**FORM APPROVED** State of Virginia STATEMENT OF OFFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA IXZI MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** COMPLETED A BUILDING B WING **FATF-009** 05/16/2012 STREET ADDRESS CITY STATE. ZIP CODE NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN 118 N. BOULEVARD RICHMOND, VA 23220 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY T 000 12 VAC 5-412 Initial comments T 000 RECEIVED An announced Initial Licensure First Trimester Abortion Facility inspection was conducted at the AUG 0 8 2012 above referenced facility on May 15, 2012 through May 16, 2012 by three (3) Medical Facilities VDH/OLC Inspectors from the Virginia Department of Health's, Office of Licensure and Certification. The facility was out of compliance with the State Board of Health 12 VAC 5-412, Regulations for First Trimester Abortion Facility's effective December 29, 2011. Deficiencies were identified, cited, and will follow in this report. T070 T 070 12 VAC 5-412-170 C Personnel T 070 Criminal background checks will be obtained for C. Each abortion facility shall obtain a criminal all employees whose job duties provide access history record check pursuant to 32.1-126.02 of to controlled substances. the Code of Virginia on any compensated An item will be added to the orientation checklist employee not licensed by the Board of for every employee whose job duties provide Pharmacy, whose job duties provide access to controlled substances within the abortion facility. access to controlled substances that a criminal background has to be obtained. This RULE: is not met as evidenced by: Personnel policy revised to include need for Based on employee record review, center criminal background checks. Job descriptions document review, and staff interview, the center for those staff will also include need for a criminal staff failed to ensure a criminal record check was background check. obtained for 8 of 10 employees who provided Personnel files will be reviewed for completeness access to controlled substances. Employee #'s 3, 7, 8, 11, 15, 16, 20, and 21. on an annual basis. On 5/15/12 at 1:00 p.m., employee records were The administrator is responsible for ensuring that reviewed. Ten records were included for the criminal background check is obtained as well employees who provided access to controlled as being responsible for reviewing job descriptions substances within the center. For 8 (eight) of the and files. 10 (ten) records, no criminal background check Completion date June 28, 2012 was found.

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

The center policy and procedure "Personnel Policies" was reviewed and evidenced the following, in part: "Criminal history checks will be conducted for staff with access to controlled

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	1 OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU FATF-00	MBER	(X2) MULTIPLE A BUILDING B WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/16/2012
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T 070	Continued From Pa	age 1		T 070		
	regarding the crimi completed for the 8 the criminal backgr	a.m., Staff #2 was in all record checks be employees. Staff a bund checks had no information was proving the control of the co	eing #2 stated at been		T 075	
T 075	12 VAC 5-412-170	D Personnel		Ť 075		
	member currently of cardio-pulmonary in on site for emerger. This RULE: is not Based on employer interview, the center cardiopulmonary retraining was received. It is not be seen to be see	esuscitation shall be noy care.  met as evidenced by a record review and a staff failed to ensususcitation certificated and documented imployees. Employees.  PR training/recertification certification certification certification certification certification certification.  PR training/recertification of the series of the certification of the cer	staff re ion (CPR) for 7 of 10 e #'s 3, 5, ation was ords were ified ive ied a Nurse istered at 12:00 of the		CPR training will be add CPR training will be add Personnel files will be re annually. Job descriptio	thetist and Registered Nurses ded to the orientation list. Hed to the Personnel Policy. Eviewed for completeness in swill also include need istrator is responsible for up to date.  21, 2012
	however acknowled	rrent CPR certification dged the evidence on t present in the emp	f			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  FATF-009		)9	A BUILDING B WING		(X3) DATE SURVEY COMPLETED - 05/16/2012
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T 080	Continued From P	age 2		T 080	T 080	- manifest the Barri
T 080	E. The facility sha maintain policies a that its staff partic training and educa staff duties, and a and scope of serv include document fire safety and infetraining.  This RULE: is not Based on employed document review, failed to ensure 16 annual infection or 3, 4, 5, 7, 8, 9, 11, 23.  The findings include Employee records 1:00 p.m. There winfection control training. It been here a long to complacent"	all develop, implement and procedures to do pates in initial and or attorn that is directly repropriate to the leveloes provided. This station of annual particulation prevention in-section prevention in prevention	cument agoing plated to all, intensity shall ipation in ervice atterned center articipated in ayee #'s 2, 0, 21, and all ees. If the ection are atterned ection ayees have aust became	T 080	Fire Safety and Infection Pr will be conducted initially ar This has been added to the This has been added to Pe Documentation of In-service in each staff member's pers manual dedicated to trainin The Inservice Training man annually. Personnel files w for completeness. Administ responsible but will assign to (the Nurse Practitioner) the training and documentation Completion date June 28, 2	e orientation checklist. rsonnel Policy. e training will be included sonnel file as well as a g documents. ual will be reviewed rill be reviewed annually rator will ultimately be infection Control Officer duty of coordinating.
T 085	No further information was provided by the end of the survey.		T 085	description to indicate responsibilities of her will be reviewed at lea given to the employed	be included in every of file. She will sign the job that she is aware of the position. Job descriptions ast annually with new copie in the event of revisions. will include procedure for	

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	MENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE A BUILDING B WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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T 085	Continued From P	age 3		T 085	T085 cont'd	20 - 10 - 10 - 10 T
	annually, kept curremployee and voluposition and when This RULE: is not Based on employe interview, the centre descriptions for emanually for 19 of 2 Employee #'s 1 through 21, #23 and The findings included on 5/15/12 at 1:00 reviewed. Of the 2 employees did not description was respersonnel record. The employees we date of hire (DOH) DOH 9/2010, #4 - 18/2010, #8 - DOH 8/2010, #8 - (no month listed), #8 - (no month listed), #8 - (no month listed), #23 - 1999 (no month listed), #23 - 1999 (no month listed), #23 - 1999 (no month listed)	rnet as evidenced by e record review and er staff falled to ensurployees were review and er staff falled to ensurployees were review and er staff falled to ensurployees were reviewed at #24.  The discrepance of the providence of	to the to the staff re job red at least reviewed 6, 18 ords were 19 ob ally in their oyee #1 - 2008, #3 - 10H 1978 #12 - DOH 5/2006, - DOH 1993 (no 24 - DOH informed		Personnel files will ness annually. Job descriptions wi date that the emplo description. Admini ensuring job descri employee is aware Administrator is res job description is re Completion date Ju	
T 090	12 VAC 5-412-170	G Personnel		T 090		
	staff member. The and accurately doc	shall be maintained records shall be cor umented, readily ava organized to facilitate	npletely illable,			ን 8 ድ ፡ * * * * * * * * * * * * * * * * * *

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION IN FATF-0(	UMBER	(X2) MUL A. BUILD B. WING		(X3) DATE SURVEY COMPLETED 05/16/2012	
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shall contain a reflects the incassignments, in-service edulif applicable.  This RULE: is Based on emplication for reviewed. Employee records when in The findings in On 5/15/12 at reviewed. Of the employees did contained in the (Housekeeping (registered Nur On 5/16/12 at 100 on 5/1	d retrieval of information current job description to description to description to description to description, and professional to the description, and professional to description, and professional to description descript	hat and work e person's licensure,  y: staff are al! ob s and #20. mployee ords were 6 an apployee #2 a), #4 a), #15 i Nurse). informed	T 090	Job descriptions have been added to the personnel files for those staff who did not have them. Orientation checkli job descriptions. Personnel po job descriptions must be in the file for each employee. Person will be reviewed annually to ensemble and that employ responsibilities. Administrator is review of files and job descript Completion date June 18, 2012	licy includes personnel nel files sure completeness. ensuring job descriptions rees are aware of their is responsible for annual ions.	
	220 B Infection preventio		T 170			
procedures sha  1. Procedures and visitors for applying approperation of within the facilit 2. Training of a prevention tech 3. Correct hand	Il personnal in proper infi	ted to: patients a and nt ection ection				

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING **FATF-009** 05/16/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RICHMOND MEDICAL CENTER FOR WOMEN 118 N. BOULEVARD RICHMOND, VA 23220 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) T 170 Continued From Page 5 T 170 alcohol-based hand rubs: 4. Use of standard precautions: 5. Compliance with blood-bourne pathogen requirements of the U.S. Occupational Safety & Health Administration. 6. Use of personal protective equipment; 7. Use of safe injection practices; 8. Plans for annual retraining of all personnel in infection prevention methods: 9. Procedures for monitoring staff adherence to recommended infection prevention practices; and 10. Procedures for documenting annual retraining of all staff in recommended infection prevention practices. This RULE: is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure: 1. That staff wore the correct personal protective equipment (PPE) related to risk of exposure to blood and body fluids for one (1) of one staff observed in the "spiled" utility room. 2. The development of a procedure/process to monitor staff's adherence to the facility's infection prevention practices. The development of a process for retraining staff annually to infection prevention practices. 3. That staff had documented infection prevention training for sixteen (16) of twenty-four (24) employee records reviewed. (Employee # 's 2, 3, 4, 5, 7, 8, 9, 11, 12, 14, 15, 16, 19, 20, 21, and 23) The findings included: 1. Observations and interview were conducted on May 15, 2012 from 12:10 p.m. through 1:30 p.m.

with Staff #5 in the "Soiled" utility room after two

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  FATF-009			(X2) MULTIPLE CONSTRUCTION  A BUILDING  B WING		(X3) DATE SURVEY COMPLETED 05/16/2012			
(X4) ID PREFIX ACHO DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  T 170 Continued From Page 6 T 170  (2) procedures. Staff #5 wore a blue cloth jacket over his/her scrub attire. When questioned related to the type of PPE needed to work or be in the "Solled" utility room; Staff #5 stated, "I just wear this jacket over my clothes and gloves."  Staff #5 denled the need for a mask, face shield or eye protection. Staff #5 did not wear a face shield or eye protection when cleaning soiled items in the utility room.  The observation revealed Staff #5 retrieved a re-usable glass suction jar from the pass through opening in the wall between the procedure room and the "Solled" utility room. Staff #5 emptled the liquid contents, blood and other body fluids, from the glass jars into the utility sink. Staff #5 rinsed the jars with tap water and used a bottlebrush to "remove any clotted blood".  Staff #5 poured approximately one-forth (1/4) to one-third (1/3) cup of bleach into the glass bottle	NAME OF PROVIDER OR SUPPLIER		STREET ADD	DRESS. CITY, ST	ATE, ZIP CODE	1 No. 10 1			
FRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  T 170 Continued From Page 6  T 170  (2) procedures. Staff #5 wore a blue cloth jacket over his/her scrub attire. When questioned related to the type of PPE needed to work or be in the "Soiled" utility room; Staff #5 stated, "I just wear this jacket over my clothes and gloves."  Staff #5 denied the need for a mask, face shield or eye protection. Staff #5 did not wear a face shield or eye protection. The observation revealed Staff #5 emptied the liquid contents, blood and other body fluids, from the glass jars into the utility sink. Staff #5 rinsed the jars with tap water and used a bottlebrush to "remove any clotted blood".  Staff #5 poured approximately one-forth (1/4) to one-third (1/3) cup of bleach into the glass bottle					p = -91, 1				
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the jar. Staff #5 did not have a face shield or eye protection in place to guard against blood, body fluid or bleach splatter.  Staff # 5 used a bristled brush to remove blood and body tissues from the instruments utitized during the procedure. At the completion of the first of two-soiled equipment cleaning, Staff #5 had wet splatter areas on the front of his/her blue jacket.  A second post procedure cleaning process was observed with Staff #5 in the "Soiled" utility room.  Staff #5 followed the same processes. Staff #5 previously confirmed the outside of the glass jar had been rinsed in water only and had not been disinfected prior to placing the jar on the "Clean" utility counter. Staff #5 did not put on gloves prior to placing the stopper into the glass jar from the "Clean" utility room to the procedure room.  An interview was conducted on May 15, 2012 at	(2) procedures. Sover his/her scrub related to the type the "Soiled" utility wear this jacket on Staff #5 denied the or eye protection. shield or eye protection in the utility of the observation recreasable glass surpening in the wall and the "Soiled" utiliquid contents, bloom the glass jars into the glass jars into the glass jars into the jars with tap we "remove any clotte Staff #5 poured ap one-third (1/3) cup and swirled the blethe jar. Staff #5 disprotection in place fluid or bleach spland Staff # 5 used a bit and body tissues freduring the proceduring the proceduring the proceduring the proceduring the staff Staff #5 followed the previously confirme had been rinsed in disinfected prior to utility counter. Staff to placing the stopp transporting the cor "Clean" utility room	taff #5 wore a blue clattire. When question of PPE needed to woom; Staff #5 stated er my clothes and glate need for a mask, fa Staff #5 did not weat ction when cleaning com.  I weated Staff #5 retriection jar from the past between the procedulity room. Staff #5 ed and other body fluthe utility sink. Staff at and used a bottle of blood.  I proximately one-forth of bleach into the glate and against blood and against blood ter.  I not have a face shifter and used a face shifter. Staff around the inner a to guard against blood ter.  I not have a face shifter. At the completion against blood ter.  The completion of the completion of the cleaning processes. So the outside of the cleaning the jar on the #5 did not put on gloer into the glass jar at the into the glass jar at the into the glass jar at the procedure rood the procedure room the procedure rood the procedure room the pro	oned ork or be in , "I just oves." oce shield ra face soiled eved a is through ure room imptled the sids, from #5 rinsed ebrush to in (1/4) to ess bottle bottom of eld or eye and, body eld blood stilized in of the staff #5 sher blue ess was ellity room. Staff #5 spiass jar oot been in "Clean" eves prior and from the m.		Staff member retrainsuse of PPE. Docume included in the person monitoring infection convicten. Infection Contperformed quarterly. to Quality Assurance Completion June 23, 2	ntation of training anel file. Policy for control compliance arol Survey written; to be Results to be submitted Committee. 2012			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER	(X2) MUL A. BUILD B. WING		(X3) OATE SURVEY COMPLETED 05/16/2012	
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T 170	Continued From Pa	age 7		T 170		Sugar F	
	Staff #5's use of PF equipment. Review of the facilit Protective Equipme 2012 read " All st proper selection of mouth, nose, and e procedures that are sprays of blood or c 2. The center had staff compliance of and had no docume infection control. The Center's "Polic reviewed on 5/15/1: policy or procedure monitored to ensure infection control pra 3. Employee record 1:00 p.m. There winfection control train On 5/16/12 at 9:30 employees had not control training. W staff was being mor following proper infe #2 stated, "Most all here a long time an complacent" Stapolicy/procedure with monitoring staff.	no procedure for moinfection control pro- entation of annual re- cies and Procedures 2 at 10:00 a.m. The regarding how staff e they were adhering	of soiled sonal nuary 1, ng on the Vear  plashes or onitoring cedures training for were re was no would be to  5/15/12 at nual es. If the ection arding how y were es, Staff eve been came as no rocess for		tool to be used quarte to plan. Results to be Assurance Committee Infection control trainin at least annually. This orientation checklist an Personnel files to be re completeness. Completion date June	nfection Control Survey rly to monitor adherence reported to Quality and to be done initially and to has been added to and personnel policy. eviewed annually for 28, 2012	
T 175	12 VAC 5-412-220	C Infection prevention	ın	T 175	manage a file of a 9th		
	C Written policies	and procedures for t	he			- (4)(2,00)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (CX1) PROVIDER/SUPPLIES (CX1)		UMBER	A BUILDING		(X3) DATE SURVEY COMPLETED			
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a s s s s s s s s s s s s s s s s s s s	1. Access to han dequate supplies and rubs, disposed. Availability of the and other material torage and transed. Appropriate stocked cabinets of cleaning) and procedures for an apporting clear and equipment; 5. Procedures for an apporting clear and equipment; 6. Procedures for an apporting of a coordance with a factor and transporting of a coordance	d-washing equipments (e.g., soap, alcoholiable towels or hot aliable towels or hot aliable towels or hot aliable towels or leaning dispoport of equipment anorage for cleaning agreoms for chemical duct-specific instructions (e.g., dilution, on of accidental expositions, clean/sterile rhandling/temporary	-based r dryers); supplies sal, d supplies; ents (e.g., s used for contact sures); d supplies rocessing ste in s; ach type of uses on I address: terilization cal					
t r a	as been achieve eference the ma and any applicable	<ul> <li>d. The procedure sh nufacturer's recomme e state or national inf</li> </ul>	iali endations	e u				
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. e	necessary to prev infectious agent in or required by the	on prevention procedurent/control transmission the facility as reconsidered the department.	sion of an mmended			
	Based on observa	of met as evidenced be ations, Interview and a falled to ensure the finfection prevention	record			
		es observed on the sl rest on two (2) of thre s.				
	torn surfaces and between patients. stretcher pads had could not be disInf metal finish and ar	ree (3) Recovery recl could not be disinfed Two (2) of two (2) Red d multiple torn surfact fected between patient rmrest pad were not fected between patient cedure table.	cted Recovery ces and ents. The intact and			
•	linens laundered o	ff was not able to dete on-site were processe perature of 160 degre	ed at the			
	Staff failing to p glove changes and supplies.	perform hand hygiene d the lack of hand hy	a between giene			And and an
	"Clean" supplies; e	e stored on the shelv expired supplies were ess and supplies stor	e readily			
	6. The failure to promaintenance on e	erform preventative quipment utilized in d	direct	2		

State of Virginia STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING 8 WING 05/16/2012 **FATF-009** STREET ADDRESS, CITY STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X51 (X4) IB (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION! TAG TAG DEFICIENCY T 175 T 175 Continued From Page 10 patient care. 7. Snacks provided for patients were multiple unwrapped items in opened packages, which increased cross-contamination of the food products. 8. The staff's handling of clean and dirty equipment between patients and staffs knowledge of manufacturer's recommendations for cleaning re-usable equipment between patients. Staff re-used sponges for cleaning blood and body fluid spills post procedures. 9. A failure to develop procedures for the processing of each type of reusable medical equipment between uses on different patients. procedures for appropriate disposal of non-reusable equipment, and procedures for T 175 cleaning of environmental surfaces with appropriate cleaning products. The findings included: Staff retrained regarding need to disinfect surfaces 1. An observation and interview was conducted between each patient use. Job descriptions revised with Staff #2 on May 15, 2012 at 10:50 a.m. in the to include disinfecting as a job responsibility. Recovery room. Staff #2 reported the Recovery Infection Control Survey to be conducted quarterly recliners were cleaned between each patient use. to monitor adherence to infection control practices. Staff #2 reported the Recovery recliners had not been utilized since the last procedure day (May 5, Results to be reported to Quality Assurance 2012) and were ready for patients. Staff #2 and Committee. the surveyor placed the Recovery recliners in a Staff instructed to monitor condition of equipment raised foot position. The observation revealed two and advise administrator in the event of a tear or (2) of the three (3) Recovery recliners had an area other condition which would hinder disinfection. of five (5) inches or greater of dark reddish brown Job descriptions reflect that responsibility. substance on the sling between the seat and the Administrator to be advised of any condition that footrest. Staff #2 identified the dark reddish brown substance as dried blood. Staff #2 reported requires repair/ replacement of equipment. understanding the Infection risk related to blood Completion date June 28, 2012 left on the Recovery recliners between patients. 2. An observation and interview was conducted on May 15, 2012 from 10:20 a.m. to 11:18 a.m. with Staff #2. Staff # 2 reported the procedure table was wiped down with a 1:10 bleach/water

solution between patients. The observation in the procedure room revealed the procedure table's

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DENTIFICATION NULL FATF-00:		A BUILDING		(X3) DATE SURVEY COMPLETED 05/16/2012
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		STREET ADDR	** ** **	

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T 175 Continued From Page 11

T 175 T 175

metal finish was not intact. The full length of the bilateral leg supports for the stirrups (used to position the patient during the procedure) had rust. The ledge of the table that surrounded the table's padded surface had multiple areas of rust. The pedestal of the procedure table had multiple areas of rust. The procedure table's armrest had multiple worn and non-intact areas. The non-intact surfaces prevented the disinfection of the procedure table and its armrest between patients. Staff #2 observed the findings and stated, "You're right the surfaces are not intact." Staff #2 verbally acknowledged the non-intact surfaces prevented disinfection of the procedure table between patients.

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

The observation conducted with Staff #2 in the Recovery room revealed three (3) of three (3) Recovery room recliners did not have intact surfaces. Staff #2 reported the Recovery "recliners are cleaned between each patient use." Two (2) recliners had torn armrest, one (1) recliner had a torn area on the sling between the seat and the footrest, and all three (3) recliners had torn areas on the back of the headnest. Staff #2 verbally acknowledged the non-intact surfaces prevented the disinfection of the Recovery room recliners between patients.

The observation conducted in the Recovery room with Staff #2 revealed that two (2) of two (2) Recovery Room stretcher pads had extensive torn areas with exposure of the inner padding. The observation revealed a zippered area that separated the upper and lower portion of the pads was torn the width of each pad. The torn area left the inner foam padding exposed on both pads. Both stretcher pads had multiple worn areas and non-intact surfaces, which would allow blood or body fluids to be absorbed into the underlying exposed foam. Staff #2 confirmed the pads on the Recovery room stretchers had non-intact surfaces with exposed foam, which prevented

Procedure table replaced. Staff retrained to monitor equipment routinely and advise administrator of problem areas. Infection control survey to be conducted quarterly. Results to Quality Assurance Committee. Completion date June 26, 2012

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE

**DEFICIENCY**)

T 175

One recliner replaced. Two recliners repaired. Staff trained to monitor equipment routinely and advise administrator of problem areas. Job descriptions reflect responsibility of staff. Infection control survey to be conducted quarterly. Results to be reported to Quality Assurance Committee. completion date June 18, 2012

T 175

4MF811

Stretcher pads replaced. Staff trained to monitor equipment routinely and advise administrator of problem areas. Job descriptions reflect staff responsibility of advising administrator of need for repair/ replacement of equipment. Infection control survey to be conducted quarterly and results reported to Quality Assurance Committee. completion date June 26, 2012

State of	Virginia					FORM APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N	MBER	(X2) MULT A BUILDIN B WING		(X3) DATE SURVEY COMPLETED 05/16/2012
NAME OF	100 000 00 01 000 100	17411-0		DDCCC OITY	ATATE TO 0000	03/10/2012
	PROVIDER OR SUPPLIER				STATE. ZIP CODE	
RICHMO	NO MEDICAL CENTE	R FOR WOMEN	116 N. BOULEVARD RICHMOND, VA 23220			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCE Y MUST BE PRECEDED B SC IDENTIFYING INFORM	' FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETE
T 175	Continued From Pa	age 12	in the	T 175	T 175	
	ares decision and a				1 1/5	
	and the second s	stretchers pads betw	een			CONTRACTOR NOT
	patients.	and the			Washing machine being replace	ed. Replacement ordered
		was conducted on N			with expected delivery date Jun	
		tial tour. The observ			Preventive maintenance to be of	
		d washer and dryer	used by the			
	facility to launder lin		0040 -4		results to be forwarded to Quali	ty Assurance
		onducted on May 16			Committee.	1 108 6
		#2. Staff #2 report				ne distribute.
		washed in hot water				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		firm the linens were				The state of the s
		temperature of 160				
		2 reported the facilit				1 3 3 44
		ater, which supplied				T111 No. 5
		ind hand washing sil sher did not have a v				
		er or separate water			T 175	4 1 1 2 2 2 2 2
	unit.	or separate water	neaung		1 170	
		d Interview was con	ducted on		Departement dispenses installed i	n "acited" utility
	May 15, 2012 from				Paper towel dispenser installed in	
	with Staff #5. Obser				room. Retraining on proper hand	
	Staff #5 in the "Soile				changing conducted. Infection C	
	procedures. With the				be conducted quarterly. Report of	of results to Quality
	#5 washed his/her h	ands at the utility si	nk in the		Assurance Committee.	THE STATE OF THE S
	"Soiled" utility room				Completion date June 28, 2012	the same was
	off the water. Staff				1-00	
	available to turn off					
	his/her hands. Staff					
	hands entered the "					
	paper towel from the		,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	contaminated hands		a box of			
	gloves in the "Clean	" utility room. Staff	#5 did not			CORNER STORY A
	wash his/her hands					
	or when changing ta					
	"Clean" utility rooms					
	way I usually do thin					
	The surveyor inform					CTL ST BILL
	practices introduced					
	"Soiled" utility room					
	5. An observation a					
	the initial tour of the					7.100 q 4 m
	rooms on May 15, 2	012 from 10:09 a.m.	to 10:50			and the form

