PRINTED: 10/15/2018 FORM APPROVED Health Standards Section STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IOENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING BO0004642 07/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 756 COLONIAL DRIVE **DELTA CLINIC OF BATON ROUGE, INC** BATON ROUGE, LA 70806 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 S 000 Initial Comments S00: Re-licensure survey with Complaints LA00048576 with Tags \$0253, \$0255, and Re-licensure survey with Complaints S0257 cited as a result will be addressed LA00048541, LA00048551, and LA00048576. appropriately in this plan of correction. Tags S0253, S0255, and S0257 cited as a result Appropriate dates of completion will be of Complaint LA00048576 and the re-licensure associated with each tag. survey. There were no deficiencies cited for complaints LA00048541 and LA00048551. S113: This deficiency reflects lack of 10/25/18 see S 113 4421 - C 7-11 Governing Body S 113 appropriateness of facility compliance with attached ingoverning body rule as reflected in section service 7. approving all bylaws, rules, policies, and 4421 of the 2015 Louisiana register. attendance procedures formulated in accordance with all Corrective measures include proper labeling record for and disposal of medications. All medications applicable state laws, rules, and regulations; proper will be done on as needed basis. Any excess 8. ensuring all bylaws, rules, policies, and labeling and will be disposed of in a manner per protocol. disposal of procedures formulated in accordance with all This policy and procedure implemented for medications applicable state laws, rules, and regulations are proper labeling and disposal of medication maintained on the licensed premises and includes employee in-service and training. readily accessible to all staff; This will be performed and supervised by 9. maintaining organization and administration either the director of nursing or experienced of the outpatient abortion facility; member of administrative staff. The newly 10. acting upon recommendations from the hired director of nursing will be required to medical director relative to appointments of be present at the facility at least four times per month for the next 6 to 12 months in persons to the medical staff; order to ensure compliance and proper 11. ensuring that the outpatient abortion facility training. The clinic administrator or is equipped and staffed to meet the needs of its experienced member of administrative staff patients: will also be responsible for implementing this corrective measure. All employees with nursing license will be trained to comply with the proper medication labeling and proper disposal procedure as indicated in the attached policy and procedure for proper disposal of medication.

S SIGNATURE

This Rule is not met as evidenced by:

Based on observation and interview, the Governing Body failed to act upon the

126P1

reviewed 12/3/2018

(X6) DATE

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f continuation sheet 1 of 51

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
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	- 1811	BO0004642	B. WING			3/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ATE, ZIP CODE		
DELTA CI	LINIC OF BATON ROUG	E. INC	NIAL DRIVE OUGE, LA 708	06		
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S 113	Continued From page	e 1	S 113	S113 continued:		
	_	ne outpatient abortion facility he needs of its patients.		The facility has also recently acquire additional nurses to a staff roster to a the issue of an adequate staffing. Or will be required to be in the procedure during procedures at all times of clini	address ne nurse re room	10/25/18 see attached in- service attendance
	at 10:30 AM with S1A Practical Nurse (S1A) that in the facility's 2: total of 6 unlabeled sy liquid contents. Three syringes were noted	acility on 7/09/18 beginning administrator/Licensed dm/LPN), it was observed surgical rooms contained a rringes filled with a clear at 12 cubic centimeter (CC) in a pull out traver in each		monitoring as required by section 44 48:1. The other nurse will be respons running the recovery room which cor vital signs monitoring, clinical monito medication administration as orderec physician in compliance with section LAC 48:1. With this measure in place ensure that the deficient practice will recur. The facility plans to monitor its	35 LAC sible for nsists of ring and d by 4437 t, this will	record for proper labeling and disposal of medications
	6 unlabeled syringes of the syringes as Lid S4Medical Director (Notering filled syringes remain day which was 7/07/1 that the nurses draw (Epinephrine) for S4N	ns. S1Adm/LPN verified the and identified the contents locaine with Epinephrine for MD) to use in performing procedures. She said the led from the last procedural ls. S1Adm/LPN explained up the Lidocaine with Epi MD and the syringes should a the nurses and wasted		performance to make sure that the sare sustained. The incorporation and implementation of the updated policiprocedures (please see attached revipolicy and procedure insert) will aid the ensure that corrective measures are routinely monitored as required by Losection 4427. Quality assurance and performance improvement assessments as the done quarterly during the first year implementation and then annually the This will be conducted by the direction of the process of the conducted member of	olutions I es and vised to AC 48:1 l ent will ar of ereafter.	
	S1Adm/LPN, stated the room with the phy procedures because available and usually recovery room. She would like a nurse in procedures, but this voluming an interview of S4MD (Medical Direct adequately staffed to surgical/procedure rocomplaint he discuss Operations (Director)	in 7/11/18 at 2:00 PM, that she was not able to be in visician during surgical there were only two nurses both were needed in the stated that the physician the exam room during was not possible at this time.  In 7/13/2018 at 10:25 AM, ctor) stated the facility is not allow a nurse to be in the form with him and that is a led with S3Director of and S9President. S4MD		administrative staff by chart audits at observations.  In addition, a new director of nursing hired on 10/31/18. She will be respot for ensuring that the plan of correction medication labeling, administration, medication disposal, and proper chardocumentation is enforced; as this material policy and procedure did not previou On 11/26/18, she underwent a thoro orientation to the facility. She has be updated on the current deficiencies, implemented corrective actions to be monitored and plan for future revision made. She will be responsible for promonitoring, implementation of corrections.	was nsible on for  rt neasure, sisly exist. ugh en currently en ns to be ogress	

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DELTA CI	LINIC OF BATON ROUG	E. INC 756 COLOR				
		BATON RO	UGE, LA 7080	06		
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S 113	Continued From page	2	S 113	S113 continued from page 2		
O HIS	room with him. S4MI undated syringes wer had enough lidocaine him during procedure ideal, but he did not h confirmed that he has S9President and S3D numerous occasions need for additional nu During an interview o S8DON (Director of N the Registered Nurse overall direction of all services provided at t schedule, she stated	O stated the unlabeled, se a stop gap to ensure he available and drawn up for s. He stated that it was not ave adequate help. He seemed with the commendation and		plans, and quality compliance. Since employee in-service training has bee on 10/25/18 to rectify this deficiency, director of nursing will be responsible performing chart audits and direct pe evaluations quarterly for the first year implementation and then bi-annually afterwards to ensure and sustain compliance.	en done the for ersonnel	
	S3Director stated that to work at this locatio monthly because she and was functioning a physician at that locato be here on clinic dicurrently S1Adm/LPN licensed staff availab.  During an interview of S3Director stated that staff to meet the need S4MD sees patients, been here since March body is aware of the She confirmed that Shad verbal communication about having adequations.	and S7LPN were the only				

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	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
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		BATON RO	UGE, LA 7080	<u> </u>		
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S 113	Continued From page	e 3	S 113			
	staff positions. She s approached a hiring/h assist with hiring suffi of the volume of patie agency emailed a par S9President declined expensive." S3Direct aware that S4MD wa instructed to continue procedures a day and advertising is the sambeen running since the voiced the need for multiple of the following:  2. Duties and Respobe responsible for:  a. developing, immonitoring, and annupolicies and procedures and procedure	tated that she has even nead hunter type agency to icient staff to meet the needs ents being seen. The hiring ckage with information, but because "it was too or confirmed the owner is ints more staff, but she is to schedule 10 to 12 di her only option for ne advertisement she has ne medical director first more nursing staff.  Requirements, Qualifications insibilities. The RN shall inplementing, enforcing, fally reviewing written bedures governing ersonnel, including, but not reloping a job description insibilities and duties for ficensed and non-licensed ent with acceptable practice; entation; ning; and alluation for competency; are and services consistent standards of practice; es and functions to each ensed employee his/her licensure, ince, and competence	S 147	S147: This deficiency reflects a lack facilities compliance with staffing requirements, qualifications and responsibilities (LAC 48:1 section 442 facility's current policy and procedure been reviewed and revised to accomall current changes in the nursing procedures and job descriptions for elicensed employee. The changes to policy reflect proper documentation. noted in the deficiency report, some records did not have proper docume of physician's order, patient specific such as date, time and signature. The corrective plan includes revising the paperwork to reflect proper documer written or verbal physician's orders (medication ordered with proper dosiroute of administration, time, date) a signature/initials of licensed staff car the order. Revisions to our document as standing orders, preoperative for recovery form have been made to reappropriate documentation of physic written and/or verbal orders and accommodations for proper nursing documentation. Also this corrective preflected in the revised policy and pr for patient care/nursing procedures/personnel job descriptions.	23). The es have modate each the As patient ntation data e attation of age, and rying out ts such an and flect the ian's elan is occedure	12/30/18
	tandards Section		<del>                                     </del>	4		

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(EACH DEFICIENC	STREET ADD 756 COLOR	RESS, CITY, STA NIAL DRIVE NIGE, LA 7086 ID PREFIX TAG		DE	(X5) COMPLETE DATE	
possesses a current ar practice nursing standing with their ap board; d. ensuring that to on duty is sufficient to patient(s);  This Rule is not met a Based on record revia abortion facility's RN  1) Ensure that the rwere consistent with of practice as evidence administer drugs with accordance with applito ensure each physic patient specific, dated individual for 6 (#1, #15 (#1 - #15) patient total sample of 21 par 2) Ensure that the ron duty was sufficient the patients.  Findings:  1) Review of the Louis Statutory Definition for 37:913 read in part: (ethrough services as called the patients are considered.	ach licensed nurse and unrestricted license to in Louisiana and is in good plicable state licensing are number of nursing staff meet the needs of the as evidenced by: aw and interview, the (Registered Nurse) failed to: aursing care & services accepted nursing standards and by having nurses out a physician's order in icable state laws and failed cian's order was in writing, it, timed, and signed by that it, #10, #2, #3, and #5) of records reviewed out of a	S 147	S147 continued:  All current policy and procedures are reviewed and revised to accommoda current changes in the nursing proce and job descriptions. Each licensed r license or certification will be verified ensure that the personnel is in good standing with the applicable state lice board. Also, licensed and non-license personnel's scope of practice is revie and revised. Special attention will foodelineating duties/job description for nursing and support personnel. This reflected in the updated policy and procedure for personnel job description ensure proper standards for quality owill be ensuring that each employee proper orientation, training and quartevaluations for competency. Currently member of the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the state licensing both the nursing staff has been verified through the nursing staff h	te all dures to dures to	12/30/18	

