



August 3, 2012

Erik Bodin
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive
Suite 401
Richmond, VA 23233

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Dear Mr. Bodin:

I am writing to officially ask for an amendment to Planned Parenthood of Metropolitan Washington, DC's Application for Abortion Facility Licensure. In the General Information concerning the facility section, "E. Number of procedure/treatment rooms," PPMW originally overestimated the number of rooms that are actually used in providing abortion procedures, and I would like to clarify that information. Planned Parenthood of Metropolitan Washington, DC-Falls Church Health Center does not have three treatment rooms that are used for abortion procedures. It instead only has one treatment room, Exam #2, where abortions are performed. In addition, Exam #3 and Exam#1 can be used as examination rooms for ultrasounds for abortion patients, counseling, and family planning.

Sincerely,

A handwritten signature in cursive script that reads 'Laura Meyers'.

Laura Meyers, Ph.D.
President and CEO
Planned Parenthood of Metropolitan Washington, DC
1108 16th Street NW
Washington, DC 20036

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FTAF-0013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/29/2012
NAME OF PROVIDER OR SUPPLIER PL PARENTHOOD METRO WASHINGTON-FALLS C			STREET ADDRESS, CITY, STATE, ZIP CODE 303 S MAPLE AVE, SUITE 300 FALLS CHURCH, VA 22046		
(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	
T 000	12 VAC 5- 412 Initial comments	T 000			
	<p>An announced Initial Licensure Abortion Facility inspection was conducted at the above referenced facility on June 28, 2012 through June 29, 2012 by two (2) Medical Facilities Inspectors from the Virginia Department of Health's, Office of Licensure and Certification.</p> <p>Seventeen (#1-#17) personnel files and one (#1 clinical record were reviewed</p> <p>The facility was out of compliance with the State Board of Health 12 VAC 5-412, Regulations for Abortion Facility's effective December 29, 2011. Deficiencies were identified, cited, and will follow in this report.</p>				
T 095	12 VAC 5-412-170 H Personnel	T 095			
	<p>H. Personnel policies and procedures shall include, but not be limited to:</p> <ol style="list-style-type: none"> 1. Written job descriptions that specify authority, responsibility, and qualifications for each job classification; 2. Process for verifying current professional licensing or certification and training of employees or Independent contractors; 3. Process for annually evaluating employee performance and competency; 4. Process for verifying that contractors and their employees meet the personnel qualifications of the facility; and 5. Process for reporting licensed and certified health care practitioners for violations of their licensing or certification standards to the appropriate board within the Department of Health Professions <p>This RULE: is not met as evidenced by: Based on employee record review, review of the</p>				
	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Meyers</i>		TITLE <i>President & CEO</i>		(X6) DATE <i>8.6.12</i>

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T 095 Continued From Page 1

T 095

agency's policy and staff interview, the facility staff failed to ensure all employee records contained a current cardiopulmonary resuscitation (CPR) card for one (#6) of seventeen (#1-#17) personnel files reviewed as required in Section 12 VAC-5-412-170.H.4.
The findings included:
1. On 6/28/12 at 12:10 p.m., employee records were reviewed. Of the 17 (31-#17) records reviewed, one (#6) employee's file did not have a current CPR card. Employee #6 was a physician hired on 8/23/09. The facility's policy stated that all staff would have a current CPR card.
On 6/28/12 at 4:30 p.m. Employee #2 was informed of the findings and verified during interview that personnel file #6 did not contain a current CPR card.

T 175 12 VAC 5-412-220 C Infection prevention

T 175

C. Written policies and procedures for the management of the facility, equipment and supplies shall address the following:
1. Access to hand-washing equipment and adequate supplies (e.g., soap, alcohol-based hand rubs, disposable towels or hot air dryers);
2. Availability of utility sinks, cleaning supplies and other materials for cleaning, disposal, storage and transport of equipment and supplies;
3. Appropriate storage for cleaning agents (e.g., locked cabinets or rooms for chemicals used for cleaning) and product-specific instructions for use of cleaning agents (e.g., dilution, contact time, management of accidental exposures);
4. Procedures for handling, storing and transporting clean linens, clean/sterile supplies and equipment;
5. Procedures for handling/temporary storage/transport of soiled linens;
6. Procedures for handling, storing, processing

1. All exam tables have been ordered with delivery expected by end of the month. Delivery date is dependent on the vendors.
2. The replacements for the vinyl recovery room chairs have been ordered with delivery expected by end of the month. Delivery date is dependent on the vendors.
3. The baseboard on the wall with no windows will be replaced by August 13th.
4. All exam tables and recovery room chairs will continue to be disinfected in between patients and checked for cracks during the cleaning.
5. If crack is noted, chair or table will be replaced or re-upholstered and if baseboard is missing a piece, it will be replaced.
6. The cloth chairs have been removed and will be replaced with appropriate plastic waiting room chairs.

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T 175	Continued From Page 2	T 175			
	<p>and transporting regulated medical waste in accordance with applicable regulations;</p> <p>7. Procedures for the processing of each type of reusable medical equipment between uses on different patients. The procedure shall address:</p> <p>(i) the level of cleaning/disinfection/sterilization to be used for each type of equipment,</p> <p>(ii) the process (e.g., cleaning, chemical disinfection, heat sterilization), and</p> <p>(iii) the method for verifying that the recommended level of disinfection/sterilization has been achieved. The procedure shall reference the manufacturer's recommendations and any applicable state or national infection control guidelines;</p> <p>8. Procedures for appropriate disposal of non-reusable equipment;</p> <p>9. Policies and procedures for maintenance/repair of equipment in accordance with manufacturer recommendations;</p> <p>10. Procedures for cleaning of environmental surfaces with appropriate cleaning products;</p> <p>11. An effective pest control program, managed in accordance with local health and environmental regulations; and</p> <p>12. Other infection prevention procedures necessary to prevent/control transmission of an infectious agent in the facility as recommended or required by the department.</p> <p>This RULE: is not met as evidenced by: Based on observation and staff interview, the clinic staff failed to ensure that three (#1-#3) of three exam room tables and five (#1-#5) cloth chairs in the recovery room could be cleaned after the use of each patient as required in Section 12 VAC 5-412-220.C-7. iii.</p> <p>The findings included:</p> <p>1. During the tour of the clinic conducted 6/28/12,</p>				

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T 175

at 13:16 p.m., the following was observed: Exam rooms #1-#3 had tears in the vinyl exam tables, two recovery room vinyl chairs in the recovery room had tears, five cloth chairs and the base board on wall with no windows was partially missing. All exam room tables and the two recovery room chairs had multiple worn areas and non-intact surfaces, which would allow blood or body fluids to be absorbed into the underlying exposed foam. The five cloth chairs have no means of sanitation between patients.

2. Employee #2 confirmed during interview that the exam tables and the vinyl chairs could not be disinfected after each patient use, the five cloth chairs could not be cleaned adequately and all surfaces were not intact. This interview occurred in the recovery room, on 6/28/12, at approximately 2:30 p.m.