State of Virginia			<del>,                                     </del>				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLICATION NU	MBER	(X2) MULTIPL A BUILDING B WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/16/2012		
NAME OF PROVIDER OR SUPPLIER	10.7	STREET ADD	RESS. CITY ST	ATE, ZIP CODE			
		118 N. BOU	ULEVARD D, VA 23220		J. 220 Dec 20 245 D		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	COMPLETE		
T 175 Continued From P	age 13		T 175	T 175	a minute of		
a.m. with Staff #2.	Observations in the	"Clean"		Chemicals removed from clear	n utility area. Moved		
	ed opened gallon con			to locked area.			
bleach, opened ga	bleach, opened gallon container of lodine and			Pathology kits discarded becar	use of damage.		
soap powder were	stored on the shelf	with "Clean"		Nothing to be stored under sin			
supplies. Staff #2	reported the chemic	als were		of contamination. Administrato			
stored in the "Clea	in" utility room for eas	sy excess	•	ensuring that chemicals remain			
to the "Soiled" utili	ty and procedure roo	ms. Starr		areas.			
	#2 was not aware that chemicals needed to be in a locked area and not stored with "Clean" supplies. The observation revealed two (2) -pathology collection kit stored under the			Completion date May 18, 2012			
					4 E140 Sa.		
-pathology collecti					100		
autoclave; displaye	ed evidence that liqui	ds had					
damaged the boxe	es.						
The observation re supplies were avai room:	evealed the following ilable for use in the p	expired rocedure		T 175			
	instruments wrapped	f in		Instruments must have the date	e of sterilization and		
sterilization packs.	which did not have o	dates		initials of staff person written or	them. When setting		
related to sterilizat	tion. [A curettage is a	surgical	up the procedure room each day, staff is to monitor				
	scrape or remove th	e the lining of appropriate dating and initialling of packs. Pack i					
the uterus.];	or wrapped in a sterili	ration		to be rejected if not marked app	propriately and		
one (1) 3/13 ullate	ot have a date of steri	lization [A		re-sterilized. Utility and proced	ure staff responsible		
dilator is a suroica	i instrument used to	dilate		for monitoring daily stocking. I	nfection Control Survey		
(widen) the openin	ng of the cervix.];			to be completed quarterly with			
Two (2) tracheal to	ubes (7.0 and 3.0) ha	d expired		Completion date May 18, 2012			
(exp.) 12/31/1995;		4000					
One tracheal tube	(5.0) had exp. 06/30	/1996; http://ec		T 175			
Four (4) ECG (ele pads had exp. Mai	ctro cardiogram) mor	mornig		Expired tracheal tubes discard	led. Expired ECG		
Five (5) nackages	of spap electrodes h	ad exp		electrodes discarded. Expired	Formalin container		
05/2007:	Five (5) packages of snap electrodes had exp. 05/2007:			discarded. Expired ethicon dis	carded. Expired glucometer tes		
One container of F	Formalin had exp. 11/			strips discarded.			
	ueous solution of the			Expiration dates to be checked			
	dehyde used to prese	rve tissue		Administrator is responsible for	or ensuring expiration		
samples for analys		had are		log completed monthly.			
01/2009;	thicon 0.5 silk suture:			Completion date May 18, 201	2		
	ners of glucometer te	st strips					
had exp. 05/2007;		hantiar			A CONTRACTOR OF THE CONTRACTOR		
One of one sets of	f glucometer test/cali	oration					

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B WING 05/16/2012 **FATF-009** STREET ADDRESS, CITY, STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG **DEFICIENCY** T 175 Continued From Page 14 T 175 solutions had exp. 07/2007. Staff #2 reported facility staff had inspected the Procedure room and had missed the expired supplies. Staff #2 acknowledged the expired supplies were available for use, but should have been discarded by the expiration date. The following items were stored in a cabinet next T 175 to the anesthesia cart. The tracheal tube Anesthetists to change to a tracheal tube with packages were open, with an inserted guide stylus an inserted guide stylus packaged with it. This and left uncovered exposed to contaminates: will allow the anesthetists to be prepared but with Two (2) tracheal tubes (7.0). an unopened package. Administrator is responsible Two (2) tracheal tubes (7.5), and for ensuring proper packaging. One (8.5) tracheal tube. Staff #2 reported the nurse anesthetists were Completion date June 23, 2012 aware that the tracheal tubes could not be stored in open packages with the guide stylus in place. 6. Observation on May 15, 2012 during the initial T 175 tour revealed the following equipment utilized PM has been performed on suction pump, during direct patient care did not have proof of ultrasound machine, autoclave. CO 2 absorber preventative maintenance per the manufacturer's is filtering system, not electrical. Glucometer recommendations: removed from service until it can be One of one anesthesia Co 2 (carbon dioxide) thoroughly researched whether it may be absorber; properly used in this setting. One of one suction pump used during procedures; One of one ultrasound devices: Completion date June 28, 2012 One of two autoclaves: and One of one glucometer. Staff #2 acknowledged the findings and was not able to provide proof of preventative maintenance on the above direct care equipment. Staff #2 was not able to provide proof the glucometer was for single or multiple patient use. The facility failed to have an infection prevention process in place related to preventing the spread of hepatitis by glucometers, which have not been thoroughly disinfected. 7. An observation and interview was conducted on May 15, 2012 between 10:50 a.m. and 11:18 a.m. with Staff #2. The observation revealed a

plastic container with opened packages of various cookies. The cookies were not individually

STATE FORM

State of Virginia STATEMENT OF DEFICIENCIES IXII PROVIDER/SUPPLIER/CLIA IX2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B WING **FATF-009** 05/16/2012 STREET ADDRESS CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) iD PREFIX (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY T 175 Continued From Page 15 T 175 T 175 wrapped and some cookies were scattered Staff is to wear gloves and package several unprotected on the bottom of the container. Staff cookies and crackers in individual sized baggies #2 reported the cookies were used as snacks for each day prior to seeing patients. Recovery room patients during their Recovery room walt. Staff #2 staff is responsible. Administrator is to monitor acknowledged the cookies were loose inside the that staff is handling snacks appropriately. plastic container and not protected from Completion date June 14, 2012 contaminates when staff or patients reached into the plastic container. 8. Observations and interview was conducted on T 175 May 15, 2012 from 12:10 p.m. through 1:30 p.m. Sponges are not to be used in the facility in patient areas. with Staff #5 in the "Soiled" utility room after two One time use saniwipes designated for medical (2) procedures. Staff #5 wore a blue cloth jacket facilities will be used. Staff trained on over his/her scrub attire. Staff #5 placed three (3) CDC Principles of Cleaning and Disinfecting sponges on the ledge of the opening between the Environment Surfaces. Documentation of procedure room and the "Soiled" utility room. Staff #5 reported the sponges were used to "wipe training in personnel file. Infection control survey up after the procedures." Staff #5 reported the to be conducted quarterly. Results to be reported same sponges were reused. Staff #5 reported the to Qual Assurance Committee. sponges were rinse in tap water, then dipped in Completion date June 23, 2012 the 1:10 bleach/water solution and placed back on T 175 the ledge Stopper and glass bottle to be sprayed with Staff #5 collected the re-usable glass suction jars Cavicide and allowed to remain wet for 3 from the pass through opening in the wall between the procedure room and the "Soiled" utility room. minutes. A clock or timer to be used in Staff #5 emptied the liquid contents of the glass soiled utility. Staff trained to procedure. jars into the utility sink, rinsed the jars with water, Documentation of training in personnel file. used a bottlebrush to "remove any clotted blood", Infection control survey to be conducted pour approximately one-forth (1/4) to one-third quarterly and reported to Qual Assurance (1/3) cup of bleach into the glass bottle and Committee. Infection control training to be swirled the bleach around the inner bottom of the conducted initially and at least annually. jar. Staff #5 used tap water to rinsed the black stopper, utilized with the suction bottle during Administrator and Infection Control Officer are procedures then placed the stopper in a container responsible for training. with 1:10 bleach/water solution. The stopper was Completion date June 23, 2012 not submersed in the bleach/water solution. Staff #5 did not have a clock in the "Soiled" utility room. When asked regarding the length of time the bleach needed to be in the glass jar or the stopper needed to be in contact with the 1:10 bleach/water

4MF811

solution; Staff #5 stated, "Not long, a couple of minutes." Staff #5 acknowledged the "Soiled"

State of Virginia STATEMENT OF DEFICIENCIES XXI PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** COMPLETED A RUILOING B WING **FATF-009** 05/16/2012 STREET ADURESS, CITY STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) T 175 Continued From Page 16 T 175 T 175

utility room did not have a clock. Staff #5 did not utilize a wristwatch to time the contact time of the stopper in the 1:10 bleach/water solution. Staff #5 did not turn the stopper to ensure all surfaces of the stopper had contact with the 1:10 bleach/water solution. Staff #5 removed the stopper from the bleach/water solution placed the stopper in a metal bowl for transport to the "Clean" utility room. Staff #5 emptied the bleach from the glass jar. removed one "Soiled" glove to open the door between the "Soiled" and "Clean" utility rooms. Staff #5 holding the jar with the other "Soiled" gloved hand placed the jar on the counter in the 'Clean" utility room. Staff #5 did not remove the blue cloth jacket worn in the "Soiled" utility room during the cleaning process before he/she entered the "Clean" utility room. Staff #5 acknowledged the bleach poured into the glass jar did not contact the total inner surface of the jar. Staff #5 confirmed the outside of the glass jar had been rinsed in water only and had not been disinfected prior to placing the jar on the "Clean" utility counter.

The observation revealed after the first procedure was completed Staff #2 from the procedure side of the opening retrieved the sponges from the ledge. Staff #2 used the sponges in the procedure room and returned them to the ledge. The sponges were contaminated with bloody fluids. Staff #5 removed the sponges from the ledge, rinsed them in tap water, and dipped them in the 1:10 bleach/water solution. Staff #5 squeezed the sponges over the utility sink and placed the same sponges back on the ledge. The observation revealed the sponges were dipped into the 1:10 bleach/water solution for less that one (1) minute. Staff #5 was asked about the multiple re-using of the sponges and the amount of time the sponges needed to be in the bleach/water solution. Staff #5 stated, "I try to keep them (the sponges) as long as I can, but the

Stopper and jar to be placed in a closed container designated for the transport of equipment from soiled utility to clean utility. In the clean utility room the stopper and jar to be placed on the counter until ready to be used in the procedure room. It is then placed in a lidded container designated for transport from clean utility to procedure.

Staff to be trained in process. Documentation to be placed in personnel file. Infection Control Survey to be conducted quarterly. Results to Quality

Completion date June 23, 2012

Assurance Committee.

## T 175

Sponges not to be used in patient areas. Bloody fluids to be cleaned according to CDC Principles of Cleaning and Disinfecting Environment Surfaces using disposable wipes.

Training to be documented in personnel file. Infection Control Survey to be conducted quarterly. Results to Quality Assurance Committee. Completion date June 23, 2012

FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B WING 05/16/2012 FATF-009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) IO PREFIX (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) T 175 Continued From Page 17 T 175 bleach makes them (the sponges) disintegrate." Staff #5 was not able to provide the amount of contact time needed to ensure the sponges were disinfected between uses. A second post procedure process was observed T 175 with Staff #5 in the "Soiled" utility room. Staff #5 Bottle brush to be sprayed with Cavicide and followed the same processes. The bottlebrush allowed to remain wet for 3 minutes. Staff will wear was not disinfected between usages. Staff #5 did gloves prior to placing the disinfected stopper and not put on gloves prior to placing the stopper into glass jar in the designated container. the glass jar and transporting the contaminated Staff trained to remove PPE prior to leaving glass jar to the procedure room. Staff #5 did not soiled utility room. Infection Control Survey remove the blue jacket he/she wore in the "Soiled" to be conducted quarterly and results reported utility room prior to entering the "Clean" utility room or the procedure room. to QA Committee The observation after the second procedure Completion date June 23, 2012 revealed from the procedure side Staff #2 T 175 retrieved the sponges from the ledge. Staff #2 Sponges are not to be used. Disposable wipes to was observed from the opening by the surveyor to be used to disinfect surfaces contaminated with wipe down equipment then return the sponges to blood and other body fluids. Infection Control the ledge contaminated with bloody fluids. Staff Survey to be conducted quarterly with results #5 removed the sponges from the ledge, rinsed them in tap water, dipped them in the 1:10 reported to QA Committee. bleach/water solution, squeezed the sponges over Completion date June 23, 2012 the utility sink and placed the same sponges back T 175 on the ledge. Staff #2 passed soiled suction Training on infection control to be conducted pump lines through the opening and in the initially and at least annually. Infection control process dripped bloody fluids on the ledge. Staff policies to be reviewed at least annually. A #5 used one of the sponges to clean the ledge designated staff member to receive certification then cleaned the sponge in the above cited manner and replaced the sponge on the ledge for in infection control and be available to review re-used. procedures and facilitate further staff training. An interview was conducted on May 15, 2012 at Infection Control Survey to be conducted 3:15 p.m. with Staff #2. Staff #2 reported the quarterly with results reported to Quality Assurance purpose of separating the "Clean" and "Soiled" Committee. utility rooms was to reduce cross-contamination. Completion date June 23, 2012 The surveyor informed Staff #2 of the findings from the observation of staff handling "Clean" and

"Soiled" equipment. The requested

documentation was not received prior to exit related to the procedure, the effectiveness or contact time of the 1:10 bleach/water solution as a

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

**FATF-009** 

B WING

05/16/2012

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS CITY STATE, ZIP CODE

118 N. BOULEVARD RICHMOND, VA 23220

(X4) ID PREFIX TAG

**SUMMARY STATEMENT OF DEFICIENCIES** (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

disinfectant for the stopper and glass jar. Review of the facility's policy titled "Personal Protective Equipment' effective date January 1, PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY** 

(X5) COMPLETE DATE

## T 175 Continued From Page 18

RICHMOND MEDICAL CENTER FOR WOMEN

T 175

2012 read "...Perform hand hygiene immediately after removing gloves ..." Review of the facility's policy titled Hand Hygiene" effective date January 1, 2012 read "... Key situations where hand hygiene should be performed include but are not limited to...after glove removal ... Soap and working sinks with hot and cold running water and disposable paper towels will be available near any area involving

According to the USDA Agriculture Research Service (ARS) newsletter dated February 2008 "... Sponges were soaked in 10% bleach solution for 3 minutes, lemon juice for 1 minute, or pure water for 1 minute, placed in a microwave oven for 1 minute at full power, or placed in a dishwasher for a full wash-dry cycle, or left untreated (control). Microwaving and dishwashing treatments significantly lowered bacterial counts compared to any of the immersion chemical treatments or the control. Counts of yeasts and molds recovered from sponges receiving microwave or dishwashing treatments were significantly lower than those recovered from sponges immersed in chemical treatments."

According to ARS website Best Ways to Clean Kitchen Sponges - April 23, 2007 - News from the USDA Agricultural Research Service.mht read: "...treated each sponge in one of five ways: soaked for three minutes in a 10 percent chlorine bleach solution, soaked in lemon juice or deionized water for one minute, heated in a microwave for one minute, placed in a dishwasher operating with a drying cycle-or left untreated... They found that between 37 and 87 percent of bacteria were killed on sponges soaked in the 10 percent bleach solution, lemon juice or deionized water-and those left untreated. That still

T 175

Sponges not to be used in patient areas. Infection Control Survey to be conducted quarterly with results reported to Quality Assurance Committee. Completion date June 21, 2012

State of	Virginia					The state of the s	
	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIEDENTIFICATION NU	MBER	(X2) MULTI A BUILDING B. WING	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
NAME OF S	ROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE		
	ND MEDICAL CENTE	R FOR WOMEN	118 N. BOULEVARD . RICHMOND, VA 23220				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ITEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SCIDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (XS) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		
T 175	Continued From Pi	ige 19		T 175		g mul District in a	
	Microwaving spong bacteria present or 99.9998 percent of 9. The center staff of procedures for the reusable medical edifferent patients, publication disposal of non-reuprocedures for cleawith appropriate cleawith approp	failed to ensure device processing of each quipment between a procedures for approsable equipment, artining of environment aning products.  I a.m., the center "previewed. The survey procedural processing E. Laundry Procedures will outly and storage of cless the use of disposarresponding "procedures will outly and storage of cless the use of disposarresponding "procedures will outly and storage of cless the use of disposarresponding "procedures will outly and storage of cless the use of disposarresponding "procedures will outly and storage of cless the use of disposarresponding "procedures will outly and storage of cless the use of disposarresponding the cless that and for the cless that and for the cless that are the procedures were the stated there were the stated the stated the stated the stated the stated there were the stated the s	percent of shing killed relopment th type of ses on priate and surfaces olicy and yor was ses deaning of the lure/outline an and able ture/outline an aning of		Policy and procedure for preusable equipment has be Policy manual to be review administrator. Completion date June 22,  T 175 Policy and procedure for hinen has been written. Poreviewed annually by adm Completion date June 22,	eeen written. wed annually by  2012  andling soiled licy manual to be inistrator.	
T 180	12 VAC 5-412-220	D Infection prevention	n	T 180		The second of the second	
	program that includ 1. Access to recom 2. Procedures for a communicable dise prevented from wor	have an employee tes: Imended vaccines; Issuring that employeses are identified at a activities that could be personnel or patie	ees with nd I result in				

State of \	√irqinia					
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N	WMBER	(X2) MULT A BUILDIN		(X3) DATE SURVEY COMPLETED
		FATF-0			5000000	05/16/2012
	PROVIDER OR SUPPLIER				, STATE, ZIP CODE	1 1 10 100 100 100
RICHMON	ND MEDICAL CENTER		118 N. BOU		20	angkan XURAMATI
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED B LSC IDENTIFYING INFORM	BY FULL	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
T 180	Continued From Pa	age 20		T 180	71.00	
	2 An avnosure of	ontrol plan for blood-	hourne			
	pathogens;	THUI PIEM TO ELECT	Dourne			
	4. Documentation	of screening and				
		ered/received by emp	nlovees in			
		tatute, regulation or				
		of public health auth				
		ntation of screening f				
		ccess to hepatitis B				
	5. Compliance with	th requirements of th	ne U.S.			- C
	Occupational Safet	ty & Health Administ	stration for			
	reporting of workpla	lace-associated injur	ries or			
	exposure to infection					
	- I WILL THE					
		met as evidenced b				
	Based on employed	e record review and	staff			
		er staff failed to ensu				
		screening for tubercu			T 180	
	(TB/PPD) for 19 or	24 employee record	ds		and the same of the same	
		ee # 1, 2, 3, 4, 7, 8,	9, 11. 12,			
	and 14 through 23.				The state of the s	
	The findings include	ied:			TB/PPD Screening to be complete	
	Employee records	were reviewed on 5/	/15/12 at		who have not been screened else	
	1:00 p.m. FOR THE	of the 24 employee re as no evidence that e	ecoros		Personnel files are to be reviewed	
	had received TB/P/		Hilpicyees		completeness.	
	On 5/18/12 at 12:0	0 p.m., Staff #2 was	annrised of		Completion date June 28, 2012	
		o further information			W.	
	provided by the end		W			
	provided by and	/ OI will == ,				
Y 275		a statististian e	and	~ 07E		
1210	12 VAC 5-412-260	C Administration, a	lorage and	T 275		
	dispensing of dru					
	O Deure maintain	ed in the facility for o	طمال			
		ll not be expired and			10 87 01 12	
	aronariu stored in f	enclosures of sufficie	ent size			
		ess to authorized per				
		pe maintained at app				St. Park Div. 1
	tomperatures in ac	cordance with defini	itions in 18			
	VAC 110-20-10	SUITABLING WILL STORM	(IOIIO II. I			to the second

State of \	Virginia					FORM APPROVE
STATEMENT	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N	NUMBER	(X2) MULTIP A BUILDING B WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/16/2012
NAME OF P	PROVIDER OR SUPPLIER			DRESS CITY S	STATE ZIP CODE	- Mar 3 - 12 - 13
	ND MEDICAL CENTE		118 N. BO	DULEVARD ID, VA 23220	STATE LINES IN	A 1075-01
(X4) ID PREFIX TAG	IEACH DEFICIENC	TATEMENT OF DEFICIENCE CY MUST BE PRECEDED B LSC IDENTIFYING INFORM	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY	ION SHOULD BE COMPLETE DATE
T 275	Continued From P	age 21		T 275		
	Based on observational facility failed to dismedications that hopened.  The findings include An observation and May 15, 2012 from Staff #2 during the room. The observations were dadministration:  Diazepam 10 mg (in syringe had expired Labetaiol 20 mg/ 4 Succinylcholline 10 12";  One tank of nitrous (March) 2000."  The following mediopened:  Pitocin 10 u (units): One tube of KY jellowing interview was can 15, 2012 from 10:2 observations. Staff reported the expired.	nd Interview was cond in 10:20 a.m. to 11:18 is initial tour of the pro- vation revealed the for expired and available (milligram)/ 2 ml (milligram)/ 2 ml (milligram)/ 2 d (exp.) "2/2012"; 4 ml vial had exp. "4/2 90 mg/ 5 ml vial had on its oxide had exp. "29 dications were not data	views the ations and when ducted on 8 a.m. with ocedure ollowing le for lililiter) /2012"; exp. "1 May 0 Mar ated when ated when finding and dhave been	Explog bee All dat Any lab pro Sta Do Add dat Co	completed medications have been to be completed monthly. The pen removed from facility. If opened medications are to the and the initials of staff who opened medications foun beled must be discarded. We concedure day, all items will be the first trained to procedure. The commentation of training in producing the completion date June 28, 201 completion date June 28, 201 completion date.	Nitrous oxide tank has be be labeled with the the opened them. and not to be properly When setting up each be checked for proper labeling. personnel files. for monitoring expiration
	date each medicati have to be discarde	tion when it's opened	d. These	T 360		
1 000	12 470 3-12-340	/ Pullules altu piuceu	Jules	1 300		

The abortion facility shall develop, Implement and maintain policies and procedures to ensure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N	YUMBER	(X2) MULTI A BUILDIN B WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED - 05/16/2012
NAME OF PROVIDER OR SUPPLIER			MOLES CITY	STATE ZIP CODE	03/16/2012
RICHMOND MEDICAL CENT		118 N. B	DULEVARD ND, VA 2322	1917 825 AV	
(X4) ID SUMMARY STATEMENT OF DEFICIEN PREFIX (EACH DEFICIENCY MUST BE PRECEDED TAG REGULATORY OR LSC IDENTIFYING INFO		BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTK CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETE
T 360 Continued From F	Page 22	II.	T 360		
minimize hazards and procedures si 1. Facility security 2. Safety rules an personnel, equipm supplies and servi 3. Provisions for o	d practices pertainin nent, gases, liquids, (	ne policies imited to:  g to drugs, -related			
12 VAC 5- 412-34 Based on observa	tion and interview the (6) portable oxygen	e facility			
housed the proced 11:22 a.m. with Sta unsecured portable tanks were located wall in an office. S want the the addition	nducted in the buildir fure room on May 15 aff #2 revealed six (6 soxygen tanks. The between a file cabir taff #2 reported Staf onal oxygen tanks sto Staff #2 was aware the secured.	i, 2102 at ii) coxygen net and the f #1 did not ored in the	i	Oxygen tanks to be secured Administrator is responsible tall gas cylinders are kept second completion date June 28, 20	or ensuring that urely.
employers to store (including empty or paragraph provides shall be secured in except, if necessary while cylinders are carried. 1926.350(a cylinders shall be si well-ventilated, dry m) from highly com	CFR 1926.350(a)(9) all compressed gas les) upright at all time: Compressed gas can upright position a ctually being hoiste ()(11) Inside of build tored in a well-protection, at least 20 to bustible materials sugers should be stored	cylinders es. This cylinders at all times f time d or dings, sted, feet (6.1			

	Virginia					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI	UMBER	(X2) MUL1 A BUILDII B WING		(X3) DATE SURVEY COMPLETED
		FATF-0				05/16/2012
	PROVIDER OR SUPPLIER				STATE. ZIP CODE	
CHMO	ND MEDICAL CENTE	R FOR WOMEN		DULEVARD ID, VA 232:	20	A DESCRIPTION OF STREET
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICE	TO THE APPROPRIATE DATE
T 360	Continued From Pa	age 23		T 360		the term of the
	stairs, or gangways be located where cover or damaged be subject to tamperin Cylinders shall not enclosures such as	places away from e s. Assigned storage ylinders will not be k y passing or falling o g by unauthorized p be kept in unventilat lockers and cupboa	places shall nocked objects, or ersons. ed	9		
T 375	12 VAC 5-412-360	A Maintenance		T 375		
	cooling, ventilation be all be kept in good condition. Areas us maintained in good hazards. All woode	such as elevators, he and emergency light od repair and operat sed by patients shall repair and kept free in surfaces shall be d paint, lacquer, varr w sanitization.	ing, shall ing be of sealed			
#.	Based on observation failed to maintain the	net as evidenced by on and interview the e procedure table, re recovery recliners in	facility covery			
	The findings include	sd:				
	An observation and May 15, 2012 from Staff #2. The obser revealed the proced not intact. The full le supports for the stimpatient during the prof the table that surraurface had multiple of the procedure table and non-intact areas	vation in the procedure table's metal finitingth of the bilateral ups (used to position ocedure) had rust. The areas of rust. The label had multiple areas is armrest had multiple multiple.	a.m. with ure room sh was leg n the The ledge added pedestal s of rest,	F to a io	dministrator if problems dentified. Job description dministrator ultimately n Completion date June 26	oment for tears and rust and to add ns reflect staff responsibility. esponsible. i, 2012