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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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			UGE, LA 708		<del></del>	
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S 147	Continued From page	5	S 147	S147 continued:		12/30/18
	and wellbeing and ex regimens as prescribe dentists, optometrists prescribers.  Review of Louisiana & Administrative Rules 46: XLVII 3703. Defit Nursing Practice Defit Regimens as Prescrib Dentist, or Authorizing Registered Nurse majudgement of each sit initiated by an author transmitted through a care practitioner provithe said practitioner's Registered Nurses mof an authorized presprovider initiates the structure.	ecuting health care ed by license physicians, or other authorized  State Board of Nursing's Defining RN Practice LAC nition of Terms Applying To nes Executing Health Care bed by License Physician, g Prescriber. The y, based on their individual ruation, accept verbal orders ized prescriber and licensed or certified health ided the order is related to		We have updated all current nursing standards of practice to ensure that to individual is practicing within their accessope of practice. This is to ensure the nursing staff duty is sufficient to meet needs of the patient, ensure patients and maintain the highest quality of stoof care. As previously stated, all current nursing staff have gone through an inservice and training in regards to ora written physician orders, carrying out orders and proper documentation for written and verbal orders to meet accessandards. Also, revisions to our docused as standing orders, preoperative and recovery forms now reflect approdocumentation of physicians written overbal orders and proper nursing documentation.	cepted nat the ithe afety andard ent l- l and those both ceptable uments e forms opriate	
	in prescriptive activity Patient #1 The form titled "Surgi Orders-S4MD (Medic dated 4/27/18 read (i Nubain and Phenergi hour prior to procedu lbuprofen 800 mg (m Trimester Prescriptio Cephalexin 500 mg 1 These orders by S4M not include a dosage Review of Patient #1' Record dated 4/27/18 (Administrator/Licens	cal Abortion Standing al Director)" for Patient #1 n part): an IM (intramuscular) ½ to 1 re; illigrams) listed under First n; po (by mouth). iD, were not timed and did for Nubain and Phenergan. s form titled Pre-operative B revealed S1Adm/LPN		S147 Patient#1  The facility has updated current form show all medications that are ordered physician who is performing the proc with correct doses of each medication ordered and the timeslot to be filled in nurse on duty as well as a signature records will be reviewed by the physis who will sign, date and time orders precipitation of medical dispensing and administration of medical dispensing staff. As previously stated current staff have undergone in-servitarining for physician orders and documentation, patient specific identical and new paperwork on 10/25/18. On quality assurance will be maintained sustained by the director of nursing a experienced member of administrative.	d by edure n n by the line. All cian rior to dication , all ce ifiers going and und/or	

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		BATON RO	OUGE, LA 708	U6		
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S 147	Continued From page	∍6	S 147	S 147 continued from page 6		
	600 mg no 9:00 AM:	Cephalexin 500 mg po 9:00		on a quarterly basis by direct observa	ation	
		nergan IM 9:20 AM. These		and chart audits during the first year		
		<del>-</del>		implementation of plan of correction.	~'	
		ministered pursuant to an				
		ned. Further review of the				
		aled no order for Ibuprofen	ļ			
	T .	was no dosage for the	1			
	Nubain or Phenergan	1.				
	D	- 7/0/40 -t 4:00 DNA				
	During an interview o					
		d the medical record for				
	**	med there was no order for				
	_	at she administered to the				
	patient on 4/27/18. S					
	administered Nubain	and Phenergan IM to				
	Patient #1 and did no	t document the dosage of				
	Nubain or the dosage	e of Phenergan that she				
	administered to the p	atient because she thought				
	the dosages listed on	the Standing Orders was				
	sufficient, S1Adm/LF	N then reviewed the				
	Standing Orders for F	Patient #1 that she was				
	_	rmed there was no dosage	Ì			
	_	Phenergan. She confirmed				
		bain and Phenergan to the				
	• • • • • • • • • • • • • • • • • • • •	plete order. She confirmed				
	1 '	incomplete and were not				
	timed.					
			1	S147 Patient #7		
	Patient #7		1	In-service training for current nursing		
		cal Abortion standing Orders	1	performed by experienced administration staff, has been held on 10/25/18 to e		
		ent #7's record read (in part):	1	that all pages in the patient's file/chai		
		illigrams) - 1 tablet po (by	1	proper patient identifiers (patient's na		
	mouth) for pain	migratio, tradict po (b)	1	chart number) on them prior to carryi		
		(micrograms) _4_ tablets	1	physician orders for medication to be		
	or tablets by me		1	administered. The facility has revised	l its	
		n Standing Orders were	1	paperwork to meet the expectations		
		ted 3/22/18, timed 1:47 PM,		quality care to reduce medical errors		
				ensure patient safety. The director fo		
	and were not patient	•		nursing and/or experienced administ		
		's form titled Pre-operative &		staff will be responsible for performin	g	
	1 '	ted 03/22/18 revealed				
	Misoprostol 800 mcg	po and Ibuprofen 800 mg				

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	1	BATON R	OUGE, LA 708	06			
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S 147	Continued From page 7	,	S 147	Continued from page 7:			
	po were given by S1/ These medications w to an order that was r on the Recovery Roo timed 10:35 AM signe (patient) received and (milliliters) Nubain wit Further review of the order for Nubain or P During an interview of S1Adm/LPN reviewed Record dated 3/22/18 confirmed she admin with 0.25 ml of Phene order to administer N Patient #7, she review	Adm/LPN at 10:35 AM. ere administered pursuant not patient specific. An entry m Record dated 3/22/18, ed by S1Adm/LPN read, "Pt d tolerated 0.75 ml th 0.25 ml Phenergan well." standing orders revealed no henergan.  n 7/10/18 at 2:45 PM, d the Recovery Room 8 for Patient #7 and istered 0.75 ml of Nubain ergan. When asked for the ubain and Phenergan to wed the record and stated		ongoing quality assurance measures direct observation and chart audits o quarterly basis during the first year o implementation. Any deficiencies not be properly and immediately address according to the newly implemented and procedures to ensure that deficient practice will not recur.	n a f ed will sed policy		
	there was no physician's order to administer Nubain and Phenergan. She further confirmed that the Surgical Abortion Standing Orders for Ibuprofen 800 mg 1 tablet po and Misoprostol 200 mcg 4 tablets po were not individualized for the patient because they did not include the patient's						
	dated 3/29/18 in Patic part): Ibuprofen 800 mg (mmouth) for pain Misoprostol 200 mcgtablets by mout The Surgical Abortion signed by S4MD and timed, or patient spec Review of Patient #1 & Operative Record d Misoprostol 400 mcg	cal Abortion standing Orders ent #10's record read (in illigrams) - 1 tablet po (by  (micrograms) 2 tablets or th n Standing Orders were dated 03/29/18, but not		S147 Patient #10 S4MD has been made aware of define practice in regards to the matter of laproper medication ordering, charting/documentation. The facility implemented new standing orders work medications that can be ordered by in physicians. The physician will check off each medication to be ordered will appropriate signature, date and time each. The medical director and physician be ordered. If new or additional medications need to be ordered for put the written medication ordered will be provided by the physician to the nurse.	nck of has ith all ts or mark th for icians ons that patient,	12/30/18	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLET	
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S 147	Continued From page	· 8	S 147	Continued from page 8:		
	medications were adrorder that was not patimed. An entry on the dated 03/29/18, timed S1Adm/LPN read, "P (intramuscular) inj. (ir Phenergan. Pt. tolera Further review of the order for Nubain or P During an interview o S1Adm/LPN reviewed Patient #10 and confi Nubain and Phenerga physician's order to a further confirmed that Standing Orders for Il for pain and Misoproswere not individualized.	ministered pursuant to an tient specific and was not e Recovery Room Record de 4:10 PM signed by the total part of the patient of the patient without a dminister the drugs. She is the Surgical Abortion purpose and to the patient without a dminister the drugs. She is the Surgical Abortion purpose and to the patient because the patient's name or record.		signed, timed and dated with proper projection identifiers, proper dosing and route of administration documented. The direct nursing and/or experienced administration staff will be responsible for performing ongoing quality assurance measures direct observation and chart audits or quarterly basis during the first year of implementation. Any deficiencies note be properly and immediately address according to the newly implemented pand procedures to ensure that deficient practice will not recur.	f ctor for ative g via n a n a ed will ed policy	
	a surgical abortion or Further record review Abortion Standing Ord signed by S6Physicia The orders did not con information.  Review of the Proceed dated 4/17/18, labele signed by S7LPN, reviewed by S7LPN	2's record revealed she had a 4/17/18 by S6Physician. It revealed the Surgical ders form dated 4/17/18 an were not patient specific. Intain identifying patient dure Room Monitoring Form d with Patient #2's name, wealed documentation in the ction which read in-part:  Inoxil, IBU, Cytotec (no dose mented) Oral was circled, signature, timed for 9:36		S147 Patient #2 This deficient practice reflects the fac lack of proper documentation. In addithe medical director and physicians, a current nursing staff has been made of revisions to paperwork. New paper and proper documentation in-service has been performed by appropriate/experienced administration 10/25/18 to ensure that deficient p is identified and reviewed. For examp correction of things documented inco been revised with a line through it an initialed by the staff member who is n the correction instead of writing over error.	ition to all aware rwork training ve staff practice ole, the rrectly d naking	