T 275 12 VAC 5-412-260 C Administration, storage and dispensing of dru

T 275

C. Drugs maintained in the facility for daily administration shall not be expired and shall be properly stored in enclosures of sufficient size with restricted access to authorized personnel only. Drugs shall be maintained at appropriate temperatures in accordance with definitions in 18 VAC 110-20-10

This RULE: is not met as evidenced by:
Based on observation and staff interview, the clinic staff failed to ensure drugs and supplies available for administration were properly stored and not expired in one (#2) of three (#1-#3) examination rooms contained syringes that were outdated and stored with current syringes as required in Section 12 VAC 5-412-260.

1. All medications and equipment/supplies are checked monthly for expiration dates as per center procedures.
2. All staff will receive a monthly assignment and form requiring them to check off and sign indicating the room/lab/area is in complete compliance with no expired medications or supplies/equipment. If expired medications or supplies are identified, the staff member will receive an improvement plan.
3. An indicator on the monthly center medical survey will state – All room/lab/area compliance forms have been completed, signed and returned to the Center Manager. A plan of correction has been written if indicated.

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T 275

The findings included:

1. During the tour of the clinic conducted 6/28/12 at 13:16 p.m., the following was observed: Exam room #2 was designated as the Procedure Room. Three syringes were noted by the Surveyors as having the following expiration dates: 09/09, 01/11 and 07/07, in the cabinet above the sink, in exam room #2. The policy and procedure manual stated that all expired drugs and equipment would be discarded.

2. Staff Member #2 verified during interview, on the tour of exam room #2 that the syringes had expired dates. This interview occurred in exam room #2 at approximately 13:52 p.m.

T 280 12 VAC 5-412-260 D Administration, storage and dispensing of dru

T 280

D. The mixing, diluting or reconstituting of drugs for administration shall be in accordance with regulations of the Board of Medicine (18 VAC 85-20-400 et seq).

This RULE: Is not met as evidenced by:
Based on observations, interviews and document review the facility failed to ensure the mixing of drugs was done in accordance with the Board of Medicine regulation 18 VAC 85-20-400.

The findings include:

On 6/28/12 at approximately 8:55 A.M. Employee #6 was observed adding 10 units of vasopressin and 5 ML (milliliters) of sodium bicarbonate to 50 ML of lidocaine 1%. Employee #6 was mixing the medications at the desk where she counsels and documents in the medical record, patients on

1. Procedure for mixing medication used in the abortion services will be included in the PPMW Medical Manual of Standards and Guideline (MMSG) by August 13th.
2. By August 13th, some Recovery Room Nurses will have completed a Recovery Room Nurse Orientation Training with documentation to indicate completion placed in all personnel files. Other RNs to complete the training by the end of the month depending on vacation schedules. When the RN's on vacation return, they will complete the training before offering unobserved provision of care.
Training to include -
a. Practices and Principles of disinfecting techniques (ARMS Manual)
b. Mixing, diluting, or reconstituting medication (PPMW MMSG)

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T 280 Continued From Page 5

aftercare, completes their vital signs and prepares the medications for discharge. Employee #6 stated, "I mix the medications, applies a label and takes the vials to the procedure room for the physician to draw up and inject into the patient prior to the procedure." "They are used for numbing the cervix." Employee #6 was asked who verified the medications she was mixing and she stated, "No one."

While observing the medications being mixed Employee #6 was observed cleaning the tops of the vials prior to the first puncture of each vial. She did not clean the tops prior to the second puncture of the vials. Employee #6 stated, "The current research says it doesn't make any difference. You could lick the tops of the vials and the infection rate would be the same."

The following information from the CDC Outpatient Care Guide recommends: Fundamental elements dated May 2011; Adhere to Standard Precautions; Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered.

Key recommendations for safe injection practices in ambulatory care settings:

- #1 Use aseptic technique when preparing and administering medications.
- #2 Cleanse the access diaphragms of medication vials with 70% alcohol before inserting a device into the vial.

A review of Employee #6's personnel file revealed no additional documented training by a physician as noted in Board of Medicine regulation 18 VAC 85-20-400 as noted below:

- 1. Utilize the practices and principles of

T 280

c. Procedure to ensure all immediate use mixing of medication is accurate as determined by the PPMW Medical Director and/or AB Nurse Practitioner Coordinator.

d. Chart Documentation to include name of drug(s) mixed, date of administration.

3. Recovery Room Nurse Orientation and Annual Observation Form to be created and utilized ensuring all nurses in the recovery room demonstrate complete competency. Form to be in use before August 13th.

a. Competency Indicators to include –

- i. Practices standard precautions at all times.
- ii. Uses proper disinfecting and aseptic techniques.
- iii. Mixing, diluting, reconstituting medications used in service.

iv. Use/labeling/storage of mixed, diluted, reconstituted medication.

v. Using identified appropriate medication station for preparing medication to be used for service.

vi. Ensuring physician order section of procedure chart form is signed and completed by physician and nurse's documentation is complete.

4. Personnel Records to include completed orientation form and annual observation forms. HR spreadsheet for RNs to include Recovery Room Orientation and Annual Observation to ensure ongoing compliance and competency.

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disinfection techniques, aseptic manipulations and solution compatibility in immediate-use mixing, diluting or reconstituting;

2. Ensure that all personnel under their supervision who are involved in immediate-use mixing, diluting or reconstituting are appropriately and properly trained in and utilize the practices and principles of disinfection techniques, aseptic manipulations and solution compatibility;

3. Establish and implement procedures for verification of the accuracy of the product that has been mixed, diluted, or reconstituted to include a second check performed by a doctor of medicine or osteopathic medicine or a pharmacist, or by a physician assistant or a registered nurse who has been specifically trained pursuant to subdivision 2 of this subsection in immediate-use mixing, diluting or reconstituting. Mixing, diluting or reconstituting that is performed by a doctor of medicine or osteopathic medicine, a pharmacist, or by a specifically trained physician assistant or registered nurse or mixing, diluting or reconstituting of vaccines does not require a second check;

4. Provide a designated, sanitary work space and equipment appropriate for aseptic manipulations;

5. Document or ensure that personnel under his supervision documents in the patient record or other readily retrievable record that identifies the patient; the names of drugs mixed, diluted or reconstituted; and the date of administration; and

6. Develop and maintain written policies and procedures to be followed in mixing, diluting or reconstituting of sterile products and for the training of personnel.

The facility staff could not provide a policy on mixing, diluting or reconstituting of drugs for administration.

Employee #6 was also observed on 6/29/12 at 11:04 A.M. administering Xanax 0.05 mg (milligrams), ibuprofen 600 mg and

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T 280 Continued From Page 7 T 280

acetaminophen 500 mg to Patient #1. A review of patient #1's medical record did not reveal a physician's order to administer these medications. Employee #6 stated, "These are what we normally administer if the patient is a little anxious about the procedure."