State of \	/irginia							
AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLI IDENTIFICATION NI FATF-0	UMBER	(X2) MULTE A BUILDING B WING	PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED 05/16/2012		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS CITY S	TATE. ZIP CODE			
RICHMOND MEDICAL CENTER FOR WOMEN		R FOR WOMEN	118 N. BOULEVARD RICHMOND, VA 23220					
(X4) ID PREFIX TAG	(EACH OFFICIENC	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED B LSC IDENTIFYING INFORM	YFULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE		
T 375	Continued From F	age 24		T 375				
	re-finishing. The observation of Recovery room reflections and the seat and the forecliners had torn headrest. Staff #2 Recovery room rethe observation of with Staff #2 reveations with Staff #2 reveations with exposure observation reveations are with exposure observations. The width the inner foam page of the stretcher page of the page o	e procedure table was onducted with Staff is vealed three (3) of the cliners had tears in the recliners had tears in the recliners had torn arrown area on the sling potrest, and all three areas on the back of the verbally acknowled; cliners were not in grounducted in the Reclaid that two (2) of the tretcher pads had extended that two (2) of the tretcher pads had extended the trended area the read lower portion of each pad. The total ding exposed on both is had multiple worms, which would allow borbed into the undaff #2 reported the pretchers needed to be	#2 in the nree (3) heir surface mrest, one petween (3) If the ged the cood repair. Overy room (2) tensive torning. The hat of the padsorn area left thin pads. areas and blood or lerlying lads on the		T 375 One recliner has been re repaired. Completion date June 18 Stretcher pads replaced Completion date June 28 Staff trained to routinely advise administrator if plus Job descriptions reflect 18 Administrator is ultimate Completion date June 28	5, 2012 monitor equipment and roblems identified. that responsibility. by responsible.		
T 380	12 VAC 5-412-360	B Maintenance		T 380				
	utilized, a written program shall be of This equipment shaccordance with meriodic intervals, ensure proper operepair. After repair to any equipment, thoroughly tested freturned to service maintained on each	nonitoring equipmen reventative maintent leveloped and implet all be checked and/o no less than annually ration and a state of rs and/or alterations the equipment shall for proper operation low. Records shall be the piece of equipment of testing and maintent reventations.	ance mented. or tested in ications at y, to good are made be before it is					

State of \	Virginia					FORM APPROVE
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N	NUMBER	(X2) MULTIP A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED
		FATF-0				05/16/2012
	PROVIDER OR SUPPLIER				STATE. ZIP CODE	
RICHMON	ND MEDICAL CENTE		RICHMON	DULEVARD ID, VA 23220		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TATEMENT OF DEFICIENC CY MUST BE PRECEDED B LSC (DENTIFYING INFORM	BY FULL	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	CTION SHOULD BE COMPLETE DATE
T 380	Continued From Pa	age 25		T 380		KAN WELLEN
	Based on observat the facility falled to equipment used in preventative mainted document proof of required direct patie.  The findings include.  1. An observation of initial tour revealed utilized during direct proof of preventative manufacturer's rect One of one anesther absorber;	on May 15, 2012 du d the following equipi ct patient care did no ve maintenance per commendations: lesia Co 2 (carbon di	record review to ensure underwent alled to enance on t.  uring the oment to have r the dloxide)	Suc hav not rem app for	uction pump, ultrasound ma ive had PMs performed. C it electrical equipment Gl moved from service until it	CO 2 absorber is a filter, illucometer has been to can be researched for ty. Administrator is responsible program.
	One of one ultrasou. One of two autoclay. One of one glucomous Staff #2 acknowled, able to provide product on the above direct not able to provide single or multiple page.	aves; and meter.  Idged the findings and of preventative met care equipment. So proof the glucomete patient use.	nd was not naintenance Staff #2 was er was for			
	A review of the facili include documentat equipment that need	allity's PM log reveale ation for all direct care aded preventative manifered eviewed with Staff #2	re naintenance.			
T 400	12 VAC 5-412-380 I standards	Local and state cod	ies and	T 400		
	local codes, zoning the Uniform Statewi	shall comply with stat gand building ordinal vide Building Code. I acilities shall comply	ances, and In			

Cteta of t	flemmin.					FORM APPROVED		
State of V								
	TOF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPL IDENTIFICATION N	WMBER	(X2) MULTII A BUILDING	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		FATF-0				05/16/2012		
NAME OF P	ROVIDER OR SUPPLIER			DDRESS CITY STATE ZIP CODE				
RICHMON				OULEVARD ND, VA 2322	0			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED E LSC IDENTIFYING INFOR	BY FULL	ID PREHX 1AG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETE		
T 400	Continued From F	Page 26		T 400				
	3 7 of Part 3 of the and Construction Facilities Guldelin precedence over Code pursuant to Entities operations through submission Termination of Property of Section 120 or other subject to licensus current buildings in with the application them into full commuthin two years freefer to Abortion	I-1 through 3.1-8 and a 2010 Guidelines for Health Care Facilies Institute, which significant Statewide B. Virginia Code 32.1-1 g as of the effective as identified by the con of Reports of Industry means and that and the may be licensed in for licensure that we pliance with this proform the date of licen in Regulation Facility rivey workbook for detts.	or Design Ities of the hall take duilding 127.001. date of department uced 12 VAC e now in their it a plan viil bring vision sure.					
	Based on Intervier determined the fa attestation and fair for Chapters 3.1 a. The findings inclusion. The findings inclusion in the findings including in the findings	de: 12 a facility tour was ator and the Medica I. and 11:30 a.m. Du was no evidence tha local codes and buil	vas n architect A) Guidelines conducted I Director, ring the t the facility ding					
	required FGI (AIA head shelter for B patients from inclinations)	to have an attestation that the facility in a guidelines. There wildings #1 and #2 to ment weather. The n was located in the	net the was no over o protect Medication	to s con Con	ve been consulting architects a survey areas that need to be re npliance. See attached mpletion date December 2013	etrofitted to come into		

State of \	/ırginia					7
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER	(X2) MULTIPI A BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	Herita i	FATF-00				05/16/2012
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS. CITY, ST	TATE, ZIP CODE	
RICHMON	ND MEDICAL CENTE	R FOR WOMEN	118 N. BOI RICHMONI	ULEVARD D, VA 23220	TELM REMOVEMENT	Stationary and a state of the s
(X4) ID PREFIX TAG	EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETE
T 400	Continued From Pa	age 27		T 400	12	T - T - 1
	Nourishments were Room; the staff fail temperature log for temperature control seen in the Clean Sourced in the Clean failed to have a flus facility did not have designated area for facility was not able laundry water temp 160 degrees Fahre at 12:15 p.m. The to meet the minimus sinks failed to have	ink present for hand le located within the Fled to have document the refrigerator. No of or separate ventilated from clean to storage Room. Cherre parated from clean to storage Room. So shing-rim clinical sinke a wheelchair storage to provide proof of perature (which need enheit), prior to exit of a facility's Public Comum 5 feet width. The stalves that could be handle or wrist blade	Recovery natation of a contion was micals were supplies ided Holding k. The ent or a consite is to be at an 5/16/12 ridors failed a facility's e opened		Purell dispenser in the procedur hygiene for medication preparat date May 1, 2012 Temperature log started for refri Mechanical engineer to address storage room. Completion date July 30, 2012 Chemicals secured and separat clean supplies. Completion date May 17, 2012 Wheelchair purchased and stored in designated area. Completion date June 28, 2012 New washing machine purchased. Sink to be replaced with sink wit operation.	ion area. Completion igerator. June 28. 2012 is ventilation in clean ed from
	documentation that energy, protect per condensation and a flame-spread rating smoke-developed accordance with Ni unable to provide a ductwork. The facility's electric outlets) were not gradapters for three fire system was avec. On May 16, 2012 was conducted with agency's office. The that the facility was	was unable to provided: insulation provided: recent vaporeduce noise. Insular of 25 or less and a rating of 50 or less in FPA 255. The facility any information for Historical receptacle (conversible as required.  2 at 12:18 p.m., an in the Administrator in the Administrator acknowled the state and local of the state and	conserve or ation have a by was VAC venience of No manual onterview on the nowledged vidence		Mechanical engineer and electric to address ventilation and electric Completion date October 2012. See attached for remainder of times.	ical concerns
	building ordinances	, ole siele elle locel ( \$.	ALIES BIRL			

Richmond Medical Center for Women 359-5066- Phone 539- 1599 353-2718-fax

From: Jill Albery

RECEIVED

JUL 09 2012

VDH/OLC

To: Kathaleen Crucgan-Tedeschi

Fax: 804- 527-4503-

I spoke with Brenda This morning who requested some changes to my Plan of Correction.

Thank you.

Called 07/10/12 @ 10:06a

Spoke = Yolanda @ Fuhmend office - left detailed irremage

STATEMEN	IT OF DEFICIENCIES	AND A MENAL CONTRACTOR			Latter of the second	and the same
	OF CORRECTION	(XI) PROVIDER/SUPFLIER/CLIA IDENTIFICATION NUMBER			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
				A BUILDING		-
		FATF-(	109	J 11310_		05/16/2012
	PROVIDER OR SUPPLIER				TATE, ZIP CODE	
RCHMO	ND MEDICAL CENTE		RICHMO	DULEYARD NO, VA 23220	)	
(X4) ID PREFIX TAG	(EACH DEFICIENC REGULATORY OR	ATEMENT OF DEFICIENC BY MUST BE PRECEDED I LEC IDENTIFYING INFOR	BY FULL	PREPIX TAG	PROVIDERS PLAN OF (EACH CONNECTIVE ACT CROSS-REFERENCED TO T DEF(CLENC	TON SHOULD BE COMPLET THE APPROPRIATE DATE
T 000	12 VAC 5-412 Init	tiel comments		T 000		
	Abortion Facility in above referenced May 16, 2012 by the Inspectors from the	ial Licensure First T spection was condu facility on May 15, 2 nree (3) Medical Fac e Virginia Departme Licensure and Certi	icted at the 1012 through clittes ant of	ı		RECEIVED JUL 0 9 2012 VDH/OLC
	Board of Health 12 First Trimester Abo	t of compliance with VAC 5-412, Regularion Facility's effect 1. Deficiencies was with this report.	ations for tive			4 OLC
T 070	12 VAC 5-412-170	C Personnei		T 070	T070	
T 070	history record chec the Code of Virginia employee not licens	ob duties provide a	126.02 of led coess to		all employees whos to controlled substa An item will be adde for every employee access to controlled	ed to the orientation checklis whose job duties provide I substances that a criminal
	This RULE: is not a Based on employer document review, a staff failed to ensure obtained for 8 of 10 access to controller 7, 8, 11, 15, 16, 20, On 5/15/12 at 1:00 reviewed. Ten recomployees who prosubstances within the (ten) records, no was found, The center policy ar Policies" was review following, in part: "	e record review, centre de taff interview, to a criminal record de mployees who produces. Empirand 21.  p.m., employee records were included to content for 8 (eign criminal background procedure "Persored and evidenced in the centre of the c	iter the center check was ovided toyee #'s 3, ords were or strolled ght) of the stronel the		background has to be obtained.  Personnel policy revised to include need for criminal background checks. Job descriptions for those staff will also include need for a crimbackground check.  Personnel files will be reviewed for completen on an annual basis.  The administrator is responsible for ensuring the criminal background check is obtained as as being responsible for reviewing job descrip and files.  Completion date June 28, 2012	

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

Administrative 7-9-12.

STATE FORM

DITTE

[M6] DATE

7-9-12.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLI IDENTIFICATION NO FATF-0		UMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING B WING		(X3) DATE SURVEY COMPLETED - 05/16/2012		
NAME OF P	PROVIDER OR SUPPLIER		STREET A	DREES, CITY. ST	ATE, ZIP CODE		
RICHMO	MOND MEDICAL CENTER FOR WOMEN 118 N. SÖLLEVARD RICHMOND, VA 23220						
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUSY BE PRECEDE TAG REGULATORY OR LSC IDEM/TIFYING INFO		YFULL	iD PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T OEFICIENCE	NON SHOULD BE COMPLETE HE APPROPRIATE DATE	
T 070	Continued From F	Page 1		T 070			
	substances." On 5/16/12 at 9:30 a.m., Staff #2 was interview regarding the criminal record checks being completed for the 8 employees. Staff #2 state the criminal background checks had not been done. No further information was provided by end of the survey.		eing #2 stated ot been		T 075		
T 075	12 VAC 5-412-170	D Personnel		T 075			
	member currently cardio-pulmonary on site for emerge. This RULE: is not Based on employa interview, the centroardiopulmonary of training was receivified et 7, 8, 15, 16, and #3. No evidence of CF present in the employee records, evidence of CPR to Employees # 5, 7, 18 Registered Nurse /	met as evidenced by a record review and a record review and are staff failed to ensure suscitation certification de and documented and documented analyses. Employees. Employees. PR training/recertifical lovee records.	e available  staff ire ion (CPR) for 7 of 10 e #6 3, 5, ition was ords were fied ve ed		CPR documentation obtained for Certified Registered Nurse Anesthetist and Registered Nur CPR training will be added to the orientation list. CPR training will be added to the Personnel Polic Personnel files will be reviewed for completeness annually. Job descriptions will also include need for CPR training. Administrator is responsible for ensuring certification is up to date. Completion date: June 21, 2012		
) (C. ) (C. )	In an interview with p.m., he/she stated employees hald cur however acknowler	Staff #2 on 5/16/12 at the/she knew each of the certification in the employer that the employer in the employe	f the ns,			and the state of t	

State of	Virginia						FORM	# APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) PROVIDER/SUPPLIES (ORNTIFICATION NUMBER 1) PROVIDER/SUPPL		UMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING B WING			(X3) DATE SURVEY COMPLETED  05/16/2012		
NAME OF P	NOVIDER OR SUPPLIER		STREET AD	DRESS CITY S	TATE ZIF CODE		- 1 -	
RICHMOI			118 N. BC	DULEVARD ID, VA 2322				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PHECEDED E I.SC IDENTIFYING INFORI	Y FULL	PREFIX TAG	(EACH CORRECTION CROSS-REFERE	S PLAN OF CORRECTI CTIVE ACTION SHOUL NCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
T 080	Continued From P	age 2		T 080	T 080		1-15	
T 080	maintain policies a that its staff particl training and educa staff duties, and an and scope of servi include documents fire safety and infetraining.  This RULE: is not Based on employe document review, and that it is not the safety and infetraining.	Il develop, implemented procedures to do pates in initial and obtain that is directly no propriate to the levices provided. This inition of annual particular prevention inserted by the record review, care and staff interview, the of 24 employees particular training. Employees to desire the record training.	ocument ingoing elated to et, intensity shalt cipation in service et; the center articipated in oyee #5 2,	T 080	will be conductive that has been this has been been been been been been been bee	d Infection Prevented initially and and added to the orient added to Personner of In-service training manual with the connection of Inservice training manual with the initial assign Infecticulationer) the duty occumentation.	nually for a el Policy. aing will be if file as we uments. ill be revie reviewed a will ultimate on Contro	staff. ecklist. e included ell as a ewed annually tely be ol Officer
	The findings includ Employee records 1:00 p.m. There winfection control training of the control training. "Mosen here a long the complacent"  No further information survey.  12 VAC 5-412-170  F. Job descriptions 1. Written job describe the duties maintained.  2. Each job description to the control training includes maintained.	were reviewed on 5, as no evidence of a ining for 16 employs a.m., Staff #2 states received annual inflost all of our employme and I guess we job a provided by F Personnel at the provided by the following that adequate of every position shall include: p	nnual ees. d the fection yees have just became the end of	T 085	employee descriptio responsib will be rev	riptions will be Inclusive personnel file. So to indicate that sollities of her position viewed at least and the employee in the	She will sinhe is awa on. Job de nually with	ign the job are of the escriptions a new copies
	title, authority, spec minimum qualificati	dic responsibilities a	and			onnel policy will inc		

	IT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIDENTIFICATION N	UMBER	(X2) MULTIP A BUILDING R WING	LE CONSTRUCTION	(X2) DATE SURVEY COMPLETED 05/16/2012	
NAME OF	PROVIDER OR SUPPLIER			DREBS, CITY ST	ATE. ZIP CODE		
RICHMO	ND MEDICAL CENTE	R FOR WOMEN	118 N. B	OULEYARD ND, VA 23220		ASSESS ON AN AND ASSESSED.	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED & SO IDENTIFYING INFORI	Y FULL	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE COMPLET! E APPROPRIATE DATE	
T 085	Continued From P	age 3	- 1 <u>8</u> 00.0	T 085	T085 cont'd		
	annually, kept curremployee and voluposition and when This RULE: is not Based on employee interview, the centre descriptions for an annually for 19 of 2 Employee #s 1 through 21, #23 an The findings includ On 5/15/12 at 1:00 reviewed. Of the 2 employees did not description was reviewed. The employees we date of hire (DOH) DOH 9/2010, #4 - [B/2010, #4 - [DOH 9/2010, #4 - [DOH 9/2010]]	met as evidenced be record review and or staff failed to ensiployees were review 4 employee records ough 9, 11, 12, 15, d #24. ed: p.m., employee records reviewed, have evidence the joinward at least annual are as follows: Employee as follows: Employee 10/91, #2 - DOH 12/2006, #7 - DOH 12/2010, 4/2011, *16 - DOH 12/2010, *16	ch do the do to the do the do to the do the do the do the do to the do the do the do the do to t		Personnel files will ness annually. Job descriptions wide that the emplodescription. Adminiensuring job descriptioned is aware	the state of the s	
·	month listed), #23 - 1999 (no month list On 5/18/12 at 12:00	· DOH 1/2006, and ( ed), ) p.m., Staff #2 was	informed				
	of the findings. No by the end of the su	further evidence wa	s provided				
T 090	12 VAC 5-412-170	G Personnel		T 090	and the same of th	THE PERSON	
	G. A personnel file staff member. The and accurately docu and systematically (	records shall be co imented, readily avi	mpletely ailabie.			 9 3. · ·	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) FROWDER/SUPPLIER/CLIA IDENTIFICATION NUMBER FATF-009		(X2) MUL A BUILD B WING		(X3) DATE SURVEY COMPLETED	
NAME OF F	PROVIDER OR SUPPLIER	1711-41		DAREST CITY	ATTE NU GOOT	05/16/2012	
RICHMOND MEDICAL CENTER FOR WOMEN 118 N. BI				DORFSS, CITY. STATE. ZIP CODE HOULEYARD HID, YA 23220			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCY Y MUST BE PRECEDED BY SCIDENTIFYING INFORM	Y FLUI	10 PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMMIST	
T 090	Continued From Page 4  compilation and retrieval of information. The file shall contain a current job description that reflects the individual's responsibilities and work assignments, and documentation of the person's in-service education, and professional licensure, if applicable.  This RULE: Is not met as evidenced by:			T 090	Job descriptions have been T090 added to the personnel files for those staff who did not have them. Orientation checklist includes job descriptions. Personnel policy includes job descriptions must be in the personnel file for each employee. Personnel files will be reviewed annually to ensure completeness. Administrator is responsible for ensuring job descriptions		
	Based on employed interview, the cente employee records of description for 6 of reviewed. Employed No job description viecords when review The findings include On 5/15/12 at 1:00 previewed. Of the 24 employees did not the contained in their per (Housekeeping), #3 (Housekeeping), #1 (registered Nurse), a On 5/16/12 at 12:00 of the findings. No floy the end of the suit	e record review and a record review and a current ju 24 employee records a #s 2, 3, 4, 11, 15, a ras present in the enwed. Ed. p.m., employee records reviewed, (asve a job description are practitioner) 1 (Registered Nurse and #20 (Registered nurse and #20 (Registered nurse present and #20 (Registered nurse and #20 (Registered nurse present and #20 (Registered nurse nurse and #20 (Registered nurse nu	staff re aff ob s and #20. mployee ards were a ployee #2 , #4 ), # 15 Nurse). mformed s provided		Administrator is responsible for ensuring job descriptions are in each file and that employees are aware of their responsibilities. Administrator is responsible for annual review of files and job descriptions.  Completion date June 18, 2012		
T 170	12 VAC 5-412-220 E	Infection prevention	n	T 170			
1 3 1 1	B. Written infection procedures shall incl 1. Procedures for so and visitors for acute applying appropriate rensmission of committen the facility. 2. Training of all pen prevention techniques and correct hand-west	lude, but not be limit breening incoming po infectious illnesses measures to prever munity acquired infection sonnel in proper infections, bing technique, include	ed to: stients and at ction ection				

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XJ) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING FATF-009 05/16/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE. ZIP GODE RICHMOND MEDICAL CENTER FOR WOMEN 118 N. BOULEVARD RICHMOND, VA 23220 SUMMANY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION SEACH CORRECTIVE ACTION SHOULD BE (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION! TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) T 170 Continued From Page 5 T 170 alcohol-based hand rubs; 4. Use of standard precautions: 5. Compliance with blood-bourne pathogen requirements of the U.S. Occupational Safety & Health Administration 6. Use of personal protective equipment, 7. Use of safe injection practices: 8. Plans for annual retraining of all personnel in intection prevention methods; 9. Procedures for monitoring staff adherence to recommended infection prevention practices; and 10. Procedures for documenting annual retraining of all staff in recommended infection prevention practices. This RULE: is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure: 1. That staff wore the correct personal protective equipment (PPE) related to risk of exposure to blood and body fluids for one (1) of one staff observed in the "spiled" utility room. 2. The development of a procedure/process to monitor staff's adherence to the facility's infection prevention practices. The development of a process for retraining staff annually to infection prevention practices. 3. That staff had documented infection prevention training for sixteen (16) of twenty-four (24) employee records reviewed. (Employee # 's 2, 3, 4, 5, 7, 8, 9, 11, 12, 14, 15, 16, 19, 20, 21, and 23) The findings included: 1. Observations and interview were conducted on May 15, 2012 from 12:10 p.m. through 1:30 p.m.

with Staff #5 in the "Soiled" utility room after two

State of Virginia				FORM APPROVE		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPP IDENTIFICATION I  FATF-I  NAME OF PROVIDER OR SUPPLIER		NLMBE R	(X2) MULTIPLE CONSTRUCTION A SUILDING B WING	(X3) DATE SURVEY COMPLEYED		
			CRESS, CITY, STATE, ZIP CODE	05/15/2012		
RICHMOND MEDICAL CENTER FOR WOMEN 118 N. BOX RICHMONI						
PREFIX (EACH DEFICIENT	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION (XS) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
T 170 Continued From F	(-)		T 170	e nomination of		
over his/her scrub related to the type the "Solled" utility wear this jacket on Staff #5 denied the or eye protection. shield or eye protection. shield or eye protection items in the utility if The observation referenced glass suropening in the wall and the "Soiled" utility if the glass jars into the glass jars into the glass jars into the jars with tap was "remove any clotted Staff #5 pured appone-third (1/3) cup and swifled the blest the jar. Staff #5 did protection in place of fluid or bleach splat Staff #5 used a brid and body tissues for during the procedur first of two-soiled echad wet splatter are jacket.  A second post procedured first of two-soiled echad wet splatter are jacket.  A second post procedured for the previously confirmed had been rinsed in which is the previously confirmed had been rinsed in which is the previously confirmed the previousl	realed Staff #5 retriction jar from the particion jar from the processity room. Staff #5 etc. Staff #6 etc. Staff	ioned vork or be in d, "I just ploves." ace shield ar a face isoled as through fure room emptied the uids, from \$5 rinsed ebrush to the (1/4) to ass bottle r bottom of ield or eye od, body we blood utilized on of the staff #5 sher blue ess was lift room. Staff #5 place in or the staff #5 place in or the emitted or eye od, body we blood utilized on of the staff #5 sher blue ess was lift room. Staff #5 prior and the million the million the million was prior and the million was a staff room the million the million was a sheriful the million the million was a sheriful the million the million was a sheriful the million the million the million and the million the	Staff muse of Fincluded monitor written. perform to Quality Comple			
previously confirmed had been rinsed in water disinfected prior to putility counter. Staff to placing the stoppe transporting the conf	If the outside of the grater only and had no lacing the Jar on the IS did not put on gloor into the glass jar so aminated glass jar to the procedure root ducted on May 15.	glass jar tot been ""Clean" tyes prior and from the m. 2012 at	Part was grown to			

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION  (X1		(X1) PROVIDER/SUPPL IDENTIFICATION N	UMBER	(XZ) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DAYE SURVEY COMPLEYED - 05/16/2012
NAME OF	PROVIDER OR SUPPLIER			DRESS CITY SI	ATT THE COMP	- Animals
	OND MEDICAL CENT		118 N. BC	DULEVARD ID, VA 23220	ATE ZIF CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED B LBC IDENTIFYING INFORM	VEHILL	PRÉFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETE
T 170	Continued From F	Continued From Page 7				
T 175	Staff #5's use of Pequipment. Review of the facit Protective Equipm 2012 read " All sproper selection or mouth, nose, and procedures that ar sprays of blood or 2. The center had staff compliance o and had no docum infection control. The Center's "Poli reviewed on 5/15/1 policy or procedure monitored to ensur infection control to p.m. There with monitored to ensur infection control training. The Control training with the proper infection control training. We staff was being mo following proper infection control training. The policy/procedure with monitoring staff.	ds were reviewed or as no evidence of ar ining for 16 employes a.m., Staff #2 states received annual infollowed registered to ensure the ection control practic of our employees had I guess we just be aff #2 stated there which addressed the pon was provided by	sof soiled sonal s	T 175	compliance writter tool to be used que to plan. Results to Assurance Comm Infection control to at least annually.	aining to be done initially and This has been added to st and personnel policy, be reviewed annually for une 28, 2012
				T 175		Southern Co.
	C. Written policies management of the supplies shall addre	and procedures for t facility, equipment a as the following:	he ind .			Street in the st

