

Health Standards Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: BO0004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/13/2018
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NAME OF PROVIDER OR SUPPLIER DELTA CLINIC OF BATON ROUGE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 756 COLONIAL DRIVE BATON ROUGE, LA 70806
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S 113	<p>Continued From page 1</p> <p>relative to ensuring the outpatient abortion facility was staffed to meet the needs of its patients.</p> <p>Findings:</p> <p>During a tour of the facility on 7/09/18 beginning at 10:30 AM with S1Administrator/Licensed Practical Nurse (S1Adm/LPN), it was observed that in the facility's 2 surgical rooms contained a total of 6 unlabeled syringes filled with a clear liquid contents. Three 12 cubic centimeter (CC) syringes were noted in a pull out drawer in each of the 2 surgical rooms. S1Adm/LPN verified the 6 unlabeled syringes and identified the contents of the syringes as Lidocaine with Epinephrine for S4Medical Director (MD) to use in performing cervical blocks during procedures. She said the filled syringes remained from the last procedural day which was 7/07/18. S1Adm/LPN explained that the nurses draw up the Lidocaine with Epi (Epinephrine) for S4MD and the syringes should have been labeled by the nurses and wasted when not used.</p> <p>During an interview on 7/11/18 at 2:00 PM, S1Adm/LPN, stated that she was not able to be in the room with the physician during surgical procedures because there were only two nurses available and usually both were needed in the recovery room. She stated that the physician would like a nurse in the exam room during procedures, but this was not possible at this time.</p> <p>During an interview on 7/13/2018 at 10:25 AM, S4MD (Medical Director) stated the facility is not adequately staffed to allow a nurse to be in the surgical/procedure room with him and that is a complaint he discussed with S3Director of Operations (Director) and S9President. S4MD stated that he needed a nurse in the surgical</p>	S 113	<p>S113 continued:</p> <p>The facility has also recently acquired two additional nurses to a staff roster to address the issue of an adequate staffing. One nurse will be required to be in the procedure room during procedures at all times of clinical monitoring as required by section 4435 LAC 48:I . The other nurse will be responsible for running the recovery room which consists of vital signs monitoring, clinical monitoring and medication administration as ordered by physician in compliance with section 4437 LAC 48:I. With this measure in place, this will ensure that the deficient practice will not recur. The facility plans to monitor its performance to make sure that the solutions are sustained. The incorporation and implementation of the updated policies and procedures (please see attached revised policy and procedure insert) will aid to ensure that corrective measures are routinely monitored as required by LAC 48:I section 4427. Quality assurance and performance improvement assessment will be done quarterly during the first year of implementation and then annually thereafter. This will be conducted by the director of nursing or experienced member of administrative staff by chart audits and direct observations.</p> <p>In addition, a new director of nursing was hired on 10/31/18. She will be responsible for ensuring that the plan of correction for medication labeling, administration, medication disposal, and proper chart documentation is enforced; as this measure, policy and procedure did not previously exist. On 11/26/18, she underwent a thorough orientation to the facility. She has been updated on the current deficiencies, currently implemented corrective actions to be monitored and plan for future revisions to be made. She will be responsible for progress monitoring, implementation of correction</p>	<p>10/25/18 see attached in-service attendance record for proper labeling and disposal of medications</p>
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S 113	<p>Continued From page 2</p> <p>room with him. S4MD stated the unlabeled, undated syringes were a stop gap to ensure he had enough lidocaine available and drawn up for him during procedures. He stated that it was not ideal, but he did not have adequate help. He confirmed that he has verbally notified S9President and S3Director of Operations on numerous occasions of his recommendation and need for additional nursing staff.</p> <p>During an interview on 07/13/18 at 9:15 AM, S8DON (Director of Nursing) confirmed she was the Registered Nurse who is responsible for the overall direction of all nursing staff and nursing services provided at the facility. When asked her schedule, she stated that she was approved to work approximately four days every month at this location.</p> <p>During an interview on 7/11/18 at 4:10 PM, S3Director stated that S8DON was only available to work at this location approximately four days monthly because she worked at another location and was functioning as the nurse assisting the physician at that location so she was not available to be here on clinic days. She stated that currently S1Adm/LPN and S7LPN were the only licensed staff available for patient care.</p> <p>During an interview on 7/13/18 at 10:15 AM, S3Director stated that two nurses are not enough staff to meet the needs of the patients when S4MD sees patients. She stated that he has been here since March of 2018 and the governing body is aware of the need to hire additional staff. She confirmed that S4MD spoke to her and also had verbal communications with S9President about having adequate help on clinic days. S3Director stated that she advertised to hire, but has not been able to fill the necessary nursing</p>	S 113	S113 continued from page 2 plans, and quality compliance. Since an employee in-service training has been done on 10/25/18 to rectify this deficiency, the director of nursing will be responsible for performing chart audits and direct personnel evaluations quarterly for the first year of implementation and then bi-annually afterwards to ensure and sustain compliance.	

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S 113	Continued From page 3 staff positions. She stated that she has even approached a hiring/head hunter type agency to assist with hiring sufficient staff to meet the needs of the volume of patients being seen. The hiring agency emailed a package with information, but S9President declined because "it was too expensive." S3Director confirmed the owner is aware that S4MD wants more staff, but she is instructed to continue to schedule 10 to 12 procedures a day and her only option for advertising is the same advertisement she has been running since the medical director first voiced the need for more nursing staff.	S 113		
S 147	4423 D-2-d Staffing Requirements, Qualifications 2. Duties and Responsibilities. The RN shall be responsible for: a. developing, implementing, enforcing, monitoring, and annually reviewing written policies and procedures governing the following: i. nursing personnel, including, but not limited to: (a). developing a job description that delineates responsibilities and duties for each category of licensed and non-licensed nursing staff consistent with acceptable nursing standards of practice; (b). orientation; (c). training; and (d). evaluation for competency; ii. nursing care and services consistent with accepted nursing standards of practice; b. assigning duties and functions to each licensed and non-licensed employee commensurate with his/her licensure, certification, experience, and competence consistent with acceptable nursing standards of	S 147	S147: This deficiency reflects a lack of facilities compliance with staffing requirements, qualifications and responsibilities (LAC 48:I section 4423). The facility's current policy and procedures have been reviewed and revised to accommodate all current changes in the nursing procedures and job descriptions for each licensed employee. The changes to the policy reflect proper documentation. As noted in the deficiency report, some patient records did not have proper documentation of physician's order, patient specific data such as date, time and signature. The corrective plan includes revising the paperwork to reflect proper documentation of written or verbal physician's orders (medication ordered with proper dosage, route of administration, time, date) and signature/initials of licensed staff carrying out the order. Revisions to our documents such as standing orders, preoperative form and recovery form have been made to reflect the appropriate documentation of physician's written and/or verbal orders and accommodations for proper nursing documentation. Also this corrective plan is reflected in the revised policy and procedure for patient care/nursing procedures/personnel job description.	12/30/18

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S 147	Continued From page 4 practice; c. verifying that each licensed nurse possesses a current and unrestricted license to practice nursing in Louisiana and is in good standing with their applicable state licensing board; d. ensuring that the number of nursing staff on duty is sufficient to meet the needs of the patient(s); This Rule is not met as evidenced by: Based on record review and interview, the abortion facility's RN (Registered Nurse) failed to: 1) Ensure that the nursing care & services were consistent with accepted nursing standards of practice as evidenced by having nurses administer drugs without a physician's order in accordance with applicable state laws and failed to ensure each physician's order was in writing, patient specific, dated, timed, and signed by that individual for 6 (#1, #7, #10, #2, #3, and #5) of 15 (#1 - # 15) patient records reviewed out of a total sample of 21 patients (#1 - #21); and 2) Ensure that the number of nursing staff on duty was sufficient to meet the needs of the patients. Findings: 1) Review of the Louisiana State Board of Nursing's Statutory Definition for RN Scope of Practice R.S. 37:913 read in part: (e) Implementing nursing care through services as case finding, health instruction, health counseling, providing care supportive to or restorative of life	S 147	S147 continued: All current policy and procedures are being reviewed and revised to accommodate all current changes in the nursing procedures and job descriptions. Each licensed nurse's license or certification will be verified to ensure that the personnel is in good standing with the applicable state licensing board. Also, licensed and non-licensed personnel's scope of practice is reviewed and revised. Special attention will focus on delineating duties/job description for all hired nursing and support personnel. This will be reflected in the updated policy and procedure for personnel job description. To ensure proper standards for quality of care, will be ensuring that each employee has the proper orientation, training and quarterly evaluations for competency. Currently, each member of the nursing staff has been verified through the state licensing board. The newly hired director of nursing will be responsible for implementing these corrective measures starting on 11/26/18. This will be accomplished by direct observation and employee in service and training. In the interim, current employees have undergone in-service training for physician orders and documentation, patient specific identifiers and new paperwork review by experienced administrative staff on 10/25/18. As previously stated, the newly hired director of nursing will conduct quality assurance measures on a quarterly basis for the first year of implementation to ensure that the correction is achieved and sustained.	12/30/18

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S 147	<p>Continued From page 5</p> <p>and wellbeing and executing health care regimens as prescribed by license physicians, dentists, optometrists or other authorized prescribers.</p> <p>Review of Louisiana State Board of Nursing's Administrative Rules Defining RN Practice LAC 46: XLVII 3703. Definition of Terms Applying To Nursing Practice Defines Executing Health Care Regimens as Prescribed by License Physician, Dentist, or Authorizing Prescriber. The Registered Nurse may, based on their individual judgement of each situation, accept verbal orders initiated by an authorized prescriber and transmitted through a licensed or certified health care practitioner provided the order is related to the said practitioner's scope of practice. Registered Nurses may execute standing orders of an authorized prescriber provided the said provider initiates the standing orders as provided, further, that the said orders do not require the nurse to make a medical diagnosis or to engage in prescriptive activity.</p> <p>Patient #1 The form titled "Surgical Abortion Standing Orders-S4MD (Medical Director)" for Patient #1 dated 4/27/18 read (in part): Nubain and Phenergan IM (intramuscular) ½ to 1 hour prior to procedure; Ibuprofen 800 mg (milligrams) listed under First Trimester Prescription; Cephalexin 500 mg 1 po (by mouth). These orders by S4MD, were not timed and did not include a dosage for Nubain and Phenergan.</p> <p>Review of Patient #1's form titled Pre-operative Record dated 4/27/18 revealed S1Adm/LPN (Administrator/Licensed Practical Nurse) administered the following medications: Ibuprofen</p>	S 147	<p>S147 continued:</p> <p>We have updated all current nursing standards of practice to ensure that the individual is practicing within their accepted scope of practice. This is to ensure that the nursing staff duty is sufficient to meet the needs of the patient, ensure patient safety and maintain the highest quality of standard of care. As previously stated, all current nursing staff have gone through an in-service and training in regards to oral and written physician orders, carrying out those orders and proper documentation for both written and verbal orders to meet acceptable standards. Also, revisions to our documents such as standing orders, preoperative forms and recovery forms now reflect appropriate documentation of physicians written or verbal orders and proper nursing documentation.</p> <p>S147 Patient#1 The facility has updated current forms to show all medications that are ordered by physician who is performing the procedure with correct doses of each medication ordered and the timeslot to be filled in by the nurse on duty as well as a signature line. All records will be reviewed by the physician who will sign, date and time orders prior to dispensing and administration of medication by nursing staff. As previously stated, all current staff have undergone in-service training for physician orders and documentation, patient specific identifiers and new paperwork on 10/25/18. Ongoing quality assurance will be maintained and sustained by the director of nursing and/or experienced member of administrative staff</p>	12/30/18