T 375 12 VAC 5-412-360 A Maintenance T 375

A. The facility's structure, its component parts, and all equipment such as elevators, heating, cooling, ventilation and emergency lighting, shall be all be kept in good repair and operating condition. Areas used by patients shall be maintained in good repair and kept free of hazards. All wooden surfaces shall be sealed with non-lead-based paint, lacquer, varnish, or shellac that will allow sanitization.

This RULE: is not met as evidenced by:
Based on observations during the tour of the facility, review of the policy and procedure manual and staff interview, it was determined that the facility failed to ensure that all electrical equipment had been inspected as documented by proof of preventative maintenance per the manufacturer's recommendations as required in Section as required in Section 12 VAC 5-412-360.
The findings included:

1. During the tour of the clinic conducted 6/28/12 at 13:16 p.m., the following was observed: Exam room #2 was designated as the Procedure Room. A Triplite back up generator failed to have a preventive maintenance sticker indication that it had been inspected for any potential electrical failures. A surge protector attached to the exam room table also failed to have a preventive maintained sticker. The policy and procedure manual stated that all equipment would be

1. PPMW maintains and has annual preventive maintenance checks on electrical equipment used for patient care or placed near the patient during care.
2. To ensure all electrical equipment in exam rooms, procedure rooms, recovery room are checked, a list will be made by the center manager and the medical maintenance company. The lists will be compared and all equipment listed between them will become part of the annual maintenance including the back-up generator and surge plugs (one for each room and two extra for possible use).
3. Preventative maintenance labels on equipment are to be checked monthly at the time that medication and supplies/equipment are checked for expiration. Label check will be an additional indicator on the monthly compliance form
4. The medical maintenance company will be notified and will return to the center to check and label the generator and (6) surge plugs before August 13th.

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T 375	Continued From Page 8	T 375		
	<p>inspected annually.</p> <p>2. Staff Member #2 verified during interview, on the tour of exam room #2, that the preventive stickers were not present on the surge protector and the generator. This interview occurred in exam room #2 at approximately 14:00 p.m.</p>			
T 400	<p>12 VAC 5-412-380 Local and state codes and standards</p> <p>Abortion facilities shall comply with state and local codes, zoning and building ordinances, and the Uniform Statewide Building Code. In addition, abortion facilities shall comply with Part 1 and sections 3.1-1 through 3.1-8 and section 3.7 of Part 3 of the 2010 Guidelines for Design and Construction of Health Care Facilities of the Facilities Guidelines Institute, which shall take precedence over Uniform Statewide Building Code pursuant to Virginia Code 32.1-127.001.</p> <p>Entities operating as of the effective date of these regulations as identified by the department through submission of Reports of Induced Termination of Pregnancy pursuant to 12 VAC 5-550-120 or other means and that are now subject to licensure may be licensed in their current buildings if such entities submit a plan with the application for licensure that will bring them into full compliance with this provision within two years from the date of licensure.</p> <p>Refer to Abortion Regulation Facility Requirements Survey workbook for detailed facility requirements.</p> <p>This RULE: Is not met as evidenced by: Based on interview and facility tour it was determined the facility failed to have an architect attestation and failed to meet FGI (AIA) Guidelines for Chapters 3.1 and 3.7.</p>	T 400	<p>PPMW has two years from the date of licensure to comply with the requirements of 12 VAC 5-412-380, and its plan of compliance for each of the findings is to move into a new facility that is compliant with all of the FGI guidelines within two years from the date of licensure. During the interim period preceding the move, patient safety and comfort will continue to be maintained.</p> <ul style="list-style-type: none"> The report states that, "The facility failed to have an attestation from a licensed architect that the facility met the required FGI (AIA) guidelines on 2/22/12 and 4/13/12." This is partially incorrect. An attestation from 2/22/12 and 4/13/12, prepared by Bruce Tyler, Architect, of Baskerville [(804) 343-1010], was presented to the surveyors at the time of the inspection. The attestation noted that the facility was fully compliant with the applicable sections of Part 1 and section 3.1 of the 2010 FGI Guidelines, aside from the exceptions discussed with the surveyors. The facility's public corridors are not 5 feet in width. The public corridors meet the 2009 Edition of the Virginia Construction Code (USBC) requirements for egress (See Section 10). The intent behind the corridor width regulation is fire safety and emergency evacuation. Given the current corridor's occupancy load rating, it could handle over 100 occupants if necessary. The facility rarely has more than 20 people in the waiting room, and almost always has fewer than 20 people inside the health center itself, including staff. Further, PPMW staff have been trained in fire safety, and the Falls Church Fire Marshal certified that there were no Fire Prevention Code violations on April 13, 2012, and noted that the 	

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NAME OF PROVIDER OR SUPPLIER PL PARENTHOOD METRO WASHINGTON-FALLS C			STREET ADDRESS, CITY, STATE, ZIP CODE 303 S MAPLE AVE, SUITE 300 FALLS CHURCH, VA 22046		
(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 REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 400	Continued From Page 9 The findings include: 1. On June 28, 2012 a facility tour was conducted with Staff #2, between 13:15 p.m. and 15:30 p.m. The facility failed to have an attestation from a licensed Architecture that the facility met the required FGI (AIA) guidelines on 2/22/12 and 4/13/12. Public Corridors failed to have a minimum 5 feet width. Air flow exchange does not have 2 air exchange per hour of outside air. There was no sprinkler system. Current sinks are not 144 square inches, but are 108 and 114 square inches. 2. On June 28, 2012, at 4:35 p.m., May 16, 2012 at 12:18 p.m., an interview was conducted with Staff #1 who stated that the facility was unable to provide evidence that the facility met the state and local codes and building ordinances.	T 400	"assessment of egress access" was found to be satisfactory after we had a conversation with him about whether the corridor width was adequate for the safe evacuation of a patient with a medical emergency. See Falls Church Fire Inspection. Further, the health center staff participates in emergency care drills monthly to maintain their skills. There has only been one emergency transfer in the last 1.5 years, and it was smooth and without incident. See 9/30/11 Incident Report. Thus, the corridors are sufficient for a safe emergency evacuation of a patient and for a fire evacuation of all staff and patients and patient safety and comfort are maintained. • The HVAC system does not include any outside makeup air changes. When the installation occurred, the mechanical systems met the Virginia Uniform Statewide Building Code. PPMW maintains patient safety and comfort with the current HVAC system, which has worked well throughout the years that PPMW has offered treatment. The air circulation and temperature has been and continues to be adequate in the treatment room, without "stuffiness", ensuring patient comfort. PPMW demonstrates a commitment to patient safety and uses numerous infection control prevention methods. Hundreds of procedures have occurred in this health center, and the absence of outside air changes has not played a part in an incident or complication. PPMW has been performing abortions in this building in Falls Church for over eight years with an excellent safety record. Occurrence Reports are reviewed by the Medical Director at the time of completion, the quarterly Clinical Quality Risk Management Committee, quarterly at the Clinician/Center Manager meeting and monthly in the center where the occurrence took place to assess the situation. • The health center must be in compliance with the NFPA 101 and its sprinkler system requirement. PPMW maintains patient safety and comfort using a regularly maintained automatic fire alarm system with smoke activation devices that alerts occupants to any fire issues (which is inspected annually) and two manual fire alarm pull stations in the outside hallway. See Chubb Inspection. Additionally, fire extinguishers are maintained and inspected annually, and the PPMW staff has been trained in fire safety. See Omega Fire Protection letter, Family Planning and Surgical Services Monthly Operational/Facility Survey, 2011/2012 Training/Drill Schedule, Fire Procedure, and Fire Emergency Evacuation Drill. Evacuation maps were presented to the surveyors at the inspection.		