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION IN	UMBER	(X2) MLX (IPLE CONSTRUCTION A BUILDING B WANG	(X3) DATE SURVEY COMPLETED			
	ROVIDER OR SUPPLIER			DRESS. CITY STATE, ZIP CODE				
RICHMOND MEDICAL CENTER FOR WOMEN 1181		118 N. BC	STREET ADDRESS. CITY STATE, 2P CODE 118 N. BOULEVARD RICHMOND, VA 23220					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENC CY MUST BE PRECEDED I LSC IDENTIFYING INFOR	BY FULL	ID PROVIDER'S PLAN ( PREFIX (EACH CORRECTIVE A TAG CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLET DATE		
T 175	Continued From t	age 8		T 175				
	adequate supplies hand rubs, dispos 2. Availability of a and other material	d-washing equipmer s (e.g., soap, alcoho lable towels or hot a utility sinks, cleaning lis for cleaning, disp	t-based ir dryers); supplies osal.					
	Appropriate st locked cabinets of cleaning) and pro- use of cleaning appropriate statements	port of equipment at orage for cleaning a r rooms for chemica duct-specific instruc- gents (e.g., dilution,	gents (e.g., ils used for tions for contact					
	<ol> <li>Procedures to transporting clear and equipment;</li> </ol>	nt of accidental expo r handling, storing al n linens, clean/sterile r handling/temporary	nd supplies					
	storage/transport 6. Procedures for and transporting accordance with	of soiled linens; r handling, storing, p regulated medical wi applicable regulation	rocessing aste in s;	the second secon				
	reusable medical different patients. (i) the level of c	r the processing of e equipment between The procedure sha leaning/disinfection/o th type of equipmen	uses on ill address: sterilization					
	(ii) the process ( disInfection, heat (iii) the method	e.g., cleaning, chem	ical					
	has been achieve	d. The procedure s nufacturer's recomming the state or national in	hail lendations					
•	8. Procedures fo non-reusable equi: 9. Policies and p	r appropriate disposi ipment;						
	with manufacture 10. Procedures f	air or equipment in a r recommendations; or cleaning of enviro wopriate cleaning pro	nmental					
	11. An effective	pest control program in local health and	, managed					

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State of V		E Est (hear)	Alawa and	and the same of th	WA DATE	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		(X2) MULTIPLE CONSTRUCTION A BUILDING B WING	(X3) DATE 8	LETED
		FAYF-0	009	A Allun	D5/7	16/2012
NAME OF P	HOVIDER OR SUPPLIER	ت سندن نید و سید سید		DORESS, CITY STATE ZIP CODE	TO THE SECOND	4.6
• • • • • • • • • • • • • • • • • • • •	NO MEDICAL CENTE			OULEVARD NO, VA 23220		ra astimi
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN (EACH DEFICIENCY MUST BE PREGEDED REGULATORY OR LSC IDENTIFYING INFO		BY FULL	PREFIX IEACH CORRECT TAG CROSS-REPEREN	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE DERGIENCY	(X5) COMPLETE DATE
T 175	Continued From P	Page 9	511	T 175	1 1 neftwere 3	ex==
	necessary to previ	on prevention proced vent/control transmis	ssion of an			
	or required by the	n the facility as recore department.  It met as evidenced i				
	Based on observa review the facility in implementation of as evidenced by:	ations, Interview and failed to ensure the finfection prevention	d record on practices			
	the seat and footre Recovery recliners		ree (3)	a		
	torn surfaces and between patients, stretcher pads had could not be disint metal finish and as	ree (3) Recovery rec I could not be disinfe , Two (2) of two (2) F with the consultant decided between patie fected between patie cedure table.	ected Recovery aces and ients. The ot intact and			
	linens laundered d	of was not able to de con-eite were procest operature of 160 degr	sed at the			
	4. Staff failing to p glove changes and supplies.	perform hand hygier id the lack of hand h	n <b>s between</b> lygiene			
	"Clean" supplies; (	re stored on the shell expired supplies were less and supplies sto o.	ere readily		THE STATE OF THE S	

6. The failure to perform preventative maintenance on equipment utilized in direct

	un D					FORM	APPROVED	
State of V STATEMENT AND PLAN (	I OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N	HMBER		(X2) MULTIPLE CONSTRUCTION A BURLDING 8 WING		(X3) DATE SURVEY COMPLETED	
	TIE I	FATF-0				1 000		
NAME OF P	ROYIDER OR SUPPLIER		STREET AD	ORESS, CITY &	TAYE ZIP CODE			
	ND MEDICAL CENT			DULEVARD ND, VA 23220	dan vi o e min			
(X4) ID PREFIX TAG	GACH DEFICIEN	TATEMENT OF DEFICIENC CY MUST BE PRECEDED I R LSC IDENTIFYING INFOR	by full	PREFIX TAG	PROVIDER'S FLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO 11 DEFICENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE	
T 175	Continued From	Page 10		T 175				
	unwrapped items increased cross-products.  8. The staff's has equipment betwee of manufacturer's re-usable equipment betwee spills post processing of easilise post processing of easilise procedures for a non-reusable equipment betwee procedures for a non-reusable equipment betwee procedures for a non-reusable equipment betwee procedures for a non-reusable equipment findings incl.  1. An observation with Staff #2 on If Recovery room, recliners were cliners and were the surveyor plant raised foot positif (2) of the three (3) of five (5) inches substance as driunderstanding the footnest. Staff #2 substance as driunderstanding the footness was wiped solution between	evelop procedures for the type of reusable names on different peropriate disposal outproent, and proced onmental surfaces withing products.	s, which food  lirty Is knowledge for cleaning so Staff and body fluid redical patients, of ures for eith  conducted 60 a.m. in the executery patient use ers had not eath and the reddish brown leat and the redd		Staff retrained regard between each patient to include disinfection Infection Control Sur to monitor adherence Results to be reported Committee.  Staff instructed to me and advise administructed other condition which Job descriptions reflected administrator to be a requires repair/ replayed.	at use. Job descring as a job respondence to infection conduction conduction of the conduction of equipmence 28, 2012	Iptions revise sibility. Ited quarterly trol practices urance  f equipment of a tear or sinfection, bility. Indition that	

State of	Virginia					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLINGENTIFICATION NO.	IMBER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
24 0 2 4 1 Com C	ROYDER OR SUPPLIER	1 ////		SEEDE CITY ST	TATE, ZIP CODE	
RICHMOND MEDICAL CENTER FOR WOMEN			118 N. BO	ULEVARO D, YA 23220		Transfer Manager
(X4) ID PREFIX TAG	Summary Byatement of Deficiencies (Each Deficiency Must be Preceded by Fu Regulatory or LSC Identifying Informatic			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TON SHOULD BE COMPLETE THE APPROPRIATE DATE
T 175	Continued From P	age 11		T 175	T 175	Mary and the second
	metal finish was not intact. The full length of the bilateral leg supports for the stirrups (used to position the patient during the procedure) had rust. The ledge of the table that surrounded the table's padded surface had multiple areas of rust. The pedestal of the procedure table had multiple areas of rust. The procedure table's armrest had multiple worn and non-intact areas. The non-intact surfaces prevented the disinfection of the procedure table and its armrest between patients. Staff #2 observed the findings and stated, "You're right the surfaces are not intact." Staff #2 verbally acknowledged the non-intact surfaces prevented disinfection of the procedure table between			to monitor equipme administrator of pro- control survey to be Results to Quality / Completion date Ju		
	patients. The observation conducted with Staff #2 in the Recovery room revealed three (3) of three (3) Recovery room recliners did not have intact surfaces. Staff #2 reported the Recovery "recliners				Staff trained to mo and advise administ Job descriptions re	ced. Two recliners repaired.  nitor equipment routinely  strator of problem areas.  affect responsibility of staff.  urvey to be conducted
	recliners had torn a torn area on the sli footrest, and all the on the back of the	en each patient use.' armrest, one (1) recli ing between the seat see (3) recliners had the headrest. Staff #2 v non-intact surfaces;	ner had a and the torn areas erbally	TOTAL TOTAL		to be reported to Quality ttee.
	the disinfection of the between patients. The observation or with Staff #2 reveal Recovery Room stareas with exposure observation reveal separated the upper was torn the width the inner foam pad Both stretcher padinon-intact surfaces body fluids to be all exposed foam. Stithe Recovery room	inche Recovery room in onducted in the Reco led that two (2) of two retcher pads had ext re of the inner padding at and lower portion of each pad. The to ding exposed on bot is had multiple worn a be which would allow a saff #2 confirmed the aff #2 confirmed the estetchers had non-	ectiners  very room  b (2) ensive tom  g. The  at  of the pads  m area left  h pads,  areas and  blood or  eriying  pads on  intact		equipment routing of problem areas. responsibility of a for repair/ replace Infection control s	rly and results reported to e Committee.

State of Virginia					191-49-1 - La Mei III	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIEF/CLA IDENTIFICATION NUMBER  FATF-009		A BUILDIN		(X3) DATE SURVEY COMPLETED 	
NAME OF PROVIDER OR SUPPLIER		STREET A	ODRESS, CITY.	STATE ZIP CODE		
RICHMOND MEDICAL CENT		t18 N. E	OULEVARD ND, VA 2322			
DESCRIPTION OF FICHEN	TATEMENT OF DEFICIENC CY MAIST BE PRECEDED B LSC IDENTIFYING INFORM	Y FULL	1D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)		
T 175 Continued From I	Page 12		T 175	Т 175		
disinfection of the patients.  3. An observation 2012 during the in revealed a standar facility to launder. An interview was 9:08 a.m. with Staffecility's linens we was not able to cast the correct wat Fahrenheit. Staff single hot water had all areas (utility #2 reported the waternheature boos unit.  4. Observations: May 15, 2012 from with \$5, 2012 from with \$5 in the "So procedures. With #5 washed his/he "Soiled" utility roo off the water. Staff #5 water at the paper towel from contaminated har gloves in the "Cle wash his/her hand or when changing "Clean" utility roo way I usually do to the surveyor info practices introduct "Soiled" utility roo 5. An observation \$5.	stretchers pads beto n was conducted on the nitial lour. The obser- and weaher and dayer	May 15. vation to seed by the fer. Staff # e laundere 0 degrees ity had a d hot water inks). Stateware r heating inducted or 1:30 p.m. 1	tz d , ff n ff ts nt	Washing machine being with expected delivery d Preventive maintenance results to be forwarded to Committee.  T 175  Paper towel dispenser in room. Retraining on proportion of the conducted duarterly. Assurance Committee. Completion date June 26	estalled in "soiled" utility ber hand hygiene and glove fection Control Survey to Report of results to Quality	

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State of \	Atticida					MAN DATE OF CO. ST.	
	STATEMENT OF DEFICIENCIES AND PLAN OF CORNECTION IDENTIF		JMBER	(X2) MULTIPL A BUILDING B WING	É CONSTRUCTION	COMPLETED  05/16/2012	
Aless of a	ROVIDER OR SUPPLIER	FATF-0		RESS, CITY ST	ATE, ZIP CODE		
	ND MEDICAL CENTE	R FOR WOMEN	118 N. BOULEVARD RICHMOND, VA 23220				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED B ,SC LIDENTIFYING INFORM	YFULL	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE COMPLETE HE APPROPRIATE DATE	
T 175	Continued From P	age 13		T 175	T 175		
	utility room reveals bleach, opened gasoap powder were supplies. Staff #2 stored in the "Cleato the "Soiled" utilit #2 was not aware a locked area and supplies. The observations	Observations in the id opened gallon cou- llon container of lod stored on the shelf reported the chemical in utility room for ea by and procedure root that chemicals need not stored with "Clear arvation revealed two on kit stored under the description of the country of the process of the country of country of country country of country of country of country of country of cou	ntainer of ine and with "Clean" tala were sy excess oms. Staff led to be in an"		to locked area.  Pathology kits discarded  Nothing to be stored und  of contamination. Admir	der sinks to reduce risk histrator responsible for remain locked in appropriate	
	autoclave; displayed amaged the boxe. The observation re-	ed evidence that liqu	ids had expired		T 175		
	Two (2) curettage sterilization packs, related to sterilization instrument used to the uterus.]; One (1) 3/15 dilate pack, which did no dilater is a surgica (widen) the openin Two (2) tracheal to	ibes (7.0 and 3.0) hi	dates a surgical he lining of lization filization. [A dilate		initials of staff person wr up the procedure room a appropriate dating and in to be rejected if not mark re-sterilized. Utility and for monitoring daily stock	procedure staff responsible king. Infection Control Survey ly with results to QA comm.	
	Four (4) ECG (ele- pads had exp. Mar Five (5) packages 05/2007; One container of F [Formalin is an aque compound formals samples for analys	(5.0) had exp. 06/30 ctro cardiogram) more 2000; of snap electrodes I formalin had exp. 11 Jeous solution of the lehyde used to present the control of the lehyde used to present the lehyde used th	nitoring nad exp. 1/ 2004 chemical erve tissue		electrodes discarded. E discarded. Explred ethi strips discarded. Expiration dates to be	t t	
	One of one contain had exp. 05/2007;	ners of glucometer to and glucometer test/cal	•				

State of \	/irginia					
AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER	A SUILDING B WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED - 05/16/2012
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	ORESS, CITY, STA	TE ZIF CODE	
	ND MEDICAL CENTE			DULEVARD VD, VA 23220	i Salkio Aug N	et a
PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCY	ION SHOULD BE COMPLETE HE APPROPRIATE DAYE
T 175	Continued From F	age 14		T 175		
1173	solutions had exp. Staff #2 reported if Procedure room a supplies. Staff #2 supplies were available in discarded by The following item to the anesthesia packages were open deft uncovered Two (2) trachest if Two (2) trachest if One (8.5) trachest from (8.5) trachest from open packages 6. Observation on tour revealed the fouring direct patie preventative main recommendations. One of one anestrabsorber. One of one suction One of one suction One of one suction One of one glucomot staff #2 acknowles able to provide provide provide provide provide provide provide provide able to provide provide able to provide able to provide provide able to provide pr	O7/2007. facility staff had inspend had missed the end acknowledged the end acknowled in a cacknowledged in a cacknowledged to contaminate (7.0), whes (7.5), and it tube. The nurse anesthetists with the guide stylus may 15, 2012 during following equipment of the care did not have plenance per the manuscipulated acknowledged (2.0).  The care did not have plenance per the manuscipulated (2.0) and devices; eves; and	spired spired sould have blinet next be guide stylus nates:  a were be stored in place, the initial stilized proof of sfacturer's exide) procedures; was not alintenance aff #2 was resigned to place at the spire		an inserted guide sty will allow the anesthe an unopened packag for ensuring proper p Completion date Jun  T 175 PM has been perfor ultrasound machine is filtering system, n removed from serv thoroughly research properly used in thi Completion date Jun	rmed on suction pump, e, autoclave. CO 2 absorber not electrical. Glucometer rice until it can be ned whether it may be is setting. Intel 28, 2012

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE (DENTIFICATION NU	MBER	(XZ) MULTIF A BUILDING B WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/16/2012
NAME OF F	HOMOER OR SUPPLIER		STREET ADD	RESS CITY. S	TATE, ZIP CODE	
RICHMO	ND MEDICAL CENTE	ER FOR WOMEN	118 N. BO	ULEVARD D, VA 23220		
(X4) (D PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFIGIENCY)	N SHOULD BE COMPLETE EAPPROPRIATE DATE
T 175	Continued From P	age 15		T 175	T 175	010000000000000000000000000000000000000
	unprotected on the #2 reported the co- patients during the acknowledged the plastic container a contaminates whe the plastic contains. 8. Observations a May 15, 2012 from with Staff #5 in the (2) procedures. Sover his/her scrub sponges on the let procedure room at Staff #5 reported to up after the processame sponges we sponges were rins the 1:10 bleach/wathe ledge.  Staff #5 collected	nd interview was con 12:10 p.m. through 12:10 p.m. through 15 Soiled" utility room telf #5 wore a blue chattire. Staff #5 placed dge of the opening bind the "Soiled" utility he sponges were used dures." Staff #5 reporte reused.	iner. Staff snacks for snacks for staff #2 inside the staff #2 inside the staff into ducted on 1:30 p.m. after two oth jacket of three (3) atween the room. In it is the sported the sported the sported the sported the staff in ed back on suction jars		each day prior to seein staff is responsible. Ad that staff is handling an Completion date June 17 175  Sponges are not to be One time use saniwip facilities will be used. CDC Principles of Cle Environment Surfaces training in personnel 1 to be conducted quant to Qual Assurance Completion date June 17 175	n individual sized baggies g patients. Recovery room dministrator is to monitor nacks appropriately. 14, 2012  e used in the facility in patient are nes designated for medical Staff trained on eaning and Disinfecting s. Documentation of file, Infection control survey terly. Results to be reported committee. e 23, 2012  ttle to be sprayed with
	the procedure room Staff #5 emptied to jars into the utility of used a bottlebrush pour approximately (1/3) cup of bleach swirled the bleach jar. Staff #5 used stopper, utilized wi procedures then pi with 1:10 bleach/w not submersed in t #5 did not have at of When asked regar bleach needed to be needed to be in co solution; Staff #5 s	ugh opening in the wan and the "Soiled" utile Iquid contents of the sink, rinsed the jars want of the present of the present of the second the suction bottle care the suction bottle of the bleach/water solution. The skilled in the glass jar or the present with the 1:10 bit tated. "Not long, a coacknowledged the "Sacknowledged the "Sac	lity room. he glass rith water, ad blood", he-third and com of the black luring container opper was tion. Staff tility room. e the he stopper acch/water uple of		minutes. A clock or ti soiled utility. Staff tra Documentation of trai Infection control surve quarterly and reported Committee. Infection conducted initially and	imer to be used in ined to procedure. ining in personnel file. ey to be conducted d to Qual Assurance control training to be d at least annually. ection Control Officer are ng. e 23, 2012

FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE BURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING B WWG FATF-009 05/16/2012 STREET ADURESS, CITY STATE ZIP CODE NAME OF PROVIDER OR SUPPLIEN 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE DEFICIENCY) T 175 Continued From Page 16 T 175 T 175 utility room did not have a clock. Staff #5 dld not Stopper and jer to be placed in a closed container utilize a wristwatch to time the contact time of the stopper in the 1:10 bleach/water solution. Staff #5 designated for the transport of equipment from did not turn the stopper to ensure all surfaces of soiled utility to clean utility. In the clean utility room the stopper had contact with the 1:10 bleach/water the stopper and jar to be placed on the counter until solution. Staff #5 removed the stopper from the ready to be used in the procedure room. It is then bleach/water solution placed the stopper in a placed in a lidded container designated for transport metal bowl for transport to the "Clean" utility room. from clean utility to procedure. Staff #5 emptied the bleach from the glass jar. removed one "Soiled" glove to open the door Staff to be trained in process. Documentation to between the "Solled" and "Clean" utility rooms. be placed in personnel file. Infection Control Survey Staff #5 holding the jar with the other "Soiled" to be conducted quarterly. Results to Quality gloved hand placed the jar on the counter in the Assurance Committee. 'Clean" utility room. Staff #5 dld not remove the Completion date June 23, 2012 blue cloth jacket worn in the "Soiled" utility room during the cleaning process before he/she entered the "Clean" utility room. Staff #5 acknowledged the bleach poured into the glass (ar did not contact the total inner surface of the jar. Staff #5 confirmed the outside of the glass jar had been rinsed in water only and had not been disinfected prior to placing the jar on the "Clean" utility counter. T 175 The observation revealed after the first procedure Sponges not to be used in patient areas. Bloody was completed Staff #2 from the procedure side fluids to be cleaned according to CDC Principles of the opening retrieved the sponges from the of Cleaning and Disinfecting Environment Surfaces ledge. Staff #2 used the sponges in the using disposable wipes. procedure room and returned them to the ledge. The spanges were contaminated with bloody Training to be documented in personnel file. fluids. Staff #5 removed the sponges from the Infection Control Survey to be conducted quarterly. ledge, rinsed them in tap water, and dipped them Results to Quality Assurance Committee. in the 1:10 bleach/water solution. Staff #5 Completion date June 23, 2012 squeezed the sponges over the utility sink and placed the same sponges back on the ledge. The observation revealed the sponges were dipped into the 1:10 bleach/water solution for less that one (1) minute. Staff #5 was asked about the multiple re-using of the sponges and the amount of time the sponges needed to be in the

bleach/water solution. Staff #5 stated, "I try to keep them (the sponges) as long as I can, but the

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STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIOENTIFICATION N	IUMBER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	PEL S	(X3) DATE SURVEY COMPLETED 05/16/2012
	ROYIDER OR SUPPLIER			PRESS CITY S	TATE. ZIP CODE		
	ID MEDICAL CENTE	R FOR WOMEN	118 N. BO	ULEVARD D, VA 22220			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATÉMENT OF DEFICIENC Y MUST BE PRECEDED ( LSC IDENTIFYING INFOR	BY FULL	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	FION SHO THE APPR	ULD BE COMPLETE
T 175	Continued From P	age 17		T 175	di spile		- A. UI
	bleach makes their Staff #5 was not air contact time needed disinfected between A second post prowith Staff #5 in the followed the same was not disinfected not put on gloves if the glass jar and to glass jar to the process jar to the process jar to the process of the observation air revealed from the retrieved the sponsy was observed from wipe down equipments and from the ladge contaminates them in tap water, bleach/water solution the ledge. Staff pump lines through process dripped bleach was of the them of the staff was of separativity rooms was to the surveyor information.	m (the sponges) dis- ble to provide the al- ed to ensure the spo- en uses. cedure process was e "Soiled" utility room processes. The bo- d between usages. orior to placing the cont ocedure room. Staff ocedure room. Staff ocedure room. Staff ocedure room. fire the second procedure room. fire the second procedure side Staff ges from the ledge. In the opening by the matad with bloody fix onges from the ledge on the opening and dipped them in the ion, squeezed the s placed the same sp if #2 passed soiled is ondy fluids on the led sponges to clean to ponge in the above and the sponge on to conducted on May if f#2. Staff #2 report onducted on May if f#2. Staff #2 report on of staff handling the "Clean" and oreduce cross-cont mad Staff #2 of the on of staff handling the requested oredure, the effective	mount of enges were as observed in. Staff #5 titlebrush Staff #5 did stopper into taminated if #5 did not in the "Soiled" in utility bedune if #2 Staff #2 as surveyor to sponges to title staff in the enges back suction in the enge. Staff the ledge octed the ledge for 5, 2012 at a tred the ledge for its immination. If indings "Clean" and to exit ness or		gloves prior to place glass jar in the desi Staff trained to rem soiled utility room. It to be conducted que to QA Committee Completion date July T 175 Sponges are not to be used to disinfect blood and other both Survey to be conducted to QA Cort Completion date July T 175 Training on infection initially and at least policies to be review designated staff me in infection control staff procedures and fact infection Control Staff in the control of the control Staff in	ret for 3 and the dignated of gnated	minutes. Staff will wear disinfected stopper and container.  E prior to leaving Control Survey and results reported  2012  Disposable wipes to be contaminated with arterly with results  2012  It be conducted by Infection control cast annually. A preceive certification available to review arther staff training, be conducted ted to Quality Assurance and contains and contains and conducted ted to Quality Assurance and contains and co