INJURY CONTRICTION    XI   PROVIDER SUPPLIES   DOCUMENT	nealth	Standards Section					
NAME OF PROVIDER OR SUPPLIER  DELTA CLINIC OF BATON ROUGE, INC  BATON ROUGE, LA 70808  ATON ROUGE, LA 70808  STRIBET ADDRESS, CITY, STATE, ZIP CODE  756 COLONIAL DRIVE BATON ROUGE, LA 70808  ATON ROUGE, LA 70808  PROVIDERS PLAN OF CORRECTION (EACH DEPLOSAVIOURS) SEP PRECEDED BY FULL REGULATORY OR LSC IDENTERINS INFORMATION)  S 147  Continued From page 9  Medication Given: Nubain, Phen. (no dose strength was documented and no route of administration was circled) Given By = STLPN's signature timed for 12:75 PM. The administration time (third numerical entry) was marked over and not clear. On 7709/18 at 1:00 PM, S1Adm/LPN Viewed the form, verified the form was signed by S7LPN and interpreted the unclear/marked over medications administration time at 12:35 PM.  Review of the Recovery Room Record form signed by S6Physician and S7LPN revealed the form was not labeled with any patient identification. The Recovery Room Record form also contained documentation which read in-part. I buprofen 800 mg PO Timed for 9:35 AM, Given by = S7LPN's signature.  Misoprostol 400 mg (no route of administration documented) lim Right Deltoid, timed for 12:43 PM, Given By= S7LPN's initials.  MED Phenergan (no dose amount documented) lim Right Deltoid, timed for 12:43 PM, Given By= S7LPN's initials.  MED Nubain (no dose amount documented) Site Right Deltoid, timed for 12:43 PM, Given By= S7LPN's initials.  MED Nubain (no dose amount documented) Site Right Deltoid, timed for 12:43 PM, Given By= S7LPN's initials.  MED Nubain (no dose amount documented) Site Right Deltoid Timed, for 12:43 PM, Given By= S7LPN's initials.  MED Nubain (no dose amount documented) Site Right Deltoid Timed, for 12:43 PM, Given By= S7LPN's initials.  MED Rational Review of Patient #2. Shadm/LPN verified that the Surgical Abortion Standing Orders in Patient #25 chart were not Patient specific, were dated 471718, were signed by years of the properties of the pr							
NAME OF PROVIDER OR SUPPLIER  DELTA CLINIC OF BATON ROUGE, INC  PREPIX  (AV.) ID  PREPIX  TAG  Continued From page 9  Medication Given: Nubain, Phen. (no dose strength was documented and no route of administration time (third numerical entry) was marked over and not clear. On 7/09/18 at 1:00 PM, STALPN and interpreted the unclear/marked over medications administration time (as on tained documentation with the form was not labeled with any patient identification. The Recovery Room Record form also contained documentation which read in-part:    buprofen 800 mg PO Timed for 9:35 AM, Given by = S7LPN's initials.  MED Nubain (no dose amount documented)  M Right Detoid, timed for 12:43 PM, Given By= S7LPN's initials.  On 7/09/18 beginning at 12:35 PM, Given By= S7LPN's initials.  On 7/09/18 beginning at 12:35 PM, Sidem/LPN verified that the Surgical Abortion Standing Orders in Patient #2's chart were not Patient species, were signed by y			BO0004642	B. WING		1	
SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST AND PULL TAG   PROVIDER'S PLAN OF CORRECTION (EACH OFF CORPECTION )							
Start   Continued From page 9   Start   Continued From page 9   Medication Given: Nubain, Phen. (no dose strength was documented) and not clear. On 7/09/18 at 1:00 PM, StartMcMrD was an at labeled with any patient identification. The Recovery Room Record form also contained documented) timed for 9:35 AM, Given by = S7LPN's signature.    Start   Continued From page 9   Start   S	NAME OF	PROVIDER OR SUPPLIER			ATE, ZIP CODE		
PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION  TAG   Recovery Rom Record form also contained documentation which read in-part:	DELTA	CLINIC OF BATON ROUG	E. INC		06		
Medication Given: Nubain, Phen. (no dose strength was documented and no route of administration was circled) Given By = S7LPNs signature timed for 12:75 PM. The administration time (third numerical entry) was marked over and not clear. On 7/09/18 at 1:00 PM, S1Adm/LPN viewed the form, verified the form was signed by S7LPN and interpreted the unclear/marked over medications administration time as 12:35 PM.  Review of the Recovery Room Record form also contained documentation which read in-part.  Ibuprofen 800 mg PO Timed for 9:35 AM, Given by = S7LPN's sinitials.  MED Phenergan (no dose amount documented) IM Right Deltoid, timed for 12:43 PM, Given By= S7LPN's initials.  MED Nubain (no dose amount documented) IM Right Deltoid Timed, for 12:43 PM, Given By= S7LPN's initials.  On 7/09/18 beginning at 12:35 PM, S1Adm/LPN reviewed and verified the above findings as she reviewed the record of Patient #2. S1Adm/LPN verified that the Surgical Abortion Standing Orders in Patient #2's chart were not Patient specific, were dated 4/17/18, were signed by	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETE
strength was documented and no route of administration was circled) Given By = S7LPN's signature timed for 12:75 PM. The administration time (third numerical entry) was marked over and not clear. On 7/09/18 at 1:00 PM, S1Adm/LPN viewed the form, verified the form was signed by S7LPN and interpreted the unclear/marked over medications administration time as 12:35 PM.  Review of the Recovery Room Record form signed by S6Physician and S7LPN revealed the form was not labeled with any patient identification. The Recovery Room Record form also contained documentation which read in-part:  Ibuprofen 800 mg PO Timed for 9:35 AM, Given by = S7LPN's signature.  Ibiprofen 800 mg PO Timed for 9:35 AM, Given by = S7LPN's initials.  MED Phenergan (no dose amount documented) IM Right Deltoid, timed for 12:43 PM, Given By= S7LPN's initials.  MED Nubain (no dose amount documented) Kite Right Deltoid, timed for 12:43 PM, Given By= S7LPN's initials.  On 7/09/18 beginning at 12:35 PM, S1Adm/LPN reviewed and verified the above findings as she reviewed the record of Patient #2: S1Adm/LPN verified that the Surgical Abortion Standing Orders in Patient #2's chart were not Patient specific, were dated 4/17/18, were signed by	S 14	7 Continued From page	9	S 147	. •		
for this patient to receive the medication Nubain. S1Adm/LPN verified the Nubain was documented as having been administered by S7LPN at 12:43 PM on the undated Recovery Room Record		Medication Given: Nustrength was docume administration was cisignature timed for 12 time (third numerical not clear. On 7/09/18 viewed the form, verif S7LPN and interprete medications administ Review of the Recoversigned by S6Physicia form was not labeled identification. The Realso contained documented documented timed for S7LPN's initials. MED Phenergan (no IM Right Deltoid, time S7LPN's initials. MED Nubain (no dos Right Deltoid Timed, S7LPN's initials.  On 7/09/18 beginning reviewed and verified reviewed the record overified that the Surg Orders in Patient #2's specific, were dated 4 S6Physician, and the for this patient to record as having been admi	abain, Phen. (no dose ented and no route of roled) Given By = S7LPN's 2:75 PM. The administration entry) was marked over and at 1:00 PM, S1Adm/LPN fied the form was signed by ed the unclear/marked over ration time as 12:35 PM.  Bery Room Record form and S7LPN revealed the with any patient covery Room Record form mentation which read in-part:  Timed for 9:35 AM, Given are. (no route of administration or 9:35 AM, Given by=  dose amount documented) ed for 12:43 PM, Given By=  e amount documented) Site for 12:43 PM, Given By=  g at 12:35 PM, S1Adm/LPN it he above findings as she of Patient #2. S1Adm/LPN ical Abortion Standing schart were not Patient //17/18, were signed by the was no Physician order eive the medication Nubain. the Nubain was documented nistered by S7LPN at 12:43		ordered for patient, the written medic ordered will be provided by the physis the nurse; signed, timed and dated we proper patient identifiers. The director nursing and/or experienced administs staff will be responsible for performing ongoing quality assurance measures direct observation and chart audits or quarterly basis during the first year or implementation. Any deficiencies not be properly and immediately address according to the newly implemented and procedures to ensure that deficiencies to	ation cian to vith r for rative g via n a f ed will eed policy	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SUR COMPLETE	
			A. BOILDING		C	
		BO0004642	B. WING		07/13/	2018
NAME OF PI	RÖVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DELTA CI	LINIC OF BATON ROUG	E. INC	NIAL DRIVE			
		BATON R	OUGE, LA 708	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
S 147	Continued From page	e 10	S 147			
S 147	S1Adm/LPN also veri was documented by 3 administered on the u 12:35 PM on the Proc Form dated 4/17/18, interpreted the docum Patient #3: A review of Patient #3 a surgical abortion or Further record review Abortion Standing On signed by S6Physicia the orders did not cor information. Review of Monitoring Form date Patient #3's name, signocumentation in the which read in-part:  Medication Given: Rf (no dose strengths wand IM were circled, signature timed for 9: Medication Given: Prestrength was documentation was cisignature timed for 12: Review of the Recoversigned by S6Physicia form was not labeled identification. The Re	iffied that the same Nubain S7LPN as having been unclear/marked over entry of redure Room Monitoring as she (S1Adm/LPN) mentation.  B's record revealed she had a 4/17/18 by S6Physician. A revealed the Surgical ders dated 4/17/18 and un were not patient specific, intain identifying patient of the Procedure Room ad 4/17/18, labeled with gned by S7LPN, revealed Medication Given section mogam/IBU, Amoxil, Cytotec ere documented) both Oral Given By = S7LPN's 35 AM.  Ben/Nubain. (no dose ented and no route of roled) Given By = S7LPN's 2:45 PM.  Bery Room Record form an and S7LPN revealed the	S 147	S147 Patient #3  This deficient practice reflects the fact lack of proper documentation. In add the medical director and physicians, current nursing staff has been made of revisions to paperwork. New pape and proper documentation in-service has been performed by appropriate/experienced administration 10/25/18 to ensure that deficient is identified and reviewed. For examy correction of things documented incompared by the staff member who is a the correction instead of writing over error. If new or additional medication to be ordered for patient, the written medication ordered will be provided by physician to the nurse; signed, timed dated with proper patient identifiers, director for nursing and/or experience administrative staff will be responsible performing ongoing quality assurance measures via direct observation and audits on a quarterly basis during the year of implementation. Any deficient noted will be properly and immediate addressed according to the newly implemented policy and procedures ensure that deficient practice will not	ition to all aware rwork training we staff bractice ole, the brectly donaking the sineed by the and The ed e for e chart e first cies ely	
	by = S7LPN's signate Misoprostol 400 mcg	O Timed for 9:35 AM, Given ure. (no route of administration or 9:35 AM, Given by=				

DHH/Health Standards Section

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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DELTA CI	LINIC OF BATON ROUG	E. INC	NIAL DRIVE DUGE, LA 7080	ne		
(V4) (D	CHMMARY CTA	***************************************		<del></del>		I
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
S 147	Continued From page	<b>: 1</b> 1	S 147			
	Site Left Deltoid Time S7LPN's initials. MED Phenergan (no	e amount documented) IM d for 12:45 PM, Given By= dose amount documented) for 12:45 PM, Given By=				
	received her surgical involving a 2 day prod 4/26/18 with the use of 5/26/18 with the use of 5/26/18 with the Standing Orders-S4W contained the signature of the Pre-Operative Reand S4MD's signature of 5/26/18 with the Pre-Operative Recommentation of the commentation of the the commentation of the two signatures of the	sedure which initiated on of Dilapan by S4MD.  ent #5's record revealed led as: Surgical Abortion lD's name. The orders re of S4MD but, contained offormation and no date.  ecord with Patient #5's name e, had no date documented. ecord contained is signs and a pain scale PN's signature. The dialso contained the entries:  Oral and Ibuprofen 600 mg we medication entries had		S147 Patient #5 In order to correct this deficient practifacility will ensure that each chart will reviewed by the physician who is to perfect the procedure for orders. Appropriate physician signatures will be enforced written and signed physician orders were viewed by the nursing staff prior to administration of medications. The nunctes for the two day procedures will revised to include an area for the physician to sign that indicates he/she is dischart the patient until the following day and the patient will be sent home with prescriptions for pain management. It corrective measure ensures proper documentation with specific patient identifiers, standard medication order dispensing and administration that measure and administration that measure the standards of care as outline LAC 48:1 section 4451. To ensure question care for patients and ongoing quality assurance, the director of nursing an experience administrative staff will be responsible for conducting chart audit direct observations on a quarterly baduring the first year of implementation deficiencies noted will be properly an immediately addressed according to	be perform  All vill be urses be sician arging that This ring, eets be orders ed to ad in ality of d/or et ts and sis n. Any d	12/30/18
	name, dated 4/26/18, signed by S7LPN, co	notes with Patient #5's timed for 11:33 AM, and ntained the following entry		newly implemented policy and proced ensure that the deficient practice will recur.	dures to	

DHH/Health Standards Section

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S	
			A. BOILDING.		C	
		BO0004642	B. WING			3/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		·
DELTA CI	LINIC OF BATON ROUG	F INC	NIAL DRIVE			
		BATON R	OUGE, LA 708	06		<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETE DATE
S 147	Continued From page	12	S 147			
	Prescription given for return 4/27/18.	IBU & Ultram, instructed to				-
	4/27/18 with Patient # S4MD. This form was and contained the foll Misoprostol 400 mcg signature, Timed 8:29 Other Medication: Am By= S1Adm's signatu Other Medication: Nul dose amount docume signature, Time 8:30.  The Recovery Room name, dated 4/27/18, PM, signed by S7LPN following medication of lbuprofen 600 mg PO Med: Nubain. Med: Phenergan. The Nubain and Pher or route documented. documented medication of the time of administ the medications.  An interview with S1A 11:40 AM, verified the (S1Adm/LPN), admin Patient #5 using these Standing Orders-S4M patient name, date, o	Oral, Given By= S1Adm's  AM.  Doxicillin 500 mg Oral, Given re, Time 8:29 AM. Doain & Phenergan IM, (no meted) Given By= S1Adm's  AM.  Record with Patient #5's  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  I and S4MD, contained the entries in-part:  Discharge time of 12:00  Discharge time of 12:00				
		physician's order for the hthe Physician Orders in				
	patient records and th	•				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE	•	
DELTA CI	DELTA CLINIC OF BATON ROUGE, INC			00		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	DUGE, LA 708	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETE DATE
S 147	Continued From page	e 13	S 147			
S 147	administering the Nutsaid the facility revises Standing Orders in "nincluded the medication Orders. S1Adm/LPN and explained that as also noticed that the rounders did not contain medications and had medications.  On 7/11/18 at 10:15 / following Policy & Prohad presented on 7/1 in-part: Pharmaceutical Servin Administration: Policy: All drugs and administered in compand individual who had under the laws of Louin writing, and signed prescriptive authority  S3Director verified the Patient Care-Pharma Administration that shadministration that shadministration of medical pharmaceutical service Purpose: To identify a said in part:	pain to patients. S3Director of the Surgical Abortion and - April 2018" which on Nubain on the Physician and S3Director continued of this day, (7/09/18), they revised Physician Standing and dosages for some incorrect dosages for some incorrect dosages for some of this day, (7/09/18), they revised Physician Standing and dosages for some incorrect dosages for some of the procedures (P & P) which she of 18 at 1:00 PM, which read of the presention of the presenting authority disiance with an order from as prescriptive authority disiana. Such orders shall be by the individual with under the laws of Louisiana.  The Policy and Procedure: decetical Medication are presented on 7/10/18 at the sestablished criteria for the dications and for emergency dose.	S 147			
	medications in the Cl emergency, by Clinic	the safe administration of inic environment, or in and staff members as directed				
	by the physician.  Procedure: item #5 =	All medications must be				
	ordered by the Physic					
	During an interview o	n 7/11/18 at 4:10 PM,				