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T400 Continued:

- The hand washing station sinks must have a basin of at least 144 square inches. PPMW takes infection control very seriously, and has installed numerous hand sanitizer dispensers around the health center. A Handwashing Dispenser Map was presented to the surveyors at the inspection. The maintenance crew checks the hand sanitizers four times a week and if any are empty they ensure that they are refilled. These dispensers, together with PPMW's current sinks, meet the intent of the regulation, maintaining patient safety and comfort.
- In 1996, PPMW was issued a Certificate of Occupancy by the City of Falls Church. In issuing the Certificate of Occupancy, the City agreed that the building design met all zoning and applicable building codes in the City Zoning Ordinance and all state and local codes including the Uniform Statewide Building Code when the building was originally constructed and the building use meets the current City Zoning Ordinance.

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AUG 07 2017

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CITY OF FALLS CHURCH

**CITY OF FALLS CHURCH
FIRE MARSHAL**
300 PARK AVENUE
FALLS CHURCH, VA 22046
Phone: (703) 248-5058 Fax: (703) 248-5158
Email: tpolera@fallschurchva.gov



Fire Prevention Code Invoice

BUSINESS NAME PLANNED PARENTHOOD		BUSINESS PHONE 703 533 5656	DATE 4/13/202
ADDRESS 303 S. WAS MAPLE AVE #300 FALLS CHURCH, VA 22046			SUB-ADDRESS NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>
MANAGER - OWNER NAME	EMAIL	EMERGENCY	

PERMIT FEES:

Assembly or Education facilities: 51-500 persons \$ 85 , 501 or greater persons \$ 170
Home Day Care Permit Inspections \$ 35 (No Inspection Fee)

\$ N/A

INSPECTION FEE: Hourly Rate = \$ 130 Minimum \$ 65
Quarterly charge after the 1st 1/2 hour & all re-inspections = \$ 32.50
OCCUPANCYS WITH FIRE PROTECTION SYSTEMS ARE
REQUIRED TO HAVE AN ANNUAL INSPECTION CHARGED
AT THE HOURLY INSPECTION RATE.

Date - Hours
4/13 .5

Total Time
.5
HRS.

\$65.00

- Assembly or Educational Facility,
- Occupancy with Fire Protection System:
- Hood System Fire Alarm Sprinkler Standpipe Fire Pump

NON-COMPLIANCE (3rd Visit): Hourly Rate =
This includes operating without a paid permit, (over 30 days late)
 Faulty / Nuisance Fire Alarms (Three within 30 days)

TOTAL \$65.00

The applicant hereby accepts full responsibility for the adherence to all requirements of the Virginia Statewide Fire Prevention Code and the City of Falls Church Fire Prevention Code pertaining to the above application.

Signature of Applicant _____ Date: 4/13/2

Make checks or money order payable to:
"Treasurer, City of Falls Church"
Mail payment to:
City of Falls Church
Fire Marshal's Office
300 Park Avenue, G2 East
Falls Church, VA 22046

Office Use:	Date Payment Received _____	Permit Number <u>N/A</u>	Violations Found: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Check Number _____	Occupancy Load _____	Use Group _____
	Last Hood Test _____	Company Performing Test <u>N/A</u>	Knox Box: YES <input type="checkbox"/> NO <input type="checkbox"/>
			Phone: _____



**CITY OF FALLS CHURCH
FIRE MARSHAL**
300 PARK AVENUE
FALLS CHURCH, VA 22046
Phone: (703) 248-5058 Fax: (703) 248-5158
Email: FireMarshal@fallschurchva.gov



April 19, 2012

To: , Planned Parenthood of Metropolitan Washington, DC

RE: Inspection - 303 S. Maple Ave. #300

This is to serve notice that a fire safety inspection was performed at the above location on April 13. No fire code violations were observed at the time of the inspection. This includes an assessment of egress access and discharges which were found to be satisfactory. The building is equipped with a fire alarm system that is subject to an annual inspection. Additional questions may be directed to the City of Falls Church Fire Marshal at FireMarshal@fallschurchva.gov or calling (703) 248-5058.

Sincerely,

Tom Polera, CFI
City Fire Official

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AUG 07 2012
VDH/OLC

EXCLUDE FROM FOIA per Code of VA 2.2-3705.2(3)+(4)
Releasing any of the pages noted "Exclude from FOIA" will compromise APAMW's Security of disc

Protected
Info

Incident Report

NOT PART OF MEDICAL RECORD - FORWARD PROMPTLY TO SUPERVISOR

For Admin use only				
ARMS Occurrence	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
CAPS Adverse Event	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Security Occurrence	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Workers Comp	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
HIPAA Report	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Type or Print Clearly

Location of Incident FC CLINIC

Today's Date 09/30/11

Date of Incident 09/30/11

Time of Incident 1245

Affected Person (s) _____

Patient MR # _____ Visitor Employee Other _____

Witnesses: _____

First Person on Scene _____

Person (s) notified EMS

Police Fire Department Ambulance Other PT'S SPOUSE

Incident Related to:

- Medical Services Personal Injury Building & Physical Property
- General Liability Security HR Theft Picketers Controlled substances
- Other (Explain) _____

Narrative: Describe what happened, condition of person before and after the incident & any other pertinent details.

SEE PROGRESS NOTE AND EMER TRANSFER FORM

For more space use other side

Exclude from FOIA per 606 of VA 2.2-3705.2(3)+(4)

PT#

Falls Church Health Center

Emergency Transfer Form

C

Date: 09/30/11

Ambulance Called: Yes No

Time: 1252

Transfer to Hospital?: Yes No

Hospital: FAIRFAX INOVA

703-706-2274

Transfer Notes (Complete prior to transport):

Transfer Vehicle: Ambulance Personal Vehicle Taxi Other:

Emergency report given to: EMS STAFF

ER Notified of Transfer

By: _____

Time: 1315 INOVA FAIRFAX ED

Vital signs to be taken every 3-5 minutes. Send a copy of this form with the client to the hospital.