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/BUPPI IDENTIFICATION I	10MBER: 209	(XZ) MULTIPLE CONSTRUCTION A. BUILDING B. WING	COMPL	(X3) DATE SURVEY COMPLETED 05/16/2012	
NAME OF P	ROVIDER OR EUPPLIER		STREET A	DORESS CITY STATE, ZIP CODE			
	ND MEDICAL CENT			OULEVARD ND, VA 23220		NAME OF	
(X4) ID PREFIX TAG	JEACH DEFICIEN	TATEMENT OF DEFICIENT CYMUST BE PRECEDED R LSC IDENTFYING INFOR	BY FULL	PREFIX (EACH CORRECTIVE CROSS-REFERENCED	n of Correction Eaction Should Be 1 to the appropriate Hency	COMPLETE DATE	
T 175	Continued From	Page 18		T 175			
	Review of the fact Protective Equipt 2012 read "Per after removing place of the fact effective date Jac situations where performed including glove removal and cold running towels will be available of the Service (ARS) no "Sponges were for 3 minutes, ler water for 1 minute at full p for a full wash-or Microwaving and significantly lower any of the immer control. Counts of from sponges retreatments." According to AR Kitchen Sponges USDA Agricultum "treated each a soaked for three bleach solution, the delonized water in microwave for or operating with a untreatedThey	ie stopper and glass sility's policy titled "Piment" effective date form hand hygiene is citity's policy titled Handry 1, 2012 read "hand hygiene should be the are not Ilmited Soap and working a water and disposab allable near any area USDA Agriculture Rewatether dated Febrer soaked in 10% blest en placed in a microower, or placed in a microower, or placed in a y cycle, or left untred becterial counts sion chemical treatmed becterial counts sion chemical treatmed becterial counts sion gentificantly lower the sponges immersed in sponges immersed in sponges immersed in the sponge in one of five minutes in a 10 percentage in one of five minutes in a 10 percentage in one of five minutes in a 10 percentage in one of five minutes in a 10 percentage minute, placed in drying cycle-or left found that between in were killed on sponge were killed on sponge were killed on sponge in were killed o	ersonal January 1, mmediately and Hygiene' Key dibe to after sinks with ho te paper a involving research uary 2008 ach solution te, or pure wave oven fe dishwasher ated (control tents or the recovered or dishwasher an those or chemical res to Clean ews from the ways: cent chloring te or ed in a a dishwashe a dishwashe a dishwashe a dishwashe a dishwashe	T 175 Sponges not to be Infection Control S with results reporte Completion date June	used in patient areas. urvey to be conducted ad to Quality Assurance une 21, 2012		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIFICATION NU	LMARR	(XZ) NRJE FIPE A BUILDING B. WING	LE CONSTRUCTION	(K3) DATE SUI COMPLEY 05/16/	red
			T RTREET AN	DRESS, CITY, ST	ATE ZIP CODE	Seoft manifolds	
	NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER FOR WOMEN		118 N. BO	ULEVARO ID, VA 23220	the same standard		KGEY M
(X4) ID PREFIX YAG	FACH DEFICIENC	TATEMENT OF DEFICIENCE CY MUST BE PRECEDED BY LISC IDENTIFYING INFORM	IES OY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH COMRECTIVE ACTIO CROSS-REFERENCED TO TH OFFICIENCY)	ON SHOULD BE IE APPROPRIATE	COMPLETE DATE
T 175	Continued From P	<sup>2</sup> age 19		T 175		re 1 Suu III	
ı	left enough bacteria to potentially cause disease. Microwaving sponges killed 99.99999 percent of bacteria present on them, while dishwashing killed 99.9998 percent of bacteria"  9. The center staff failed to ensure development of procedures for the processing of each type of reusable medical equipment between uses on different patients, procedures for appropriate disposal of non-reusable equipment, and procedures for cleaning of environmental surfaces			Lagri	T 175 Policy and procedure for	processing	
ſ					reusable equipment has been written. Policy manual to be reviewed annually by administrator. Completion date June 22, 2012		
	with appropriate of On 5/15/12 at 10:0 procedures" were	cleaning products. (00 a.m., the center ") reviewed. The surv	policy and veyor was	.0	policial have you to to take		
	procedures" were reviewed. The surveyor unable to locate any procedural processes regarding reusable medical equipment, and clear procedures. The "Infection Control Plan" identified the following: E. Laundry Proce Facility policies and procedures will outline handling, processing and storage of clean dirty linen, as well as the use of disposable		nt. I cleaning lan" Procedures - utline the clean and sable		T 175 Policy and procedure for linen has been written. Previewed annually by additional completion date June 22	olicy manual to be ministrator.	
	" was found. On 5/16/12 at 10: interviewed. He/s procedures for the non-reusable equi environmental sur	corresponding "proce :15 a.m., Staff #2 was she stated there were the reusable equipment alpment and for the cl orfaces, ation was provided by	s e no nt, deaning of				
T 490	•						
T 180		20 D Infection prevent					
	program that inclu 1. Access to reco 2. Procedures for communicable dis prevented from w	all have an employee udes: ommended vaccines; ommended vaccines; or assuring that emploseases are identified fork activities that couther personnel or pati	; oyees with I and uld result in		The second secon		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SLIPPLI IDENTIFICATION N	JMBER	MBER A BUILDING		(X3) DATE SURVEY COMPLETED 05/16/2012
		FAIT-9		DOESE CITY S	TATE ZIP CODE	
	ROVIDER OR SUPPLIER ID MEDICAL CENTE	R FOR WOMEN	118 N. BC	ULEVARD D. VA 23220		
(X4) ID PREFIX TAG	(EACH DEFICIENC	AYEMENT OF DEFICIENC Y MUST BE PRECEDED & LSC IDENTIFYING INFORM	Y FULL	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE DATE
T 180	Continued From P	age 20		T 180		
	pathogens; 4. Documentation immunizations offe accordance with a recommendations including documentuberculosis and a 5. Compliance will Occupational Safe	ered/received by em tatute, regulation or of public health auth station of screening access to hepatitis B th requirements of the by & Health Administace-associated injurial	ployees in harities, for vaccine; ne U.S. dration for			
	Based on employed interview, the cent documentation of (TB/PPD) for 19 or reviewed. Employ and 14 through 23 The findings include Employee records 1:00 p.m. For 19 or reviewed, there we had received TB/F On 5/16/12 at 12:0	ded: were reviewed on to the 24 employee as no evidence that PPO screening. to p.m., Staff #2 was to further information	d staff oure culosis ds 9, 11, 12, 6/15/12 at records employees s apprised or		who have not been scree	completed for all employees ned elsewhere in the past yea reviewed by administrator for , 2012
₹ 275	12 VAC 5-412-260 dispensing of dru	C Administration, s	storage and	T 275		
	administration sha properly stored in with restricted acconly. Drugs shall	ned in the facility for all not be expired and enclosures of suffici ess to authorized pe be maintained at ap accordance with defin	d shall be ent size ersonnel propriete			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPI		(X2) A	ULTIPLE CONSTRUCTION	(X3) DATE SURVEY		
		FATE-0			LOIPEG	COMPLETED		
NAME OF E	ROVIDER OR SUPPLIER	FAIR		55555		05/16/2012		
	VD MEDICAL CENTE	R FOR WOMEN	118 N. B	IOULEVA IND, YA				
(X41 ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCY Y MUST BE PRECEDED E SCIDENTIFYING INFORI	ES TY FULL	ID PROVIDER'S PLAN OF CORRECTION (AS PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL TAG CROSS-REPERENCED TO THE APPROPRIATE DAT DEFICIENCY)				
T 275	Continued From Pa	age 21		T 275		1 1902 - 1		
	This RULE: is not Based on observat facility failed to disc medications that he opened.	ions and staff inten and expired medica	news (he stions and					
	The findings include	ed:						
0	An observation and May 15, 2012 from Staff #2 during the room. The observamedications were eladministration: Diazepam 10 mg (n syringe had expired Labetalol 20 mg/ 4 i Succinytcholine 100 12"; One tank of nitrous (March) 2000."	10.20 a.m. to 11:16 initial tour of the protion revealed the foxpired and available (exp.) "2/2012"; ml vial had exp. "4/2012"; ml vial had exp. "29 oxide had exp. "29	3 a.m. with ocadure ollowing e for lititer) 2012"; exp. "1 May	,	Staff trained to procedure.  Documentation of training in padministrator is responsible for	Nitrous oxide tank has  be labeled with the tho opened them. and not to be properly When setting up each be checked for proper labeling personnel files.		
	The following medic opened:	ations were not dat	led when		dates. Completion date June 28, 20	12		
	Pitocin 10 u (units)/ One tube of KY jelly	mi vial; end		it:				
:	An interview was co 15, 2012 from 10:20 observations. Staff- reported the explosed discarded. Staff #2 date each medication have to be discarded	a.m. to 11;18 a.m. #2 confirmed each medication should stated, "It is our pra n when it's opened.	during the finding and have been still to the second secon					
T 360	12 VAC 5-412-340 P	olicies and procedu	ures	T 360				
	The abortion facility :	shall develop, imple and procedures to	ement ensure			111		

STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPIDENTIFICATION	'L'ER/CLIA MUNISER	(X2) MULTIP A BUILDING	LE CONSTRUCTION	(X3) DATE S	
	2-1	FATE-	009	E WING_		05/1	6/2012
NAME OF	PROVIDER OR SUPPLIER		STREET AL	DRESS CITY SI	ATE ZIP CODE	007	44415
RICHMO	IND MEDICAL CENTE		RICHMOI	DULEVARD ND, VA 23220	MILON VIEW REA		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST 8E PRECEDED LSC IDENTIFYING INFOR	BY FULL	PREFEX YAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
T 360	Continued From P	age 22		T 360			
	minimize hazards and procedures st 1. Facility security 2. Safety rules an personnel, equipm supplies and servi 3. Provisions for d information to emp facility.  This RULE: is not 12 VAC 5-412-340 Based on observal failed to secure six	r; d practices pertaining tent, gases, liquids, ces; and lisseminating safety sloyees and users of met as evidenced to (2) ion and interview the (6) portable oxygen	he policles limited to  ng to drugs,  r-related f the  by:				
	The findings Includ	ed:					
	An observation conhoused the procedd 11:22 a.m. with Statunsecured portable tanks were located wall in an office. Si want the the addition procedure room. Stanks needed to be	ure room on May 15  If #2 revealed six (6  coxygen tanks. The between a file cabi laff #2 reported Statement oxygen tanks si laff #2 was aware to	5, 2102 at 5) e oxygen net and the ff #1 did not tored in the	Ad ali	xygen tanks to be secured dministrator is responsible I gas cylinders are kept se ompletion date June 28, 20	for ensuring that curely.	
	Review of "Title 29 employers to store a (including empty on paragraph provides shall be secured in except, if necessary while cylinders are a carried. 1926.350(a cylinders shall be shwell-ventilated, dry him) from highly comit or excelsior. Cylinder	all compressed gas es) upright at all tim : Compressed gas an upright position a r, for short periods o actually being hoiste (11) Inside of bull ored in a well-prote ocation, at least 20 pustible materials a	cylinders nes. This cylinders at all times of time ed or dings, cted, feet (6.7				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N	LIMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING B WING		COMPL	(X3) DATE SURVEY COMPLETED 05/16/2012	
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY, S	TATE, ZIP CODE			
RICHMOI	NO MEDICAL CENTE	R FOR WOMEN		DULEVARD ID, VA 23220		10.154		
(X4) 1D PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED B LSC IDENTIFYING INFORI	YFULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLETE DATE	
T 360	Continued From P	age 23		T 360	10.72	36.473		
Т 375	stairs, or gangway be located where over or damaged to subject to temperin Cylinders shall not	I places away from e s. Assigned storage cylinders will not be by passing or falling ng by unauthorized p be kept in unventila s lockers and cupbo	places shall knocked objects, or persons. ted	T 375				
	and all equipment: cooling, ventilation be all be kept in go condition. Areas us maintained in good hazards. All woods	ructure, its compone such as elevators, had emergency light od repair and operased by patients shall be a surfaces shall be do paint, lacquer, varow sanitization.	eating, iting, shall ting i be of sealed					
	Based on observati failed to maintain the	met as evidenced by ion and interview tha re procedure table, o i recovery recliners i	facility recovery					
	The findings include	ed:						
	May 15, 2012 from Staff #2. The observe aled the proced not intact. The full like supports for the stir patient during the proof the table that sur- surface had multiple of the procedure table The procedure table	Interview was cond 10:20 a.m. to 11:18 reation in the procedura table's metal finangth of the bilateral rups (used to position rocedure) had mat. rounded the table's a areas of rust. The bile had multiple area is armrest had multiple s. Staff #2 verbally	a.m. with lure room lish was lieg on the The ledge padded pedestal	Pr to ac id Ac	375 rocedure table replaced. Staff routinely monitor equipment idministrator if problems entified. Job descriptions reflectments are ultimately responsembletion date June 26, 2012	for tears and ru act staff responsible.		

STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPI IDENTIFICATION N	NUMBER	(X2) MULTIFLE A BUILDING B WING	E CONSTRUCTION	(X3) DATE BURVEY COMPLETED 05/16/2012
	Leith I		CTREET AD	DRESS CITY STA	ATE. 2P CODE	
	ROVIDER OR SUPPLIER		118 N. BC	DULEVARD		
				VD. VA 23220	2222222222	TOTAL INTERNAL
(X4) ID PREFIX TAG	CAPU DESIDEN	TATEMENT OF DEFICIENC ICY MUST BE PRECEDED R LSC IDENTIFYING INFOR	BY FULL	ID PRIÉFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THOM SHOULD BE COMPLET THE APPROPRIATE DATE
T 375	Continued From (	Page 24		T 375		
	ecknowledged th	e procedure table w	as in need of	1		
	re-finishing.	9 biggarder			¥ 075	
	The observation	conducted with Staff	f#2 in the		T 375	
	Recovery room (	evealed three (3) of	three (3)			en replaced and 2 have been
	Recovery room re	acliners had lears in	ı their surface	à	repaired.	40 0040
	material, Two (2)	recliners had tom a	amrest, one		Completion date Ju	
	(1) recliner had a	torn area on the sli	ug petween	. * =	Stretcher pads repla	
	the seat and the f	footrest, and all thre	æ (3)		Completion date Ju	ne 26, 2012
	recliners had tom	n areas on the back	of the		Staff trained to rout	inely monitor equipment and
	headrest. Starr #	#2 verbally acknowle	-cod refer		advise administrato	or if problems identified.
	Recovery room re	ediners were not in conducted in the Re	Boon Lebail.			flect that responsibility.
	The observation	conducted in the Re paled that two (2) of	hun 12)		Administrator is uiti	
	Mitti Stall we leve	stretcher pads had	extensive ton	'n	Completion date Ju	
	erase with expos	ture of the inner pad	iding. The			
	observation rever	gled a zippered area	a that			
	separated the up	per and lower portio	on of the pads	<i>i</i>		
	was torn the widt	th of each pad. The	tom area left	l siste		
	the inner foam pa	adding exposed on t	both pads.			
	Both stretcher pa	ads had multiple wor	m areas and			
	non-intact surfac	es, which would allo	no boold we			
l	body fluids to be	absorbed into the u	nderlying			
	exposed foam. 5	Staff #2 reported the	pads on the			
	Recovery room s	stretchers needed to	pe replaceo.			
T 380	12 VAC 5-412-3	60 B Meintenance		T 380		
		·				
	B. When patient	t monitoring equipme	3(1) 13			
	Ullized, a willen	preventative mainte developed and imp	plemented			
		shall be checked and		ı		
		manufacturer's spec				
		s, no less than annue				
III YA	ensure proper op	peration and a state	of good			
	repair. After repr	airs and/or alteration	ns are made			
	to any equipment	nt, the equipment sha	all be			
	thoroughly tested	d for proper operatio	on before it is			
		ce. Records shall b				
ł	maintained on ea	ach plece of equipm	ent to			
Į.	indicate its histor	ry of testing and mai	intenance.			

4MF811

2217**4**0

	of Deficiencies of Correction	(XI) PROVIDER/SUPPLI IDENTIFICATION IN	MBER )9	A BUILL	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		COMPLETED  05/16/2012	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS. CIT	STATE. ZIP CODE			
RICHMON	IO MEDICAL CENTE	R FOR WOMEN	118 N. BO	IULEYARI ID, VA 23	220		1808 to a	
(X4) ID PREFIX TAG	JEACH DEFICIENC	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED & LSC IDENTIFYING INFORM	Y FULL	PREFIX YAG	Providers Plan of Co (Each Corrective Actio Cross-Referenced to th Deficiency)	N SHOULD BE E APPROPRIATE	COMPLETE DATE	
T 380	Continued From P	age 25		T 380				
	Based on observa the facility falled to equipment used in preventative maint document proof of	met as evidenced to tion, interview and no develop a process direct patient care to lanance (PM) and fa i preventative mainte dent care equipment	ecord review to ensure underwent ited to unance on	Ř				
	The findings include	ded:			Suction pump, ultrasound mac	hine sutoclave		
	1. An observation on May 15, 2012 during it initial tour revealed the following equipment utilized during direct patient care did not hav proof of preventative maintenance per the manufacturer's recommendations:  One of one anesthesia Co 2 (carbon dioxide absorber;		ment ot have the loxide)	ř	have had PMs performed. CO not electrical equipment Gluc removed from service until it cappropriate use in this facility. for preventive maintenance processing the completion date June 28, 201	2 absorber is a f cometer has beer en be researched Administrator is r ogram.	ı I for	
<u> </u>	One of two autocia	aves; and	procedures.	•				
	able to provide pro on the above direct not able to provide single or multiple;	dged the findings an pof of preventative m it care equipment. S proof the glucomet patient use.	laintenence Staff #2 was er was for					
	include documenta equipment that ne	tility's PM log reveals etion for all direct car eded preventative m eviewed with Staff #2 as not up-to-date.	re aintenance.					
T 400	12 VAC 5-412-380 stendards	) Local and state coo	les and	T 400				
	local codes, zoning the Uniform States	shall comply with sta g and building crains wide Building Code. scilities shall comply	inces, and In					

State of \ STATEMENT AND PLAN (	T OF DEFICIENCIES OF COMRECTION	(X1) PROMDER/SUPPI IDENTIFICATION N	AMMER	(X2) MULTIPLE CONSTRUC A BUILDING B WHG	CTION	(X3) DATE SURVEY COMPLETED - 05/16/2012	
		FAIT	RIDGET A	DRESS CITY, STATE ZIP COC	E		
	ROVIDER OR SUPPLIER			DULEVARD			
RICHMOI	ND MEDICAL CENTE		RICHMO	NO, VA 23220	VIDER'S PLAN OF CORRI	ECTION	(X5)
(X4) ID PRÉFIX TAO	IE ACH INCERCIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED I LSC IDENTIFYING INFOR	BY FULL	THE MEACH	CORRECTIVE ACTION SI EFERENCED TO THE AP OFFICIENCY)	4OULD BE	COMPLETE
T 400	Continued From F	Page 26		T 400			
	3 7 of Part 3 of the and Construction Facilities Guidelin precadence over Code pursuant to Entities operating these regulations through submissin Termination of Property of the application of the subject to ticensus current buildings in with the application them into full commutation two years fracility requirements Suffacility requirements.		or Design littles of the shall take Building 127,001. dete of department uced o 12 VAC re now in their nit a plan will bring ovision nsure. y letailed				
	Based on intervie determined the fa	it met as evidenced w and facility tour it icility failed to have iled to meet FGI (Al and 3.7.	was an architect	9			
	The findings inclu	ide:					
	with the Administr between 9:00 a.m facility tour there	12 a facility tour was rator and the Medica n, and 11:30 s.m. Di was no evidence the Hocal codes and bu	el Director, uring the at the facility				
	licensed Architect required FGI (AIA head shelter for E patients from incli	to have an attestati ture that the facility in guidelines. There suildings #1 and #2 in ement weather. The in was located in the	met the   was no ove to protect   Medication	to survey areas compliance. S Completion da	nsulting architects are that need to be ret see attached to December 2013		

4MF811

State of V	rolnia					(X3) DATE SURVEY
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	er/CLIA MBER	A BLILLING B. WING	E CONSTRUCTION	COMPLETED 05/16/2012
		FATF-00	9			
NAME OF PI	ROVIDER OR SUPPLIER				ATE. ZIP CODE	
RICHMON	D MEDICAL CENTE	R FOR WOMEN	118 N. BOL RICHMONE	), VA 23220		
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCY Y MUST BE PRECEDED B LSC IDENTIFYING INFORM	ES Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	
T 400	Continued From F	age 27		T 400		
	Nourishments wa Room; the staff fatemperature log ful temperature continues and in the Clean not secured and a stored in the Clean not secured and a stored in the Clean facility did not had designated area a facility was not all teundry water ten 160 degrees Fath at 12:15 p.m. The meet the minimal sinks failed to have the minimal facility was not all tenders in length). The Administrated documentation the energy, protect prodensation and semoke-develope accordance with unable to provide ductwork. The facility's election adapters for three fire system was 2. On May 16, 21 was conducted a agency's office, that the facility was sent and the facility was sent and the facility was conducted to a sent a sent and the facility was conducted to a sent a sent and the facility was conducted to a sent a sent and the facility was conducted to a sent a sent a sent and the facility was conducted to a sent a	or was unable to provide insulation provide ersonnel, prevent value of reduce noise. Insulation of 25 or less and directing of 50 or less NFPA 255. The face any information for circal receptacle (control of the pronged equipment available as required the Administrator acts unable to provide net the state and loce the state and loce of the state and loce the state and loce of the state of th	recovery intation of a lo ation was incals were a supplies offed Holding nk. The sent or a le. The fon-site ide to be at on 5/15/12 orridors failed ne facility's be opened des at least 4 lea		Purell dispenser in the procedul hygiene for medication prepared date May 1, 2012 Temperature log started for resemble Machanical engineer to address storage room. Completion date July 30, 2012 Chemicals secured and separatelean supplies. Completion date May 17, 2013 Wheelchair purchased and stored in designated area. Completion date June 28, 2013 New washing machine purchased. Sink to be replaced with sink to operation. Mechanical engineer and elect to address ventilation and election date October 2013 See attached for remainder of	rigerator. June 28. 2012 ss ventilation in clean eted from  with knee ctricians being brought in ctrical concerns

whim



## VDH/OLC

PRINTED: 05/31/2012 FORM APPROVED

State of Virginia				ADU/OFC				
	IT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPFLIDENTIFICATION N	UMBER	A BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/16/2012		
NAME OF	ROVIDER OR SUPPLIER		STREET AD	ORESS CITY S	TATE. ZIP CODE			
RICHMO	ND MEDICAL CENT	ER FOR WOMEN		118 N. BOULEYARD RICHMOND, VA 23220				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENC CY MUST BE PRECEDED S I LSC IDENTIFYING INFORI	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETE		
T 000	12 VAC 5-412 In	itial comments		T 000	1			
	An announced Initial Licensure First Trime Abortion Facility inspection was conducted above referenced facility on May 15, 2012 May 16, 2012 by three (3) Medical Facilitie Inspectors from the Virginia Department of Health's. Office of Licensure and Certificat		cted at the 012 through cilities nt of fication.					
	The facility was out of compliance with the State Board of Health 12 VAC 5-412, Regulations for First Trimester Abortion Facility's effective December 29, 2011. Deficiencies were identified, cited, and will follow in this report.							
T 070	12 VAC 5-412-170 C Personnel			T 070	T070			
1	cited, and will follow in this report.  12 VAC 5-412-170 C Personnel  C. Each abortion facility shall obtain a crimina history record check pursuant to 32.1-126.02 the Code of Virginia on any compensated employee not licensed by the Board of Pharmacy, whose job duties provide access to controlled substances within the abortion facility.		126.02 of ted ccess to	1070	all employees whose to controlled substance An item will be added for every employee w access to controlled s	to the orientation checklist hose job dutles provide ubstances that a criminal		
	Based on employed document review, staff failed to ensure obtained for 8 of 1 access to controlled 7, 8, 11, 15, 16, 20 On 5/15/12 at 1:00 reviewed. Ten recemployees who prosubstances within 10 (ten) records, nowas found. The center policy a Policies" was reviewed following, in part:	This RULE: is not met as evidenced by: Based on employee record review, center document review, and staff interview, the center staff failed to ensure a criminal record check was obtained for 8 of 10 employees who provided access to controlled substances. Employee #'s 3, 7, 8, 11, 15, 16, 20, and 21. On 5/15/12 at 1:00 p.m., employee records were reviewed. Ten records were included for employees who provided access to controlled substances within the center. For 8 (eight) of the 10 (ten) records, no criminal background check was found. The center policy and procedure "Personnel Policies" was reviewed and evidenced the following, in part: "Criminal history checks will be conducted for staff with access to controlled			criminal background of for those staff will also background check.	sed to include need for shecks. Job descriptions of include need for a criminal reviewed for completeness 28, 2012		

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

Administrator

(X8) DATE 7-2-12

STAPE FORM

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If continuation sheet 1 of 29

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N	UMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING B WING		(X3) DATE SURVEY COMPLETED - 05/16/2012
NAME OF P	ROVIDER OR SUPPLIER		STREET A	DORESS, CITY, S	TATE, ZIP CODE	
RICHMON	ID MEDICAL CENT	ER FOR WOMEN		OULEVARD ND, VA 23220	5001	to special de filippo de batalo
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENC CY MUST BE PRECEDED 8 LSC IDENTIFYING INFORM	Y FULL	PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE COMPLETE HE APPROPRIATE DATE
T 070	Continued From I	Page 1		T 070	=100 150	
	regarding the crim completed for the the criminal back	0 a.m., Staff #2 was ninal record checks b 8 employees. Staff ground checks had no Information was prov	eing #2 stated ot been			
					T 075	
T 075	12 VAC 5-412-17	0 D Personnel		T 075	of a define and a decided	
	D. When abortions are being performed, a staff member currently certified to perform cardio-pulmonary resuscitation shall be available on site for emergency care.  This RULE: is not met as evidenced by: Based on employee record review and staff interview, the center staff failed to ensure cardiopulmonary resuscitation certification (CPR) training was received and documented for 7 of 10 licensed/certified employees. Employee #s 3.5.			Registered Nurse Anes CPR training will be ad CPR training will be ad Personnel files will be r	Il be obtained for Certified sthetist and Registered Nurse ded to the orientation list. ded to the Personnel Policy. reviewed for completeness ons will also include need	
	present in the em The findings inclu- On 5/15/12 at 1:00 reviewed. Of the employee records evidence of CPR	PR training/recertifications ployee records.  ded:  D.p.m., employee recults (ten) licensed/cert  7 (seven) did not hat training/recertification	ords were lified sve 1.	*		
	Registered Nurse Practitioner, and # Nurses. In an interview wit p.m., he/she state employees held of however acknowle	8 and 16 were Certif Anesthetists, #3 was 15 and 20 were Reg h Staff #2 on 5/16/12 d he/she knew each arrent CPR certification adged the evidence on the present in the emp	a Nurse gistered at 12:00 of the ons,			

State of Virginia STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDERISUPPLIERICLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B WING .... 05/16/2012 **FATF-009** STREET ADDRESS CITY STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX COMPLETE REGULATORY OR I.SC IDENTIFYING INFORMATIONS CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) T 080 T 080 Continued From Page 2 T 080 T 080 12 VAC 5-412-170 E Personnel T 080 Fire Safety and Infection Prevention In-Service Training will be conducted initially and annually for staff. E. The facility shall develop, implement and This has been added to the orientation checklist. maintain policies and procedures to document This has been added to Personnel Policy. that its staff participates in initial and ongoing Documentation of In-service training will be included training and education that is directly related to staff duties, and appropriate to the level, intensity in each staff member's personnel file as well as a and scope of services provided. This shall manual dedicated to training documents. include documentation of annual participation in The Inservice Training manual will be reviewed fire safety and infection prevention in-service annually. Personnel files will be reviewed annually training. for completeness. Administrator will ultimately be responsible but will assign Infection Control Officer This RULE: is not met as evidenced by: (the Nurse Practitioner) the duty of coordinating Based on employee record review, center document review, and staff interview, the center training and documentation. failed to ensure 16 of 24 employees participated in Completion date June 28, 2012 annual infection control training. Employee #'s 2, 3, 4, 5, 7, 8, 9, 11, 12, 14, 15, 16, 19, 20, 21, and 23. The findings included: Employee records were reviewed on 5/15/12 at 1.00 p.m. There was no evidence of annual infection control training for 16 employees. On 5/16/12 at 9:30 a.m., Staff #2 stated the employees had not received annual infection control training. "Most all of our employees have been here a long time and I guess we just became complacent ... No further information was provided by the end of T 085 the survey. T 085 T 085 12 VAC 5-412-170 F Personnel Job descriptions will be included in every employee's personnel file. She will sign the job F. Job descriptions. description to indicate that she is aware of the 1. Written job descriptions that adequately responsibilities of her position. Job descriptions describe the duties of every position shall be

will be reviewed at least annually with new copies

given to the employee in the event of revisions.