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S 147	<p>Continued From page 6</p> <p>600 mg po 9:00 AM; Cephalexin 500 mg po 9:00 AM; Nubain and Phenergan IM 9:20 AM. These medications were administered pursuant to an order that was not timed. Further review of the standing orders revealed no order for Ibuprofen 600 mg po and there was no dosage for the Nubain or Phenergan.</p> <p>During an interview on 7/9/18 at 1:00 PM, S1Adm/LPN reviewed the medical record for Patient #1 and confirmed there was no order for Ibuprofen 600 mg that she administered to the patient on 4/27/18. She stated that she administered Nubain and Phenergan IM to Patient #1 and did not document the dosage of Nubain or the dosage of Phenergan that she administered to the patient because she thought the dosages listed on the Standing Orders was sufficient. S1Adm/LPN then reviewed the Standing Orders for Patient #1 that she was referring to and confirmed there was no dosage listed for Nubain and Phenergan. She confirmed she administered Nubain and Phenergan to the patient without a complete order. She confirmed that the orders were incomplete and were not timed.</p> <p>Patient #7 The form titled Surgical Abortion standing Orders dated 3/22/18 in Patient #7's record read (in part): Ibuprofen 800 mg (milligrams) - 1 tablet po (by mouth) for pain Misoprostol 200 mcg (micrograms) <u>4</u> tablets or _____ tablets by mouth The Surgical Abortion Standing Orders were signed by S4MD, dated 3/22/18, timed 1:47 PM, and were not patient specific. Review of Patient #7's form titled Pre-operative & Operative Record dated 03/22/18 revealed Misoprostol 800 mcg po and Ibuprofen 800 mg</p>	S 147	<p>S 147 continued from page 6</p> <p>on a quarterly basis by direct observation and chart audits during the first year of implementation of plan of correction.</p> <p>S147 Patient #7 In-service training for current nursing staff, performed by experienced administrative staff, has been held on 10/25/18 to ensure that all pages in the patient's file/chart have proper patient identifiers (patient's name, chart number) on them prior to carrying out physician orders for medication to be administered. The facility has revised its paperwork to meet the expectations for quality care to reduce medical errors and ensure patient safety. The director for nursing and/or experienced administrative staff will be responsible for performing</p>	

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S 147	<p>Continued From page 7</p> <p>po were given by S1Adm/LPN at 10:35 AM. These medications were administered pursuant to an order that was not patient specific. An entry on the Recovery Room Record dated 3/22/18, timed 10:35 AM signed by S1Adm/LPN read, "Pt (patient) received and tolerated 0.75 ml (milliliters) Nubain with 0.25 ml Phenergan well." Further review of the standing orders revealed no order for Nubain or Phenergan.</p> <p>During an interview on 7/10/18 at 2:45 PM, S1Adm/LPN reviewed the Recovery Room Record dated 3/22/18 for Patient #7 and confirmed she administered 0.75 ml of Nubain with 0.25 ml of Phenergan. When asked for the order to administer Nubain and Phenergan to Patient #7, she reviewed the record and stated there was no physician's order to administer Nubain and Phenergan. She further confirmed that the Surgical Abortion Standing Orders for Ibuprofen 800 mg 1 tablet po and Misoprostol 200 mcg 4 tablets po were not individualized for the patient because they did not include the patient's name or record number.</p> <p>Patient #10 The form titled Surgical Abortion standing Orders dated 3/29/18 in Patient #10's record read (in part): Ibuprofen 800 mg (milligrams) - 1 tablet po (by mouth) for pain Misoprostol 200 mcg (micrograms) 2 tablets or _____ tablets by mouth The Surgical Abortion Standing Orders were signed by S4MD and dated 03/29/18, but not timed, or patient specific. Review of Patient #10's form titled Pre-operative & Operative Record dated 03/29/18 revealed Misoprostol 400 mcg po and Ibuprofen 800 mg po given by S1Adm/LPN at 12:13 PM. These</p>	S 147	<p>Continued from page 7:</p> <p>ongoing quality assurance measures via direct observation and chart audits on a quarterly basis during the first year of implementation. Any deficiencies noted will be properly and immediately addressed according to the newly implemented policy and procedures to ensure that deficient practice will not recur.</p> <p>S147 Patient #10 S4MD has been made aware of deficient practice in regards to the matter of lack of proper medication ordering, charting/documentation. The facility has implemented new standing orders with all medications that can be ordered by its physicians. The physician will check or mark off each medication to be ordered with appropriate signature, date and time for each. The medical director and physicians will have a dedicated list of medications that can be ordered. If new or additional medications need to be ordered for patient, the written medication ordered will be provided by the physician to the nurse;</p>	12/30/18

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S 147	<p>Continued From page 8</p> <p>medications were administered pursuant to an order that was not patient specific and was not timed. An entry on the Recovery Room Record dated 03/29/18, timed 4:10 PM signed by S1Adm/LPN read, "Pt (patient) received IM (intramuscular) inj. (injection) of Nubain with Phenergan. Pt. tolerated well. No issues noted." Further review of the standing orders revealed no order for Nubain or Phenergan.</p> <p>During an interview on 7/11/18 at 2:00 PM, S1Adm/LPN reviewed the medical record for Patient #10 and confirmed she administered Nubain and Phenergan to the patient without a physician's order to administer the drugs. She further confirmed that the Surgical Abortion Standing Orders for Ibuprofen 800 mg 1 tablet po for pain and Misoprostol 200 mcg 2 tablets po were not individualized for the patient because they did not include the patient's name or record number and the order was not timed.</p> <p>Patient #2: A review of Patient #2's record revealed she had a surgical abortion on 4/17/18 by S6Physician. Further record review revealed the Surgical Abortion Standing Orders form dated 4/17/18 signed by S6Physician were not patient specific. The orders did not contain identifying patient information.</p> <p>Review of the Procedure Room Monitoring Form dated 4/17/18, labeled with Patient #2's name, signed by S7LPN, revealed documentation in the Medication Given section which read in-part:</p> <p>Medication Given: Amoxil, IBU, Cytotec (no dose strengths were documented) Oral was circled, Given By = S7LPN's signature, timed for 9:36 AM.</p>	S 147	<p>Continued from page 8:</p> <p>signed, timed and dated with proper patient identifiers, proper dosing and route of administration documented. The director for nursing and/or experienced administrative staff will be responsible for performing ongoing quality assurance measures via direct observation and chart audits on a quarterly basis during the first year of implementation. Any deficiencies noted will be properly and immediately addressed according to the newly implemented policy and procedures to ensure that deficient practice will not recur.</p> <p>S147 Patient #2 This deficient practice reflects the facility's lack of proper documentation. In addition to the medical director and physicians, all current nursing staff has been made aware of revisions to paperwork. New paperwork and proper documentation in-service training has been performed by appropriate/experienced administrative staff on 10/25/18 to ensure that deficient practice is identified and reviewed. For example, the correction of things documented incorrectly been revised with a line through it and initialed by the staff member who is making the correction instead of writing over the error.</p>	

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S 147	<p>Continued From page 9</p> <p>Medication Given: Nubain, Phen. (no dose strength was documented and no route of administration was circled) Given By = S7LPN's signature timed for 12:25 PM. The administration time (third numerical entry) was marked over and not clear. On 7/09/18 at 1:00 PM, S1Adm/LPN viewed the form, verified the form was signed by S7LPN and interpreted the unclear/marked over medications administration time as 12:35 PM.</p> <p>Review of the Recovery Room Record form signed by S6Physician and S7LPN revealed the form was not labeled with any patient identification. The Recovery Room Record form also contained documentation which read in-part:</p> <p>Ibuprofen 800 mg PO Timed for 9:35 AM, Given by = S7LPN's signature.</p> <p>Misoprostol 400 mcg (no route of administration documented) timed for 9:35 AM, Given by= S7LPN's initials.</p> <p>MED Phenergan (no dose amount documented) IM Right Deltoid, timed for 12:43 PM, Given By= S7LPN's initials.</p> <p>MED Nubain (no dose amount documented) Site Right Deltoid Timed, for 12:43 PM, Given By= S7LPN's initials.</p> <p>On 7/09/18 beginning at 12:35 PM, S1Adm/LPN reviewed and verified the above findings as she reviewed the record of Patient #2. S1Adm/LPN verified that the Surgical Abortion Standing Orders in Patient #2's chart were not Patient specific, were dated 4/17/18, were signed by S6Physician, and there was no Physician order for this patient to receive the medication Nubain. S1Adm/LPN verified the Nubain was documented as having been administered by S7LPN at 12:43 PM on the undated Recovery Room Record which contained no Patient specific information.</p>	S 147	<p>Continued from page 9:</p> <p>If new or additional medications need to be ordered for patient, the written medication ordered will be provided by the physician to the nurse; signed, timed and dated with proper patient identifiers. The director for nursing and/or experienced administrative staff will be responsible for performing ongoing quality assurance measures via direct observation and chart audits on a quarterly basis during the first year of implementation. Any deficiencies noted will be properly and immediately addressed according to the newly implemented policy and procedures to ensure that deficient practice will not recur.</p>	