Time	Meds	VS				Notes (Initial after each)
		BP	P	R	O2	
1248	Ø	104/60	62	25	100%	NAUSEATED : 8/10 PAIN DIAPHORETIC : ONK
1255	Ø	144/115	58	24	99%	
1258	Ø	96/70	80	24	99%	7/10 PAIN ONK
1301	Ø	80/49				
EMTS ARRIVED 1301 ONK						

Signature of Physician/Clinician/person in charge: _____

Date/Time: _____



Planned Parenthood®
of Metropolitan Washington, DC

Exclude 1/-in

FOIA
Collection
22-3705, 2
(3) + (4)

PT#

Falls Church Health Center

DOB

DATE	PROGRESS NOTES	SIGNATURE & TITLE
09/30/14 1245	PT CAME INTO RECOVERY RM FROM WAITING AREA EXPERIENCING SUDDEN SHARP EP: GASTRIC PAIN 8/10. PT DIAPHRAGMATIC AND FEELING CHILLED. VS OBTAINED (SEE EMER TRANSFER FORM). PT REPORTED SIMILAR BUT LESS SEVERE PAIN PRIOR EPISODE ~ 1 MO AGO; RESOLVED ^(6/10) REST TIME. PT REPORTS UNREMARKABLE GI HX EXCEPT EMER GALLBLADDER SURGERY (REMOVAL?) 3 YRS AGO. PER DR _____ EMS CALLED TO TRANSFER PT TO FAIRFAX INQUIRY. COPIES OF PT MEDICAL HX FORM, EMER TRANSFER FORM, AND INFORMATION ABOUT PT'S GEST AGE PROVIDED TO EMS RESPONDERS. DR. CALLED FAIRFAX INQUIRY TO GIVE REPORT. PER PT'S REQUEST, PT'S HUSBAND NOTIFIED OF TRANSFER.	



DATE	PROGRESS NOTES	SIGNATURE & TITLE
09/30/14 1745	<p>PT CAME INTO RECOVERY RM FROM WAITING AREA EXPERIENCING SUDDEN SHARP EPIGASTRIC PAIN 8/10. PT DIAPHORATIC AND FEELING CHILLED. VS OBTAINED (SEE EMER. TRANSFER FORM). PT REPORTED SIMILAR BUT LESS SEVERE PRIOR EPISODE. ~ 1 MO AGO. [REDACTED] REST TIME. PT REPORTS UNREMARKABLE GI HX EXCEPT GALLBLADDER SURGERY (REMOVAL?) 3 YRS AGO. PER DR. _____, EMS CALLED TO TRANSFER PT TO FAIRFAX INOVA. COPIES OF PT MEDICAL HX FORM, EMER TRANSFER FORM, AND INFORMATION ABOUT PT'S GEST AGE PROVIDED TO EMS RESPONDERS. DR. _____ CALLED FAIRFAX INOVA TO GIVE REPORT. PER PT'S REQUEST, PT'S HUSBAND NOTIFIED OF TRANSFER.</p>	
10/01/14	<p>T/R TO PT w/ _____ FOR INTERPRETATION. LEFT MESSAGE AT PT'S FIRST PHONE #. PT'S SPOUSE ANSWERED SECOND PHONE # AND VOLUNTEERED THAT PT WAS EVALUATED IN ER AND SENT HOME. WILL MAKE SECOND ATTEMPT TO CONTACT PT LATER TODAY.</p>	
10/01/14 1715	<p>T/R TO PT, NO ANSWER.</p>	



8851 Monard Drive Silver Spring MD 20910
 301-589-8857 FAX : 301-588-8105
 Chubcapitalarea-service@fs.utc.com
 Virginia D.C.J.S. # 11-3202

INSPECTION & TESTING FORM

Property Information

Name _____
 Address 370 S WASHINGTON STREET
FALLS CHURCH VA, 22046
 Contact _____
 Phone _____

Date 6/15/2011
 Time 8:00AM
 System NOTIFIER
 Make/Model AFP 200
 Software Rv _____

Inspection Interval:
 (Circle One)

Annual	Semi-Annual	Quarterly
XXXXXXXXXX		

Other:
 (Specify) _____

Monitoring Information

Company CALLED OUT BY CUSTOMER
 Phone CALLED OUT BY CUSTOMER
 Password CALLED OUT BY CUSTOMER



Device Information

Device	Quantity
Manual Fire Alarm Boxes	9
Acclimate Smoke	N/A
Ion Smoke Detectors	9
Photo Smoke Detectors	N/A
Duct Detectors	N/A
Heat Detectors	N/A
Waterflow Switches	6
Tamper Switches	3
Supervisory Switches	

Device	Quantity
Bells	N/A
Bells/Strobes	N/A
Chimes	N/A
Speakers	N/A
Speakers/Strobes	N/A
Strobes	8
Horn/Strobes	17
Other (Specify)	N/A

Device	Quantity	Device	Quantity
Fire Pump Power	N/A	Generator in Auto Position	N/A
Fire Pump Running	N/A	Generator or Controller Trouble	N/A
Fire Pump Auto Position	N/A	Switch Transfer	N/A
Fire Pump or Pump Controller Trouble	N/A	Generator Engine Running	N/A
Other (Specify)		Other (Specify)	

PRIOR TO THE FIRE

Notifications Made

	Yes	No	Contact	Time
Monitoring Company	XXXXXXXXXX		BY CUSTOMER	
Building Occupants	XXXXXXXXXX		BY CUSTOMER	
Building Management	XXXXXXXXXX		BY CUSTOMER	

IN ALL SELECTIONS BELOW: Y=YES, N=NO, N/A=NOT APPLICABLE, DNT=DID NOT TEST

(EXPLAIN ALL "NO" ANSWERS IN THE DEFICIENCY OVERVIEW SECTION)

A. CONTROL EQUIPMENT	Y/N		Y/N
Was the fire alarm Control Panel in an accessible location?	Y	Were audible, visible & alarm signals in the Control Panel tested satisfactorily?	Y
Was the battery charging circuit in the Control Panel operating correctly & at the proper voltage?	Y	Were trouble signal silence switches & alarm silence switches in the Control Panel tested satisfactorily?	Y
Was Ground Fault Monitoring tested satisfactorily?	Y	Was the off-premises transmission tested satisfactorily?	Y
Was the test of lamps and LEDs in the Control Panel satisfactory?	Y	Did the remote annunciator test satisfactory?	Y
Was the test of interface equipment satisfactory?	Y	Was the Control Panel supervision test acceptable?	Y

B. INITIATING DEVICES	Y/N		Y/N
Were the manual fire alarm box tests acceptable?	Y	Were non-restorable heat detectors inspected and in satisfactory condition?	N/A
Were the smoke detector inspection/tests acceptable?	Y	Were restorable heat detector tests acceptable?	N/A
Were the smoke detector thermal elements test acceptable?	N/A	Were the alarm verification tests satisfactory?	Y
Were the smoke detector control output tests acceptable?	Y	Were the sensitivity tests satisfactory?	N/A
Were the duct smoke detector tests acceptable?	N/A	Were the duct detector control output tests acceptable?	N/A

C. AUDIBLE / VISIBLE DEVICES	Y/N		Y/N
Were the ambient sound levels tested with the normal ambient noises present (HVAC, etc.) and recorded?	Y	Were the speakers tested and operating properly?	Y
Were audible alarms tested and operating properly?	Y	Were visible alarms tested and operating properly?	Y