STATE FORM

PRINTED: 10/15/2018 FORM APPROVED

If continuation sheet 15 of 51

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	IAME OF PROVIDER OR SUPPLIER	
DELTA CLINIC OF BATON ROUGE, INC  756 COLONIAL DRIVE BATON ROUGE, LA 70806	DELTA CLINIC OF BATON RO	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X6 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPITTED TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	PREFIX (EACH DEFICIE	
S 147  Continued From page 14  S3Director stated that SBDON (Director of Nursing) was only available to work at this location approximately four days monthly. She stated that SBDON worked at another location and was functioning as the nurse assisting the physician at that location so she was not available to be here on clinic days.  An interview, review of patient records and P&P with SBDON was conducted on 7/13/18 at 9:15  AM. SBDON informed that she had seen the way the nurses in the facility were documenting. SBDON said she informed S3Director and S1Adm/LPN on Saturday in June 2018 that the dose/mg strength, route, site, patient name, ordering doctor, and a physician's order for each medicine had to be documented in the patient's chart. SBDON confirmed she was the Registered Nurse who is responsible for the overall direction of all nursing staff and nursing services provided at the facility. When asked her schedule, she stated that she was approved to work approximately four days every month at this location.  2) During a tour of the facility on 7/09/18 beginning at 10:30 AM with S1Adm/LPN, it was observed in a pull out drawer, in each of the 2 surgical rooms, there were 3 unlabeled 12 cubic centimeters (CC) syringes filled with a clear liquid contents. S1Adm/LPN verified the 6 unlabeled syringes and identified the contents of the syringes as Lidocaine with Epinephrine for S4MD (MD) to use in performing cervical blocks during procedures. She said the filled syringes remained from the last procedural day which was 7/07/18. S1Adm/LPN explained that the nurses draw up the Lidocaine with Epinephrine for S4MD (MD) and the syringes	S3Director stated Nursing) was only location approxima stated that S8DON and was functionin physician at that lot to be here on clinic.  An interview, review with S8DON was carrength, ordering doctor, and medicine had to be chart. S8DON con Nurse who is responsed in the facility. Whe stated that she was approximately found coation.  2) During a tour of at 10:30 AM with Spull out drawer, in the there were 3 unlabs syringes filled with S1Adm/LPN verified identified the conte with Epinephrine for performing cervical said the filled syring procedural day while explained that the second with said that the second content of the performing cervical said the filled syring procedural day while explained that the second content is said the second content of the performing cervical said the filled syring procedural day while explained that the second content is said the second content of the second c	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STA	ATE, ZIP CODE		
DELTAG	756 COLONIAL DRIVE					
DELIACI	LINIC OF BATON ROUG	E, INC BATON I	OUGE, LA 708	06		
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S 147	Continued From page	<del>2</del> 15	S 147			
	nurses and wasted w	hen not used.				
	During an interview o	n 7/11/18 at 2:00 PM,				
	_	hat she was not able to be in				
	1	sician during surgical				
	l '	there were only two nurses				
	_	both were needed in the				
	· ·	stated that the physician				
		the exam room during vas not possible at this time.				
	procedures, but this v	vas not possible at this time.				
	During an interview o	n 7/11/18 at 4:10 PM,				
	_	t currently S1Adm/LPN and				
	S7LPN were the only	licensed staff available for				
	patient care.					
	During on intervieus o	n 7/12/18 at 10:15 AM	1			
	9	n 7/13/18 at 10:15 AM, t two nurses are not enough				
		ds of the patients when				
		tor) sees patients. She				
	· ·	en here since March of 2018				
	and the governing bo	dy is aware of the need to				
	hire additional staff.	She confirmed that S4MD				
	•	had verbal communications		,		
		ut having adequate help on			,	
		or stated that she advertised				
		een able to fill the necessary				
		s. She stated that she has iring/head hunter type				
	1 ''	hiring sufficient staff to meet				
	1 -	me of patients being seen.				
		nailed a package with				
		esident declined because "it				
		S3Director confirmed the				
	1	S4MD wants more staff, but				
		ontinue to schedule 10 to 12	1			
	procedures a day and					
	_	ne advertisement she has				
	_	ne medical director first				
	voiced the need for n	iore nursing start.	1	<u> </u>		

DHH/Health Standards Section

STATE FORM

	T OF DEFICIENCIES	(X1) PROVIOER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE S			
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
						С
		BO0004642	B. WING		07/13/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
DELTA CI	LINIC OF BATON ROUG	E. INC 756 COLO	NIAL DRIVE			
		. BATON RO	OUGE, LA 708	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETE DATE
S 147	Continued From page	e 16	S 147			
	S4MD (Medical Direct adequately staffed to surgical/procedure ro complaint he discussing S9President. S4MD in urse in the surgical in the unlabeled, undate to ensure he had end drawn up for him durithat it was not ideal, thelp. He confirmed the S9President and S3D occasions of his reconsiderational nursing staffing and the second ditional nursing staffing in each job strespective job description. Medical training professional shall only professional shall only professional with higher license.  b. Training of a related to the performation medical and clinic provided by a licensed consistent with the foractice.  c. All training professional in the administres documentation of all	mmendation and need for aff.  quirements, Qualifications re, and at a minimum, res shall be provided kill as delineated in their rotion. reg of a licensed medical reprovided by a medical requivalent or  renon-licensed employee rence of job skills relative to cal services shall only be	S 153	S153: This deficiency reflects a lack of facilities compliance with staffing requirements, qualifications and responsibilities (LAC 48:I section 442: facility's current policy and procedures been reviewed and revised to accompall current changes in the nursing provand job descriptions for each licensed employee. The personnel files review not contain files with documentation of training in each job skill as delineated employees respective job description, hire, and at a minimum annually. The is in the process of reviewing and upocurrent licensing, annual evaluations, check list etc. for all current employee employee training will be conducted be director of nursing and/or experienced administrative staff. All documentation service/training, annual evaluations a checklist will be maintained in the empersonnel file. Job descriptions for eaposition will be reviewed and revised ensure each job title has a clear understanding of the duties they are to perform.	3). The s have modate cedures I ed did of in the upon facility dating skills es. All by the din of in-nd skills ployees ch to	10/25/18

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	E CONSTRUCTION	(X3) DATE S	
			A. BOILDING:			С
		BO0004642	B. WING		07/	13/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
DELTA C	LINIC OF BATON ROUG	E. INC	ONIAL DRIVE ROUGE, LA 708	one		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPA DEFICIENCY)	BE	COMPLETE DATE
S 153	Continued From page 1	7	S 153	Continued from page 17:		,
	interview, the facility the files with documentath skill as delineated in the job description, upon annually, for 3 (S3Dir	ersonnel files and staff ailed to maintain personnel ion of training in each job the employee's respective hire, and at a minimum, ector, S10Medical Assistant, of 9 (S1Adm/LPN, S7LPN, cal Assistant, Scrub Tech, S4MD,		Again, please see inserts/attachmen updated and revised personnel desorm The director for nursing and/or expendential administrative staff will be responsible monitoring and maintaining employed /personnel files. Annual file review was performed. Any deficiencies noted with immediately improperly addressed to that the deficient practice will not reconstruct the staff of the staff	ription. rienced le for e rill be o ensure	
	Findings:					
		loyee personnel files with B beginning at 3:00 PM, the e revealed.				
		H of 6/09/17. The personnel service/training documented g/skills check list.				
	personnel file had no	t had a DOH of 7/15/15. The current in-service/training current skills/training check				
		I a DOH of 6/26/14. The current in-service/training training check list.				
	S3Director on 7/13/1	ew of the employee files with 8 at 4:00 PM, S3Director dings and said the facility				

| verified the a DHH/Health Standards Section

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	UILDING:COMPLETE		TED
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		BO0004642	B. WING			3/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ATE, ZIP CODE		
DELTA CI	LINIC OF BATON ROUG	F. INC 756 COLO	NIAL DRIVE			
		BATON RO	OUGE, LA 708	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	8E	(X5) COMPLETE DATE
S 153	Continued From page	e 18	S 153			
	was aware that the ne	ersonnel files were not				
	current and not up to					
S 155	F. Evaluation for Cor a minimum, annually, facility shall conduct a competency of all em skill as delineated in the description.  1. The evaluation for medical professional for mon-licensed employed performance of job clinical services shall licensed medical their applicable scope 4. The administration of all ecompetencies in each file.	ployees related to each job their respective job  on for competency shall ion of job skills and return y the employee. r competency of a licensed shall only be provided by a onal with an equivalent or r competency of a ee related to the skills relative to medical and only be provided by a professional consistent with e of practice. ator shall maintain valuations for n employee's personnel	S 155	S155: This deficiency reflects a lack facilities compliance with staffing requirements, qualifications and responsibilities (LAC 48:1 section 44: facility's current policy and procedure been reviewed and revised to accomall current changes in the nursing properties of the disconstant of the properties of the director of the direct observe and in-service/training. Documentatis such will be properly maintained in the personnel file. Also, the facility will ecompliance with LAC 48:1 section 44 ensure, implement and enforce annureviews of personnel files.	23). The es have imodate occdures ed will be er hire oonsibility erienced attons on of the ne insure 27 to	12/30/18
	Policy and Procedure	t as evidenced by: ersonnel records, facility e (P&P), and interview, the ain personnel files with				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SI COMPLE	
			A BOILDING.			,
		BO0004642	B. WING		1	3/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DELTA CI	LINIC OF BATON ROUG	E. INC	NIAL DRIVE			
		BATON RO	UGE, LA 708	<del></del>		
(X4) 1D PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
S 155	documentation of conhire and at a minimun employees related to in their respective job (S3Director, S5Scrub Assistant, and S11Sc (S1Adm/LPN, S7LPN Assistant, S11Sonogi S4MD, S6Physician, reviewed.  Findings:  A review of the facility Personnel Verification in-part: Policy: 1. To provide and evaluating the comployees to provide to our patents. 2. To identify areas of and provide opportunathieve continuous quantieve continuous quantieve continuous quantieve continuous quantieve process continuum throughout individual.  A review of the facility Personnel Employee Policy: This Clinic striknowledgeable, skillf Procedure: New employee with compidays after initial hire.	npetency evaluations, upon n, annually, for all each job skill as delineated description for 4 Tech, S10Medical mographer) of 9 1, S3Director, S10Medical rapher, S5Scrub Tech, and S8RN) personnel files  It's P&P for: 1 of Competencies read 1 a mechanism for directing impetencies needed by our equality health care services 1 of growth and development, ities for ongoing learning, to uality improvements.  Incy assessment will occur Competencies will be all basis through a and assessed on the employment of an  It's P&P for: Competency read in-part: Ities to employ enthusiastic, ul and competent personnel.  Includes the electric personnel in the electric evaluations 60-120	S 155	S155: This deficiency reflects a lack facilities compliance with staffing requirements, qualifications and responsibilities (LAC 48:I section 442 facility's current policy and procedure been reviewed and revised to accomall current changes in the nursing procedures and job descriptions for elicensed employee. The personnel fill reviewed did not contain files with documentation of training in each job delineated in the employees respectidescription, upon hire, and at a mininannually. The facility is in the process reviewing and updating current license annual evaluations, skills check list eall current employees. Competency evaluation will be performed within the the responsibility of the director of and/or experienced administrative stadirect observations and in-service/tra Documentation of such will be proper maintained in the personnel file. Also facility will ensure compliance with Lasection 4427 to ensure, implement a enforce annual reviews of personnel All employee training will be conduct the director of nursing and/or experied administrative staff. All documentations envice/training, annual evaluations a skills checklist will be maintained in the employees personnel file. Job descrifor each position will be reviewed an revised to ensure each job title has a understanding of the duties they are perform.	23). The ses have modate each es con will as of sing, tc. for the first oon will in nursing aff by lining. rly on the AC 48:1 and files. eed by enced and he ptions declars.	

