of compliance with other federal and/or state rules for nursing facilities. Specifically, the facility had deficient practices in the following areas:

St - S - 0000 - - Initial Comments
St - S - 0137 - 4423 C - C -F - I-Iv - Staffing Requirements, Qualifications
St - S - 0205 - 4435 A-B - Intra-Operative Procedures
St - S - 0259 - 4451 H - Pharmaceutical Services

This office has determined that your facility's failure to comply with these rules constitutes separate **Class "C" violations** pursuant to a final rule published by this Department in November of 2013, in that the above referenced facility's actions or inactions created a potential for harm by directly threatening the health, safety, rights or welfare of a resident(s). Additionally, considering the findings of the previous survey dated , each of these Class "C" violations constitutes a **repeat violation**. Further, this facility has been previously cited for a Class "C" violation that occurred within eighteen (18) months of this violation. **As a result of these infractions, we are assessing this facility a Civil Fine of $1,400.00 for the violations under Tag F-S0000, S0137, S0205, S0259, a Civil Fine of $1,400.00 for the violations under Tag F-, and a Civil Fine of $1,400.00 for the violations under Tag F-, for these Class "C" violations, as referenced in this letter.**

Therefore, the total amount of the Civil Fines assessed against this facility for these separate Class "C" violations, as referenced in this letter, is $2,800.00

Therefore, the total amount of the Civil Fines assessed against this facility for these separate Class "B" and "C" violations, as referenced in this letter, is $4,200.00.

Further details of these violations are included in the 03/29/2019 survey statement of deficiencies, Form CMS-2567 (previously received by this facility) which are incorporated by reference herein.

You may request an **Administrative Reconsideration** of this decision to impose a civil fine. The request for Administrative Reconsideration must be in writing and must be forwarded to the following address:

IDR Program Manager
LDH - Health Standards Section
P. O. Box 3767
Baton Rouge, LA 70821-3767

You may also submit your written request via email to: HSS.IDR-Sanction@la.gov.

Your request for Administrative Reconsideration must be received by this office within ten (10) days from receipt of this notice letter and must include any documentation that you think demonstrates this determination was made in error. If a timely request for the Administrative Reconsideration is received by this office, an Administrative Reconsideration will be scheduled and you will be notified of the time and place. The reconsideration decision shall be made on the basis of documents and shall include the survey report and statement of deficiencies and all documentation the facility submits to the department at the time of its request for reconsideration. Further, oral presentations can be made by department spokesmen and facility spokesmen at the time of the Administrative Reconsideration. The department shall notify the facility, in writing, of the results of the Administrative Reconsideration.

You also have the right to an **Administrative Appeal** regarding this decision. If you desire to

appeal the proposed civil fine, you must file a written request within thirty (30) days after receipt of the written notice of the results of the Administrative Reconsideration. Your request for an Administrative Appeal must be forwarded to the following:

Division of Administrative Law
HH Section
Post Office Box 4189
Baton Rouge, LA 70821-4189

You may choose to waive or forego the right to an Administrative Reconsideration and proceed directly to an Administrative Appeal. If you choose this option, you must file a written request for an Administrative Appeal within thirty (30) days after receipt of this notice letter. Your request for an Administrative Appeal must be forwarded to the Division of Administrative Law, at the address cited in the paragraph above.

In accordance with La. R.S. 40:2009.11(D) or La. R.S. 40:2119(D), the facility shall furnish, with an appeal, bond in the minimum amount of one and one-half times the amount of the fine imposed by the department. The bond furnished shall provide in substance that it is furnished as security that the facility will prosecute its appeal, that any judgment against it, including court costs, will be paid or satisfied from the amount furnished, or that otherwise the surety is liable for the amount assessed against the facility.

Therefore, this facility must furnish a bond in the amount of **[Custom Text Prompt (Bond Amount)].**

Pursuant to Louisiana Administrative Code, Title 48, Part I, Subpart 3, Chapter 46, Section 4641 E. 5. this facility may choose to file a devolutive appeal (pay the fine, pending the outcome of all appeals).