D. ELECTRICAL	Y/N	Y/N
----------------------	------------	------------

Was the fire alarm system power connected to a dedicated branch circuit of the house panel?	Y	Was the test of the secondary power source (e.g. batteries) satisfactory?	Y
Was the fire alarm system power disconnect for the dedicated branch circuit locked in the "ON" position?	N	Was the system tested using the secondary power source?	Y
Was the fire alarm system power disconnect location clearly identified in writing at or on the control panel?	Y	Were the waterflow alarm devices connected to the fire alarm system?	Y
Was the test of the primary power source satisfactory?	Y	Were the supervisory control valves connected to the fire alarm system?	Y

E. VOICE EVACUATION SYSTEM

	Y/N		Y/N
Is this section applicable to the system being tested?	N	Was the off-hook indicator verified?	N/A
Was the Fire Command Center operating properly?	N/A	Were phone jacks tested satisfactorily?	N/A
Were speaker sound & clarity recorded in Section C?	N/A	Were handset system voice quality & clarity acceptable?	N/A
Were amplifier/tone generators tested satisfactorily?	N/A	Were phone sets tested satisfactorily?	N/A
Was the call-in signal silence function correct?	N/A		

TEST COMPLETE

Supervising Station Monitoring	Yes	No	Comments	Time
Alarm Signal	XXXXXXXXXX		VERIFIED BY CUSTOMER	
Alarm Restoration	XXXXXXXXXX		VERIFIED BY CUSTOMER	
Trouble Signal	XXXXXXXXXX		VERIFIED BY CUSTOMER	
Supervisory Signal	XXXXXXXXXX		VERIFIED BY CUSTOMER	
Supervisory Restoration	XXXXXXXXXX		VERIFIED BY CUSTOMER	

Notifications Tested Complete	Yes	No	Contact	Time
Building Management	XXXXXXXXXX		BY CUSTOMER	
Monitoring Agency	XXXXXXXXXX		BY CUSTOMER	
Building Occupants	XXXXXXXXXX		BY CUSTOMER	
Other (Specify)				

System Response to Normal Operation

Inspector JULIO D. AND ARMANDO D. Date 6/15/2011
 Signature _____ Time _____
 On-Site Contact _____ Date 6/15/2011
 Signature _____ Time _____

Deficiency Overview & Tech Notes

List specific deficiencies that require service attention

TECH NOTES:

- DISABLED B01-B04

I acknowledge the deficiencies listed above.

Name _____

Signature _____



A UTC Fire & Security Company

Testing Form	Date:	6/15/2011
	Pages:	
	LOCATION:	OUTSIDE ELECTRIC RM
		12V-7AH
.24ah		13.23v-5.2ah
	LOCATION:	OUTSIDE ELICTRIC RM
ah		



A UTC Fire & Security Company

UAL

Panel Description	Dev. Visual Insn	Dev. Funct. Test	ANN.	NOTES
EVATOR LOBBY	PASS	PASS	PASS	RECALLED VERIFIED
MACH. RM.	PASS	PASS	PASS	RECALLED VERIFIED
ROOM	PASS	PASS	PASS	
EVATOR LOBBY	PASS	PASS	PASS	RECALLED VERIFIED
EVATOR LOBBY	PASS	PASS	PASS	RECALLED VERIFIED
IRS	PASS	PASS	PASS	
IRS	PASS	PASS	PASS	
V. SHAFT	PASS	PASS	PASS	
EVATOR LOBBY	PASS	PASS	PASS	RECALLED VERIFIED
UAL STA.	PASS	PASS	PASS	
T MANUAL STA.	PASS	PASS	PASS	
T MANUAL STA.	PASS	PASS	PASS	
XSET	PASS	PASS	PASS	
FLOW	PASS	PASS	PASS	TRIPPED MANUALLY, NO ITV
FLOW	PASS	PASS	PASS	TRIPPED MANUALLY
VALVES	PASS	PASS	PASS	QTY 2
RECALL PRI	PASS	PASS	N/A	
RECALL SEC	PASS	PASS	N/A	
CLOSET	PASS	PASS	PASS	TRIPPED MANUALLY LOCATED IN ACCESS PANEL IN JANITORS CLOSET
FRIDOR	PASS	PASS	PASS	
URWELL	PASS	PASS	PASS	
FRIDOR	PASS	PASS	PASS	
URWELL	PASS	PASS	PASS	
FRIDOR	PASS	PASS	PASS	
URWELL	PASS	PASS	PASS	
CLOSET	PASS	PASS	PASS	TRIPPED MANUALLY LOCATED IN ACCESS PANEL IN JANITORS CLOSET
CLOSET	PASS	PASS	PASS	TRIPPED MANUALLY LOCATED IN ACCESS PANEL IN JANITORS CLOSET
CLOSET	PASS	PASS	PASS	TRIPPED MANUALLY LOCATED IN ACCESS PANEL IN JANITORS CLOSET
JIT NO. 1	PASS	PASS	N/A	
JIT NO. 2	PASS	PASS	N/A	
JIT NO. 3	PASS	PASS	N/A	
JIT NO. 4	PASS	PASS	N/A	



OMEGA FIRE PROTECTION

phone 703-631-8369

fax 703-335-2777

Date: May 3, 2012

Address: 303 S. Maple Ave. Falls Church, VA 22046

To whom it may concern, Omega Fire Protection, inc. performed the annual fire extinguisher certification and tagging at the above address common areas on February 28, 2012. The next annual service will be due in the month of February of the year 2013.

Thank you,

Glen Ray

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone, collect if necessary, Thank you.

Family Planning and Surgical Services
Monthly Operational/Facility Survey
(Center Managers)

Medical Center: Falls Church Month/Year: July 2011

Operations / Forms / Results (Family Planning and Surgical Services)						
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Daily reconciliation forms, MasterCard/Visa batch reports, and deposit slips, have been submitted to accounting on a weekly basis.
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Cash drops have been completed according to the cash handling policy and procedure.
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Billing edits must be addressed within 48hrs of receiving them
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A vouchers have been submitted along with patient charge sheets at the end of the business day.
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	End of the monthly inventory balances have been submitted to finance
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Packing slips have been submitted to purchasing weekly
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Monthly medical/office supplies orders have been submitted to purchasing
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Productivity reports have been entered for the entire month
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Incidences reports have been submitted that occurred in the monthly
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	HIV stats have been submitted to the Director of Patient Services
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	IPP stats have been entered onto the monthly log on the S:drive
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Lab results are filed in patient charts within three OPEN business days of receiving
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	Scheduling templates have been entered into Tiger making 3mos in total
Financial Logs / Forms / Results (Specific to Abortion Services)						
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	An inventory check of medical supplies and medications was completed to ensure adequate supplies for next session/ send a request for supplies to purchasing as necessary
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Provider payments submitted after each surgical day with proper documentation attached
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Medication Abortion log has been review and letters have been sent to patients according to policy and procedure
Notes:						

Staff Meetings/Trainings/Drills/Audits						
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Monthly staff meeting was conducted and meeting minutes are attached
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Staff meeting agenda and minutes have been added to the staff communication log to reference if necessary. Meeting minutes must be signed by all staff to acknowledge their understanding of what was covered in the meeting.
<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		All Staff communication memos have been reviewed and signed by all staff. Memos should be maintained in the communication log to reference if necessary.
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Appropriate trainings are done each month as designated per PPMW Training/Drill Schedule. Indicate training:
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	All new health center staff have been offered the initial Hepatitis B vaccination within 10 days of hire
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	Ensure that all new medical center staff have completed PPMW New Employee Orientation Checklist and Lab Skills Checklist , including OSHA / Infection prevention training
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Appropriate non-medical emergency drills are done during staff meetings as designated per PPMW Training/Drill Schedule. Indicate drill: Fire Drill *
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Appropriate Audit completed and improvement plan submitted (if applicable) according to the audit schedule.