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S 147	<p>Continued From page 10</p> <p>S1Adm/LPN also verified that the same Nubain was documented by S7LPN as having been administered on the unclear/arked over entry of 12:35 PM on the Procedure Room Monitoring Form dated 4/17/18, as she (S1Adm/LPN) interpreted the documentation.</p> <p>Patient #3: A review of Patient #3's record revealed she had a surgical abortion on 4/17/18 by S6Physician. Further record review revealed the Surgical Abortion Standing Orders dated 4/17/18 and signed by S6Physician were not patient specific, the orders did not contain identifying patient information. Review of the Procedure Room Monitoring Form dated 4/17/18, labeled with Patient #3's name, signed by S7LPN, revealed documentation in the Medication Given section which read in-part:</p> <p>Medication Given: Rhogam/IBU, Amoxil, Cytotec (no dose strengths were documented) both Oral and IM were circled, Given By = S7LPN's signature timed for 9:35 AM. Medication Given: Phen/Nubain. (no dose strength was documented and no route of administration was circled) Given By = S7LPN's signature timed for 12:45 PM.</p> <p>Review of the Recovery Room Record form signed by S6Physician and S7LPN revealed the form was not labeled with any patient identification. The Recovery Room Record form also contained documentation which read in-part:</p> <p>Ibuprofen 800 mg PO Timed for 9:35 AM, Given by = S7LPN's signature. Misoprostol 400 mcg (no route of administration documented) timed for 9:35 AM, Given by= S7LPN's initials.</p>	S 147	<p>S147 Patient #3 This deficient practice reflects the facility's lack of proper documentation. In addition to the medical director and physicians, all current nursing staff has been made aware of revisions to paperwork. New paperwork and proper documentation in-service training has been performed by appropriate/experienced administrative staff on 10/25/18 to ensure that deficient practice is identified and reviewed. For example, the correction of things documented incorrectly been revised with a line through it and initialed by the staff member who is making the correction instead of writing over the error. If new or additional medications need to be ordered for patient, the written medication ordered will be provided by the physician to the nurse; signed, timed and dated with proper patient identifiers. The director for nursing and/or experienced administrative staff will be responsible for performing ongoing quality assurance measures via direct observation and chart audits on a quarterly basis during the first year of implementation. Any deficiencies noted will be properly and immediately addressed according to the newly implemented policy and procedures to ensure that deficient practice will not recur.</p>	

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S 147	<p>Continued From page 11</p> <p>MED Nubain (no dose amount documented) IM Site Left Deltoid Timed for 12:45 PM, Given By= S7LPN's initials.</p> <p>MED Phenergan (no dose amount documented) IM Left Deltoid timed for 12:45 PM, Given By= S7LPN's initials.</p> <p>Patient #5: A review of Patient #5's record revealed she received her surgical abortion on 4/27/18 involving a 2 day procedure which initiated on 4/26/18 with the use of Dilapan by S4MD.</p> <p>Further review of Patient #5's record revealed physician orders labeled as: Surgical Abortion Standing Orders-S4MD's name. The orders contained the signature of S4MD but, contained no identified patient information and no date.</p> <p>The Pre-Operative Record with Patient #5's name and S4MD's signature, had no date documented. The Pre-Operative Record contained documentation of vital signs and a pain scale entry Taken By= S7LPN's signature. The Pre-Operative Record also contained the following medication entries: Misoprostol 400 mcg Oral and Ibuprofen 600 mg Oral. Neither of the two medication entries had any documentation pertaining to who administered the medication or at what time.</p> <p>The Dilapan Insertion for Second Trimester Patients Standing Orders with Patient #5's name and the date of 4/26/18, contained no physician signature.</p> <p>Hand written nurse's notes with Patient #5's name, dated 4/26/18, timed for 11:33 AM, and signed by S7LPN, contained the following entry in-part: ... received Dilapan inserts Vaginally, ...</p>	S 147	<p>S147 Patient #5 In order to correct this deficient practice, the facility will ensure that each chart will be reviewed by the physician who is to perform the procedure for orders. Appropriate physician signatures will be enforced. All written and signed physician orders will be reviewed by the nursing staff prior to administration of medications. The nurses notes for the two day procedures will be revised to include an area for the physician to sign that indicates he/she is discharging the patient until the following day and that the patient will be sent home with prescriptions for pain management. This corrective measure ensures proper documentation with specific patient identifiers, standard medication ordering, dispensing and administration that meets standard of care and is reflected in the revised policy and procedure. The pharmaceutical services physician's orders and administration policy will be revised to meet the standards of care as outlined in LAC 48:1 section 4451. To ensure quality of care for patients and ongoing quality assurance, the director of nursing and/or experience administrative staff will be responsible for conducting chart audits and direct observations on a quarterly basis during the first year of implementation. Any deficiencies noted will be properly and immediately addressed according to the newly implemented policy and procedures to ensure that the deficient practice will not recur.</p>	12/30/18

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S 147	<p>Continued From page 12</p> <p>Prescription given for IBU & Ultram, instructed to return 4/27/18.</p> <p>There was a second Pre-Operative Record dated 4/27/18 with Patient #5's name and signed by S4MD. This form was signed by S1Adm/LPN and contained the following entries in-part: Misoprostol 400 mcg Oral, Given By= S1Adm's signature, Timed 8:29 AM. Other Medication: Amoxicillin 500 mg Oral, Given By= S1Adm's signature, Time 8:29 AM. Other Medication: Nubain & Phenergan IM, (no dose amount documented) Given By= S1Adm's signature, Time 8:30 AM.</p> <p>The Recovery Room Record with Patient #5's name, dated 4/27/18, Discharge time of 12:00 PM, signed by S7LPN and S4MD, contained the following medication entries in-part: Ibuprofen 600 mg PO. Med: Nubain. Med: Phenergan. The Nubain and Phenergan had no dose amount or route documented. Neither of the 3 documented medications had any documentation of the time of administration or who administered the medications.</p> <p>An interview with S1Adm/LPN, on 7/11/18 at 11:40 AM, verified the nurses, including herself (S1Adm/LPN), administered medications to Patient #5 using these same Surgical Abortion Standing Orders-S4MD which did not contain a patient name, date, or chart #.</p> <p>Interviews with S1Adm/LPN and S3Director on 7/09/18 at 2:30 PM revealed the facility was aware of this lack of physician's order for the medication Nubain on the Physician Orders in patient records and the fact the staff was</p>	S 147		

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S 147	<p>Continued From page 13</p> <p>administering the Nubain to patients. S3Director said the facility revised the Surgical Abortion Standing Orders in "mid - April 2018" which included the medication Nubain on the Physician Orders. S1Adm/LPN and S3Director continued and explained that as of this day, (7/09/18), they also noticed that the revised Physician Standing Orders did not contain dosages for some medications and had incorrect dosages for some medications.</p> <p>On 7/11/18 at 10:15 AM, S3Director verified the following Policy & Procedures (P & P) which she had presented on 7/10/18 at 1:00 PM, which read in-part: Pharmaceutical Services Physician Orders and Administration: Policy: All drugs and biologicals shall be administered in compliance with an order from and individual who has prescriptive authority under the laws of Louisiana. Such orders shall be in writing, and signed by the individual with prescriptive authority under the laws of Louisiana.</p> <p>S3Director verified the Policy and Procedure: Patient Care-Pharmaceutical Medication Administration that she presented on 7/10/18 at 1:00 PM read in part: Policy: The Clinic has established criteria for the administration of medications and for emergency pharmaceutical services. Purpose: To identify and clarify circumstances which must exist for the safe administration of medications in the Clinic environment, or in and emergency, by Clinic staff members as directed by the physician. Procedure: item #5 = All medications must be ordered by the Physician.</p> <p>During an interview on 7/11/18 at 4:10 PM,</p>	S 147		

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S 147	<p>Continued From page 14</p> <p>S3Director stated that S8DON (Director of Nursing) was only available to work at this location approximately four days monthly. She stated that S8DON worked at another location and was functioning as the nurse assisting the physician at that location so she was not available to be here on clinic days.</p> <p>An interview, review of patient records and P&P with S8DON was conducted on 7/13/18 at 9:15 AM. S8DON informed that she had seen the way the nurses in the facility were documenting. S8DON said she informed S3Director and S1Adm/LPN on a Saturday in June 2018 that the dose/mg strength, route, site, patient name, ordering doctor, and a physician's order for each medicine had to be documented in the patient's chart. S8DON confirmed she was the Registered Nurse who is responsible for the overall direction of all nursing staff and nursing services provided at the facility. When asked her schedule, she stated that she was approved to work approximately four days every month at this location.</p> <p>2) During a tour of the facility on 7/09/18 beginning at 10:30 AM with S1Adm/ LPN, it was observed in a pull out drawer, in each of the 2 surgical rooms, there were 3 unlabeled 12 cubic centimeters (CC) syringes filled with a clear liquid contents. S1Adm/LPN verified the 6 unlabeled syringes and identified the contents of the syringes as Lidocaine with Epinephrine for S4MD (MD) to use in performing cervical blocks during procedures. She said the filled syringes remained from the last procedural day which was 7/07/18. S1Adm/LPN explained that the nurses draw up the Lidocaine with Epi (Epinephrine) for S4MD and the syringes should have been labeled by the</p>	S 147		

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S 147	<p>Continued From page 15</p> <p>nurses and wasted when not used.</p> <p>During an interview on 7/11/18 at 2:00 PM, S1Adm/LPN, stated that she was not able to be in the room with the physician during surgical procedures because there were only two nurses available and usually both were needed in the recovery room. She stated that the physician would like a nurse in the exam room during procedures, but this was not possible at this time.</p> <p>During an interview on 7/11/18 at 4:10 PM, S3Director stated that currently S1Adm/LPN and S7LPN were the only licensed staff available for patient care.</p> <p>During an interview on 7/13/18 at 10:15 AM, S3Director stated that two nurses are not enough staff to meet the needs of the patients when S4MD (Medical Director) sees patients. She stated that he has been here since March of 2018 and the governing body is aware of the need to hire additional staff. She confirmed that S4MD spoke to her and also had verbal communications with S9President about having adequate help on clinic days. S3Director stated that she advertised to hire, but has not been able to fill the necessary nursing staff positions. She stated that she has even approached a hiring/head hunter type agency to assist with hiring sufficient staff to meet the needs of the volume of patients being seen. The hiring agency emailed a package with information, but S9President declined because "it was too expensive." S3Director confirmed the owner is aware that S4MD wants more staff, but she is instructed to continue to schedule 10 to 12 procedures a day and her only option for advertising is the same advertisement she has been running since the medical director first voiced the need for more nursing staff.</p>	S 147		

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S 147	Continued From page 16 During an interview on 7/13/2018 at 10:25 AM, S4MD (Medical Director) stated the facility is not adequately staffed to allow a nurse to be in the surgical/procedure room with him and that is a complaint he discussed with S3Director and S9President. S4MD stated that he needed a nurse in the surgical room with him. S4MD stated the unlabeled, undated syringes were a stopgap to ensure he had enough lidocaine available and drawn up for him during procedures. He stated that it was not ideal, but he did not have adequate help. He confirmed that he has verbally notified S9President and S3Director on numerous occasions of his recommendation and need for additional nursing staff.	S 147		
S 153	4423 E-2 Staffing Requirements, Qualifications 2. Training. Upon hire, and at a minimum, annually, all employees shall be provided training in each job skill as delineated in their respective job description. a. Medical training of a licensed medical professional shall only be provided by a medical professional with an equivalent or higher license. b. Training of a non-licensed employee related to the performance of job skills relative to medical and clinical services shall only be provided by a licensed medical professional consistent with the applicable standards of practice. c. All training programs and materials used shall be available for review by HSS. d. The administrator shall maintain documentation of all of the training provided in each employee's personnel files.	S 153	S153: This deficiency reflects a lack of facilities compliance with staffing requirements, qualifications and responsibilities (LAC 48:I section 4423). The facility's current policy and procedures have been reviewed and revised to accommodate all current changes in the nursing procedures and job descriptions for each licensed employee. The personnel files reviewed did not contain files with documentation of training in each job skill as delineated in the employees respective job description, upon hire, and at a minimum annually. The facility is in the process of reviewing and updating current licensing, annual evaluations, skills check list etc. for all current employees. All employee training will be conducted by the director of nursing and/or experienced administrative staff. All documentation of in-service/training, annual evaluations and skills checklist will be maintained in the employees personnel file. Job descriptions for each position will be reviewed and revised to ensure each job title has a clear understanding of the duties they are to perform.	10/25/18