			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		FED
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		BO0004642			1 07/1.	3/2018
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
DELTA C	LINIC OF BATON ROUG	E. INC	NIAL DRIVE DUGE, LA 7080	06		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	I	(X5)
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETE DATE
S 155	Continued From page	20	S 155		ł	
	S3Director on 7/13/18 following findings wer	B beginning at 3:00 PM, the e revealed.				
	S3Director had a DOI file had no current an competency.	H of 6/09/17. The personnel nual evaluation of			:	
	1	DOH of 01/29/18. The evaluation of competency.				
	S10Medical Assistant had a DOH of 7/15/15. The personnel file had no current annual evaluation of competency.			·		
	- ·	a DOH of 6/26/14. The current annual evaluation of			:	
	files with S3Director of S3Director verified th	nd review of the employee on 7/13/18 at 4:00 PM, e above findings and said that the personnel files not up to date.				
S 163	4425-C - 1-a-o Patier Requirements	nt Med. Records/Reporting	S 163		!	
	kept on all patients:  a. identifica b. date of p c. medical a d. anesthes e. physical f. chief com g. clinical la h. patholog	minimum data shall be ation data; brocedure; and social history; sia and surgical history; examination notes; aplaint or diagnosis; aboratory reports;	and the second s			
DHI Wiesth 9	Standards Section			<u> </u>	L	

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING			С
		BO0004642	B. WING		07 <i>l</i> -	13/2018
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DELTA CL	INIC OF BATON ROUG	E. INC	NIAL DRIVE DUGE, LA 7080	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETE DATE
S 163	k. consultati (when appropriate); l. medical a m. progress and discharge summ. n. nurses' no limited to, all pertinent and medications and/or administered; o. medicatio including, but not limite medication, dose  This Rule is not met Based on review of re Procedures (P&P), ar failed to ensure the m kept on all patients in failing to ensure medi records included the of dose, and route; for 6 (Patient records #1, if (Patient records reviewed out of a total (Patients #1 - #21).  Findings:  Patient #1 Patient #1's form title dated 4/27/18 read (in Nubain and Phenerge	al/ultrasound reports; ion reports  and surgical treatment; is notes, discharge notes, ary; betes, including, but not observations, treatments, dispensed  an administration records, and to, the date, time, and route;  as evidenced by: ecords, Policy and and staff interview, the facility aninimum data required was the medical records by ication administration date, time, medication, and the properties of the properties of the properties and the properties of the properti	S 163	S163: This deficiency reflects the facilack of compliance with patient medic records and reporting requirements (148:I section 4425). The facility will inscorrection planned out will ensure that paperwork is revised to ensure minim data required on patient is being met facility will also be revising all paperwensure all patient identifiers, physicia signatures, nurses signatures, and physician's orders of being carried out facility will incorporate and implemens trategy to ensure all dates, times and dosages of being documented accurand appropriately at all times. The physician review the chart and prepare ordethe nurse, sign off, date and time thour orders. Then the nurse will review the orders, making sure that the orders to carried out appropriately signed by the physician prior to carrying out the physician prior to carrying out the physician prior to carrying out the physician prior to carrying so, we wensuring that the deficient practice is addressed and this ensures that the deficient practice will not recur. This strategy will improve and maintain quistandard of care and reduce medical Again, the facility will ensure that the strategies implemented meet the started as required by LAC 48:I section 4425. Please see attached inserts for alrear revised paperwork for patient medical record.	cal LAC stitute a at all num The vork to n  It. The t a new d ately nysician ers for se e b be directly new nality errors. new ndards idy	12/30/18
DUU/Usalth Ct	landanda Cartina					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			_
		BO0004642	B. WING			3/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DELTA C	LINIC OF BATON ROUG	iE. INC	NIAL DRIVE			
	T	BATON R	OUGE, LA 708			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  SY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
S 163	During an interview of S1Adm/LPN reviewer Patient #1 and confiring the dose of Nubain and administered to the property on the Recc 03/22/18, timed 10:30 read, "Pt (patient) recc (milliliters) Nubain with During an interview of S1Adm/LPN reviewed dated 03/22/18 for Patient #10 An entry on the Recc Patient #10 An entry on the Recc Patient #10 And (injection) of Nubain tolerated well. No issue During an interview of S1Adm/LPN reviewed ated 3/29/18 for Patient #2: A review of Patient #2: A review of Patient #2:	on 7/9/18 at 1:00 PM, d the medical record for med she did not document and Phenergan she ratient and she should have.  Every Room Record dated 5 AM signed by S1Adm/LPN recived and tolerated 0.75 ml th 0.25 ml Phenergan well."  For 7/10/18 at 2:45 PM, d Recovery Room Record ratient #7 and confirmed she l of Nubain with 0.25 ml of ted this was the medication of or the patient and her root indicated the drugs administered to the  Every Room Record for 29/18, timed 4:10 PM signed prediction of the patient and the signed overy Room Record for 29/18, timed 4:10 PM signed prediction of the patient and the signed overy Room Record for 29/18 at 2:00 PM, did Recovery Room Record tient #10 and confirmed she and Phenergan to the	S 163	S163: This deficiency reflects the facilack of compliance with patient medirecords and reporting requirements 48:1 section 4425). The facility will in correction planned out will ensure the paperwork is revised to ensure mining data required on patient is being merecility will also be revising all papernensure all patient identifiers, physicial signatures, nurses signatures, and physician's orders of being carried of facility will incorporate and implements strategy to ensure all dates, times and dosages of being documented accurant appropriately at all times. The pill review the chart and prepare orders the nurse, sign off, date and time the orders. Then the nurse will review the orders, making sure that the orders carried out appropriately signed by the physician prior to carrying out the phyorders. In doing so, we will be ensure the deficient practice is directly addrand this ensures that the deficient prictic will not recur. The facility has also reand revised all policy and procedure pertaining to administration of medications. Our Nubain log will checked daily for proper dosage informedications. Our Nubain log will checked daily for proper dosage informedications. Our Nubain log will checked daily for proper dosage informedications. Our Nubain log will checked daily for proper dosage informedications. Our Nubain log will checked daily for proper dosage informedications. Our Nubain log will checked daily for proper dosage informedications. Our Nubain log will checked daily for proper dosage informedications of medications and propers of medications of medications and propers of medications of medications of medications and propers of medications. Our Nubain log will checked daily for proper dosage informedications of medications of medications of medications of medications and propers of medications of medications of medications of medications of medications of medications and propers of medications of	cal (LAC stitute a at all num t. The work to an  ut. The ot a new nd ately hysician lers for lesse e lessed he hysician's ing that essed ractice wiewed sations, storage le ormation nursing new uality 1 errors. e new undards 5. ady	10/25/18
	03/22/18, timed 10:3: read, "Pt (patient) red (milliliters) Nubain wi During an interview of S1Adm/LPN reviewed dated 03/22/18 for Padministered 0.75 ml Phenergan. She stated administration record documentation did not strength/dose of the patient.  Patient #10 An entry on the Record (injection) of Nubain tolerated well. No is: During an interviewed (injection) of Nubain tolerated well. No is: During an interviewed dated 3/29/18 for Padministered Nubain patient without docur Patient #2: A review of Patient #2: A review of Patient of the control of Patient #2: A review of Patient of the control of Patient #2: A review of Patient of the control of Patient #2: A review of Patient of the control of Patient #2: A review of Patient of the control of th	5 AM signed by S1Adm/LPN believed and tolerated 0.75 ml th 0.25 ml Phenergan well."  on 7/10/18 at 2:45 PM, decovery Room Record attent #7 and confirmed shell of Nubain with 0.25 ml of ted this was the medication of the patient and her obtained the drugs administered to the drugs administered to the drugs administered to the drugs administered limit.  Overy Room Record for 29/18, timed 4:10 PM signed 1, "Pt (patient) received IM inj. with Phenergan. Pt. sues noted."  On 7/11/18 at 2:00 PM, and Recovery Room Record tient #10 and confirmed shell and Phenergan to the menting the dose.		facility will incorporate and implemer strategy to ensure all dates, times are dosages of being documented accur and appropriately at all times. The pile will review the chart and prepare oot the nurse, sign off, date and time the orders. Then the nurse will review the orders. Then the nurse will review the orders, making sure that the orders carried out appropriately signed by the physician prior to carrying out the phorders. In doing so, we will be ensure the deficient practice is directly address and this ensures that the deficient prevised all policy and procedure pertaining to administration of medical disposal of medications and propers of medications. Our Nubain log will be checked daily for proper dosage information and patient identifiers by designated staff and/or clinic administrator. This strategy will improve and maintain question that the strategies implemented meet the strategies implemented meet the strategies implemented meet the strategies implemented meet the strategies paperwork for patient medical revised paperwork for patient medical	nt a new and a tely hysician ers for ose e to be the hysician's ing that essed factice eviewed is actions, storage or mation nursing mew quality 1 errors. It errors. It enew andards 5. addy	

DHH/Health Standards Section

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		(SETTIFICATION NO. INC. INC. INC. INC. INC. INC. INC. INC	A. BUILDING: _		OOM EETED
		BO0004642	B. WING	<u>.</u>	C 07/13/2018
NAME OF P	RÓVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
DELTA CI	LINIC OF BATON ROUG	F INC 756 COLO	NIAL DRIVE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
S 163	Continued From page	23	S 163		
	signed by S7LPN, rev	d with Patient #2's name, realed documentation in the tion which read in-part:			
	strengths were docun Given By = S7LPN's s AM. Medication Given: Nu strength was docume administration was cir signature timed for 12 administration time (ti marked over and not PM, S1Adm/LPN view form was signed by S	· ·			
	signed by S6Physicial form was not labeled identification. The Re also contained docum lbuprofen 800 mg PC by = S7LPN's signatu Misoprostol 400 mcg documented) timed for S7LPN's initials.  MED Phenergan (no IM Right Deltoid, time S7LPN's initials.  MED Nubain (no dose	covery Room Record form nentation which read in-part: D Timed for 9:35 AM, Given			
	the same Nubain was	PM, S1Adm/LPN verified that s documented by S7LPN as tered on the unclear/marked			