The Department's decision to impose the civil fine becomes final and no administrative or judicial relief may be obtained if you fail to timely request an Informal Reconsideration and/or Administrative Appeal.

Please note that the request for an Administrative Reconsideration does not constitute a request for an Administrative Appeal.

LDHH Licensing Trust Funds
P.O. Box 62990
New Orleans, LA 70162-2990

Or, for overnight/courier service, to:

JPMorgan Chase
ATTN: LDHH Licensing Trust Funds
#62990
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

Do not send your payment to the Health Standards Section as this will result in delays in processing your payment.

Pursuant to a final rule published by this Department in Louisiana Register Vol. 38, No. 11

November 20,2013 the facility may waive in writing the right to all administrative reconsideration and appeal rights within 30 days from the date of receipt of the notice imposing the civil monetary penalty. This waiver shall be forwarded to the Health Standards Section of the department. You must notify Health Standards in writing on or before this date. If a facility waives its right to all administrative reconsideration and appeal rights pursuant to the rule and in accordance with the provisions of LAC 48.I. Chapter 97, Subchapter C §9741.A.1,C., the Department shall reduce the civil monetary penalty for Class "C" violations by 50 percent, which shall be paid by the facility within 30 days of receipt of the notice imposing the civil monetary penalty. This reduction only applies to **Class "C" violations**. Please send the completed waiver form accompanied by the check or money order for the amount of $**[Custom Text Prompt(Amount of Civil Fines per Tag)]** that is due and owing to the attention of James Taylor at the above listed address.

Upon remittance, include a copy of this letter with the check and clearly indicate in the check memo space the date of the survey and that the check is for payment of a civil monetary penalty.

If you have any questions regarding this letter, please contact [redacted]).

Sincerely,

Health Standards Section

BY: [redacted]

CDC\JHT

cc: File Copy Nursing Home Program Desk
[redacted]

Letter ID S63R 5/10/13 jt

. Javonne Turner, Administrator
Delta Clinic Of Baton Rouge, Inc
756 Colonial Drive
Baton Rouge, LA 70806

Waiver of Civil Money Penalty Appeal Rights

Survey Date: _____

_____
(Name of Facility)

hereby waives its right to all administrative reconsideration and appeal rights pursuant to and in accordance with the provisions of LAC 48.I. Chapter 46, Subchapter B §4613.C.2, and §4641 C.

I understand the Department shall reduce the civil monetary penalty for Class "C" violations by 50 percent. If you sign this waiver, $[Custom Text Prompt(Amount of Civil Fines)] shall be paid by the facility within 30 days of receipt of the notice imposing the civil monetary penalty.

Please send the completed waiver form accompanied by the check or money order for the amount due and owing to the Department to:

LDHH Licensing Trust Funds
P.O. Box 62990
New Orleans, LA 70162-2990

Or, for overnight/courier service:

JPMorgan Chase
ATTN: LDHH Licensing Trust Funds #62990
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

Do not send your payment to the Health Standards Section as this will result in delays in processing your payment.

Signature_____Date_____
(Administrator/Designee)

04/10/2019

Delta Clinic Of Baton Rouge, Inc
. Javonne Turner, Administrator
[Delta Clinic Of Baton Rouge, Inc
756 Colonial Drive
Baton Rouge, LA 70806

TO ENSURE PROPER CREDIT, PLEASE
DO NOT FAIL

TO INCLUDE A COPY OF THE SANCTION NOTICE AND PAYMENT TRANSMITTAL FORM WITH YOUR CHECK.

BECAUSE OF NEW ACCOUNTING PROCEDURES, HEALTH STANDARDS *MUST* OBTAIN A COPY OF THE SANCTION NOTICE LETTER AND PAYMENT TRANSMITTAL FORM. IF IT IS NOT INCLUDED, YOUR PAYMENT MAY NOT BE TIMELY CREDITED TO YOUR ACCOUNT AND MAY RESULT IN RECOUPMENT.

THANK YOU FOR YOUR COOPERATION.