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S 153	Continued From page 17 This Rule is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to maintain personnel files with documentation of training in each job skill as delineated in the employee's respective job description, upon hire, and at a minimum, annually, for 3 (S3Director, S10Medical Assistant, and S11Sonographer) of 9 (S1Adm/LPN, S7LPN, S3Director, S10Medical Assistant, S11Sonographer, S5Scrub Tech, S4MD, S6Physician, and S8RN) personnel files reviewed. Findings: During review of employee personnel files with S3Director on 7/13/18 beginning at 3:00 PM, the following findings were revealed. S3Director had a DOH of 6/09/17. The personnel file had no current in-service/training documented and no current training/skills check list. S10Medical Assistant had a DOH of 7/15/15. The personnel file had no current in-service/training documented and no current skills/training check list. S11Sonographer had a DOH of 6/26/14. The personnel file had no current in-service/training and no current skills/training check list. An interview and review of the employee files with S3Director on 7/13/18 at 4:00 PM, S3Director verified the above findings and said the facility	S 153	Continued from page 17: Again, please see inserts/attachments of updated and revised personnel description. The director for nursing and/or experienced administrative staff will be responsible for monitoring and maintaining employee /personnel files. Annual file review will be performed. Any deficiencies noted will be immediately improperly addressed to ensure that the deficient practice will not recur.	

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S 153	Continued From page 18 was aware that the personnel files were not current and not up to date.	S 153		
S 155	<p>4423 - F Staffing Requirements, Qualifications</p> <p>F. Evaluation for Competency. Upon hire, and at a minimum, annually, the outpatient abortion facility shall conduct an evaluation for competency of all employees related to each job skill as delineated in their respective job description.</p> <ol style="list-style-type: none"> 1. The evaluation for competency shall include the observation of job skills and return demonstration by the employee. 2. Evaluation for competency of a licensed medical professional shall only be provided by a medical professional with an equivalent or higher license. 3. Evaluation for competency of a non-licensed employee related to the performance of job skills relative to medical and clinical services shall only be provided by a licensed medical professional consistent with their applicable scope of practice. 4. The administrator shall maintain documentation of all evaluations for competencies in each employee's personnel file. <p>This Rule is not met as evidenced by: Based on review of personnel records, facility Policy and Procedure (P&P), and interview, the facility failed to maintain personnel files with</p>	S 155	<p>S155: This deficiency reflects a lack of facilities compliance with staffing requirements, qualifications and responsibilities (LAC 48:I section 4423). The facility's current policy and procedures have been reviewed and revised to accommodate all current changes in the nursing procedures and job descriptions for each licensed employee. Competency evaluation will be performed within the first 60 days after hire date. This evaluation will be the responsibility of the director of nursing and/or experienced administrative staff by direct observations and in-service/training. Documentation of such will be properly maintained in the personnel file. Also, the facility will ensure compliance with LAC 48:I section 4427 to ensure, implement and enforce annual reviews of personnel files.</p>	12/30/18

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S 155	<p>Continued From page 19</p> <p>documentation of competency evaluations, upon hire and at a minimum, annually, for all employees related to each job skill as delineated in their respective job description for 4 (S3Director, S5Scrub Tech, S10Medical Assistant, and S11Sonographer) of 9 (S1Adm/LPN, S7LPN, S3Director, S10Medical Assistant, S11Sonographer, S5Scrub Tech, S4MD, S6Physician, and S8RN) personnel files reviewed.</p> <p>Findings:</p> <p>A review of the facility's P&P for: Personnel Verification of Competencies read in-part:</p> <p>Policy: 1. To provide a mechanism for directing and evaluating the competencies needed by our employees to provide quality health care services to our patients. 2. To identify areas of growth and development, and provide opportunities for ongoing learning, to achieve continuous quality improvements.</p> <p>Procedure: Competency assessment will occur on an ongoing basis. Competencies will be identified on an annual basis through a collaborative process and assessed on continuum throughout the employment of an individual. ...</p> <p>A review of the facility's P&P for: Personnel Employee Competency read in-part:</p> <p>Policy: This Clinic strives to employ enthusiastic, knowledgeable, skillful and competent personnel. Procedure: New employee's skills will be measured with competency evaluations 60-120 days after initial hire.</p> <p>During review of employee personnel files with</p>	S 155	<p>S155: This deficiency reflects a lack of facilities compliance with staffing requirements, qualifications and responsibilities (LAC 48:1 section 4423). The facility's current policy and procedures have been reviewed and revised to accommodate all current changes in the nursing procedures and job descriptions for each licensed employee. The personnel files reviewed did not contain files with documentation of training in each job skill as delineated in the employees respective job description, upon hire, and at a minimum annually. The facility is in the process of reviewing and updating current licensing, annual evaluations, skills check list etc. for all current employees. Competency evaluation will be performed within the first 60 days after hire date. This evaluation will be the responsibility of the director of nursing and/or experienced administrative staff by direct observations and in-service/training. Documentation of such will be properly maintained in the personnel file. Also, the facility will ensure compliance with LAC 48:1 section 4427 to ensure, implement and enforce annual reviews of personnel files. All employee training will be conducted by the director of nursing and/or experienced administrative staff. All documentation of in-service/training, annual evaluations and skills checklist will be maintained in the employees personnel file. Job descriptions for each position will be reviewed and revised to ensure each job title has a clear understanding of the duties they are to perform.</p>	

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S 155	Continued From page 20 S3Director on 7/13/18 beginning at 3:00 PM, the following findings were revealed. S3Director had a DOH of 6/09/17. The personnel file had no current annual evaluation of competency. S5Scrub Tech had a DOH of 01/29/18. The personnel file had no evaluation of competency. S10Medical Assistant had a DOH of 7/15/15. The personnel file had no current annual evaluation of competency. . S11Sonographer had a DOH of 6/26/14. The personnel file had no current annual evaluation of competency. During an interview and review of the employee files with S3Director on 7/13/18 at 4:00 PM, S3Director verified the above findings and said the facility was aware that the personnel files were not current and not up to date.	S 155		
S 163	4425-C - 1-a-o Patient Med. Records/Reporting Requirements C. Contents of Patient Medical Record 1. The following minimum data shall be kept on all patients: a. identification data; b. date of procedure; c. medical and social history; d. anesthesia and surgical history; e. physical examination notes; f. chief complaint or diagnosis; g. clinical laboratory reports; h. pathology reports; i. individualized physician's orders;	S 163		

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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
S 163	Continued From page 21 j. radiological/ultrasound reports; k. consultation reports (when appropriate); l. medical and surgical treatment; m. progress notes, discharge notes, and discharge summary; n. nurses' notes, including, but not limited to, all pertinent observations, treatments, and medications dispensed and/or administered; o. medication administration records, including, but not limited to, the date, time, medication, dose, and route; This Rule is not met as evidenced by: Based on review of records, Policy and Procedures (P&P), and staff interview, the facility failed to ensure the minimum data required was kept on all patients in the medical records by failing to ensure medication administration records included the date, time, medication, dose, and route; for 6 Patient medical records (Patient records #1, #7, #10, #2, #3, and #5) of 15 (Patient records #1 - #15) medical records reviewed out of a total sample of 21 patients (Patients #1 - #21). Findings: Patient #1 Patient #1's form titled Pre-operative Record dated 4/27/18 read (in part): Other Medication- Nubain and Phenergan IM (intramuscular), given by S1Adm/LPN (Administrator/Licensed Practical Nurse), Time 9:20 AM.	S 163	S163: This deficiency reflects the facility's lack of compliance with patient medical records and reporting requirements (LAC 48:I section 4425). The facility will institute a correction planned out will ensure that all paperwork is revised to ensure minimum data required on patient is being met. The facility will also be revising all paperwork to ensure all patient identifiers, physician signatures, nurses signatures, and physician's orders of being carried out. The facility will incorporate and implement a new strategy to ensure all dates, times and dosages of being documented accurately and appropriately at all times. The physician will review the chart and prepare orders for the nurse, sign off, date and time those orders. Then the nurse will review the orders, making sure that the orders to be carried out appropriately signed by the physician prior to carrying out the physician's orders. In doing so, we will be ensuring that the deficient practice is directly addressed and this ensures that the deficient practice will not recur. This new strategy will improve and maintain quality standard of care and reduce medical errors. Again, the facility will ensure that the new strategies implemented meet the standards as required by LAC 48:I section 4425. Please see attached inserts for already revised paperwork for patient medical record.	12/30/18

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S 163	<p>Continued From page 22</p> <p>During an interview on 7/9/18 at 1:00 PM, S1Adm/LPN reviewed the medical record for Patient #1 and confirmed she did not document the dose of Nubain and Phenergan she administered to the patient and she should have.</p> <p>Patient #7 An entry on the Recovery Room Record dated 03/22/18, timed 10:35 AM signed by S1Adm/LPN read, "Pt (patient) received and tolerated 0.75 ml (milliliters) Nubain with 0.25 ml Phenergan well."</p> <p>During an interview on 7/10/18 at 2:45 PM, S1Adm/LPN reviewed Recovery Room Record dated 03/22/18 for Patient #7 and confirmed she administered 0.75 ml of Nubain with 0.25 ml of Phenergan. She stated this was the medication administration record for the patient and her documentation did not indicated the strength/dose of the drugs administered to the patient.</p> <p>Patient #10 An entry on the Recovery Room Record for Patient #10 dated 3/29/18, timed 4:10 PM signed by S1Adm/LPN read, "Pt (patient) received IM inj. (injection) of Nubain with Phenergan. Pt. tolerated well. No issues noted."</p> <p>During an interview on 7/11/18 at 2:00 PM, S1Adm/LPN reviewed Recovery Room Record dated 3/29/18 for Patient #10 and confirmed she administered Nubain and Phenergan to the patient without documenting the dose.</p> <p>Patient #2: A review of Patient #2's record revealed she had a surgical abortion on 4/17/18 by S6Physician. Review of the Procedure Room Monitoring Form</p>	S 163	<p>S163: This deficiency reflects the facility's lack of compliance with patient medical records and reporting requirements (LAC 48:1 section 4425). The facility will institute a correction planned out will ensure that all paperwork is revised to ensure minimum data required on patient is being met. The facility will also be revising all paperwork to ensure all patient identifiers, physician signatures, nurses signatures, and physician's orders of being carried out. The facility will incorporate and implement a new strategy to ensure all dates, times and dosages of being documented accurately and appropriately at all times. The physician will review the chart and prepare orders for the nurse, sign off, date and time those orders. Then the nurse will review the orders, making sure that the orders to be carried out appropriately signed by the physician prior to carrying out the physician's orders. In doing so, we will be ensuring that the deficient practice is directly addressed and this ensures that the deficient practice will not recur. The facility has also reviewed and revised all policy and procedures pertaining to administration of medications, disposal of medications and proper storage of medications. Our Nubain log will be checked daily for proper dosage information and patient identifiers by designated nursing staff and/or clinic administrator. This new strategy will improve and maintain quality standard of care and reduce medical errors. Again, the facility will ensure that the new strategies implemented meet the standards as required by LAC 48:1 section 4425. Please see attached inserts for already revised paperwork for patient medical record.</p>	10/25/18