The personnel policy will include procedure for

maintained.

minimum qualifications.

2. Each job description shall include: position

title, authority, specific responsibilities and

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N	UMBER	(X2) MULTIF A BUILDING B WING		(X3) DATE SURVEY COMPLETED 05/16/2012	
NAME OF P	ROVIDER OR SUPPLIER			RESS CITY S	TATE ZIP CODE	P. 11 12 12 11 11 11 11 11 11 11 11 11 11	
	ND MEDICAL CENTE	R FOR WOMEN	118 N. BO	ULEVARD D, VA 23220	out / The second of		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED B LSC IDENTIFYING INFORM	BY FULL PREFIX		PROVIDER'S PLAN OF CORRECTION [EACH CORRECTIVE ACTION SHOULD BE CO CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
T 085	Continued From P	age 3		T 085	T085 cont'd	December 1	
	<ol> <li>Job descriptions shall be reviewed at least annually, kept current and given to each employee and volunteer when assigned to the position and when revised.</li> </ol>				Personnel files will ness annually.  Job descriptions wi	riptions at least annually. be reviewed for complete- Il be revised to include the type received the job	
	Based on employed interview, the cent	met as evidenced be record review and er staff failed to ens	d staff ure job		description. Completion date Ju		
	annually for 19 of Employee #'s 1 through 21, #23 at The findings include On 5/15/12 at 1:00 reviewed. Of the 2 employees did not description was repersonnel record.		s reviewed. 16, 18 cords were 1, 19 job ually in their				
	date of hire (DOH DOH 9/2010, #4 - 8/2010, #8 - DOH month listed), #8 - (no month listed), 4/2008, #15 - DOH #18 - DOH 1992 (112/2000, #20 - DO	) 10/91, #2 - DOH 1. DOH 12/2009, #5 - ( 8/2006, #7 - DOH 1! DOH 9/2008, #9 - D #11 - DOH 12/2010, 14/2011, #16 - DOH no month listed), #19 IH 7/2008, #21 - DO - DOH 1/2006, and	/2008, #3 - DOH 992 (no DOH 1978 , #12 - DOH H 5/2006, 9 - DOH H 1993 (no				
	On 5/16/12 at 12:0	0 p.m., Staff #2 was further evidence wa					
T 090	12 VAC 5-412-170	G Personnel		T 090			
	staff member. The	e shall be maintained records shall be co cumented, readily av organized to facilita	ompletely railable,		has sale as on	g g-	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU	MOER	(X2) MUL A. BUILD B. WING		(X3) DATE SURVEY COMPLETED 05/16/2012	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY	STATE, ZIP CODE		0.2012
	NO MEDICAL CENTE	R FOR WOMEN	118 N. BC	OULEVARD ID, VA 232			
(X4) ID PREFIX TAG	(EACH DEFICIENC	AFEMENT OF DEFICIENCIES WILL BE PRECEDED BY LIST BE PRECEDED BY LIST IDENTIFYING INFORMATION OF THE PROPERTY O	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI OFFICIENCY)	HOULO BE	IXSI COMPLETE DATE
T 090	Continued From P	age 4		T 090	Job descriptions have been	T090	
					added to the personnel files		
	compilation and re	trieval of information.	The file		for those staff who did not		
	shall contain a cur	rent job description th	nat		have them. Orientation checklis	st includes	
		ual's responsibilitles a			job descriptions. Personnel pol	icy includes	
		documentation of the			job descriptions must be in the	personnel	
		on, and professional l	icensure,		file for each employee. Person	nel files	
	if applicable.				will be reviewed annually to ens	ure complete	ness.
	This RUI F: is not	met as evidenced by	r		Completion date June 18, 2012		
		e record review and					
		er staff failed to ensur					
	employee records	contained a current je	ob				
		24 employee records					
		ee #'s 2, 3, 4, 11, 15,					
		was present in the er	nployee				
	records when revie						
	The findings includ	iea:   p.m., empioyee reco	rrie wara				
		4 records reviewed, (					
		have a job description					
		ersonnel record: Em					
		3 (Nurse Practitioner)					
		11 (Registered Nurse					
		and #20 (Registered					
		0 p.m., Staff #2 was i					
	by the end of the si	further evidence was	provided				
	by the end of the Si	ui v <del>oy</del> .					
- 470	40.440.5.440.000						
1 1/0	12 VAC 5-412-220	B Infection prevention	n	T 170	and the second		
	B Written infection	n prevention policies a	and		11	Cola I Cola Paris	
		procedures shall include, but not be limited to:  1. Procedures for screening incoming patients and visitors for acute infectious illnesses and			control entire, no co		
	and visitors for acul				The state of the s		
		e measures to prever nmunity acquired infe					
	2. Training of all perprevention technique						
	3. Correct hand-wa	shing technique, inch of soap and water and	uding I use of		The fact of the part of the second		

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION X3) OATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING **FATF-009** 05/16/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETE TAG TAG DATE **DEFICIENCY**) T 170 Continued From Page 5 T 170 alcohol-based hand rubs; 4. Use of standard precautions; 5. Compliance with blood-bourne pathogen requirements of the U.S. Occupational Safety & Health Administration. 6. Use of personal protective equipment; 7. Use of safe injection practices; 8. Plans for annual retraining of all personnel in infection prevention methods: 9. Procedures for monitoring staff adherence to recommended infection prevention practices; 10. Procedures for documenting annual retraining of all staff in recommended infection prevention practices. This RULE: is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure: 1. That staff wore the correct personal protective equipment (PPE) related to risk of exposure to blood and body fluids for one (1) of one staff observed in the "spiled" utility room. 2. The development of a procedure/process to monitor staff's adherence to the facility's infection prevention practices. The development of a process for retraining staff annually to infection prevention practices. 3. That staff had documented infection prevention training for sixteen (16) of twenty-four (24) employee records reviewed. (Employee # 's 2, 3, 4, 5, 7, 8, 9, 11, 12, 14, 15, 16, 19, 20, 21, and 23) The findings included: 1. Observations and interview were conducted on May 15, 2012 from 12:10 p.m. through 1:30 p.m. with Staff #5 In the "Soiled" utility room after two

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIDENTIFICATION N	UMBER	MBER A BUILDING		(X3) DATE SURVEY COMPLETED 05/16/2012	
				DODESS CITY	STATE. ZIP CODE	03/18/2012	
1	ND MEDICAL CENTE	R FOR WOMEN	118 N. B	OULEVARD ND, VA 232			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED I			PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLET CROSS-REFERENCED TO THE APPROPRIATE DATE		
T 170	Continued From F	age 6		T 170	T170	turi Et audirii ili	
	(2) procedures. Sover his/her scrub related to the type the "Soiled" utility wear this jacket on Staff #5 denied the or eye protection, shield or eye protection, shield or eye protection in the utility. The observation recreasable glass surpening in the wall and the "Soiled" utiliquid contents, blothe glass jars into the glass jars into the jars with tap was "remove any clotte Staff #5 poured ap one-third (1/3) cup and swirled the blethe jar. Staff #5 diprotection in place fluid or bleach splastfiff #5 used a bin and body tissues frought the proceduring the proceduring the proceduring the proceduring the stolled enhanced the staff #5 followed in previously confirme had been rinsed in disinfected prior to utility counter. Staff to placing the stopp transporting the confirmation in the stopp transporting the confirmation in the stopp transporting the confirmation.	taff #5 wore a blue of attire. When question PPE needed to woom; Staff #5 stated are my clothes and ganeed for a mask, fastaff #5 did not weat ction when cleaning room.  I wealed Staff #5 retriction jar from the pair between the proceditity room. Staff #5 end and other body filthe utility sink. Staff #5 end and other body filthe utility sink. Staff #5 end and other body filthe utility sink. Staff #5 end and other body filthe utility sink. Staff #5 end and other body filthe utility sink. Staff #5 end and other body one-fort of bleach into the glach around the inneed not have a face shot oguard against blootter.  I was a face shot of the completion of the completion of the completion of the completion of the place of the putside of the water only and had replacing the jar on the #5 did not put on glace into the glass jar attaminated glass jar	oned rork or be in a face shield in a face soiled eved a sathrough dure room emptied the uids, from #5 rinsed ebrush to h (1/4) to ass bottle r bottom of ield or eye ad, body we blood utilized in of the Staff #5 is/her blue ess was tillity room. Staff #5 glass jar not been a "Clean" oves prior and from the		Staff member to be use of PPE. Docum included in the personal monitoring infection written. Infection Co performed quarterly to Quality Assurance Completion June 23	control compliance introl Survey written; to be Results to be submitted Committee. , 2012	
"Clean" utility room to the procedure room An interview was conducted on May 15, 2 3:15 p.m. with Staff #2. The surveyor info		2012 at					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVID IDENTIF		IDENTIFICATION N	ROVIDER/SUPPLIER/CLIA SENTIFICATION NUMBER		LE CONSTRUCTION	(X3) OATE SURVEY COMPLETED - 05/16/2012
	ROVIDER OR SUPPLIER	R FOR WOMEN	118 N. BO	ULEVARD	TATE ZIP CODE	
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T 170	Continued From P	Page 7		T 170	S)-	
	Staff #5's use of P equipment. Review of the facil Protective Equipm 2012 read " All s proper selection of mouth, nose, and procedures that ar sprays of blood or 2. The center had staff compliance o and had no documinfection control. The Center's "Policy or procedure monitored to ensurinfection control procedure on 5/15/1/2 policy or procedure monitored to ensurinfection control to 1:00 p.m. There winfection control training. V staff was being monitored training. V staff was being monitorion to the policy/procedure windiction control training. V staff was being monitoring proper in #2 stated, "Most all here a long time and complacent" Spolicy/procedure windiction staff.	lings from the observer and the handling lity's policy titled "Persent" effective date Jutaff will receive train of and use of PPE eye protection during the likely to generate a other body fluids other body fluids of infection control protection of annual matrices and Procedure 12 at 10:00 a.m. The regarding how staff rethey were adhering for 16 employed a am., Staff #2 states to received annual information of annual information of annual information control practices are reviewed or a maining for 16 employed a am., Staff #2 states the control practice of a staff #2 states there we will be an annual information control practice and I guess we just be the fection control practice and I guess we just be the addressed the tion was provided by	g of soiled rsonal anuary 1, ing on the Wear g splashes or nonitoring ocedures etraining for s" were ere was no if would be ag to sold the fection garding how ey were ices, Staff nave been ecame was no process for		compliance writte tool to be used qu to plan. Infection control t at least annually. orientation check	ring infection control an. Infection Control Survey parterly to monitor adherence raining to be done initially an This has been added to list and personnel policy. be reviewed annually for June 28, 2012
T 175	12 VAC 5-412-220	C Infection preventi	ion	T 175		
	C. Written policies management of the supplies shall addr	and procedures for e facility, equipment ess the following:	the and .			100

State of \						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER  FATF-009			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
		MOER	A BUILO	NG	COMPLETED	
		8 WING		05/16/2012		
		PAIF-U		DDDEED CITY	CTATE 10 CODE	03/10/2012
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T 175	Continued From P	age 8		T 175	12 1 (2 <sup>17</sup> )	
	1 Access to hand	l-washing equipmen	t and			
		(e.g., soap, alcohol-				
		able towels or hot air				
	2. Availability of u	tility sinks, cleaning	supplies			
	and other material	s for cleaning, dispo	sal,			
	storage and transi	port of equipment an	d supplies	i,		
		rage for cleaning ag				
	locked cabinets or	rooms for chemical	s used for			
	cleaning) and prod	luct-specific instructi	ons for			
	use of cleaning ag	ents (e.g., dilution, c	ontact			
time, management of accidental exposu		sures);				
	4. Procedures for handling, storing and					
	transporting clean	linens, clean/sterile	supplies			
	and equipment;					
	5. Procedures for	handling/temporary				
	storage/transport	of sailed linens;				
	6. Procedures for	handling, storing, pr	ocessing			
	and transporting re	egulated medical wa	ste in			
	accordance with a	policable regulations	i;			
	7. Procedures for	the processing of ea	ach type of	f		
	reusable medical	equipment between	uses on			
	different patients.	The procedure shall	address:			
	(i) the level of cle	aning/disinfection/s	erilization			
	to be used for eac	h type of equipment.				
	(ii) the process (e	g., cleaning, chemi	cal			
	disinfection, heat	sterilization); and				
	(iii) the method f	or verifying that the	.10 13			
	recommended lev	el of disinfection/ster	ilization			
	has been achieved	d. The procedure sh	all			
	reference the man	ufacturer's recomme	endations	180		24.4 4 1.1
		state or national inf	ection			
	control guidelines;					
	8. Procedures for	appropriate disposa	1 01			
	non-reusable equi	pment;				
	9. Policies and pr					
		ir of equipment in ac	cordance			
	with manufacturer	recommendations;	ا – اسمید			
	10. Procedures fo	r cleaning of environ	mentai			
	surfaces with appr	opriate cleaning pro-	IUCIS;			
		est control program,	managed			
	in accordance with local health and					

AND PLAN OF CORRECTION IDENTIFICATE		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU FATF-00	UMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING B WING		(X3) DATE SURVEY COMPLETED 05/16/2012	
NAME OF F	PROVIDER OR SUPPLIER			DRESS. CITY 5	TATE ZIP CODE			
RICHMOI	ND MEDICAL CENTE	ER FOR WOMEN	118 N. BO	ULEVARD D, VA 23220				
(X4) ID SUMMARY STATEMENT OF DEFICIENCY PREFIX (EACH DEFICIENCY MUST BE PRECEDED I TAG REGULATORY OR LSC IDENTIFYING INFOR		CY MUST BE PRECEDED BY	Y FULL	PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		(X5) COMPLET DATE	
T 175	Continued From P	²age 9		T 175	E 260	L-1-1- 0 1		
	environmental regulations; and 12. Other infection prevention procedures necessary to prevent/control transmission of an infectious agent in the facility as recommended or required by the department.  This RULE: is not met as evidenced by: Based on observations, Interview and record review the facility failed to ensure the implementation of infection prevention practices as evidenced by:  1. Dried blood was observed on the sling betwee the seat and footrest on two (2) of three (3) Recovery recliners.  2. Three (3) of three (3) Recovery recliners had torn surfaces and could not be disinfected							
	stretcher pads had could not be disinfer metal finish and arrocould not be disinfer (1) of one (1) Process. The facility staff linens laundered on	Two (2) of two (2) Red multiple torn surface fected between patient fected between patient fected between patient fedure table.  If was not able to determine the were processed between processed between 160 degree for two (2) of two (3) of two (3) of two (4) of tw	es and hts. The hts. the hts for one ermine that d at the					
	Fahrenheit. 4. Staff failing to pe	perform hand hygiene	between					

supplies.

 Chemicals were stored on the shelves with "Clean" supplies; expired supplies were readily availability for access and supplies stored in opened packages.

6. The failure to perform preventative maintenance on equipment utilized in direct

State of Virginia

STATEMENT	OF	DEFICIENCIES
AND PLAN ()	F CI	ORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER

()	2) MULTIPLE	CONSTRUCTION
A	BUILDING	
0	MANAGE	

(X3) DATE SURVEY

FATF-009

05/16/2012

NAME OF PROVIDER OR SUPPLIER

RICHMOND MEDICAL CENTER FOR WOMEN

STREET ADDRESS, CITY STATE ZIP CODE

118 N. BOULEVARD RICHMOND, VA 23220

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE

## T 175 Continued From Page 10

T 175

patient care.

- 7. Snacks provided for patients were multiple unwrapped items in opened packages, which increased cross-contamination of the food products.
- 8. The staff's handling of clean and dirty equipment between patients and staff's knowledge of manufacturer's recommendations for cleaning re-usable equipment between patients. Staff re-used sponges for cleaning blood and body fluid spills post procedures.
- 9. A failure to develop procedures for the processing of each type of reusable medical equipment between uses on different patients, procedures for appropriate disposal of non-reusable equipment, and procedures for cleaning of environmental surfaces with appropriate cleaning products.

The findings included:

1. An observation and interview was conducted with Staff #2 on May 15, 2012 at 10:50 a.m. in the Recovery room. Staff #2 reported the Recovery recliners were cleaned between each patient use. Staff #2 reported the Recovery recliners had not been utilized since the last procedure day (May 5, 2012) and were ready for patients. Staff #2 and the surveyor placed the Recovery recliners in a raised foot position. The observation revealed two (2) of the three (3) Recovery recliners had an area of five (5) inches or greater of dark reddish brown substance on the sling between the seat and the footrest. Staff #2 identified the dark reddish brown substance as dried blood. Staff #2 reported understanding the Infection risk related to blood left on the Recovery recliners between patients. 2. An observation and interview was conducted on May 15, 2012 from 10:20 a.m. to 11:18 a.m. with Staff #2. Staff # 2 reported the procedure table was wiped down with a 1:10 bleach/water solution between patients. The observation in the procedure room revealed the procedure table's

T 175

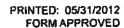
Staff retrained regarding need to disinfect surfaces between each patient use. Job descriptions revised to include disinfecting as a job responsibility. Infection Control Survey to be conducted quarterly to monitor adherence to infection control practices. Staff instructed to monitor condition of equipment and advise administrator in the event of a tear or other condition which would hinder disinfection. Completion date June 28, 2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FATF-009		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 05/16/2012
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NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTER	R FOR WOMEN	118 N. B	ODRESS, CITY, S' OULEVARD ND, VA 23220		The second secon
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T 175 Continued From Pa	ige 11		T 175	T 175	CLOT LIDAUS STEE
metal finish was no bilateral leg support position the patient. The ledge of the tal padded surface had pedestal of the procedure and non-intact surfaces prevented procedure table and Staff #2 observed the right the surfaces at acknowledged the adisinfection of the patients.  The observation con Recovery room revented procedure table and Staff #2 observed the adisinfection of the patients.  The observation con Recovery room revented procedure table and the surfaces. Staff #2 of are cleaned between recliners had torn at torn area on the slin footrest, and all three on the back of the acknowledged the attended to the disinfection of the between patients.  The observation con with Staff #2 reveals Recovery Room strainers with exposure observation reveale separated the upper was torn the width of the inner foam pade Both stretcher pade non-intact surfaces body fluids to be abexposed foam. Staff Recovery room	t intact. The full ler its for the stirrups (I during the procedule that surrounded in ultiple areas of cedure table's armrest t areas. The non-intendings and stare not intact." Staff non-intact surfaces procedure table between the findings and stare not intact. "Staff non-intact surfaces procedure table between table between the Recovery each patient use procedure table to the Recovery room inducted in the Recovery room i	used to ure) had rus d the table's rust. The nultiple areas had multipl ntact the nen patients. sted, "You're if #2 verbally prevented ween  #2 in the hree (3) intact ery "recliner n." Two (2) stillner had a at and the d torn areas verbally servented recliners covery room wo (2) stensive torn ing. The that of the pads orn area left oth pads. areas and v blood or derlying a pads on	3 e e e e e e e e e e e e e e e e e e e	to monitor equipment administrator of proble control survey to be control survey to be completion date June T 175  One recliner replaced Staff trained to monitor and advise administrating infection control survey quarterly.  completion date June T 175  Stretcher pads replace equipment routinely of problem areas. It conducted quarterly completion date June Completi	em areas. Infection conducted quarterly. 26, 2012  d. Two recliners repaired. 26, 2012  or equipment routinely ator of problem areas. 29 to be conducted  e 18, 2012  aced. Staff trained to monitor and advise administrator infection control to be 26, 2012

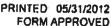
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**FORM APPROVED** State of Virginia STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B WING **FATF-009** 05/16/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1X5) JEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE IEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION! TAG TAG DATE DEFICIENCY) T 175 Continued From Page 12 T 175 T 175 disinfection of the stretchers pads between patients. Washing machine being replaced. Replacement ordered An observation was conducted on May 15. with expected delivery date June 26, 2012. 2012 during the initial tour. The observation Preventive maintenance to be conducted annually and revealed a standard washer and dryer used by the results to be forwarded to Quality Assurance facility to launder linens. An interview was conducted on May 16, 2012 at Committee. 9:08 a.m. with Staff #2. Staff #2 reported the facility's linens were washed in hot water. Staff #2 was not able to confirm the linens were laundered at the correct water temperature of 160 degrees Fahrenheit. Staff #2 reported the facility had a single hot water heater, which supplied hot water to all areas (utility and hand washing sinks). Staff #2 reported the washer did not have a water T 175 temperature booster or separate water heating unit. 4. Observations and interview was conducted on Paper towel dispenser to be installed in "soiled" utility May 15, 2012 from 12:10 p.m. through 1:30 p.m. room. Retraining on proper hand hygiene and glove with Staff #5. Observations were conducted with changing conducted. Infection Control Survey to Staff #5 in the "Soiled" utility room for two (2) be conducted quarterly. procedures. With two (2) surveyors present, Staff Completion date June 28, 2012 #5 washed his/her hands at the utility sink in the "Soiled" utility room and used his/her hand to turn off the water. Staff #5 did not have paper towel available to turn off the water at the sink or to dry his/her hands. Staff #5 with contaminated wet hands entered the "Clean" utility room and tore off paper towel from that roll. Staff #5 with contaminated hands pulled gloves from a box of gloves in the "Clean" utility room. Staff #5 did not wash his/her hands between three glove changes or when changing task between the "Soiled" and "Clean" utility rooms. Staff #5 stated, "This is the way I usually do things I hope I'm doing it right." The surveyor informed Staff #5 that his/her current practices introduced contaminates from the

"Soiled" utility room into the "Clean" utility room. 5. An observation and interview conducted during the initial tour of the "Clean" utility and Procedure rooms on May 15, 2012 from 10:09 a.m. to 10:50



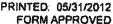
State of Virginia (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER** A BUILDING B WING 05/16/2012 FATF-009 STREET ADDRESS, CITY STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY** T 175 T 175 T 175 Continued From Page 13 a.m. with Staff #2. Observations in the "Clean" Chemicals removed from clean utility area. Moved utility room revealed opened gallon container of to locked area. bleach, opened gallon container of lodine and Pathology kits discarded because of damage. soap powder were stored on the shelf with "Clean" Nothing to be stored under sinks to reduce risk supplies. Staff #2 reported the chemicals were of contamination. stored in the "Clean" utility room for easy excess Completion date May 18, 2012. to the "Solled" utility and procedure rooms. Staff #2 was not aware that chemicals needed to be in a locked area and not stored with "Clean" supplies. The observation revealed two (2) -pathology collection kit stored under the autoclave; displayed evidence that liquids had damaged the boxes. The observation revealed the following expired T 175 supplies were available for use in the procedure room: Two (2) curettage instruments wrapped in Instruments must have the date of sterilization and sterilization packs, which did not have dates initials of staff person written on them. When setting related to sterilization. [A curettage is a surgical up the procedure room each day, staff is to monitor instrument used to scrape or remove the lining of appropriate dating and initialling of packs. Pack is the uterus.]; to be rejected if not marked appropriately and One (1) 3/15 dilator wrapped in a sterilization re-sterilized. pack, which did not have a date of sterilization. [A Completion date May 18, 2012 dilator is a surgical instrument used to dilate (widen) the opening of the cervix.]; Two (2) tracheal tubes (7.0 and 3.0) had expired (exp.) 12/31/1995; One tracheal tube (5.0) had exp. 06/30/1996; T 175 Four (4) ECG (electro cardiogram) monitoring Expired tracheal tubes discarded. Expired ECG pads had exp. March 2000; electrodes discarded. Expired Formalin container Five (5) packages of snap electrodes had exp. discarded. Expired ethicon discarded. Expired 05/2007; One container of Formalin had exp. 11/2004 glucometer test strips discarded. [Formalin is an aqueous solution of the chemical Expiration dates to be checked monthly and compound formaldehyde used to preserve tissue logged. samples for analysis.); Completion date May 18, 2012 Six (6) packs of Ethicon 0.5 silk sutures had exp. 01/2009: One of one containers of glucometer test strips had exp. 05/2007; and One of one sets of glucometer test/calibration





State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (EX) (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B WING FATF-009 05/16/2012 STREET ADDRESS CITY, STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) *(EACH DEFICIENCY MUST BE PRECEDED BY FULL* PREFIX PREPIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE T 175 T 175 Continued From Page 14 solutions had exp. 07/2007. Staff #2 reported facility staff had inspected the Procedure room and had missed the expired supplies. Staff #2 acknowledged the expired supplies were available for use, but should have been discarded by the expiration date. The following items were stored in a cabinet next T 175 to the anesthesia cart. The tracheal tube Anesthetists to change to a tracheal tube with packages were open, with an inserted guide stylus an inserted guide stylus packaged with it. This and left uncovered exposed to contaminates: will allow the anesthetists to be prepared but with Two (2) tracheal tubes (7.0). an unopened package. Two (2) tracheal tubes (7.5), and Completion date June 23, 2012 One (8.5) tracheal tube. Staff #2 reported the nurse anesthetists were aware that the tracheal tubes could not be stored in open packages with the guide stylus in place. 6. Observation on May 15, 2012 during the initial T 175 tour revealed the following equipment utilized PM has been performed on suction pump, during direct patient care did not have proof of ultrasound machine, autoclave. preventative maintenance per the manufacturer's Tech to return to complete checks. Glucometer recommendations: to be removed from service until it can be One of one anesthesia Co 2 (carbon dioxide) thoroughly researched whether it may be absorber. properly used in this setting. One of one suction pump used during procedures: One of one ultrasound devices: Completion date June 28, 2012 One of two autoclaves; and One of one glucometer. Staff #2 acknowledged the findings and was not able to provide proof of preventative maintenance on the above direct care equipment. Staff #2 was not able to provide proof the glucometer was for single or multiple patient use. The facility failed to have an infection prevention process in place related to preventing the spread of hepatitis by glucometers, which have not been thoroughly disInfected. 7. An observation and interview was conducted on May 15, 2012 between 10:50 a.m. and 11:18 a.m. with Staff #2. The observation revealed a

plastic container with opened packages of various cookies. The cookies were not individually



State of Virginia STATEMENT OF DEFICIENCIES IXII PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B WING **FATF-009** 05/16/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY, STATE, ZIP CODE 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID **IEACH DEFICIENCY MUST BE PRECEDED BY FULL** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY)

T 175

### T 175 Continued From Page 15

wrapped and some cookles were scattered unprotected on the bottom of the container. Staff #2 reported the cookies were used as snacks for patients during their Recovery room walt. Staff #2 acknowledged the cookies were loose inside the plastic container and not protected from contaminates when staff or patients reached into the plastic container.