HEALTH STANDARDS SECTION

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Health Standards Section

May 10, 2019

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
 # 7015 3010 001 9968 0228

Attn: Ms. Javonne Turner, Administrator
Delta Clinic of Baton Rouge, Inc.
756 Colonial Drive
Baton Rouge, LA 70806

Re: Delta Clinic of Baton Rouge, Inc.
Event ID: 126P11 ID: N/A Medicaid ID: N/A State ID: BO0004642

Dear Ms. Turner:

On 07/13/2018, an annual survey and a survey on complaint #LA00048576 were conducted at the above referenced facility. At that time it was determined that the facility was out of compliance with the federal and/or state rules for outpatient abortion clinics. Specifically, the facility had deficient practices in the following areas:

St - S - 0169 - 4425 - E-F - Patient Med Records/reporting Requirements

This office has determined that your facility's failure to comply with this rule constitutes a Class "C" violation pursuant to a final rule published by this Department in November of 2013, in that the above referenced facility's actions or inactions created a potential for harm by directly threatening the health, safety, rights or welfare of a resident(s). Additionally, considering the findings of the previous surveys dated January 25, 2017 and June 20, 2017, this Class "C" violation constitutes a **repeat violation**. **As a result of this infraction, we are assessing this facility a Civil Fine of $500.00 for the violation under Tag S-169, for this Class "C" violation, as referenced in this letter.**

Therefore, the total amount of the Civil Fines assessed against this facility for this Class "C" violation, as referenced in this letter, is $500.00.

Further details of these violations are included in the 07/13/2018 survey statement of deficiencies, Form CMS-2567 (previously received by this facility), which is incorporated by reference herein.

You may request an **Administrative Reconsideration** of this decision to impose a civil fine. The request for Administrative Reconsideration must be in writing and must be forwarded to the following address:

IDR Program Manager
LDH - Health Standards Section
P. O. Box 3767
Baton Rouge, LA 70821-3767

You may also submit your written request via email to: HSS.IDR-Sanction@la.gov.

Your request for Administrative Reconsideration must be received by this office within ten (10) days from receipt of this notice letter and must include any documentation that you think demonstrates this determination was made in error. If a timely request for the Administrative Reconsideration is received by this office, an Administrative Reconsideration will be scheduled and you will be notified of the time and place. The reconsideration decision shall be made on the basis of documents and shall include the survey report and statement of deficiencies and all documentation the facility submits to the department at the time of its request for reconsideration. Further, oral presentations can be made by department spokesmen and facility spokesmen at the time of the Administrative Reconsideration. The department shall notify the facility, in writing, of the results of the Administrative Reconsideration.

You also have the right to an **Administrative Appeal** regarding this decision. If you desire to appeal the proposed civil fine, you must file a written request within thirty (30) days after receipt of the written notice of the results of the Administrative Reconsideration. Your request for an Administrative Appeal must be forwarded to the following:

Division of Administrative Law
HH Section
Post Office Box 4189
Baton Rouge, LA 70821-4189

You may choose to waive or forego the right to an Administrative Reconsideration and proceed directly to an Administrative Appeal. If you choose this option, you must file a written request for an Administrative Appeal within thirty (30) days after receipt of this notice letter. Your request for an Administrative Appeal must be forwarded to the Division of Administrative Law, at the address cited in the paragraph above.

In accordance with La. R.S. 40:2009.11(D) or La. R.S. 40:2119(D), the facility shall furnish, with an appeal, bond in the minimum amount of one and one-half times the amount of the fine imposed by the department. The bond furnished shall provide in substance that it is furnished as security that the facility will prosecute its appeal, that any judgment against it, including court costs, will be paid or satisfied from the amount furnished, or that otherwise the surety is liable for the amount assessed against the facility.

Therefore, this facility must furnish a bond in the amount of **$750.00** to request an appeal.

Pursuant to Louisiana Administrative Code, Title 48, Part I, Subpart 3, Chapter 46, Section 4641.E(5) this facility may choose to file a devolutive appeal (pay the fine, pending the outcome of all appeals).

The Department's decision to impose the civil fine becomes final and no administrative or judicial relief may be obtained if you fail to timely request an Administrative Reconsideration and/or Administrative Appeal.