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S 163	<p>Continued From page 23</p> <p>dated 4/17/18, labeled with Patient #2's name, signed by S7LPN, revealed documentation in the Medication Given section which read in-part:</p> <p>Medication Given: Amoxil, IBU, Cytotec (no dose strengths were documented) Oral was circled, Given By = S7LPN's signature, timed for 9:36 AM.</p> <p>Medication Given: Nubain, Phen. (no dose strength was documented and no route of administration was circled) Given By = S7LPN's signature timed for 12:25 PM. The documented administration time (third numerical entry) was marked over and not clear. On 7/09/18 at 1:00 PM, S1Adm/LPN viewed the form, verified the form was signed by S7LPN and interpreted the unclear/marked over medications administration time as 12:35 PM.</p> <p>Review of the Recovery Room Record form signed by S6Physician and S7LPN revealed the form was not labeled with any patient identification. The Recovery Room Record form also contained documentation which read in-part:</p> <p>Ibuprofen 800 mg PO Timed for 9:35 AM, Given by = S7LPN's signature.</p> <p>Misoprostol 400 mcg (no route of administration documented) timed for 9:35 AM, Given by= S7LPN's initials.</p> <p>MED Phenergan (no dose amount documented) IM Right Deltoid, timed for 12:43 PM, Given By= S7LPN's initials.</p> <p>MED Nubain (no dose amount documented) Site Right Deltoid Timed, for 12:43 PM, Given By= S7LPN's initials.</p> <p>On 7/09/18 at 1:00 PM, S1Adm/LPN verified that the same Nubain was documented by S7LPN as having been administered on the unclear/marked</p>	S 163		

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S 163	<p>Continued From page 24</p> <p>over entry of 12:35 PM on the Procedure Room Monitoring Form dated 4/17/18, as she (S1Adm/LPN) had interpreted earlier.</p> <p>Patient #3: A review of Patient #3's record revealed she had a surgical abortion on 4/17/18 by S6Physician. Review of the Procedure Room Monitoring Form dated 4/17/18, labeled with Patient #3's name, signed by S7LPN, revealed documentation in the Medication Given section which read in-part:</p> <p>Medication Given: Rhogam/IBU, Amoxil, Cytotec (no dose strengths were documented) both Oral and IM were circled, Given By = S7LPN's signature timed for 9:35 AM. Medication Given: Phen/Nubain. (no dose strength was documented and no route of administration was circled) Given By = S7LPN's signature timed for 12:45 PM.</p> <p>Review of the Recovery Room Record form signed by S6Physician and S7LPN revealed the form was not labeled with any patient identification. The Recovery Room Record form also contained documentation which read in-part:</p> <p>Misoprostol 400 mcg (no route of administration was documented) timed for 9:35 AM, Given by= S7LPN's initials. MED Nubain (no dose was documented) IM Site Left Deltoid Timed for 12:45 PM, Given By= S7LPN's initials. MED Phenergan (no dose amount was documented) IM Left Deltoid timed for 12:45 PM, Given By= S7LPN's initials.</p> <p>Patient #5: A review of Patient #5 record revealed she received her surgical abortion on 4/27/16</p>	S 163		

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S 163	<p>Continued From page 25</p> <p>involving a 2 day procedure which initiated on 4/26/18 with the use of Dilapan by S4MD.</p> <p>The Pre-Operative Record with Patient #5's name and S4MD's signature, had no date documented. The Pre-Operative Record contained documentation of vital signs and a pain scale entry Taken By= S7LPN's signature. The Pre-Operative Record also contained the following medication entries: Misoprostol 400 mcg Oral and Ibuprofen 600 mg Oral. Neither of the two medication entries had any documentation pertaining to who administered the medication or at what time.</p> <p>The Dilapan Insertion for Second Trimester Patients Standing Orders with Patient #5's name and the date of 4/26/18, contained no physician signature.</p> <p>Hand written nurse's notes with Patient #5's name, dated 4/26/18, timed for 11:33 AM, and signed by S7LPN, contained the following entry in-part: ... received Dilapan inserts Vaginally, ... Prescription given for IBU & Ultram, instructed to return 4/27/18.</p> <p>There was a second Pre-Operative Record dated 4/27/18 with Patient #5's name and signed by S4MD. This form was signed by S1Adm/LPN and contained the following entries in-part: Misoprostol 400 mcg Oral, Given By= S1Adm's signature, Timed 8:29 AM. Other Medication: Amoxicillin 500 mg Oral, Given By= S1Adm's signature, Time 8:29 AM. Other Medication: Nubain & Phenergan IM, (no dose amount documented) Given By= S1Adm's signature, Time 8:30 AM.</p> <p>The Recovery Room Record with patient #5's</p>	S 163		

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S 163	<p>Continued From page 26</p> <p>name, dated 4/27/18, Discharge time of 12:00 PM, signed by S7LPN and S4MD, contained the following medication entries in-part: Ibuprofen 600 mg PO. Med: Nubain. Med: Phenergan. The Nubain and Phenergan had no dose amount or route documented. Neither of the 3 documented medications had any documentation of the time of administration or who administered the medications.</p> <p>An interview and review of record with S1Adm/LPN, on 7/11/18 at 11:40 AM, verified the nurses, including herself (S1Adm), administered medications to Patient #5 and documentation was missing.</p> <p>Interviews with S1Adm/LPN and S3Director on 7/09/18 at 2:30 PM revealed in-Part: the facility revised the Surgical Abortion Standing Orders in "mid - April 2018". S1Adm/LPN and S3Director continued and explained that as of this day, (7/09/18), they also noticed that the revised Physician Standing Orders did not contain dosages for some medications.</p> <p>An interview and review of polices was conducted with S3Director on 7/11/18 at 10:15 AM. S3Director verified the Policy and Procedures she presented on 7/10/18 at 1:00 PM which read in-part: Pharmaceutical Services Safeguarding Medications: Policy: This Clinic with provide for the proper storage, safeguarding, and distribution of drugs. Procedure: Medications will be distributed as needed by physician, RN of LPN. Medication documentation will include: Full name of patient</p>	S 163		

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S 163	<p>Continued From page 27</p> <p>Name of prescribing physician Name and strength of drug Date of issue Signature of the person administering the medication. Narcotics and the Narcotic Sign-Out Log are maintained in a locked cabinet in the Administrator's locked office.</p> <p>S3Director verified the Policy and Procedure: Patient Care-Pharmaceutical Medication Administration that she presented on 7/10/18 at 1:00 PM read in-part: Policy: The Clinic has established criteria for the administration of medications and for emergency pharmaceutical services. Purpose: To identify and clarify circumstances which must exist for the safe administration of medications in the Clinic environment, or in and emergency, by Clinic staff members as directed by the physician. Procedure: 1. Medication will be administered by the physician. All medication orders contain the following: a. Name of the medication b. Dosage c. Frequency d. Method of administration</p> <p>3.=Oral medications and injections will be administered by the physician, nurse or the medical assistant as directed. ...</p> <p>5. All medications must be ordered by the Physician.</p> <p>12. Following administration of any medication, complete documentation in the clinical medical record will include:</p>	S 163		

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S 163	Continued From page 28 a. Name of medication b. Dosage c. Time administered d. Route and any access device e. Site if injected or infused f. Unusual reactions/ interventions g. Nurse's signature and title. An interview, review of patient records and P&P with S8DON was conducted on 7/13/18 at 9:15 AM. S8DON informed that she has seen the way the nurses in the facility were documenting the administration of medications such as the Nubain and Phenergan with no dose strength and said she told them that was not the way to document the administration of medications. S8DON said she informed S3Director and S1Adm/LPN in June 2018 that the dose/mg strength, route, site, patient name, ordering doctor, and a physician's order for each medicine had to be documented in the patient's chart.	S 163		
S 169	4425 - E-F Patient Med Records/Reporting Requirements E. Other Reports. The outpatient abortion facility shall maintain a daily patient roster of all patients receiving a surgical or chemically induced abortion. Patients may be identified corresponding to the patient's medical record. This daily patient roster shall be retained for a period of three years F. Reporting Requirements 1. The outpatient abortion facility shall maintain documentation to support that the outpatient abortion facility is compliant with all reporting requirements, including, but not limited to, the induced termination of pregnancy (ITOP) form and other documentation as required by	S 169	S 169: This deficiency reflects the facility's lack of compliance with LAC 48:I section 4425 E-F relating to patient medical records/reporting requirements. To remedy this deficiency, the facility will ensure that proper documentation is maintained to support the facilities in compliance with the state statute requiring induced termination of pregnancy reports to be signed by the attending physician and submitted to the Louisiana Department of Health within 30 days after the date of the abortion. Currently, the designated experienced administrative staff member and/or the clinic administrator is reviewing patient files/charts and performing chart audits to ensure that accurate information is entered into the LEERS database on a weekly basis during administrative days. The facility will notify physicians in a timely fashion	10/25/18

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S 169	Continued From page 29 federal, state, and local statutes, laws, ordinances, and department rules and regulations. 2. The outpatient abortion facility shall report in accordance with all applicable state laws for the reporting of crimes against a child that include but are not limited to: a. rape; b. sexual battery; c. incest; and d. carnal knowledge of a juvenile This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that they maintained documentation to support that the facility was in compliance with the state statute requiring ITOP (Induced Termination of Pregnancy) reports to be signed by the attending physician and submitted to the Louisiana Department of Health within thirty days after the date of the abortion for 1 (Patient #7) of 15 (Patients #1 - #15) sampled patients reviewed for reporting requirements out of a total sample of 21 (Patients #1 - #21) patients. Findings: Review of LA RS 40:1061.21 Reports, revealed, in part "C. All abortions reports shall be signed by the attending physician and submitted to the Louisiana Department of Health within thirty days after the date of the abortion..." Patient #7 Review of Patient #7's Induced Termination of Pregnancy (ITOP) report revealed Patient #7's Date of Termination of Pregnancy was 03/22/18	S 169	Continued from page 28: of outstanding patient record that need to be certified. After physician certification has been registered by the state, the documents will be printed and filed in the appropriate patient's chart. Also all required documentation will be mailed to the state. Ongoing quality assurance will be maintained and enforced by the designated experienced member of the administrative staff and/or the clinic administrator. Monitoring of this correction plan will be performed through chart audits on a weekly basis by the clinic administrator. Also, the facilities policy and procedures for patient medical record/charting will be updated and revised to reflect this corrective measure.	