8. Observations and interview was conducted on May 15, 2012 from 12:10 p.m. through 1:30 p.m. with Staff #5 in the "Soiled" utility room after two (2) procedures. Staff #5 wore a blue cloth jacket over his/her scrub attire. Staff #5 placed three (3) sponges on the ledge of the opening between the procedure room and the "Soiled" utility room. Staff #5 reported the sponges were used to "wipe up after the procedures." Staff #5 reported the same sponges were reused. Staff #5 reported the sponges were rinse in tap water, then dipped in the 1:10 bleach/water solution and placed back on the ledge.

Staff #5 collected the re-usable glass suction jars from the pass through opening in the wall between the procedure room and the "Soiled" utility room. Staff #5 emptied the liquid contents of the glass jars into the utility sink, rinsed the jars with water, used a bottlebrush to "remove any clotted blood", pour approximately one-forth (1/4) to one-third (1/3) cup of bleach into the glass bottle and swirled the bleach around the inner bottom of the iar. Staff #5 used tap water to rinsed the black stopper, utilized with the suction bottle during procedures then placed the stopper in a container with 1:10 bleach/water solution. The stopper was not submersed in the bleach/water solution. Staff #5 did not have a clock in the "Soiled" utility room. When asked regarding the length of time the bleach needed to be in the glass jar or the stopper needed to be in contact with the 1:10 bleach/water solution; Staff #5 stated, "Not long, a couple of minutes." Staff #5 acknowledged the "Soiled"

### T 175

Staff is to wear gloves and package several cookies and crackers in individual sized baggies each day prior to seeing patients.

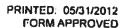
Completion date June 14, 2012

### T 175

Sponges are not to be used in the facility in patient areas. One time use saniwipes designated for medical facilities will be used. Staff trained on CDC Principles of Cleaning and Disinfecting Environment Surfaces. Documentation of training in personnel file. Infection control survey to be conducted quarterly.

Completion date June 23, 2012
T 175

Stopper and glass bottle to be sprayed with Cavicide and allowed to remain wet for 3 minutes. A clock or timer to be used in soiled utility. Staff trained to procedure. Documentation of training in personnel file. Infection control survey to be conducted quarterly. Infection control training to be conducted initially and at least annually. Completion date June 23, 2012





### State of Virginia

STATEMENT OF OFFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION
A BUILDING

(X3) DATE SURVEY

**FATF-009** 

8 WING

05/16/2012

NAME OF PROVIDER OR SUPPLIER

counter.

RICHMOND MEDICAL CENTER FOR WOMEN

STREET ADDRESS, CITY STATE ZIP CODE

118 N. BOULEVARD RICHMOND, VA 23220

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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IXSI COMPLETE DATE

### T 175 Continued From Page 16

T 175

utility room did not have a clock. Staff #5 did not utilize a wristwatch to time the contact time of the stopper in the 1:10 bleach/water solution. Staff #5 did not turn the stopper to ensure all surfaces of the stopper had contact with the 1:10 bleach/water solution. Staff #5 removed the stopper from the bleach/water solution placed the stopper in a metal bowl for transport to the "Clean" utility room. Staff #5 emptied the bleach from the glass jar. removed one "Soiled" glove to open the door between the "Solled" and "Clean" utility rooms. Staff #5 holding the jar with the other "Soiled" gloved hand placed the jar on the counter in the 'Clean" utility room. Staff #5 did not remove the blue cloth jacket worn in the "Soiled" utility room during the cleaning process before he/she entered the "Clean" utility room. Staff #5 acknowledged the bleach poured into the glass jar did not contact the total inner surface of the jar. Staff #5 confirmed the outside of the glass jar had been rinsed in water only and had not been disinfected prior to placing the jar on the "Clean" utility

The observation revealed after the first procedure was completed Staff #2 from the procedure side of the opening retrieved the sponges from the ledge. Staff #2 used the sponges in the procedure room and returned them to the ledge. The sponges were contaminated with bloody fluids. Staff #5 removed the sponges from the ledge, rinsed them in tap water, and dipped them in the 1:10 bleach/water solution. Staff #5 squeezed the sponges over the utility sink and placed the same sponges back on the ledge. The observation revealed the sponges were dipped into the 1:10 bleach/water solution for less that one (1) minute. Staff #5 was asked about the multiple re-using of the sponges and the amount of time the sponges needed to be in the bleach/water solution. Staff #5 stated, "I try to keep them (the sponges) as long as I can, but the

### T 175

Stopper and jar to be placed in a closed container designated for the transport of equipment from soiled utility to clean utility. In the clean utility room the stopper and jar to be placed on the counter until ready to be used in the procedure room. It is then placed in a lidded container designated for transport from clean utility to procedure.

Staff to be trained in process. Documentation to be placed in personel file. Infection Control Survey to be conducted quarterly.

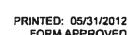
Completion date June 23, 2012

### T 175

Sponges not to be used in patient areas. Bloody fluids to be cleaned according to CDC Principles of Cleaning and Disinfecting Environment Surfaces using disposable wipes.

Training to be documented in personnel file.
Infection Control Survey to be conducted quarterly.
Completion date June 23, 2012





STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPI IDENTIFICATION N	IUMBER:	(X2) MULTIPLE A. BUILDING B WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FATF-0	09			05/16/2012
NAME OF P	ROVIDER OR SUPPLIER		STREET AC	OORESS, CITY STA	ATE. ZIP CODE	
RICHMON	ID MEDICAL CENTE	R FOR WOMEN		OULEVARD ND, VA 23220		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED I LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETE
T 175	Continued From P	age 17		T 175		
	Staff #5 was not all contact time needed disinfected between A second post prowith Staff #5 in the followed the same was not disinfected not put on gloves in the glass jar and the glass jar to the progremove the blue jautility room prior to room or the proced. The observation all revealed from the retrieved the spond was observed from wipe down equipment the ledge contamine #5 removed the spond the min tap water, bleach/water solution the ledge. Staff pump lines through process dripped ble #5 used one of the manner and replace re-used.  An interview was constitution of separate utility rooms was to second post purpose of separate utility rooms was to second post purpose of separate utility rooms was to second post process.	cedure process was "Soiled" utility room processes. The bod between usages. Arior to placing the control to placing the control to placing the control to placing the "Clear dure room. Staff cket he/she wore in entering the "Clear dure room. Iter the second procedure side Staff ges from the ledge. In the opening by the patent then return the ledge of the same spiritudes on the ledge of the sponges to clean the sponge in the above sed the sponge on the ledge of the sponge on the sponge of the	mount of onges were onges were onges were onges were onges were onges were onges into the stopper onges over onges over onges over onges over on the ledge of the ledge for 5, 2012 at the different on the stopper onges over onges over onges over on the ledge of the ledge for 5, 2012 at the different on the stopper of the ledge for 5, 2012 at the ledge for 5, 2012 at the different on the ledge for 5, 2012 at the ledge for 5 amination. Sindings "Clean" and to exit		gloves prior to placing the glass jar in the designate Staff trained to remove P soiled utility room.  Completion date June 23 T 175  Sponges are not to be us be used to disinfect surfa blood and other body fluic Completion date June 23 T 175  Training on infection continitially and at least annual policies to be reviewed at designated staff member in infection control and be procedures and facilitate Infection Control Survey quarterly.  Completion date June 23	3 minutes. Staff will wear a disinfected stopper and d container. PE prior to leaving , 2012 ed. Disposable wipes to ces contaminated with ds. , 2012 rol to be conducted ally. Infection control t least annually. A to receive certification available to review further staff training. To be conducted

4MF811



PRINTED: 05/31/2012

FORM APPROVED State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B WING 05/16/2012 **FATF-009** STREET ADDRESS CITY STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 118 N. BOULEVARD RICHMOND MEDICAL CENTER FOR WOMEN RICHMOND, VA 23220 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) T 175 T 175 Continued From Page 18 disinfectant for the stopper and glass jar. Review of the facility's policy titled "Personal Protective Equipment' effective date January 1, 2012 read "... Perform hand hyglene immediately after removing gloves ..." Review of the facility's policy titled Hand Hygiene" effective date January 1, 2012 read "... Key situations where hand hygiene should be performed include but are not limited to...after glove removal ... Soap and working sinks with hot and cold running water and disposable paper towels will be available near any area involving body fluids ..." According to the USDA Agriculture Research Service (ARS) newsletter dated February 2008 "... Sponges were soaked in 10% bleach solution for 3 minutes, temon juice for 1 minute, or pure water for 1 minute, placed in a microwave oven for 1 minute at full power, or placed in a dishwasher for a full wash-dry cycle, or left untreated (control). Microwaving and dishwashing treatments significantly lowered bacterial counts compared to any of the immersion chemical treatments or the control. Counts of yeasts and molds recovered from sponges receiving microwave or dishwashing treatments were significantly lower than those recovered from sponges immersed in chemical treatments." According to ARS website Best Ways to Clean T 175 Kitchen Sponges - April 23, 2007 - News from the Sponges not to be used in patient areas USDA Agricultural Research Service.mht read: Completion date June 21, 2012 "...treated each sponge in one of five ways: soaked for three minutes in a 10 percent chlorine bleach solution, soaked in lemon juice or deionized water for one minute, heated in a microwave for one minute, placed in a dishwasher operating with a drying cycle-or left untreated...They found that between 37 and 87 percent of bacteria were killed on sponges soaked

in the 10 percent bleach solution, lemon juice of deionized water-and those left untreated. That still





State of \	/irglnia						
STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (XI) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER  FATF-009		UMBER	(X2) MULTIP A BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SU COMPLE 05/16	
NAME OF D	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, ST	ATE ZIP CODE	1	- 5.
	NO MEDICAL CENTE	R FOR WOMEN		DULEVARD ND, VA 23220	in years or i	1 -14-1	THE STATE OF
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED 8 LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
T 175	Continued From P	age 19		T 175	A 11 - 24	ge that made	
	Microwaving spon- bacteria present o 99.9998 percent o 9. The center staf of procedures for reusable medical o different patients, disposal of non-re- procedures for cle with appropriate cl On 5/15/12 at 10:0 procedures" were unable to locate ar regarding reusable non-reusable med procedures. The " identified the follow Facility policies an- handling, processi dirty linen, as well supplies" No ci " was found. On 5/16/12 at 10:1 interviewed. He/sl procedures for the non-reusable equip	failed to ensure de the processing of ea equipment between procedures for approusable equipment, a aning of environmer eaning products. The survive procedural process a medical equipment, and Infection Control Playing: E. Laundry Procedures will our and storage of class the use of disposorresponding "procedures will our and storage of class the use of disposorresponding "procedures will our and storage of class the use of disposorresponding "procedures will our and storage of class the use of disposorresponding "proceduresponding "proceduresponding" "proceduresponding "procedu	percent of ashing killed ashing killed ashing killed ashing killed ashing and eyer was asses to cleaning an" rocedures - attine the ean and sable adure/outline as an anough ashing as an anough ashing as an anough ashing as an anough as a an a		T 175  Policy and procedure for reusable equipment has Completion date June 2:  T 175  Policy and procedure for linen has been written Completion date June 22	been written. 2, 2012 handling soiled	
	the survey.						
T 180	12 VAC 5-412-220	D infection prevent	ion	T 180			
	program that include 1. Access to record 2. Procedures for communicable discontraction would prevented from wo	II have an employee des: nmended vaccines; assuring that emplo eases are identified ink activities that cou der personnel or pati	yees with and Id result in				





State of \	/irginia					TOMMATTROVED
STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION N		MBER	(X2) MUL A BUILDI B WING		(X3) DATE SURVEY COMPLETED 05/16/2012
		1711-00	7	DEER CITY	STATE, ZIP CODE	49/10/24/2
	ROVIDER OR SUPPLIER  ID MEDICAL CENTE	R FOR WOMEN	100	ULEVARD		
(XA) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	r full	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHI (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
T 180	Continued From Pa	sge 20		T 180	The Park of	
	pathogens; 4. Documentation immunizations offer accordance with strecommendations including document tuberculosis and at 5. Compliance with Occupational Safetreporting of workplexposure to infection.  This RULE: is not Based on employer interview, the center documentation of streviewed. Employer and 14 through 23. The findings included Employee records 1:00 p.m. For 19 of reviewed, there was had received TB/PIOn 5/16/12 at 12:00	red/received by empatute, regulation or of public health authorizes to hepatitis By a requirements of the secens to hepatitis By a Health Administ ace-associated injuron.  The record review and a record review and ar staff failed to ensure the secens of	oloyees in orities. or vaccine; e U.S. ration for ies or y: staff ire ilosis is 9, 11. 12, 15/12 at ecords imployees apprised of		T 180  TB/PPD Screening to be complete who have not been screened else Completion date June 28, 2012	ed for all employees
T 275	12 VAC 5-412-260 dispensing of dru	C Administration, st	orage and	T 275		adial (N
	administration shall properly stored in e with restricted acceonly. Drugs shall b	ed in the facility for d not be expired and notosures of sufficie ss to authorized per e maintained at appi cordance with definit	shall be nt size sonnel ropriate			
	7/10 110-20-10					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIDENTIFICATION N	NUMBER	(X2) MULTIP A BUILDING B WING	PLE CONSTRUCTION	(X3) DATE :	LETED
	William II.	FATF-0	109			05/1	16/2012
NAME OF PI	PROVIDER OR SUPPLIER	Position	STREET ADDE	AESS CITY S	STATE ZIP CODE		
RICHMON	ND MEDICAL CENTE	R FOR WOMEN	118 N. BOU RICHMOND	ULEVARD D, VA 23220	0	191 - 10 14	. 1 (20). 2 
(X4) ID PREFIX TAG	JEACH DEFICIENCY	ATEMENT OF DEFICIENC LY MUST BE PRECEDED B LSC IDENTIFYING INFORI	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
T 275	Continued From Pa	age 21	,	T 275	1857	Holgh III III Lad	<u> </u>
	Based on observat facility failed to disc	t met as evidenced to allons and staff interv scard expired medica and not been dated v	views the ations and				
	The findings includ	led:					
	May 15, 2012 from Staff #2 during the room. The observamedications were eadministration: Diazeparn 10 mg (respringe had expired Labetalot 20 mg/ 4 Succinylcholine 10012"; One tank of nitrous (March) 2000."	mi vial had exp. "4/, 10 mg/ 5 mi vial had s oxide had exp. "29	8 a.m. with rocedure following ole for illititer) /2012"; exp. "1 May	Ex log be All da An lab pro Sta	expired medications have be get to be completed monthly een removed from facility. If opened medications are to the are and the initials of staff very opened medications four beled must be discarded. To cook to be discarded and the initials of staff very opened medications for beled must be discarded. To cook the initial terms will taff trained to procedure. To completion date June 28, 20 control of training in the initial staff trained to procedure.	to be labeled with to be labeled with to who opened them. und not to be proped. When setting up to be checked for property of personnel files.	nk has the erly each
	The following medicopened:	ications were not da	ited when				
	Pitocin 10 u (units)/ One tube of KY jelly						
	An interview was conducted with Staff #2 on May 15, 2012 from 10:20 a.m. to 11:18 a.m. during the observations. Staff #2 confirmed each finding and reported the expired medication should have been discarded. Staff #2 stated, "It is our practice to date each medication when it's opened. These have to be discarded."					STATE OF THE STATE	
T 360	12 VAC 5-412-340	Policies and proced	dures 1	T 360			
	The abortion facility	y shall develop, impless and procedures to	lement				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N	UMBER	(X21 MULT A BUILDIN B WING		(X3) DATE SURVEY COMPLETED - 05/16/2012
NAME OF	ROVIDER OR SUPPLIER			OORESS CITY	STATE ZIP CODE	03/10/2012
RICHMO	ND MEDICAL CENTE	R FOR WOMEN	118 N. B	OULEVARD ND, VA 232		
(X4) IO PREFIX TAG	(EACH DEFICIENC	ATÉMENT OF DEFICIENC LY MUST BE PRECEOED 8 LSC IDENTIFYING INFORM	YFULL	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLE PATE
T 360	Continued From P	age 22		T 360	N H	
	minimize hazards and procedures shall recurity 2. Safety rules an personnel, equipm supplies and service 3. Provisions for details and service shall recurred the same service shall recurred	d practices pertainin ent, gases, liquids, d	e policies mited to: g to drugs, related		The second of th	
	12 VAC 5- 412-340 Based on observal	met as evidenced by 0 (2) tion and interview the 1 (6) portable oxygen	facility			
	The findings includ	ed:				
	housed the proced 11:22 a.m. with Sta unsecured portable tanks were located wall in an office. So want the the addition	nducted in the bulldin ure room on May 15, iff #2 revealed six (6) oxygen tanks. The between a file cabin taff #2 reported Staff anal oxygen tanks sto staff #2 was aware the secured.	2102 at ) oxygen et and the i#1 did not ored in the		Oxygen tanks to be secured Completion date June 28, 20	in current setting. 112
	employers to store a (including empty on paragraph provides shall be secured in except, if necessary while cylinders are a carried. 1926.350(a cylinders shall be st well-ventilated, dry lom) from highly comb	CFR 1926.350(a)(9) all compressed gas eas) upright at all time: Compressed gas can upright position and upright position and the street periods of actually being hoisted (11). Inside of build pred in a well-protect ocation, at least 20 for ustible materials such should be stored.	cytinders es. This ylinders t all times f time d or ings, ted, eet (6.1			

STATEME! AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N	UMBER	(X2) MUL A BUILDI B WING		(X3) DATE S COMPL	
NAME OF	PROVIDER OR SUPPLIER			DRESS CITY	STATE, ZIP CODE		0720 12
	ND MEDICAL CENTE		118 N. B	OULEVARD ND, VA 232	Pages -co-		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCE OF MUST BE PRECEDED B LSC IDENTIFYING INFORM	Y FULL	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
T 360	Continued From P	age 23		T 360	24,0,000		
	stairs, or gangway be located where over or damaged to subject to tampering Cylinders shall not	I places away from e s. Assigned storage cylinders will not be loy passing or falling ong by unauthorized p be kept in unventila s lockers and cupbo	places sha knocked objects, or persons. ted	it			
T 375	12 VAC 5-412-360	A Maintenance		T 375			
	and all equipment cooling, ventilation be all be kept in go condition. Areas u maintained in good hazards. All woods with non-lead-base shellac that will allo	ructure, its componer such as elevators, he and emergency light and operated by patients shall be an surfaces shall be ad paint, lacquer, various sanitization.	eating, ting, shall ting l be of sealed nish, or				
	Based on observate failed to maintain the	ion and interview the ne procedure table, r I recovery recliners in	facility ecovery				
	The findings include	ed:					
	May 15, 2012 from Staff #2. The observee aled the proceduct intact. The full losupports for the stirpatient during the proof the table that surface had multiple of the procedure table.	Interview was conditional 10:20 a.m. to 11:18 reation in the proced fure table's metal fin rups (used to position rocedure) had rust. The pareas of rust.	a.m. with ure room ish was leg n the The ledge padded pedestal s of rest.	 	T 375 Procedure table to be replaced. to routinely monitor equipment forust and to advise administrator dentified. Completion date June 26, 2012	or tears and if problems	

State of V	irginia						
	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  FATF-009		UMBER	(X2) MULT A BUILDIN B WING		IX3) DATE SURVEY COMPLETED 05/16/2012	
NAME OF DE	ROYDER OR SUPPLIER		STREET AD	DRESS CITY	STATE ZIP CODE		
RICHMOND MEDICAL CENTER FOR WOMEN 118 N			BOULEVARD DND, VA 23220				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL		SUMMARY STATEMENT OF DEFICIENCIES ID  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETE	
T 375	Continued From F	age 24		T 375	4-	- and heating a second	
	re-finishing. The observation of Recovery room re Recovery room re material. Two (2) (1) recliner had a the seat and the firecliners had torn headrest. Staff #2 Recovery room re The observation of with Staff #2 reveal Recovery Room is areas with exposure observation reveal separated the uppersonant of the inner foam particular the inner foam particular to body fluids to be a exposed foam. Si	onducted with Staff vealed three (3) of the cliners had tears in the cliners had tom and torn area on the sline cotrest, and all three areas on the back of verbally acknowled cliners were not in gronducted in the Received that two (2) of the tretcher pads had experied area and lower portion of each pad. The tretcher pads had experied area and lower portion of each pad. The tretcher pads had experied area and lower portion of each pad. The tretcher pads had multiple worms, which would allow absorbed into the untaff #2 reported the pretchers needed to the contract of the pretchers needed to the contract pads and the contract p	#2 in the nrea (3) their surface mrest, one g between (3) if the leged leged reas and reas and releged the leged leg		repaired.  Completion date June of Stretcher pads replaced Completion date June 2	d 26, 2012 y monitor equipment and problems identified. 28, 2012	
T 380	12 VAC 5-412-360	) B Maintenance		T 380			
	utilized, a written program shall be of This equipment shall be accordance with nearly periodic intervals, ensure proper operepair. After repair to any equipment, thoroughly tested returned to service maintained on each	monitoring equipmer preventative mainten developed and imple hall be checked and/ nanufacturer's speci no less than annual eration and a state or irs and/or alterations the equipment shall for proper operation a. Records shall be ch plece of equipment of testing and maintent preventation and maintent preventation and maintent preventation and maintent preventation and maintent preventation and maintent preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and preventation and and and and and and and an	emented. or tested in fications at iy, to f good are made before it is				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N	UMBER	(X2) MULTIPI A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/16/2012
1418 05 6	PROVIDER OR SUPPLIER	1		ERR CITY RE	ATE. ZIP CODE	00,10,20,12
	ND MEDICAL CENTE	R FOR WOMEN	118 N. BOUR	LEVARD		
(X4) (D PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCY Y MUST BE PRECEDED 8 LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLET E APPROPRIATE DATE
T 380	Continued From P	age 25	٦	380		
	Based on observation failed to equipment used in preventative maint document proof of	met as evidenced be tion, interview and no develop a process direct patient care of enance (PM) and fa preventative mainte ent care equipment	ecord review to ensure underwent ited to enance on			
	The findings includ	led:				
	initial tour revealed utilized during direc proof of preventativ manufacturer's rec	on May 15, 2012 du I the following equip of patient care did no re maintenance per ommendations: esia Co 2 (carbon d	ment ot have the	hav ane serv this	tion pump, ultrasound mach e had PMs performed. Tecl sthesia cart. Glucometer havice until it can be researche facility. npletion date June 28, 2012	n to return to check as been removed from ad for appropriate use in
·	One of one ultrasor One of two autocla One of one glucom Staff #2 acknowled	ves; and leter. Iged the findings and	d was not			
	on the above direct not able to provide single or multiple p	of of preventative made care equipment. So proof the glucomete attent use. If y's PM log reveale	taff #2 was er was for			
	include documenta equipment that nee	tion for all direct car ded preventative managed viewed with Staff #2	e aintenance.			
T 400	12 VAC 5-412-380 standards	Local and state cod	es and T	400		
	local codes, zoning the Uniform Statew	hall comply with stat and building ordina ide Building Code. I cilities shall comply	nces, and in			