Please note that the request for an Administrative Reconsideration does not constitute a request for an Administrative Appeal.

Also, please note that if you do not request an Administrative Reconsideration or an Administrative Appeal, this letter constitutes notice of this Department's final decision to impose a sanction. Once the delays for filing for an Administrative Reconsideration and/or Administrative Appeal have run, the decision to impose this Civil Fine becomes final and **you must remit your payment with the enclosed transmittal form within ten (10) days to:**

LDHH Licensing Trust Funds
P.O. Box 62990
New Orleans, LA 70162-2990

Or, for overnight/courier service, to:

JPMorgan Chase
ATTN: LDHH Licensing Trust Funds
#62990
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

Do not send your payment to the Health Standards Section as this will result in delays in processing your payment.

Pursuant to a final rule published by this Department in Louisiana Register Vol. 39, No. 11 November 20, 2013, the facility may waive in writing the right to all administrative reconsideration and appeal rights within 30 days from the date of receipt of the notice imposing the civil monetary penalty. This waiver shall be forwarded to the Health Standards Section of the department. You must notify Health Standards in writing on or before this date. If a facility waives its right to all administrative reconsideration and appeal rights pursuant to the rule and in accordance with the provisions of LAC 48.I Chapter 97, Subchapter C §9741.A.1, the Department shall reduce the civil monetary penalty for Class "C" violations by 50 percent, which shall be paid by the facility within 30 days of receipt of the notice imposing the civil monetary penalty. This reduction only applies to **Class "C" violations.** Please send the completed waiver form accompanied by the check or money order for the amount of **$250.00** that is due and owing to the department (attention James Taylor) at the above listed address.

Upon remittance, include a copy of this letter with the check and clearly indicate in the check memo space the date of the survey and that the check is for payment of a civil monetary penalty.

If you have any questions regarding this letter, please contact [redacted] at [redacted].

Sincerely,

Health Standards Section

By: _____
[redacted]
[redacted]

cc: File Copy
Abortion Clinic Program Desk
[redacted]

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Health Standards Section

05/10/2019

Ms. Javonne Turner, Administrator
Delta Clinic of Baton Rouge, Inc.
756 Colonial Drive
Baton Rouge, LA 70806

Waiver of Civil Money Penalty Appeal Rights

Survey Date: _____

_____
(Name of Facility)

hereby waives its right to all administrative reconsideration and appeal rights pursuant to and in accordance with the provisions of LAC 48.I. Subpart 3, Chapter 97, Subchapter C, §9741.A.1. and §9743(D)(1)-(3).

I understand the Department shall reduce the civil monetary penalty for Class "C" violations by 50 percent. If you sign this waiver, $250.00 shall be paid by the facility within 30 days of receipt of the notice imposing the civil monetary penalty.

Please send the completed waiver form accompanied by the check or money order for the amount due and owing to the Department to:

Do not send your payment to the Health Standards Section as this will result in delays in processing your payment.

LDHH Licensing Trust Funds
P.O. Box 62990
New Orleans, LA 70162-2990

Or, for overnight/courier service, to:

JPMorgan Chase
ATTN: LDHH Licensing Trust Funds
#62990
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

Signature_____ Date_____
(Administrator/Designee)

Ms. Javonne Turner, Administrator
Delta Clinic of Baton Rouge, Inc.
756 Colonial Drive
Baton Rouge, LA 70806

TO ENSURE PROPER CREDIT, PLEASE
DO NOT FAIL
TO INCLUDE A COPY OF THE SANCTION NOTICE AND PAYMENT TRANSMITTAL FORM WITH YOUR CHECK.

BECAUSE OF NEW ACCOUNTING PROCEDURES, HEALTH STANDARDS *MUST* OBTAIN A COPY OF THE SANCTION NOTICE LETTER AND PAYMENT TRANSMITTAL FORM. IF IT IS NOT INCLUDED, YOUR PAYMENT MAY NOT BE TIMELY CREDITED TO YOUR ACCOUNT AND MAY RESULT IN RECOUPMENT.

THANK YOU FOR YOUR COOPERATION.

HEALTH STANDARDS SECTION