DHH/Health Standards Section

STATE FORM

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		BO0004642	B. WING	<del></del>	07/1	3/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
DELTACI	INIC OF BATON ROUG	F INC 756 COLO	NIAL DRIVE			
BATON RO			DUGE, LA 7080	D6		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
S 163	Continued From page	e 24	S 163			
	over entry of 12:35 Pl Monitoring Form date (S1Adm/LPN) had int					
	Patient #3: A review of Patient #3 a surgical abortion or Review of the Proced dated 4/17/18, labele- signed by S7LPN, rev Medication Given sec Medication Given Rr (no dose strengths we and IM were circled, 6 signature timed for 9: Medication Given: Pr strength was docume administration was ci- signature timed for 12 Review of the Recove signed by S6Physicial form was not labeled identification. The Re also contained docum Misoprostol 400 mcg was documented) tim S7LPN's initials. MED Nubain (no dos Left Deltoid Timed fo S7LPN's initials. MED Phenergan (no documented) IM Left Given By= S7LPN's in	B's record revealed she had a 4/17/18 by S6Physician. Jure Room Monitoring Form d with Patient #3's name, wealed documentation in the tion which read in-part:  logam/IBU, Amoxil, Cytotec are documented) both Oral Given By = S7LPN's  35 AM.  len/Nubain. (no dose and and no route of recled) Given By = S7LPN's  2:45 PM.  lery Room Record form an and S7LPN revealed the with any patient are covery Room Record form an entation which read in-part:  (no route of administration led for 9:35 AM, Given by = was documented) IM Site of 12:45 PM, Given By = dose amount was Deltoid timed for 12:45 PM,				
	Patient #5: A review of Patient #:	5 record revealed she				

DHH/Health Standards Section

Health St	andards Section					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDIDANC	o connection	DENTS TO ATION HOWDER.	A. BUILDING: _			
		DO0004640	B. WING		C 07/13/2018	
		BO0004642			07/1	3/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
DELTA CI	INIC OF BATON ROUG	E. INC	ONIAL DRIVE			
		BATON	ROUGE, LA 708			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
S 163	Continued From page	e 25	S 163			
	involving a 2 day prod	edure which initiated on		=		
	4/26/18 with the use					
	The Pre-Operative Re	ecord with Patient #5's name				
		e, had no date documented.				
	The Pre-Operative Re					
'		I signs and a pain scale				
	entry Taken By= S7L Pre-Operative Record					
	following medication					
		Oral and Ibuprofen 600 mg				
		vo medication entries had				
	any documentation po					
	administered the med	lication or at what time.				
	The Dilapan Insertion	for Second Trimester				
		ders with Patient #5's name				
		18, contained no physician				
	signature.					
		notes with Patient #5's				
		timed for 11:33 AM, and				
		ntained the following entry Dilapan inserts Vaginally,				
		BU & Ultram, instructed to				
	return 4/27/18.					
	There was a second	Pre-Operative Record dated				
		5's name and signed by				
		s signed by S1Adm/LPN				
	L	lowing entries in-part:	1			
		Oral, Given By= S1Adm's				
	signature, Timed 8:29	9 AM. noxicillin 500 mg Oral, Given		ľ		
	By= S1Adm's signatu	<del>-</del>				
		ıbain & Phenergan IM, (no				
		ented) Given By= S1Adm's			1	
	signature, Time 8:30	AM.			!	
	The Recovery Room	Record with patient #5's				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		С	
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NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DELTA CI	INIC OF BATON BOLIG	756 COLC	NIAL DRIVE			
DELIACI	LINIC OF BATON ROUG	BATON R	OUGE, LA 708	06		<u>-</u> -
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST 8E PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
S 163	Continued From page		S 163		:	
		Discharge time of 12:00 I and S4MD, contained the				:
	following medication					
	lbuprofen 600 mg PO					
	Med: Nubain. Med: Phenergan.					
	•	nergan had no dose amount				
	or route documented.					
		ons had any documentation tration or who administered				
	the medications.	tration or who administered				
	An interview and review S1Adm/LPN, on 7/11	ew or record with /18 at 11:40 AM, verified the	1			
	-	self (S1Adm), administered				
		t #5 and documentation was				
	missing.					
		m/LPN and S3Director on				
		evealed in-Part: the facility  Abortion Standing Orders in				
		Adm/LPN and S3Director				
		ned that as of this day,				
	(7/09/18), they also n Physician Standing C	oticed that the revised				
	dosages for some me					
	with S3Director on 7/	ew of polices was conducted				
		e Policy and Procedures she				
	'	at 1:00 PM which read				
	in-part: Pharmaceutical Servi	ices Safeguarding				
	Medications:	ooo oalogaalanig				
		h provide for the proper				
		g, and distribution of drugs. ns will be distributed as				
	needed by physician,					
	Medication document					
	Full name of patient			<u></u>		

A. BUILDING:	
BO0004642 B. WING C 07/13/2	/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
DELTA CLINIC OF BATON ROUGE, INC 756 COLONIAL DRIVE BATON ROUGE, LA 70806	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETE DATE
S 163  Name of prescribing physician Name and strength of drug Date of issue Signature of the person administering the mediation. Narrotics and the Narcotic Sign-Out Log are maintained in a locked cabinet in the Administrator's locked office.  S3Director verified the Policy and Procedure: Patient Care-Pharmaceutical Medication Administration that she presented on 7/10/18 at 1:00 PM read in-part: Policy. The Clinic has established criteria for the administration of medications and for emergency pharmaceutical services. Purpose: To identify and clarify circumstances which must exist for the safe administration of medications in the Clinic environment, or in and emergency, by Clinic staff members as directed by the physician. Procedure:  1. Medication will be administered by the physician. All medication orders contain the following: a. Name of the medication b. Dosage c. Frequency d. Method of administration  3.=Oral medications and injections will be administered by the physician, nurse or the medical assistant as directed  5. All medications must be ordered by the Physician. 12. Following administration of any medication, complete documentation in the clinical medical record will include:	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		BO0004642	B. WING		07/1	3/2018
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DELTA CL	INIC OF BATON ROUG	E. INC	NIAL DRIVE DUGE, LA 7080	06		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETE DATE
S 163	with S8DON was con AM. S8DON informed the nurses in the faciliadministration of mediand Phenergan with rishe told them that was the administration of rishe informed S3Direct 2018 that the dose/mipatient name, ordering order for each mediciathe patient's chart.  4425 - E-F Patient Merceiving a surgical of abortion. Patients may corresponding to the This daily patient rost period of three years F. Reporting Requires 1. The outpatient maintain documentatic outpatient abortion reporting requirement to, the induced terms.	ess device fused interventions and title.  of patient records and P&P ducted on 7/13/18 at 9:15 d that she has seen the way ity were documenting the lications such as the Nubain no dose strength and said s not the way to document medications. S8DON said stor and S1Adm/LPN in June g strength, route, site, g doctor, and a physician's ne had to be documented in  ed Records/Reporting  the outpatient abortion facility patient roster of all patients or chemically induced by be identified patient's medical record.  ter shall be retained for a  ements t abortion facility shall	S 163	S 169: This deficiency reflects the fact lack of compliance with LAC 48:I seed 4425 E-F relating to patient medical records/reporting requirements. To rethis deficiency, the facility will ensure proper documentation is maintained support the facilities in compliance with state statute requiring induced terming pregnancy reports to be signed by the attending physician and submitted to Louisiana Department of Health with days after the date of the abortion. On the designated experienced administratiff member and/or the clinic administratiff member and/or the clinic administratifice information is entered into the LEERS database on a weekly basis administrative days. The facility will rephysicians in a timely fashion	emedy that to ith the nation of e the in 30 urrently, trative istrator  at he during	10/25/18
				-		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) DATE				
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<u>.</u>		BO0004642		B. WING		07/1	3/2018
NAME OF PI	ROVIDER OR SUPPLIER	STR	EET ADDR	ESS, CITY, STA	TE, ZIP CODE		
DELTA CI	LINIC OF BATON ROUG	F INC 756	COLONI	AL DRIVE			
DELIACI	LINIC OF BATON ROUG	E, INC BAT	ON ROL	GE, LA 7080	06		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETE DATE
S 169	Continued From page 2	9		S 169	Continued from page 28:		"
	ordinances, and depa regulations 2. The outpatient in accordance with all a	abortion facility shall report applicable state laws for rimes against a child ot limited to:			of outstanding patient record that nee certified. After physician certification is been registered by the state, the doct will be printed and filed in the appropriate patient's chart. Also all required documentation will be mailed to the songoing quality assurance will be maintained and enforced by the design experienced member of the administrator. Monitoring of this correction plan will performed through chart audits on a value basis by the clinic administrator. Also facilities policy and procedures for parmedical record/charting will be update revised to reflect this corrective measures.	nas uments iate tate. gnated ative be weekly the tient ed and	
	failed to ensure that the documentation to support the support of the support of the support of the Louisiana Department of the Louisiana Department of the Louisiana Department of the Support of 15 (Patients #1 reviewed for reporting sample of 21 (Patient)	ew and interview, the facility hey maintained uport that the facility was in tate statute requiring ITOP of Pregnancy) reports to being physician and submitted artment of Health within thirt is the abortion for 1 (Patient - #15) sampled patients grequirements out of a total	y				
	Findings:						
	in part "C. All abortion the attending physicial	1061.21 Reports, revealed, ns reports shall be signed by an and submitted to the nt of Health within thirty days abortion"					
	Pregnancy (ITOP) re	s Induced Termination of port revealed Patient #7's of Pregnancy was 03/22/18					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	!		A. BUILDING.		С	
		BO0004642	B. WING	<u></u>		3/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DELTA CL	INIC OF BATON ROUGE	E. INC	NIAL DRIVE			
		BATON RO	UGE, LA 7080			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ( MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETE DATE
S 169	Continued From page	30	S 169			
	and the Date Certified					
	and the Date Certine	1 Was 04/23/16.				
	During an interview o	n 07/10/18 at 2:55 PM,				
	S3Director of Operation	ons reviewed the ITOP				
	•	and verified that Patient #7's		•		
	ITOP report indicated					
	Certified on the ITOP	8. She verified the Date				
		ons verified the facility did				
	not ensure compliance					
	-	ne ITOP report for Patient #7				
	was not submitted to				ĺ	
!	_	istration System) within thirty				
	(30) days of the termi	nation.		·		
S 253	4451 A-C Pharmaceu	utical Services	S 253	S 253: please see page 32		
	A. All outpatient abo	rtion facilities shall have a		· ·		
	_	substance (CDS) license				
		na Board of Pharmacy and a				
		jency (DEA) registration in				
		icable state and federal				
	laws.	ortion facility shall develop,				
		monitor, and annually review	<b>!</b>			
		rocedures that govern the	1			
	safe storage, prescrit	ping, dispensing, preparing				
	_	drugs and biologicals on the				
	licensed premises.					
		ne outpatient abortion facility				
	for storing drugs and	nated secure storage area	]			
		ed storage area shall be				
	constructed and mair		<b> </b>			
		ccess.				
	The designate	ed storage area shall				
	adhere to the manufa					
	recommendations	for storage of drugs.				
	3. Locked areas	s that are used to store				