					Indicate audit:
	Yes	No	<input checked="" type="checkbox"/>	N/A	90 day reviews, and yearly performance evaluations are completed and sent to H/R.
Notes:					

Facility Inspection					
<input checked="" type="checkbox"/>	Yes	No		N/A	All medical equipment has current maintenance / safety label, if applicable
<input checked="" type="checkbox"/>	Yes	No		N/A	Center fire extinguishers mounted in a clear visible area and initialed/dated on a monthly basis.
<input checked="" type="checkbox"/>	Yes	No		N/A	Emergency evacuation plans posted throughout the center.
<input checked="" type="checkbox"/>	Yes	No		N/A	Patient information of any type is secured at the close of business.
<input checked="" type="checkbox"/>	Yes	No		N/A	Emergency backup lighting system in case of power failure (flashlights or overhead emergency lights)
<input checked="" type="checkbox"/>	Yes	No		N/A	Smoke alarms are in good working condition and tested monthly
<input checked="" type="checkbox"/>	Yes	No		N/A	Adequate lighting exists inside and outside of the building.
<input checked="" type="checkbox"/>	Yes	No		N/A	Sidewalks, driveways, stairs and parking lots free of hazards, potholes and debris.
<input checked="" type="checkbox"/>	Yes	No		N/A	Exit doors are clear, accessible and lit.
<input checked="" type="checkbox"/>	Yes	No		N/A	Center free of electrical hazards and outlets have child safe covers.
<input checked="" type="checkbox"/>	Yes	No		N/A	Landscaping maintained.
	Yes	<input checked="" type="checkbox"/>	No	N/A	Signage visible and in good condition.
<input checked="" type="checkbox"/>	Yes	No		N/A	Exterior surfaces of the building in good condition
<input checked="" type="checkbox"/>	Yes	No		N/A	PPMW housekeeping protocols are practiced.
<input checked="" type="checkbox"/>	Yes	No		N/A	Emergency phones numbers are current and routinely updated and are available at every phone.
Notes:					

An Improvement Plan must be written for all "No" responses

All issues noted on the Monthly Operations/Facility Survey will be addressed with individual staff members (if applicable) and discussed at next Center Staff meeting with all staff.

No Improvement Plan needed

Comments:

8/4/11
Date

After this form is completed and signed, send electronically to the Director of Patient Services

(Due by the 5th of the following month)

Exclude from OIA per Code of VA 22-3905.2(3)(6)

				Indicate audit: <u>Chart Audit</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Yes	No	X	N/A	90 day reviews, and yearly performance evaluations are completed and sent to H/R.
Notes:				

Deleted: ;

Facility Inspection				
<input checked="" type="checkbox"/>	Yes	No	N/A	All medical equipment has current maintenance / safety label, if applicable
<input checked="" type="checkbox"/>	Yes	No	N/A	Center fire extinguishers mounted in a clear visible area and Initialed/dated on a monthly basis.
<input checked="" type="checkbox"/>	Yes	No	N/A	Emergency evacuation plans posted throughout the center.
<input checked="" type="checkbox"/>	Yes	No	N/A	Patient information of any type is secured at the close of business.
<input checked="" type="checkbox"/>	Yes	No	N/A	Emergency backup lighting system in case of power failure (flashlights or overhead emergency lights)
<input checked="" type="checkbox"/>	Yes	No	N/A	Smoke alarms are in good working condition and tested monthly
<input checked="" type="checkbox"/>	Yes	No	N/A	Adequate lighting exists inside and outside of the building.
<input checked="" type="checkbox"/>	Yes	No	N/A	Sidewalks, driveways, stairs and parking lots free of hazards, potholes and debris.
<input checked="" type="checkbox"/>	Yes	No	N/A	Exit doors are clear, accessible and lit.
<input checked="" type="checkbox"/>	Yes	No	N/A	Center free of electrical hazards and outlets have child safe covers.
<input checked="" type="checkbox"/>	Yes	No	N/A	Landscaping maintained.
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	N/A
<input checked="" type="checkbox"/>	Yes	No	N/A	Signage visible and in good condition.
<input checked="" type="checkbox"/>	Yes	No	N/A	Exterior surfaces of the building in good condition
<input checked="" type="checkbox"/>	Yes	No	N/A	PPMW housekeeping protocols are practiced.
<input checked="" type="checkbox"/>	Yes	No	N/A	Emergency phones numbers are current and routinely updated and are available at every phone.
Notes:				

An **Improvement Plan** must be written for all "No" responses

All issues noted on the Monthly Operations/Facility Survey will be addressed with individual staff members (if applicable) and discussed at next Center Staff meeting with all staff.

No Improvement Plan needed

Comments:

Date

12/5/11

After this form is completed and signed, send electronically to the Director of Patient Services
(Due by the 5th of the following month)



Planned Parenthood
of Metropolitan Washington DC, Inc.

Excluded from RITA for Calc of VA 2,2,2-3705.2(3)+(4)