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S 169	Continued From page 30 and the Date Certified was 04/23/18. During an interview on 07/10/18 at 2:55 PM, S3Director of Operations reviewed the ITOP report for Patient #7 and verified that Patient #7's ITOP report indicated the procedure was performed on 03/22/18. She verified the Date Certified on the ITOP report was 04/23/18. S3Director of Operations verified the facility did not ensure compliance with all reporting requirements when the ITOP report for Patient #7 was not submitted to LEERS (Louisiana Electronic Event Registration System) within thirty (30) days of the termination.	S 169		
S 253	4451 A-C Pharmaceutical Services A. All outpatient abortion facilities shall have a controlled dangerous substance (CDS) license issued by the Louisiana Board of Pharmacy and a Drug Enforcement Agency (DEA) registration in accordance with applicable state and federal laws. B. The outpatient abortion facility shall develop, implement, enforce, monitor, and annually review written policies and procedures that govern the safe storage, prescribing, dispensing, preparing and administering of drugs and biologicals on the licensed premises. C. Storage Areas. The outpatient abortion facility shall provide a designated secure storage area for storing drugs and biologicals. 1. The designated storage area shall be constructed and maintained to prevent unauthorized access. 2. The designated storage area shall adhere to the manufacturer's suggested recommendations for storage of drugs. 3. Locked areas that are used to store	S 253	S 253: please see page 32	

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S 253	<p>Continued From page 31</p> <p>medications including controlled substances, shall conform to all applicable federal and state laws, and the outpatient abortion facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observations, review of policy and procedures, and staff interviews, the outpatient abortion facility failed to implement, enforce, and monitor written policies and procedures that govern the safe storage, prescribing, dispensing, preparing and administering of drugs and biologicals on the licensed premises by:</p> <ol style="list-style-type: none"> 1. Not safely storing medications removed from manufacture's original packaging. (Failing to label.) 2. Not implementing policy for accurate accounting of controlled medication. (The count was off.) 3. Not implementing policy for removing expired medications from staff access. <p>Findings:</p> <p>A tour of the facility on 7/09/18 beginning at 10:30 AM with S1Administrator/Licensed Practical Nurse (S1Adm/LPN) revealed the following findings:</p> <ol style="list-style-type: none"> 1. Observation of the facility's 2 surgical rooms noted a total of 6 unlabeled syringes filled with a 	S 253	<p>S 253: This deficiency reflects the facility's lack of compliance with LAC 48:I section 4451 A-C regarding reciprocal services. The director of nursing, in conjunction with the medical director will review and implement new policies and procedures regarding the safe storage, prescribing, dispensing, preparation and administration of drugs and biologicals to ensure and maintain adequate standards for quality of care. All medications that are not stored in the manufacturer's original packaging will be accurately labeled with content and expiration dates. Quality measures to maintain ongoing performance will be instituted and enforced by the director of nursing and/or the clinic administrator. Employee in-service/training will be provided after policy and procedures addressing this deficient practice is created and implemented.</p>	11/26/18

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S 253	<p>Continued From page 32</p> <p>clear liquid contents. Three 12 cubic centimeter (CC) syringes were noted in a pull out drawer in each of the 2 surgical rooms. S1Adm/LPN verified the 6 unlabeled syringes and identified the contents of the syringes as Lidocaine with Epinephrine for S4Medical Director (MD) to use in performing cervical blocks during procedures. She said the filled syringes remained from the last procedural day which was 7/07/18. S1Adm/LPN explained that the nurses draw up the Lidocaine with Epi (Epinephrine) for S4MD and the syringes should have been labeled by the nurses and wasted when not used.</p> <p>S3Director presented the facility's Policy & Procedure (P&P) Pharmaceutical Services Safeguarding Medications on 7/10/18 at 1:00 PM. Review of that P&P revealed in-part: Policy: This Clinic will provide for proper storage, safeguarding, and distribution of drugs. Procedure: Scheduled medications will be counted and logged each patient care day while accessing the cabinet, and at the end of patient care days.</p> <p>During an interview with S3Director of Operations and S1Adm/LPN, on 7/11/18 at 9:30 AM, the 2 staff verified that the facility had no additional P&P for labeling or dating medications removed from the manufacture's original packaging such as the 6 identified syringes with Lidocaine and Epi which were found on 7/09/18. S3Director verified that the only P&P the facility had were the P&Ps she presented on 7/10/18 at 1:00 PM and verified those policies have nothing about labeling, dating, and initialing medications that have been removed from the manufacturer's original packaging. S1Adm/LPN explained that the nurses are the 2 staff who draw up the syringes of lidocaine and place syringes of 10 cc Lidocaine</p>	S 253		

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S 253	<p>Continued From page 33</p> <p>with Epi on each surgical tray to be brought into the surgical room prior to the doctor performing each procedure. S1Adm/LPN said the doctor will let the nurses know how many extra syringes of Lidocaine with Epi he wants and the nurses draw up the syringes.</p> <p>During an interview with S4MD on 7/13/18 at 10:25 AM, S4MD verified that he used Lidocaine with Epi for paracervical blocks. S4MD explained that the nurses would draw up the Lidocaine with Epi and place the syringes of medicine in the surgical rooms at his request. S4MD explained that during a procedure, he sometimes needed extra Lidocaine with Epi for one reason or another and he had the extra syringes in the drawers for that purpose. S4MD informed that he was aware that it was an issue, that the drawn up syringes of Lidocaine with Epi were not labeled, dated, or initialed by the person who drew up the medicine. S4MD stated the unlabeled, undated syringes were a stop gap to ensure he had enough lidocaine available and drawn up for him during procedures. He stated that it was not ideal, but he did not have adequate help.</p> <p>2. An observation of the facility's medication supply with S1Adm/LPN and S3Director of Operations on 7/10/18 beginning at 10:00 AM revealed the following:</p> <p>The facility's supply of medications were kept in 3 locations: in a locked cabinet in S1Adm/LPN's office, in a refrigerator, and in the facility's emergency kit located in a surgical room.</p> <p>The facility's supply of Diazepam 10 milligram (mg) tablets was observed to be in a locked cabinet within S1Adm/LPN's office. The observation noted that the Diazepam 10 mg</p>	S 253		

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S 253	<p>Continued From page 34</p> <p>tablets, were in a bottle labeled with a quantity of 500 tablets. S1Adm/LPN presented the Narcotic Sign-Out Log: The accountability of the Diazepam was documented in the Narcotic Sign-Out Log with the date, patient name, dose ordered, dose administered, Physician ordering, nurse administering, and the End Count of the remaining Diazepam 10 mg tablets. The Order Received date on the bottle was 06/21/18. The first tablet removed from the bottle was dated on the Narcotic Sign-Out Log as 6/21/18. The latest Diazepam 10 mg tablet administered was dated 7/06/18 by 7LPN with and End Count documented on the Narcotic Sign-Out Log as 457 tablets remaining.</p> <p>An interview and review of the facility's Narcotic Sign-Out Log with S7LPN on 7/11/18 at 1:00 PM verified her initials on the 7/06/18 dated entry. S7LPN was asked about her accountability of the Diazepam 10 mg tablets after she administered a dose. S7LPN explained that she documented the quantity remaining (End Count) by subtracting the number of tablets she administered to the patient from the previous End Count entry, and documented that sum total as her End Count on the Log. S7LPN informed she never counted the remaining supply of Diazepam 10 mg tablets in the bottle which the facility used for their supply.</p> <p>On 7/11/18 at 1:10 PM, the on-hand supply of Diazepam 10 mg tablets was counted by S1Adm/LPN, S7LPN, and S3Director of Operations. The 3 staff verified that the on-hand supply of Diazepam 10 mg tablets was 448 tablets, and the count should have been 457 tablets remaining according to the provider's Narcotic Sign-Out Log with the latest entry dated 7/06/2018.</p>	S 253		

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S 253	<p>Continued From page 35</p> <p>An interview on 7/11/18 at 1:15 PM with S1Adm/LPN revealed that she did not count the on-hand supply of Diazepam 10 mg tablets remaining in the bottle, she only deleted the number of administered tablets from the End Count documented on the line above her documented entry on the Narcotic Sign-Out Log. S1Adm verified she never counted the quantity of on-hand Diazepam 10 mg tablets in the provider's supply of 500 tablets / bottle that she accessed to administer to patients.</p> <p>Policy: A review of the provider's Policy and Procedure Pharmaceutical Services Safeguarding Medications presented on 7/10/18 at 1:00 PM by S3Director of Operations read in-part: Policy: This Clinic will provide for proper storage, safeguarding, and distribution of drugs. Procedure: Scheduled medications will be counted and logged each patient care day while accessing the cabinet, and at the end of patient care days.</p> <p>3. The facility's supply of Lidocaine HCL 1% 10 mg / 1 ml Inject, 50 ml vials was observed stored in S1Adm's office in the locked cabinet on 7/10/18 at 10:00 AM. Observation noted 3 vials on hand with 2 of the vials opened (No plastic top on the vial). Each of the 3 vials had an expiration date of July 01, 2018 on the manufacture's label. Both S3Director of Operations and S1Adm/LPN verified the 3 vials of Lidocaine HCL 1% were expired and should have been disposed of. They informed that S4MD was the only doctor to use lidocaine and he only used Lidocaine with Epinephrine now. Observation of the provider's Emergency Kit located in Surgical Room #6 with S1Adm/LPN revealed the kit contained ampules of Lidocaine HCL 2% Inject 100 mg/5 ml. 2</p>	S 253		

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S 253	<p>Continued From page 36</p> <p>Ampules had expiration dates of March 01, 2018, as verified by S1Adm/LPN.</p> <p>During an interview with S3Director of Operations and S1Adm/LPN on 7/10/18 at 1:11 PM, S3Director said the facility has not had any unused drugs to waste because the facility uses all of the drugs on hand. S3Director said any unused drug would be wasted, the waste would be documented in the medication log, signed by 2 clinic professionals including one physician. S3Director said, "no unused medications."</p> <p>S3Director was informed of the 2 ampules of Lidocaine HCL Inject - 100 mg/5 ml, expired since March 01, 2018, that were found to be expired in the facility's Emergency Kit. S3Director said the expired medication was over looked, and should not have been in the Emergency Kit. S1Adm/LPN said the 3 vials of Lidocaine HCL 10 mg/ml, 50 ml vials found with an expiration date of July 01, 2018, should have been wasted because the doctors of the facility were no longer using that medication. S1Adm/LPN said the doctors now use Lidocaine with Epinephrine. S3Director said the facility's policy for disposing of unused or expired medications via certified returns was for the medications on the facility's emergency kit only.</p> <p>On 7/11/18 at 10:15 AM, S3Director of Operations reviewed the facility's Policy and Procedure: Patient Care-Pharmaceutical Medication Administration which was presented on 7/10/18 at 1:00 PM.</p> <p>Policy: The Clinic has established criteria for the administration of medications and for emergency pharmaceutical services.</p> <p>Purpose: To identify and clarify circumstances which must exist for the safe administration of medications in the Clinic environment, or in and</p>	S 253		

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S 253	Continued From page 37 emergency, by Clinic staff members as directed by the physician. Procedure: item #5 = All medications must be ordered by the Physician. Item #6 = Medications are to be stored appropriately as directed by the PDR (Physician's Desk Reference) or other medication texts. Item #8 = For proper medication administration, all supplies will be examined for defects and expiration dates. S3Director said the facility has never had any unused or expired medications and the facility has no scheduled procedure to check on-hand medications for expiration. S3Director said the facility's policy for disposing of unused or expired medications via certified returns was for the medications on the facility's emergency kit only.	S 253		
S 255	4451 D-F Pharmaceutical Services D. The outpatient abortion facility shall maintain written records documenting the ordering, receiving, dispensing, and administering of drugs. E. The outpatient abortion facility shall maintain written records documenting the disposing of unused drugs. F. The outpatient abortion facility shall maintain written documentation of all drugs prescribed and/or dispensed to each patient, including, but not limited to the: 1. full name of the patient; 2. name of the prescribing and/or dispensing physician; 3. name and strength of the drug; 4. quantity prescribed and/or dispensed; and 5. date of issue.	S 255	S 255: please see page 39.	