STATEMENT OF DEFICIENCIES	1, ,		CONSTRUCTION	(X3) DATE SUR COMPLETE	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		TED
				(	3
	BO0004642	B. WING			3/2018
NAME OF PROVIDER OR SUPPLIES		DRESS, CITY, STA	ATE, ZIP CODE		
DELTA CLINIC OF BATON R	DUGE, INC	NIAL DRIVE			
		OUGE, LA 708		1	
PRÉFIX (EACH DEFIC	Y STATEMENT OF DEFICIENCIES HENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETE DATE
shall conform state laws, and the policies and production and production facility famonitor written procedures, and abortion from manufacture to label.)  1. Not safely storm from manufacture to label.)  2. Not implement accounting of concount was off.)  3. Not implement expired medication from manufacture to label.  4. Tour of the facility famonitors in the famonitors in	ding controlled substances, to all applicable federal and le outpatient abortion facility 's	S 253	S 253: This deficiency reflects the fallack of compliance with LAC 48:I see 4451 A-C regarding reciprocal service director of nursing, in conjunction with medical director will review and imple new policies and procedures regarding safe storage, prescribing, dispensing preparation and administration of drubiologics to ensure and maintain adestandards for quality of care. All medithat are not stored in the manufacture original packaging will be accurrately with content and expiration dates. Quinter the manufacture original packaging will be accurrately with content and enforced by the of nursing and/or the clinic administration of nursing and/or the clinic administration policy and procedures addressing deficient practice is created and implemented.	tion es. The h the ement ng the ligs and quate lications er's labeled uality mance director ator. provided	11/26/18

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					С	
		BO0004642	B. WING		1	3/2018
	11-12-2-1			<u>-</u>	, 0111	0/2010
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
DELTA CI	INIC OF BATON ROUG	E. INC	NIAL DRIVE			
			DUGE, LA 7080	······································		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
S 253	Continued From page	e 32	S 253			
S 253	clear liquid contents. (CC) syringes were n each of the 2 surgical verified the 6 unlabeled the contents of the sy Epinephrine for S4Me performing cervical by She said the filled syr last procedural day w S1Adm/LPN explained the Lidocaine with Epiand the syringes shown urses and wasted w S3Director presented Procedure (P&P) Pha Safeguarding Medical	Three 12 cubic centimeter oted in a pull out drawer in I rooms. S1Adm/LPN ed syringes and identified ringes as Lidocaine with edical Director (MD) to use in locks during procedures, ringes remained from the rhich was 7/07/18, ed that the nurses draw up of (Epinephrine) for S4MD uld have been labeled by the rhen not used.  If the facility's Policy & armaceutical Services strions on 7/10/18 at 1:00 PM.	S 253			
	Review of that P&P revealed in-part: Policy: This Clinic will provide for proper storage, safeguarding, and distribution of drugs. Procedure: Scheduled medications will be counted and logged each patient care day while accessing the cabinet, and at the end of patient care days.					
	and S1Adm/LPN, on staff verified that the P&P for labeling or defrom the manufacture as the 6 identified sylwhich were found on that the only P&P the she presented on 7/1 those policies have nand initialing medical removed from the mapackaging. S1Adm/L are the 2 staff who distant the s					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDIDAN	or Contraction	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		-1.25	
		BO0004642	B. WING		1	3 <u>/</u> 2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AS	DDRESS, CITY, STA	TE, ZIP CODE			
DELTA C	LINIC OF BATON ROUG	E. INC	ONIAL DRIVE				
	T		ROUGE, LA 708		······································		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
S 253	Continued From page	e 33	\$ 253				
S 253	with Epi on each surge the surgical room price each procedure. S1A let the nurses know he Lidocaine with Epi he up the syringes.  During an interview we 10:25 AM, S4MD verwith Epi for paracervithat the nurses would Epi and place the syrisurgical rooms at his that during a procedurextra Lidocaine with leanother and he had the drawers for that purpwas aware that it was syringes of Lidocaine dated, or initialed by medicine. S4MD starsyringes were a stopenough lidocaine avaduring procedures. Hideal, but he did not he 2. An observation of supply with S1Adm/L Operations on 7/10/1 revealed the following.	gical tray to be brought into or to the doctor performing dm/LPN said the doctor will low many extra syringes of wants and the nurses draw with S4MD on 7/13/18 at iffied that he used Lidocaine cal blocks. S4MD explained draw up the Lidocaine with inges of medicine in the request. S4MD explained are, he sometimes needed Epi for one reason or he extra syringes in the ose. S4MD informed that he is an issue, that the drawn up with Epi were not labeled, the person who drew up the ted the unlabeled, undated gap to ensure he had allable and drawn up for him the stated that it was not have adequate help.  The facility's medication in the stated that it was not have adequate help.	S 253				
	office, in a refrigerato	- T					
	emergency kit locate	-					
		of Diazepam 10 milligram					
	(mg) tablets was obs	erved to be in a locked n/LPN's office. The					
		at the Diazepam 10 mg					

DHH/Health Standards Section

STATE FORM

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, 2IP CODE  756 COLONIAL DRIVE BATON ROUGE, INC  SUMMARY STATEMENT OF DEFICIENCIES TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD B) (EACH CORRECTIVE ACTION S		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  DELTA CLINIC OF BATON ROUGE, INC  756 COLONIAL DRIVE BATON ROUGE, INC  X(A) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)  REGULATORY OR LSC IDENTIFYING INFORMATION)  S 253  Continued From page 34  tablets, were in a bottle labeled with a quantity of 500 tablets. \$1Adm/LPN presented the Narcotic Sign-Out Log: The accountability of the Diazepam was documented in the Narcotic Sign-Out Log with the date, patient name, dose ordered, dose administered, Physician ordering, nurse administered, Physician ordering, nurse administered and the End Count of the remaining Diazepam 10 mg tablet administered was dated 7/06/18 by 7LPN with and End Count documented on the Narcotic Sign-Out Log as 6/21/18. The latest Diazepam 10 mg tablet administered was dated 7/06/18 by 7LPN with and End Count documented on the Narcotic Sign-Out Log as 457 tablets remaining.  An interview and review of the facility's Narcotic Sign-Out Log with \$7LPN on 7/11/1/8 at 1:00 PM verified her initials on the 7/06/18 dated entry.  \$7LPN was asked about her accountability of the Diazepam 10 mg tablets after she administered a dose. \$7LPN explained that she documented the quantity remaining (End Count) by subtracting the						<u> </u>	
DELTA CLINIC OF BATON ROUGE, INC  TAG  (X4) ID PREFIX (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 253  Continued From page 34  tablets, were in a bottle labeled with a quantity of 500 tablets. \$14 Am/LPN presented the Narcotic Sign-Out Log with the date, patient name, dose ordered, dose administered, Physician ordering, nurse administered, Physician ordering, nurse administered, Physician ordering, nurse administered and the bottle was dated 7706/18 by 7LPN with and End Count of the 10 piazepam 10 mg tablets affer she administered was dated 7706/18 by 7LPN with and End Count documented on the Narcotic Sign-Out Log as 457 tablets remaining.  An interview and review of the facility's Narcotic Sign-Out Log with \$7.PN on 7/11/18 at 1:00 PM verified her initials on the 7/06/18 dated entry. \$7.PN was asked about her accountability of the Diazepam 10 mg tablets after she administered a dose. \$7.PN explained that she documented the quantity remaining (End Count) by subtracting the			BO0004642	D. VVIING		07/1	3/2018
DELTA CLINIC OF BATON ROUGE, INC  BATON ROUGE, LA 70806  (X4) ID PREFIX  CACH DEPICIACY WIND SEP PRECEDED BY SULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 253  Continued From page 34  tablets, were in a bottle labeled with a quantity of 500 tablets. S1Adm/LPN presented the Narcotic Sign-Out Log: The accountability of the Diazepam was documented in the Narcotic Sign-Out Log with the date, patient name, dose ordered, dose administering, and the End Count of the remaining Diazepam 10 mg tablets. The Order Received date on the bottle was 08/21/18. The first tablet removed from the bottle was dated on the Narcotic Sign-Out Log as 6/21/18. The latest Diazepam 10 mg tablet administered was dated 7/106/18 by 7LPN with and End Count documented on the Narcotic Sign-Out Log as 457 tablets remaining.  An interview and review of the facility's Narcotic Sign-Out Log with S7LPN on 7/11/18 at 1:00 PM verified her initials on the 7/06/18 dated entry. S7LPN was asked about her accountability of the Diazepam 10 mg tablets after she administered a dose. S7LPN explained that she documented the quantity remaining (End Count) by subtracting the	NAME OF P	ROVIDER OR SUPPLIER			TE, ZIP CODE		
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 253  Continued From page 34 tablets, were in a bottle labeled with a quantity of 500 tablets. S1Adm/LPN presented the Narcotic Sign-Out Log. The accountability of the Diazepam was documented in the Narcotic Sign-Out Log. Physician ordering, nurse administering, and the End Count of the remaining Diazepam 10 mg tablet administered was dated 77/06/18 by 7LPN with and End Count documented on the Narcotic Sign-Out Log as 6/21/18. The latest Diazepam 10 mg tablet administered was dated 77/06/18 by 7LPN with and End Count documented on the Narcotic Sign-Out Log as 457 tablets remaining.  An interview and review of the facility's Narcotic Sign-Out Log with the date, patient name of the Narcotic Sign-Out Log with the name of the Narcotic Sign-Out Log as 6/21/18. The latest Diazepam 10 mg tablet administered was dated 7/06/18 by 7LPN with and End Count documented on the Narcotic Sign-Out Log with \$7LPN on 7/11/18 at 1:00 PM verified her initials on the 7/06/18 batted entry. S7LPN was asked about her accountability of the Diazepam 10 mg tablets after she administered a dose. S7LPN explained that she documented the quantity remaining (End Count) by subtracting the	DELTA C	LINIC OF BATON ROUG	E. INC		ne.		
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  S 253  Continued From page 34  tablets, were in a bottle labeled with a quantity of 500 tablets. S1Adm/LPN presented the Narcotic Sign-Out Log. The accountability of the Diazepam was documented in the Narcotic Sign-Out Log with the date, patient name, dose ordered, dose administering, and the End Count of the remaining Diazepam 10 mg tablets. The Order Received date on the bottle was 06/21/18. The first tablet removed from the bottle was dated on the Narcotic Sign-Out Log as 6/21/18. The latest Diazepam 10 mg tablets after was dated 7/06/18 by 7LPN with and End Count documented on the Narcotic Sign-Out Log as 457 tablets remaining.  An interview and review of the facility's Narcotic Sign-Out Log with S7LPN on 7/11/18 at 1:00 PM verified her initials on the 7/06/18 dated entry. S7LPN was asked about her accountability of the Diazepam 10 mg tablets after she administered a dose. S7LPN explained that she documented the quantity remaining (End Count) by subtracting the	(X4) ID	SHMMADV STA		<del></del>			(%6)
tablets, were in a bottle labeled with a quantity of 500 tablets. S1Adm/LPN presented the Narcotic Sign-Out Log: The accountability of the Diazepam was documented in the Narcotic Sign-Out Log with the date, patient name, dose ordered, dose administered, Physician ordering, nurse administering, and the End Count of the remaining Diazepam 10 mg tablets. The Order Received date on the bottle was 06/21/18. The first tablet removed from the bottle was dated on the Narcotic Sign-Out Log as 6/21/18. The latest Diazepam 10 mg tablet administered was dated 7/06/18 by 7LPN with and End Count documented on the Narcotic Sign-Out Log as 457 tablets remaining.  An interview and review of the facility's Narcotic Sign-Out Log with S7LPN on 7/11/18 at 1:00 PM verified her initials on the 7/06/18 dated entry. S7LPN was asked about her accountability of the Diazepam 10 mg tablets after she administered a dose. S7LPN explained that she documented the quantity remaining (End Count) by subtracting the	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	3E	COMPLETE
500 tablets. S1Adm/LPN presented the Narcotic Sign-Out Log: The accountability of the Diazepam was documented in the Narcotic Sign-Out Log with the date, patient name, dose ordered, dose administered, Physician ordering, nurse administering, and the End Count of the remaining Diazepam 10 mg tablets. The Order Received date on the bottle was 08/21/18. The first tablet removed from the bottle was dated on the Narcotic Sign-Out Log as 6/21/18. The latest Diazepam 10 mg tablet administered was dated 7/06/18 by 7LPN with and End Count documented on the Narcotic Sign-Out Log as 457 tablets remaining.  An interview and review of the facility's Narcotic Sign-Out Log with S7LPN on 7/11/18 at 1:00 PM verified her initials on the 7/06/18 dated entry. S7LPN was asked about her accountability of the Diazepam 10 mg tablets after she administered a dose. S7LPN explained that she documented the quantity remaining (End Count) by subtracting the	S 253	Continued From page	∋ 34	S 253			
number of tablets she administered to the patient from the previous End Count entry, and documented that sum total as her End Count on the Log. S7LPN informed she never counted the remaining supply of Diazepam 10 mg tablets in the bottle which the facility used for their supply.  On 7/11/18 at 1:10 PM, the on-hand supply of Diazepam 10 mg tablets was counted by S1Adm/LPN, S7LPN, and S3Director of Operations. The 3 staff verified that the on-hand supply of Diazepam 10 mg tablets was 448 tablets, and the count should have been 457 tablets remaining according to the provider's Narcotic Sign-Out Log with the latest entry dated	S 253	tablets, were in a bott 500 tablets. S1Adm/L Sign-Out Log: The ac was documented in the with the date, patient administered, Physiciadministering, and the remaining Diazepam Received date on the first tablet removed from the Narcotic Sign-Out Diazepam 10 mg tab 7/06/18 by 7LPN with documented on the Natablets remaining.  An interview and revisign-Out Log with S7 verified her initials on S7LPN was asked at Diazepam 10 mg tab dose. S7LPN explain quantity remaining (Enumber of tablets she from the previous Endocumented that sun the Log. S7LPN infor remaining supply of the bottle which the for 7/11/18 at 1:10 P Diazepam 10 mg tab S1Adm/LPN, S7LPN Operations. The 3 stapply of Diazepam tablets, and the countablets remaining accountablets remaining accountable signal stablets.	tel labeled with a quantity of LPN presented the Narcotic countability of the Diazepam he Narcotic Sign-Out Log name, dose ordered, dose ian ordering, nurse e End Count of the 10 mg tablets. The Order bottle was 06/21/18. The rom the bottle was dated on the Log as 6/21/18. The latest let administered was dated in and End Count Log as 457  ew of the facility's Narcotic PLPN on 7/11/18 at 1:00 PM in the 7/06/18 dated entry, bout her accountability of the lets after she administered a led that she documented the End Count) by subtracting the elected and the end count entry, and in total as her End Count on med she never counted the Diazepam 10 mg tablets in accility used for their supply.  M, the on-hand supply of lets was counted by and S3Director of aff verified that the on-hand 10 mg tablets was 448 at should have been 457 cording to the provider's	S 253			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	BO0004642	B. WING		1	C <b>13/2018</b>
NAME OF PROVIDER OR SUPPLIER		PRESS, CITY, STA	TE, ZIP CODE		
DELTA CLINIC OF BATON ROU	GE. INC	NIAL DRIVE DUGE, LA 7080	06		
PRÉFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETE DATE
S1Adm/LPN reveal on-hand supply of I remaining in the bo number of administ Count documented documented entry of S1Adm verified she on-hand Diazepam supply of 500 table administer to patier Policy: A review of Procedure Pharma Safeguarding Mediat 1:00 PM by S3D in-part: Policy: This Clinic vafeguarding, and Procedure: Scheducounted and logged accessing the cabin care days.  3. The facility's supply 1 ml Inject, 50 ml valadm's office in the 10:00 AM. Observation of the vials opened of Each of the 3 vials for 1, 2018 on the mare S3Director of Operathe 3 vials of Lidocal should have been discovered to S4MD was the only only used Lidocaine Observation of the pin Surgical Room #6	1/18 at 1:15 PM with ed that she did not count the Diazepam 10 mg tablets tle, she only deleted the ered tablets from the End on the line above her on the Narcotic Sign-Out Log, never counted the quantity of 10 mg tablets in the provider's s / bottle that she accessed to ts.  the provider's Policy and	S 253			