2011/2012 Training/Drill Schedule

Month	Training FP & AB	Resource	Non-Medical Drill FP & AB	Resource	Medical ER Drill / FP	Resource FP
October	1. Consents/CIC's 2. Cultural Competency & Language Line	1. MMSG Sec I-B-1 2. CLAS Manual	Bomb - evacuation of center	PPMTW Security Manual	Anaphylaxis	ARMS ER Manual
November	1. Referral and Follow-up procedures & responsibilities 2. MMSG Manual 3. OSHA	1. MMSG Sec I-A-3 & Follow-up Manuals 2. Review Manual (TOC) 3. Review and Test 1. MMSG Sec I-B-1 (minors). 2. CAL	Fire	PPMTW Security Manual	Allergic Reaction Minor	ARMS ER Manual
December	1. Parental Involvement & Confidentiality 2. Trafficking	1. The CAL 2. MMSG Sec II-D-3 3. Resource Binder 4. Direct observation	Hostile Encounter	PPMTW Security Manual	Cardiopulmonary Arrest	ARMS ER Manual
January	1. Child Abuse, Sexual Coercion & Mandatory Reporting 2. Lab competency check for CLIA non-waived test	1. The CAL 2. MMSG Sec II-D-3 3. Resource Binder 4. Direct observation	Severe Weather Snow Tree	Security Manual Center Manager	Review ER Cart (drill form not required)	ARMS ER Manual
February	1. Managing Offensive and Suspicious Calls and Visitors	1. The CAL 2. Resource Binder			Evacuation Drill and Respiratory Depression (Narcotic reversal)	ARMS ER Manual
March	1. Lab Manual and Logs	1. Lab Manual 2. Lab Logs 3. ROM Log	Robbery, Break-in, Theft, or Vandalism	PPMTW Security Manual	Shock	ARMS ER Manual
April	1. OSHA/MSDS/Hazard Communication 3. Standard Precautions 2. Health and Safety Manual	1. Review MSDS Manual 2. Review Lab Manual 3. Health and Safety Manual 4. ARMS Infection Prevention	Hazardous Spills	Lab Manual Health and Safety Manual ARMS Infection Control	Hemorrhage/Hypotensive Shock/hypotension	ARMS ER Manual
May	1. Pharmacy Safety & Recall 2. Inventory	1. MMSG Sec I-A-2			Review ER Cart (drill form not required)	ARMS ER Manual
June	1. HIPAA Manual 2. Notice of HI Privacy Practices 3. Chart Release Authorization 4. Lab competency check for CLIA non-waived test	1. HIPAA Manual	Utility Outage	Security Manual	Seizure	ARMS ER Manual
July	1. Cash Handling Policy 2. Network interruption	1. Center Business Operations Manual	Fire	Security Manual	Syncope	ARMS ER Manual
August	1. ABC/Safer Sec/HIV Message Risks of Sexual Activity 2. Giving Positive Results	1. MMSG 2. CDC Website	Bomb	Security	Vagal Responses	ARMS ER Manual
September	1. Domestic Violence 2. Resource Directory	1. MMSG Sec II-D-1 (Utilize Community Resource) 2. Review PPMTW's electronic Resource Directory			Upper Respiratory Obstruction	ARMS ER Manual



Emergency Procedures
Planned Parenthood of Metropolitan Washington
Falls Church Site

FIRE PROCEDURE

The first person aware of the fire will make an assessment, if the fire is small and containable she will attempt to extinguish it with the fire extinguisher.

Fire extinguishers are located:

If the fire is not containable, follow the emergency procedure.

- First: **NOTIFY EMERGENCY SERVICES** by calling 911
- Second: **NOTIFY STAFF** by pulling the fire alarm
- Third: **GET YOURSELF AND THE PATIENTS TO SAFETY**, evacuate the building

When Evacuating remember:

- Turn off the computers, if possible.
- Take the appointment books with you.
- Close as many doors as possible as you leave.
- Check the bathrooms and exam rooms to assure that patients are being evacuated as well.

NOTIFY: The Center Manager, Security Manager, and PPMW Administrative Office about the fire.

FIRE EMERGENCY EVACUATION DRILL

DATE: _____ TIME: _____

CENTER: _____

DESIGNATED LOCATION: _____

Evacuation Checklist		
Person in charge notified of Emergency		
Fire Department notified		
Patients and visitors escorted to safety		
Doors, windows, files locked		
Neighboring Offices notified		
Staff convenes at Safe Site		
Administrative office notified		
After "ALL CLEAR", Staff re-enters center		
Incident report completed, if indicated		
Improvement plan, if indicated		

Drill Review/Recommendations

Evacuation Kit Includes:

- Cell Phone
- Flashlight
- Keys

Center Manager Signature: _____ Date: _____

FIRE EMERGENCY EVACUATION DRILL

Absent Employees

Staff Name (Print)	Title	Signature	Date that all handouts, PowerPoints, Minutes & Evacuation Drill reviewed

FIRE

Visible Fire:

- If appropriate, use fire extinguisher to put fire out. If not, call 911.
- Evacuate patients. Evacuation routes are posted in all rooms of center.
- Have designated staff close windows and files. Staff tasks should be assigned during a staff fire drill included in the non-medical drills.

Observe or smell smoke:

- Follow the procedures listed above.

Fire Survival Tips:

- Crawl to the door on your hands and knees. Smoke and gases collect near the ceiling first.
- Feel the door before opening it. If it's cool, brace yourself against it, turn your face away and open it carefully. Slam the door if you notice any smoke or heat.
- Use an alternate exit if the door is hot or smoke is seeping in. Never use an elevator.
- Don't jump unless it is your last resort, especially if you are two or more stories above the ground.
- Signal for help by waving a light colored article if you can't escape. If you must open a window, make sure all the doors are closed.
- Stop, drop, and roll if your clothes catch fire. Do not run. If someone else's clothes are on fire, smother the flames with a blanket, rug, etc. If none is readily available, roll the person on the ground or floor.
- Never re-enter a burning building and do not let anyone else do so.
- In case of fire the center meeting place is: _____

Staff Signature _____

Date _____

- Name Change
- New Tenant
- New Owner
- Conversion
- New Structure
- Temp. Certif.*
- Addtl. Space
- Expires*

ADD FOR CHANGES TO M...
TO M...

FALLS CHURCH CITY
Department of Public Works
Inspection Division
241-5087
APR 23 1996
APPLICATION FOR CERTIFICATE OF OCCUPANCY
City of Falls Church, VA.

PERMIT NO. 96-71194
FEE 40.00 9/23/96
Date

Address to be occupied 370 SOUTH WASHINGTON STREET Room or Suite No. 2ND + 3RD FLOOR

Name of Proposed Occupant PLANNED PARENTHOOD t/a

Telephone Number CARLA ECKHARDT 202 628 6718 (home) 303 628 2403 (work or emergency)

Proposed Use HEALTH CLINIC AND COUNSELING

Floor Area to be used 2,300 S.F. Number of floors to be used 2

Last used as OFFICE

Building Owners Name, Address, and Phone No. CONFEDERATED LIFE INSURANCE

Applicant's Certification: I hereby certify that I have the authority to make the foregoing application, that the information given is correct, that the occupancy will conform with all the regulations of the City and State, and this application does not take the place of other licenses or permits that may be required by law, nor confer the right to erect signs. This application in no way gives the applicant the right to occupy the space before a Certificate of Occupancy is issued. The certificate may be revoked upon finding that any misrepresentation has been made. Space occupied will be subject to reinspection for compliance of all City Codes.

Fred Wieringer
Applicant's Signature

ZONING INFORMATION

District B-2
Parking Conditional Parking stipulations
Spaces 1/200 vehicles vs 1/300 vehicles
Comments Conditional Approval
25 per letter of February 5, 1996 to Rick Hagan
Approved Henry Propudis M...
Zoning Administrator Don J. Paul 4/24/96
Date

INSPECTIONS DIVISION

Bldg. M Elec. M
Plmb. D Mech. D
Fire _____ Health _____
As Built Site Plan _____
Comments _____

Donald R. Munnick 4-25-96
FINAL APPROVAL Date
DEPARTMENT OF PUBLIC WORKS