State of Virginia					FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIDENTIFICATION N	UMBER	(X2) MULTI A BUILDIN B WING _	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED 05/16/2012
	TATT-0		DESC CITY	STATE ZIP CODE	0311012012
NAME OF PROVIDER OR SUPPLIER RICHMOND MEDICAL CENTE	R FOR WOMEN	118 N. BO			on the Interconnection
PREFIX LEACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED E LSC IDENT#YING INFOR	Y FULL	ID PREHX 1AG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE (DEFICIENCY)	SHOULD BE COMPLETE
T 400 Continued From P	age 26		T 400		er er regimány a a
3 7 of Part 3 of the and Construction of Facilities Guideline precedence over to Code pursuant to Entities operating these regulations at through submission Termination of President to licensur current buildings if with the application them into full composition within two years from Refer to Abortion Requirements Surfacility requirements.		r Design Itles of the hall take uilding I27.001. date of tepartment iced 12 VAC is now in their it a plan vill bring vision sure.			
Based on interview determined the factorial attestation and fail for Chapters 3.1 a		vas n architect			TOTAL TOTAL
The findings include	ie:				New Contract
with the Administra between 9:00 a.m. facility tour there w	2 a facility tour was ator and the Madical and 11:30 a.m. Du ras no evidence that local codes and buil	Director, ring the the facility			
licensed Architecturequired FGI (AIA) head shelter for Burgatients from incle	to have an attestation to that the facility many guidelines. There will be seen that the facility mant weather. The naves located in the	et the was no over protect Medication	to s cor	ve been consulting architects a survey areas that need to be re npliance. See attached mpletion date December 2013	trofitted to come into

State of \	/irginia					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER	(X2) MULTU A BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF D	ROVIDER OR SUPPLIER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RESS CITY S	TATE, ZIP CODE	
	ND MEDICAL CENTE	R FOR WOMEN	118 N. BOU RICHMONE	LEVARD		TRUE CONTRACTOR
(X4) II) PREFIX TAG	LEACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	IO PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SM CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
T 400	Continued From Pa	age 27		T 400		L by Alexander
	Nourishments were Room; the staff fail temperature log for temperature control seen in the Clean solved in the Clean failed to have a flus facility did not have designated area for facility was not able laundry water temp 160 degrees Fahre at 12:15 p.m. The to meet the minimus sinks failed to have	nk present for hand had located within the Red to have document the refrigerator. Now or separate ventilated from cleans storage Room. Cherroparated from cleans Storage Room. Soishing-rim clinical sinker a wheelchair present wheelchair storage. The provide proof of the return (which need in heit), prior to exit of facility's Public Community of the walves that could be handle or wrist blade	tation of a lion was nicals were supplies led Holding t. The nt or a . The bn-site is to be at n 5/16/12 idors failed facility's		Purell dispenser in the procedul hygiene for medication prepara date May 1, 2012 Temperature log started for ref Mechanical engineer to address storage room. Completion date July 30, 2012 Chemicals secured and separaclean supplies. Completion date May 17, 2012 Wheelchair purchased and stored in designated area. Completion date June 28, 2012 New washing machine purchased. Sink to be replaced with sink woperation.	ation area. Completion rigerator. June 28. 2012 is ventilation in clean ated from
	documentation that energy, protect per condensation and a flame-spread rating smoke-developed accordance with Ni unable to provide a ductwork.  The facility's electric outlets) were not gradapters for three place system was available. On May 16, 2012	2 at 12:18 p.m., an in	conserve or tion have a was /AC enlence of No manual terview		Mechanical engineer and elect to address ventilation and elect Completion date October 2012 See attached for remainder of	trical concerns
	agency's office. The	n the Administrator in a Administrator ackno unable to provide ev the state and local co i.	owledged idence		The plan to	

STATEMENT O AND PLAN OF (	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPIDENTIFICATION	NUMBER	(X2) MULTIPLE A BUILDING B WING	CONSTRUCTION	COM	SURVEY		
		FATF-		DRESS CITY STAT	C 10 0005	05/	16/2012		
	VIDER OR SUPPLIER				IE, ZIP CODE				
RICHMOND MEDICAL CENTER FOR WOMEN  118 N. BOULEVARD RICHMOND, VA 23220									
(X4) IO PREFIX TAG	FACH DEFICIENC	ATEMENT OF DEFICIEN Y MUST BE PRECEDED LSC IDENTIFYING INFOR	BY FULL	ID PREHIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
							1-41		
SF .						. = 117			
					192				

### Richmond Medical Center for Women 118 North Boulevard Richmond, Virginia 23220 (804) 359-5066 (804) 353-2718 – fax

### **Orientation Checklist**

Hire Date				
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	Initials Train	ner init Date	Confidentiality Statement	
2.		<u>`</u> ,	Tour of Building	
3.	',		Job Description	
4			Signature Log	
5		<del></del> ',	Emergency Contact List	
6			Biweekly payday	
7			License if app	
8			Criminal Background Check if app	
9			CPR Training if app	
			Policy and Procedures Manual	
11			Organizational Chart	
12		/	Disaster Preparedness	
13			HIPAA Training	
14		/	Bloodborne pathogen training	
15			Infection Control training	
16		/	Fire safety training	
17	/	/	Employee Health packet	
18	/	/	Keys	
~ 4				
I have rece	ived the foll	owing keys:		

### **Front Desk**

Front Desk responsibilities include, but are not limited to:

- Greeting Patients and guests
- Answering phones and Scheduling appointments
- Checking over patient paperwork
- Putting together charts (Patient information, consents, FDC's)
- Accepting and documenting payment
- Disinfect work area as needed
- Monitor work area for any need for repairs and advise administrator

### Qualifications

- 1. Must be pro-choice.
- 2. Ability to multitask
- 3. Ability to maintain professional demeanor in high-stress environment.
- 4. Must be flexible.

### **Training**

All staff will be trained in infection control and fire safety initially and annually

Signed	 	 	 
Date			 

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### Lab Assistant

### Qualifications:

- Must be pro-choice
- Must have previous medical experience

Under the general supervision of the clinic coordinator, the lab assistant is responsible for the daily operation of the laboratory including:

- 1. Drawing blood
- 2. Rh typing
- 3. Hemoglobin
- 4. Running pregnancy tests
- 5. Maintain patient test results log
- 6. Disinfect laboratory and reusable equipment after each clinic day
- 7. Inventory supplies and request restocking from clinic Administrator when necessary
- 8. Adhere to universal precautions per OSHA guidelines
- 9. Monitor work area for any need of repair and advise administrator
- 10. Cross train for other tasks where applicable
- 11. Other duties as assigned by clinic Administrator

<u>Training:</u> All staff will be trained in infection control and fire safety as well as training for her position. Training will be initially and annually.

Signed	#	Date	

### Procedure Room

Staff responsible for assisting the Physician during the abortion procedure and reports directly to the physician and the Administrator.

### Qualifications:

- 1. Must be pro-choice.
- 2. Must be appropriately trained by existing procedure room staff and then cleared for working.
- 3. Must be able to take direction.
- 4. Must be CPR certified

### Responsibilities:

- 1. Act as physician's assistant and patient support person.
- 2. Proficient with sterile technique
- 3. Keep procedure room stocked
- 4. Cross train for recovery and other patient care areas.
- 5. Per physician instruction, assist in any emergency that may arise and get help immediately.
- 6. Disinfect procedure room at end of each procedure day
- 7. Disinfect reusable equipment per policy
- 8. Monitor work area for need for repairs and advise administrator
- 9. Other duties as assigned by the nursing supervisor or Administrator.

Training:			
All staff will be trained in infect	ion control and fire safety initia	lly and annually	
Signed		Date	

### Counselors

### Qualifications:

- Must be Pro-Choice
- Knowledge of the Abortion Process, reproduction and birth control

The Abortion Counselor interacts with patients requesting pregnancy information in the following manner:

- 1. Interviewing each patient with respect to her motivations for seeking an abortion. The interview process should enable the counselor to determine if the patient has considered other options and feels secure with her decision, and if a support network exists.
- 2. Discussing any emotional or physical problems resulting from and associated with, this pregnancy or previous pregnancies and abortions.
- 3. Corroborating physician's impression as to whether continuation of the pregnancy will impair or jeopardize the patient's health.
- 4. Explaining in detail the contemplated surgical and non-surgical procedure, as well as any restrictions and potential after effects.
- 5. Discussing contraception extensively and comprehensively, and documenting contraceptive history and post-operative birth-control choice.
- 6. Informing patient of the availability of post abortion counseling
- 7. Reviewing consent forms and answering questions.
- 8. Following patient through surgical procedure, if necessary.
- 9. Checking patient in recovery, post-operatively for further counseling, if necessary.
- 10. Disinfect work area as needed
- 11. Monitor work area for any need for repairs and advise administratror

### **Training**

All staff will be trained in inflection control and fire safety initially and annually as well as the training needed for her position.

Signed	Date
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### Recovery Room Staff

### Qualifications:

- Must be pro- choice
- Must have previous experience with patient care
- Must be certified in CPR
- Nurse must be licensed as licensed or registered nurse
- Nurse must have a criminal background check obtained

### Recovery room staff is responsible for:

- 1. Emotional and physical support of each patient.
- 2. Meeting patient's needs during post-op observation.
- 3. Verification of patient identity.
- 4. Taking and recording vital signs.
- 5. Recording pertinent information on patients chart
- 6. Knowledge of sterile technique.
- 7. Assisting the physician in procedures if necessary.
- 8. Reporting changes in the patient's condition to person in charge or to the physician.
- 9. Maintenance and knowledge of use emergency equipment and medications.
- 10. Cleanliness and disinfection of assigned area.
- 11. Giving post-op care instructions.

Training:	All staff will	be trained in	infection	control a	ınd fire	safety	initially	and	annually
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Signed	Date	
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### RICHMOND MEDICAL CENTER FOR WOMEN

### Job Description

### HOUSEKEEPING

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- Able to be trained
- Able to take direction
- Understanding of waste management

### Housekeeping is responsible for:

- 1. Disposing of routine waste
- 2. Placing biomedical waste in appropriate containers
- 3. Cleaning surface areas (window sills, baseboards, walls, floors)
- 4. Disinfecting areas as needed
- 5. Vacuuming carpeted areas
- 6. Assisting with laundry
- 7. Other duties at the request of administrator

Traini	ng: All staff will be trained in infecti	on control and fire safety init	ially and annually
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### RICHMOND MEDICAL CENTER FOR WOMEN

### Job Description

### CERTIFIED REGISTERED NURSE ANESTHETIST

**Oualifications:** 

Licensed as Certified Registered Nurse Anesthetist

CPR certified

Must submit a criminal history background check

CRNA's are responsible for:

Performing and documenting a pre-anesthetic assessment and evaluation of the patient, including drawing a blood sample for testing.

Obtaining informed consent for anesthesia

Developing and implementing an anesthetic plan.

Initiating MAC under the supervision of the physician

Monitoring the patient while under anesthesia

Managing the patient's airway and pulmonary status

Providing report to recovery nurse and providing post-anesthesia follow-up evaluation and care

Implementing acute pain management

Responding to emergency situations by providing airway management, administration of emergency fluids and drugs, and using basic or advanced cardiac life support techniques

Disinfecting work area

Monitoring work area for need for repairs and advising administrator

Training: All staff will be trained in infection control and fire safety initially and annually

Signed	Date
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### Richmond Medical Center for Women

Clinical Policies and Procedures Manual

Department: Personnel	Policy Description: Personnel Policies	
Page: 1 of 1	Replaces Policy Dated:	
Effective Date: 6/21/12	Reference Number: 12VAC5-412-170	·
Approved:		

Scope:	All Staff
Purpose:	To ensure personnel are hired, trained, and reviewed appropriately so that the center may function optimally to the satisfaction of the patients, the governing authority, and other staff
Procedure:	When filling a position, the new employee form will be utilized to ensure verification of qualifications for the position. An application will be obtained from all staff.
	Licensure will be confirmed for those staff with a license. Confirmation will be by going on line to the appropriate board's website and conducting license look-up.
	Criminal history checks will be conducted for those staff with access to controlled substances.
100 100 200	Orientation checklist will be completed.
	A job description will be part of each personnel file. The staff member will sign and date the job description to indicate that she is aware of her responsibilities. Job descriptions will be reviewed annually. A copy will be given to each staff member initially and when revised.
	Fire safety training will be conducted initially and annually
	Infection prevention training will be conducted initially and annually
- 1 ar 10	Performance and competence will be evaluated annually; job descriptions will be reviewed at that time and revised as needed.
	CPR training will be kept up to date for staff working in the clinical areas.
	Violations of licensing or certification standards will be reported to the appropriate board within the Department of Health Professions. The administrator is responsible for reporting violations.
	A personnel file for each employee will be safeguarded against loss and unauthorized use. Employee health information will be maintained separately within the personnel file.
Reference:	12VAC5-412-170

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Date & Initial:							
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### **Richmond Medical Center for Women**

Clinical Policies and Procedures Manual

Department: Infection Control	Policy Description: Infection Control Monitoring
Page: 1	Replaces Policy Dated:
Effective Date: 6/21/12	Reference Number: 12VAC5-412-220B
Approved:	

Scope:	Infection Control Officer; All Staff
Purpose:	To provide a tool to monitor the Center's infection control plan and to monitor compliance of the staff throughout the Center
Policy:	The Infection Control Officer shall use the Infection Control Survey quarterly to identify need for changes and corrective action.
Procedure:	Each quarter, the Infection Control Officer will conduct the Survey.
	Compliance issues will be identified and appropriate changes made.
	Findings will be reported to the Quality Assurance Committee.
	Retraining of staff will be performed as indicated by the survey.
Reference:	12VAC5-412-220B

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## INFECTION CONTROL SURVEY

# TO BE PERFORMED QUARTERLY TO MONITOR STAFF ADHERENCE TO INFECTION CONTROL PRACTICES

Performed by:	Date:			
	E	YES		NO
Injection Practices				
Are needles used for only one patient?			jó	
Are syringes used for only one patient?				ğ n
Are medication vials always entered with a new needle?			ΓF	4
Are medication vials always cleaned with alcohol before they are used?				
Are medications that are pre-drawn labeled with the medication name, i	the medication name, initials of the person drawing, expiration			
date and time?			Ÿ	
Are single dose medication vials used for only one patient?			<u>I</u> .	
Are bags of IV solutions used for only one patient?			111	31
Is administration tubing an connectors used for only one patient?				P
Are multi-dose vials dated and initialed when opened?			ú	
Are they discarded according to manufacturers' recommendations?			-	
Are multi-dose vials stored away from immediate areas of direct patient contact?	contact?		1	
Are all sharps disposed in a puncture-resistant container?	A 000	Ī.		7
Are all sharps containers secure?		ī		
Are all sharps containers replaced when the fill line is reached?				
Sterilization				
Is pre-cleaning always performed prior to sterilization?				
Does the staff use steam sterilization?				
Are all instruments inspected visually for proper cleaning prior to packaging and sterilization?	ing and sterilization?		-4-	1
Is there autoclave indicator tape or other indicator on each item?		783	= 1	
Is documentation of preventive maintenance present and up to date?	() () () () () () () () () () () () () (	=		
Are all items contained and handled so as to assure sterility is not compromised?	omised?	1		
Are all instruments stored in a clean designated area?			п	
Are sterile packages inspected for tears, cracks, or damage prior to use?	- E			
If a sterile package is compromised, are items resterilized prior to use?			111	
Are all packs initialed and dated?			'N	
5.				

4 Mo Far

	Yes	No
Are items allowed to dry before use?		
Are sani-wipes used?		
Is Cavicide or equivalent used?		
Are timers used ?		
Environmental Infection Control		a
Are procedure rooms terminally cleaned daily?		
Are all surfaces in procedure cleaned and disinfected with the proper approved disinfectant?		
Does the staff know the procedure to decontaminate gross blood spills?		
Are there rust spots or tears on equipment?		
Are chemicals stored AWAY from clean supply room?		
Program, System, Education		
Does the center have an explicit infection control program?		
Does the infection control follow national recognized infection control guidelines?		
Is there a person trained for infection control?		
Is there a complication log?		
Is there inservice or computer based infection control training for the staff?		
Does all of the staff receive infection control training?		
Is training conducted initially?		
Is training conducted annually?		
Is training documented?		
Hand Hygiene	10	
Do all areas have soap and water available to wash hands?		
Is there alcohol based hand rub available?		
Does staff perform hand hygiene after removing gloves?	1.	
After direct patient contact?		
Before starting in IV?		
After removing gloves after contact with blood, body fluids, or contaminated surfaces?		
Does the staff wear gloves for procedures that might involve contact with blood or body fluids?	III	
Does staff wear gloves when handling contaminated patient equipment?		1
Does staff remove gloves before moving to the next task and/or patient?		-

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roblems or issues		
	11	

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Shortcuts | Settings | Help

Order confirmation - BuyRiteAppliances.com

NO eredit cheeks

NO annual fees

From: Sales Department <orders@buyriteappliances.com>

To: William Fitzhugh <Peel1232@aol.com>

Date: Thu, Jun 21, 2012 10:08 am

Your appliance MEGA store and more

Thank you for shopping <u>www.BuvRiteAppliances.com</u> This is to confirm that your order has been received and is being assigned to our sales division. Please allow 24-48 hours for your order to be processed.

Order #103559

Your order is subject to review. Once verified and approved your order will ship out via the shipping method selected. When your order will ship a tracking number will automatically be emailed to you.

Questions about your order? Please email us at customerservice@buvriteappliances.com or call us toll free at (888)400-8890.

Sincerely,

BuyRiteAppliances.com

Signature Colors
GE Profile: GFWS3500LWW

Item GE - GFWS3500LWW Sku

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\$849.00

Subtotal

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**Expiration Date Log** 

Initials **Expiration Date** Location: Date: Item

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### **Richmond Medical Center for Women**

Clinical Policies and Procedures Manual

Date & Initial:
Reviewed:
Date & Initial

Department:	Infection	F	Policy Description: Processing of Reusable Medical Equipment
Prevention			
<b>Page</b> : 1 of 2			Replaces Policy Dated:
Effective Dat	e: 1/1/12	F	Reference Number: 12VAC5-412-220C7
Approved:			
Scope:	All staff	11 10	
Purpose:			f infection via reusable medical equipment by detailing levels of cleaning
7 11	and disinfecting	each ty	pe of equipment.  all be cleaned, disinfected, and sterilized to prevent infection from
Policy:	Reusable equip	natient t	to patient or to staff
Procedure:	Reusah	le equip	ment will be processed accordingly:
riocedure.	1100000	io oquip	
	1.	Lab:	
		a)	Tourniquets: Use once. Place in container designated for used
	:		tourniquets. Wipe down with Cavicide wipe. Allow to dry for 3 minutes
		1.	then return to the clean tourniquet container
		D)	<u>Vacutainers</u> : Use once. Place in container designated for used vacutainers. At the end of the day, spray with Cavicide. Wait 3 minutes
			then rinse with clean water.
			then thise with clean water.
	2.	Ultraso	ound:
		a)	Ultrasound probe: Abdominal: Wipe off gel after use. Spray with
			Transeptic. Vaginal: Cover with ultrasound probe cover before use.
			After use, wipe off gel. Spray with Transeptic. Allow to air dry
		b)	Blood Pressure cuff: Wipe off cuff with Cavicide wipes after each use.
			Allow 3 minutes for cuff to dry.
	3	Proced	lure:
	j.		Tourniquets: see above
			Blood pressure cuff: see above
		c)	Table: wipe off any visible blood with absorbent material and discard in
			red bag. Spray with Cavicide or use cavicide wipes. Allow to remain
		-	wet for 3 minutes. See manufacturer's recommendations.
		d)	Instruments: Wash thoroughly with detergent. Wrap and sterilize.
			Single items will be placed in pouches. Sets will be wrapped in blue sterilization paper. Sterilize in autoclave according to manufacturers'
			instructions. Conduct Spore testing weekly (see Spore testing policy and
			procedure). Pouches are considered sterile if there are no rips or wet
			spots for a period of 2 years. Blue wrapped packs are sterile for one
			month. Rotate stock accordingly
		e)	Glass bottle: Spray with Cavicide. Wait 3 minutes. Allow to dry in
		_	clean utility.
	<u> </u>	f)_	Rubber stopper: Spray with Cavicide. Wait 3 minutes. Allow to dry in
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	clean utility.
	and a second contract of the second of the s
	<ul> <li>4. Recovery</li> <li>a) Blood pressure cuff: see above</li> <li>b) Table: see above</li> <li>c) Recliners: treat same as table</li> </ul>
Reference:	12VAC5-412-220C7; Cavicide surface disinfectant decontaminant cleaner: Metrex Research; Sani-Cloth Plus Germicidal Disposable Cloth: Professional Disposable
	International, Inc; Transeptic Cleansing Solution for Ultrasound Transducers/Probes, Parker Laboratories, Inc.

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### **Richmond Medical Center for Women**

Clinical Policies and Procedures Manual

Department: Infection Control	Policy Description: Handling of Soiled Linen	
Page: 1 of 1	Replaces Policy Dated:	
Effective Date: 6/12	Reference Number: 12VAC5-412-220-C4	
Approved:		

Scope:	All facility personnel
Purpose:	To ensure that linen is disinfected and handled so that it does not become contaminated
Policy:	Linens will be disinfected after each use and transported to patient care areas in a manner to ensure that it does not become contaminated
Procedure:	Soiled linen should be handled as little as possible to prevent contamination of the air and persons handling the linen.
	All soiled linen will be bagged in lidded containers at the location where it is used.
	Linens heavily contaminated with blood or other body fluids will be red bagged and transported in a manner to prevent leakage.
	Gloves will be worn when sorting laundry. Laundry will be sorted only in the laundry room, not in patient care areas.
	Linens will be washed in 160 water.
	Staff will wash hands thoroughly before folding clean, dried linens. Linens will be stored in a closed cabinet prior to transport to patient area.
	Clean linens will be transported in a closed container or bag. It will be stored in the patient area in a bag.
Reference:	12VAC5-412-220-C4; CDC Laundry: Washing Infected Material

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CUSTOMER APPROVAL:

A service charge of 1.5%, 1.8 APR, will be added on overdue accounts.

Also, customers are liable for all legal and collection fees.

\$25.00 Fee on all returned checks. No Warranties unless stated in writing.

The finding of deficiency for noncompliance with 12VAC5-412-380 is inappropriate because Richmond Medical Center for Women (RMCW) submitted a plan for coming into compliance with this regulation along with its application, as the regulation clearly allowed. If the Department refuses to remove the finding, it should grant RMCW a variance. The plan that RMCW submitted with its application for licensure continues to be the most accurate statement of its plans to comply with this regulation within two years of licensure. In an effort to provide the Department with an update on our implementation of that plan, following is a timeline for our recent work as well as our work over the next several months:

March 15, 2012 – Brought in an architect to do an assessment of RMCW's facility for compliance with 12VAC5-412-380.

May 8, 2012 – Fire marshal conducted site visit.

June 11, 2012 – Consulted with a second architect.

June 12, 2012 – Brought in a mechanical engineer to do an assessment of RMCW's facility for compliance with 12VAC5-412-380.

June 22, 2012 – Brought in an electrician to do an assessment of RMCW's facility for compliance with 12VAC5-412-380.

### July-Oct. 2012

- Schedule inspections or evaluation visits as appropriate with mechanical engineer to obtain information on insulation rating, compliance with HVAC/ventilation requirements and to create a design for coming into compliance
- Building owner will contact the local building department to schedule an inspection to
  determine compliance with any section of the building code or the UCSB that may be
  applicable based on the date of the building's construction.

Nov. 2012 – Assess information gathered and create a timeline for gathering any outstanding information by the end of 2012.

Nov.-Dec. 2012 – Complete information-gathering process.

Jan.-April 2013 – In consultation with an architect, evaluate whether renovations are necessary and/or feasible. Assess availability and affordability of loans that would be necessary to complete such renovations. Evaluate whether seeking any variances from discrete requirements would allow RMCW to comply with 12VAC5-412-380 and consult Department for information about the process of seeking any such variances and the documentation required. Submit any requests with appropriate documentation.

Contingent on the feasibility, cost, and variances possible, if renovations can be done, establish a timeline for developing a plan for construction, submitting for bids, evaluating bids and hiring a contractor. Consult with Department of Health concerning timeline.

If renovations cannot be done, evaluate whether to move to a new location. Establish a timeline for talking to a broker, assessing the available commercial real estate stock, availability and affordability of loans that would be necessary to accomplish a move, and for deciding whether the costs of such a move would be affordable by RMCW in the long run. Consult with Department of Health concerning timeline.

May-Nov. 2013 – If renovations are possible, begin moving forward on the items in the timeline for renovations. If renovations are not possible, begin moving forward on the items in the timeline for evaluating whether to move.

Dec. 2013-July 2014 – If renovations are possible, attempt to complete all necessary work during this period. If renovations are not possible, attempt to complete the process of moving during this period. Evaluate and seek any variances necessary, depending on the rapidity of either process, in consultation with the Department.