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S 255	Continued From page 38 This Rule is not met as evidenced by: Based on record review and interview, the outpatient abortion facility failed to maintain written records documenting the administration of drugs for 7 (#1, #2, #3, #4, #5, #7, and #10) of 7 (#1, #2, #3, #4, #5, #7, and #10) patients receiving paracervical blocks reviewed out of a total sample of 21 (#1 - #21) patients. Findings: Patient #1 Review of the Operative Notes for Patient #1 dated 4/27/18, signed by S4MD (Medical Director) revealed a paracervical block was given to the patient. Further review of the record revealed no written documentation of the drug administered to Patient #1 for the paracervical block. During an interview on 7/9/18 at 3:10 PM, S1Administrator/LPN reviewed the medical record for Patient #1 and revealed that a paracervical block was given to Patient #1 on 4/27/18 by S4MD. She stated there was no documentation of the drug he administered to Patient #1. Patient #2 Review of the Operative Notes for Patient #2 revealed a paracervical block was given to the	S 255	S 255: This deficiency reflects the facility's lack of compliance with LAC 48:1 section 4451 D-F regarding pharmaceutical services. The facility will maintain all invoices of medications ordered in our vendor files. Facility will maintain written documentation of the administration of medications to patients receiving paracervical blocks. Currently, an experienced administrative staff member has performed in service training on proper dispensing and administration of medications in accordance to the revised protocol to current facility employees. Also policy and procedures pertaining to proper medication dispensing and administration has been revised and attached to this plan of correction. Medication logs will be maintained by the designated nursing staff, clinic administrator and/or the director of nursing. Medication logs will be reviewed on a monthly basis. The medication logs will reflect the name of the medication dispensed and administered and also include appropriate patient identifiers. Also, in order to ensure and maintain compliance, the newly hired director of nursing is responsible for overseeing that this deficient practice is immediately addressed and correction measures are properly followed on or by 12/30/18.	12/30/18

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S 255	<p>Continued From page 39</p> <p>patient on 4/17/18 by S6Physician. Further review of the patient's record revealed there was no written records documenting the administering of drugs used for the paracervical block.</p> <p>On 7/9/18 at 1:00 PM, S1Administrator/LPN reviewed Patient #2's record and confirmed there was no written documentation of the drug S6Physician administered to Patient #2 for the paracervical block she gave on 4/17/18.</p> <p>Patient #3 Review of the Operative Notes for Patient #3 revealed a paracervical block was given to the patient on 4/17/18 by S6Physician. Further review of the patient's record revealed there was no written records documenting the administering of drugs used for the paracervical block.</p> <p>On 7/9/18 at 1:00 PM, S1Administrator/LPN reviewed Patient #3's record and confirmed there was no written documentation of the drug S6Physician administered to Patient #3 for the paracervical block she gave on 4/17/18.</p> <p>Patient #4 Review of the Operative Notes for Patient #4 revealed a paracervical block was given to the patient on 4/19/18 by S4MD. Further review of the patient's record revealed there was no written records documenting the administering of drugs used for the paracervical block.</p> <p>On 7/10/18 at 3:20 PM, S1Administrator/LPN reviewed Patient #4's record and confirmed there was no written documentation of the drug S4MD administered to Patient #4 for the paracervical block given to Patient #4 on 4/19/18.</p> <p>Patient #5</p>	S 255		

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S 255	<p>Continued From page 40</p> <p>Review of the medical record for Patient #5 revealed a paracervical block was given to Patient #5 on 4/27/18 by S4MD with no written records documenting the drug/drugs administered to Patient #5 for the paracervical block.</p> <p>On 7/11/18 at 11:40 AM, S1Administrator/LPN reviewed Patient #5's record and confirmed there was no written documentation of the drug S4MD administered to Patient #5 for the paracervical block on 4/27/18.</p> <p>Patient #7 Review of the Operative Notes for Patient #7 dated 3/22/18, signed by S4MD (Medical Director) revealed a paracervical block was given to the patient. Further review of the record for Patient #7 revealed no written documentation of the drug used for the paracervical block.</p> <p>During an interview on 7/10/18 at 2:45 PM, S1Administrator/LPN confirmed Patient #7 received a Paracervical Block. She stated that either Lidocaine or Xylocaine was administered by S4MD, but there was no written record for Patient #7 documenting the drug administered by the physician used for the paracervical block. She stated that she was not able to be in the room with the physician during surgical procedures because there were only two nurses available and usually both were needed in the recovery room. She stated that the physician would like a nurse in the exam room during procedures.</p> <p>Patient #10 Review of the Operative Notes for Patient #10 revealed a paracervical block was given to the patient on 3/29/18 by S4MD. Further review of the patient's record revealed there was no written</p>	S 255		

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S 255	Continued From page 41 records documenting the administering of drugs used for the paracervical block. During an interview on 07/13/2018 at 9:25 AM, S8DON (Director of Nursing) reviewed the medical record for Patient #10. She stated that S4MD documented paracervical block given to the patient on 3/29/18 with no written documentation of the drug administered. S8DON stated that 1 % Xylocaine with Epinephrine was used for the block for Patient #10 and it was not documented. S8DON stated the Operative Notes form being used by the physicians during surgical abortions will need to be redone because the form was created without a place to document the drug and amount used. S8DON stated that the physician should be documenting the drug administered during paracervical block. During an interview on 7/13/2018 at 10:25 AM, S4MD (Medical Director) reviewed the medical record for Patient #10 and confirmed he gave her a paracervical block and this was documented on the Operative Notes. S4MD stated the drug he administered for the block was not documented and new forms would be created with a place to indicate any drugs administered. He stated that this was an oversight and needs to be corrected. He confirmed that the drug he administered for all of the patients who received paracervical blocks would not be documented.	S 255			
S 257	4451 G Pharmaceutical Services G. Preparation and Administration of Drugs. The outpatient abortion facility shall develop, implement, enforce, monitor, and review annually written policies and procedures governing the preparation of drugs and biologicals.	S 257			

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S 257	<p>Continued From page 42</p> <p>1. The outpatient abortion facility shall ensure that all drugs and biologicals are prepared and administered pursuant to an order from an individual, employed or under contractual agreement, who has prescriptive authority in accordance with applicable state laws. Each order shall be in writing, patient specific, dated, timed, and signed by that individual. A copy of such orders shall be maintained in each, individual patient medical record.</p> <p>This Rule is not met as evidenced by: Based on review of records, Policy and Procedures (P&P), and staff interviews, the abortion facility failed to ensure that all drugs and biologicals were administered pursuant to an order from an individual, employed or under contractual agreement, who has prescriptive authority in accordance with applicable state laws and failed to ensure each order was in writing, patient specific, dated, timed, and signed by that individual for 6 (#1, #7, #10, #2, #3, and #5) of 15 (#1 - # 15) patient records reviewed out of a total sample of 21 patients (#1 - #21).</p> <p>Findings:</p> <p>Patient #1 The form titled "Surgical Abortion Standing Orders-S4MD (Medical Director)" for Patient #1 dated 4/27/18 read (in part):</p>	S 257	<p>S 257: This deficiency reflects the facility's failure to comply with LAC 48:1 section 4451 G regarding pharmaceutical services. The facility failed to ensure that all drugs and biologicals were administered pursuant to an order from an individual, employed or under contractual agreement, will has prescriptive authority in accordance with applicable state laws. The facility also failed to ensure that each order was in writing, patient specific, dated, timed and signed by that individual. In order to remedy this deficient practice, the facility has revised patient forms to indicate all appropriate medications administered. Also, policy and procedures that pertains to the preparation and administration of all drugs and biologics a currently being reviewed and revised by the director of nursing in conjunction with the facility's medical providers. The revision and updates to patient forms and facility paperwork will ensure that all medications are being prepared and administered pursuant to written physician orders and that proper patient specific identifiers, dates/times and signatures are accurately reflected. Compliance will be assured by quarterly reviews via chart auditing to be performed by the director of nursing and/or the designated experienced administrative staff member. Employee in service and training will be performed to educate the staff of this corrective measure by either the director of nursing and/or an experienced administrative staff member.</p>	12/30/18

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S 257	<p>Continued From page 43</p> <p>Nubain and Phenergan IM (intramuscular) ½ to 1 hour prior to procedure; Ibuprofen 800 mg (milligrams) listed under First Trimester Prescription; Cephalexin 500 mg 1 po (by mouth). These orders were signed by S4MD, not timed.</p> <p>Review of Patient #1's form titled Pre-operative Record dated 4/27/18 revealed S1Adm/LPN (Administrator/Licensed Practical Nurse) administered the following medications: Ibuprofen 600 mg po 9:00 AM; Cephalexin 500 mg po 9:00 AM; Nubain and Phenergan IM 9:20 AM. These medications were administered pursuant to an order that was not timed. Further review of the standing orders revealed no order for Ibuprofen 600 mg po and there was no dosage for the Nubain or Phenergan.</p> <p>During an interview on 7/9/18 at 1:00 PM, S1Adm/LPN reviewed the medical record for Patient #1 and confirmed there was no order for Ibuprofen 600 mg that she administered to the patient on 4/27/18. She stated that she administered Nubain and Phenergan IM to Patient #1 and did not document the dosage of Nubain or the dosage of Phenergan that she administered to the patient because she thought the dosages listed on the Standing Orders was sufficient. S1Adm/LPN then reviewed the Standing Orders for Patient #1 that she was referring to and confirmed there was no dosage listed for Nubain and Phenergan IM ½ to 1 hour prior to procedure. She confirmed she administered Nubain and Phenergan to the patient without a complete order. She confirmed that the orders were incomplete and were not timed.</p> <p>Patient #7</p>	S 257		

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S 257	<p>Continued From page 44</p> <p>The form titled Surgical Abortion standing Orders dated 3/22/18 in Patient #7's record read (in part): Ibuprofen 800 mg (milligrams) - 1 tablet po (by mouth) for pain Misoprostol 200 mcg (micrograms) <u>4</u> tablets or _____ tablets by mouth</p> <p>The Surgical Abortion Standing Orders were signed by S4MD, dated 3/22/18, timed 1:47 PM, and were not patient specific.</p> <p>Review of Patient #7's form titled Pre-operative & Operative Record dated 03/22/18 revealed Misoprostol 800 mcg po and Ibuprofen 800 mg po were given by S1Adm/LPN at 10:35 AM. These medications were administered pursuant to an order that was not patient specific. An entry on the Recovery Room Record dated 3/22/18, timed 10:35 AM signed by S1Adm/LPN read, "Pt (patient) received and tolerated 0.75 ml (milliliters) Nubain with 0.25 ml Phenergan well." Further review of the standing orders revealed no order for Nubain or Phenergan.</p> <p>During an interview on 7/10/18 at 2:45 PM, S1Adm/LPN reviewed the Recovery Room Record dated 3/22/18 for Patient #7 and confirmed she administered 0.75 ml of Nubain with 0.25 ml of Phenergan. When asked for the order to administer Nubain and Phenergan to Patient #7, she reviewed the record and stated there was no physician's order to administer Nubain and Phenergan. She further confirmed that the Surgical Abortion Standing Orders for Ibuprofen 800 mg 1 tablet po and Misoprostol 200 mcg 4 tablets po were not individualized for the patient because they did not include the patient's name or record number.</p> <p>Patient #10 The form titled Surgical Abortion standing Orders dated 3/29/18 in Patient #10's record read (in</p>	S 257		

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S 257	<p>Continued From page 45</p> <p>part): Ibuprofen 800 mg (milligrams) - 1 tablet po (by mouth) for pain Misoprostol 200 mcg (micrograms) <u> 2 </u> tablets or _____ tablets by mouth The Surgical Abortion Standing Orders were signed by S4MD, dated 03/29/18, not timed, and were not patient specific. Review of Patient #10's form titled Pre-operative & Operative Record dated 03/29/18 revealed Misoprostol 400 mcg po and Ibuprofen 800 mg po given by S1Adm/LPN at 12:13. These medications were administered pursuant to an order that was not patient specific and was not timed. An entry on the Recovery Room Record dated 03/29/18, timed 4:10 PM signed by S1Adm/LPN read, "Pt (patient) received IM (intramuscular) inj. (injection) of Nubain with Phenergan. Pt. tolerated well. No issues noted." Further review of the standing orders revealed no order for Nubain or Phenergan.</p> <p>During an interview on 7/11/18 at 2:00 PM, S1Adm/LPN reviewed the medical record for Patient #10 and confirmed she administered Nubain and Phenergan to the patient without a physician's order to administer the drugs. She further confirmed that the Surgical Abortion Standing Orders for Ibuprofen 800 mg 1 tablet po for pain and Misoprostol 200 mcg 2 tablets po were not individualized for the patient because they did not include the patient's name or record number and the order was not timed.</p> <p>Patient #2: A review of Patient #2's record revealed she had a surgical abortion on 4/17/18 by S6Physician. Further record review revealed the Surgical Abortion Standing Orders form dated 4/17/18 signed by S6Physician at 1:52 PM were not</p>	S 257		

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S 257	<p>Continued From page 46</p> <p>patient specific, the orders did not contain identifying patient information.</p> <p>Review of the Procedure Room Monitoring Form dated 4/17/18, labeled with Patient #2's name, signed by S7LPN, revealed documentation in the Medication Given section which read in-part: Medication Given: Amoxil, IBU, Cytotec, Given By = S7LPN's signature, timed for 9:36 AM. Medication Given: Nubain, Phen. Given By = S7LPN's signature timed for 12:25 PM. The administration time (third numerical entry) was marked over and not clear. On 7/09/18 at 1:00 PM, S1Adm/LPN viewed the form, verified the form was signed by S7LPN and interpreted the unclear/marked over medications administration documentation time as 12:35 PM.</p> <p>Review of the Recovery Room Record form signed by S6Physician and S7LPN revealed the form was not labeled with any patient identification. The Recovery Room Record form also contained documentation which read in-part: Ibuprofen 800 mg PO Timed for 9:35 AM, Given by = S7LPN's signature. Misoprostol 400 mcg timed for 9:35 AM, Given by= S7LPN's initials. MED Phenergan IM Right Deltoid, timed for 12:43 PM, Given By= S7LPN's initials. MED Nubain Site Right Deltoid Timed, for 12:43 PM, Given By= S7LPN's initials.</p> <p>On 7/09/18 beginning at 1:00 PM, S1Adm/LPN reviewed and verified the above findings. She also verified that the Surgical Abortion Standing Orders in Patient #2's chart were not patient specific and there was no written order for the patient to receive the medication Nubain which was documented as having been administered by S7LPN on 4/17/18 at 12:43 PM and at 12:35 PM</p>	S 257		

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S 257	<p>Continued From page 48</p> <p>Further review of Patient #5's record revealed physician orders labeled as: Surgical Abortion Standing Orders-S4MD's name. The orders contained the signature of S4MD but, contained no identified patient information and no date.</p> <p>The Pre-Operative Record with Patient #5's name and S4MD's signature, had no date documented. The Pre-Operative Record contained documentation of vital signs and a pain scale entry Taken By= S7LPN's signature. The Pre-Operative Record also contained the following medication entries: Misoprostol 400 mcg Oral and Ibuprofen 600 mg Oral. Neither of the two medication entries had any documentation pertaining to who administered the medication or at what time.</p> <p>The Dilapan Insertion for Second Trimester Patients Standing Orders with Patient #5's name and the date of 4/26/18, contained no physician signature.</p> <p>Hand written nurse's notes with Patient #5's name, dated 4/26/18, timed for 11:33 AM, and signed by S7LPN, contained the following entry in-part: ... received Dilapan inserts Vaginally, ... Prescription given for IBU & Ultram, instructed to return 4/27/18.</p> <p>There was a second Pre-Operative Record dated 4/27/18 with Patient #5's name and signed by S4MD. This form was signed by S1Adm/LPN and contained the following entries in-part: Misoprostol 400 mcg Oral, Given By= S1Adm's signature, Timed 8:29 AM. Other Medication: Amoxicillin 500 mg Oral, Given By= S1Adm's signature, Time 8:29 AM. Other Medication: Nubain & Phenergan IM, Given</p>	S 257		

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S 257	<p>Continued From page 47</p> <p>on the Procedure Room Monitoring Form as interpreted by S1Adm/LPN.</p> <p>Patient #3: A review of Patient #3's record revealed she had a surgical abortion on 4/17/18 by S6Physician. Further record review revealed the Surgical Abortion Standing Orders dated 4/17/18 and signed by S6Physician at 2:05 PM were not patient specific, the orders did not contain identifying patient information.</p> <p>Review of the Procedure Room Monitoring Form dated 4/17/18, labeled with Patient #3's name, signed by S7LPN, revealed documentation in the Medication Given section which read in-part: Medication Given: Rhogam/IBU, Amoxil, Cytotec, Given By = S7LPN timed for 9:35 AM. Medication Given: Phen/Nubain. Given By = S7LPN timed for 12:45 PM.</p> <p>Review of the Recovery Room Record form signed by S6Physician and S7LPN revealed the form was not labeled with any patient identification. The Recovery Room Record form also contained documentation which read in-part: Ibuprofen 800 mg PO Timed for 9:35 AM, Given by = S7LPN. Misoprostol 400 mcg timed for 9:35 AM, Given by= S7LPN. MED Nubain IM Site Left Deltoid timed for 12:45 PM, Given By= S7LPN. MED Phenergan IM Left Deltoid timed for 12:45 PM, Given By= S7LPN.</p> <p>Patient #5: A review of Patient #5's record revealed she received her surgical abortion on 4/27/18 involving a 2 day procedure which initiated on 4/26/18 with the use of Dilapan by S4MD.</p>	S 257		

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S 257	<p>Continued From page 49</p> <p>By= S1Adm's signature, Time 8:30 AM.</p> <p>The Recovery Room Record with Patient #5's name, dated 4/27/18, Discharge time of 12:00 PM, signed by S7LPN and S4MD, contained the following medication entries in-part: Ibuprofen 600 mg PO. Med: Nubain. Med: Phenergan.</p> <p>An interview with S1Adm/LPN, on 7/11/18 at 11:40 AM, verified the nurses, including herself (S1Adm/LPN), administered medications to Patient #5 using these same Surgical Abortion Standing Orders-S4MD which did not contain a patient name, date, or chart #.</p> <p>Previous interviews with S1Adm/LPN and S3Director on 7/09/18 at 2:30 PM revealed the facility was aware of this lack of physician's order for the medication Nubain on the Physician Orders in patient records and the fact the staff was administering the Nubain to patients without orders. S3Director said the facility revised the Surgical Abortion Standing Orders in "mid - April 2018" which included the medication Nubain on the Physician Orders. S1Adm/LPN and S3Director continued and explained that as of this day, (7/09/18), they also noticed that the revised Physician Standing Orders did not contain dosages for some medications and had incorrect dosages for some medications.</p> <p>On 7/11/18 at 10:15 AM, S3Director verified the following Policy & Procedures (P & P) which she had presented on 7/10/18 at 1:00 PM, which read in-part: Pharmaceutical Services Physician Orders and Administration: Policy: All drugs and biologicals shall be</p>	S 257		

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S 257	<p>Continued From page 50</p> <p>administered in compliance with an order from and individual who has prescriptive authority under the laws of Louisiana. Such orders shall be in writing, and signed by the individual with prescriptive authority under the laws of Louisiana.</p> <p>S3Director verified the Policy and Procedure: Patient Care-Pharmaceutical Medication Administration that she presented on 7/10/18 at 1:00 PM read in part: Policy: The Clinic has established criteria for the administration of medications and for emergency pharmaceutical services. Purpose: To identify and clarify circumstances which must exist for the safe administration of medications in the Clinic environment, or in and emergency, by Clinic staff members as directed by the physician. Procedure: item #5 = All medications must be ordered by the Physician.</p> <p>An interview, review of patient records and P&P with S8DON (Director of Nursing) was conducted on 7/13/18 at 9:15 AM. S8DON informed that she had seen the way the nurses in the facility were documenting. S8DON said she informed S3Director and S1Adm/LPN on a Saturday in June 2018 that the dose/mg strength, route, site, patient name, ordering doctor, and a physician's order for each medicine had to be documented in the patient's chart.</p>	S 257		