Health Sta	andards Section					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
						.
		BO0004642	B. WING		07/13/2018	
		500004042			0111	0.2010
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
DELTA CI	INIC OF BATON ROUG	E INC 756 COI	ONIAL DRIVE			
DELTA CE	INIC OF BATON ROOG	BATON	ROUGE, LA 7086	06		
(X4) ID		TEMENT OF DEFICIENCIES	D	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		COMPLETE DATE
ING	REGULATORTOR	ESCIDENTIFFING INFORMATION)	1 AG	DEFICIENCY)	NATE	DATE
			-  -			
S 253	Continued From page	e 36	S 253			
	Ampules had expirati	on dates of March 01, 2018,				
	as verified by S1Adm/LPN.					
	•	vith S3Director of Operations				
	and S1Adm/LPN on 7	· ·				
		acility has not had any	4		ļ	
		te because the facility uses				
		nd. S3Director said any				
	<u> </u>	e wasted, the waste would				
		e medication log, signed by 2 octuding one physician.				
	S3Director said, "no u					
		ned of the 2 ampules of				
		- 100 mg/5 ml, expired since				
	•	were found to be expired in				
		ncy Kit. S3Director said the				
		as over looked, and should			ļ	
	not have been in the	Emergency Kit. S1Adm/LPN				,
	said the 3 vials of Lid	ocaine HCL 10 mg/ml, 50 ml				<u>'</u>
		piration date of July 01,				
		een wasted because the				i
		were no longer using that				
		PN said the doctors now	ļ			
		pinephrine. S3Director said	Ì			
		r disposing of unused or via certified returns was for				
	1	ne facility's emergency kit				
	only.	is tability a difference in the				
	J					
	On 7/11/18 at 10:15	AM, S3Director of				
		the facility's Policy and		İ		
	Procedure: Patient C	are-Pharmaceutical				
		ation which was presented				
	on 7/10/18 at 1:00 Pt	·				
		s established criteria for the				
		dications and for emergency				
	pharmaceutical servi					
		and clarify circumstances				
	L	the safe administration of				
[	medications in the C	linic environment, or in and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		BO0004642	B. WING		C 07/13/2018	
	ROVIDER OR SUPPLIER	STREET ADD 756 COLO	PRESS, CITY, STA NIAL DRIVE DUGE, LA 7080			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	BE	(X5) COMPLETE DATE
S 253	emergency, by Clinic by the physician. Procedure: item #5 = ordered by the Physic Item #6 = Medication: appropriately as direct Desk Reference) or of Item #8 = For proper all supplies will be exexpiration dates.  S3Director said the faunused or expired mehas no scheduled promedications for expirations for expiration facility's policy for dismedications on the facility facility is not possible and/or dismintain written record disposing of unused of F. The outpatient abmaintain written docuprescribed and/or disminulation written docuprescribed and/or disminulating, but not limit 1. full name of the policy facility is name of the policy facility is name and str	All medications must be cian. Is are to be stored atted by the PDR (Physician's other mediation texts. Intermediation administration, amined for defects and acidity because to check on-hand ation. S3Director said the posing of unused or expired ied returns was for the incility's emergency kit only.  Intical Services artion facility shall maintain enting the ordering, receiving, istering of drugs.  Fortion facility shall amined in the drugs.  Fortion facility shall amined in the drugs of the each patient, the patient; in the patient; in the patient; in the patient of the drug; cribed and/or dispensed; and	S 253	S 255: please see page 39.		
DI 1/11/2-246 A	tondards Castion					

Health O	ialiualus Section						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		BQ0004642	B. WING	<u></u>	I .	C 13/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE			
DELTAC	LINIC OF BATON ROUG	F INC 756 COL	ONIAL DRIVE				
DELIAC	LINIC OF BATON ROUG	BATON I	ROUGE, LA 708	06		<del></del>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
S 255	outpatient abortion fawritten records docur drugs for 7 (#1, #2, # (#1, #2, #3, #4, #5. # receiving paracervicatotal sample of 21 (# Findings:  Patient #1 Review of the Operat dated 4/27/18, signed Director) revealed a pto the patient. Further revealed no written dadministered to Patient block.  During an interview of S1Administrator/LPN record for Patient #1 paracervical block with 4/27/18 by S4MD. Stocumentation of the Patient #1.  Patient #2 Review of the Operations and the stock of the patient #2.	t as evidenced by: ew and interview, the cility failed to maintain menting the administration of 3, #4, #5. #7, and #10) of 7 7, and #10) patients al blocks reviewed out of a 1 - #21) patients.  tive Notes for Patient #1 d by S4MD (Medical paracervical block was given ar review of the record ocumentation of the drug ent #1 for the paracervical on 7/9/18 at 3:10 PM, I reviewed the medical	S 255	S 255: This deficiency reflects lack of compliance with LAC 4 4451 D-F regarding pharmace services. The facility will maint of medications ordered in our Facility will maintain written do of the administration of medications receiving paracervica Currently, an experienced administration of medications to the revised protocol to currently administration of medications to the revised protocol to currently employees. Also policy and propertaining to proper medication and administration has been in attached to this plan of correct Medication logs will be maintally designated nursing staff, clinic and/or the director of nursing. logs will be reviewed on a more the medication dispensed and also include appropriate properties. Also, in order to emmaintain compliance, the new director of nursing is responsitive overseeing that this deficient properties are properly followed 12/30/18.	18:I section eutical tain all invoices vendor files. Social tain all invoices vendor files. Social tain actions to all blocks. In accordance ent facility rocedures and tain tain tain tain tain tain tain tain	12/30/18	

DHH/Health Standards Section

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		BO0004642	B. WING		07	C / <b>13/2018</b>	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	,		
DELTA C	LINIC OF BATON ROUG	E. INC	NIAL DRIVE OUGE, LA 708	06			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S 255	patient on 4/17/18 by review of the patient's no written records do of drugs used for the On 7/9/18 at 1:00 PM reviewed Patient #2's was no written docum S6Physician administ paracervical block sh Patient #3 Review of the Operat revealed a paracervic patient on 4/17/18 by review of the patient's no written records do of drugs used for the On 7/9/18 at 1:00 PM reviewed Patient #3's was no written docum S6Physician administ paracervical block sh Patient #4 Review of the Operat revealed a paracervic patient on 4/19/18 by the patient's record records documenting used for the paracervic On 7/10/18 at 3:20 PM reviewed Patient #4's was no written documenting used for the patient #4's was no written document was no written document.	S6Physician. Further a record revealed there was cumenting the administering paracervical block.  I, S1Administrator/LPN arecord and confirmed there mentation of the drug tered to Patient #2 for the e gave on 4/17/18.  In Notes for Patient #3 call block was given to the S6Physician. Further arecord revealed there was cumenting the administering paracervical block.  I, S1Administrator/LPN arecord and confirmed there mentation of the drug tered to Patient #3 for the e gave on 4/17/18.  It ive Notes for Patient #4 call block was given to the e s4MD. Further review of evealed there was no written the administering of drugs vical block.  M, S1Administrator/LPN arecord and confirmed there mentation of the drug S4MD are the for the paracervical sent #4 for the paracervical	S 255				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		BO0004642	B. WING		07/1	3/2018
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DELTA CI	INIC OF BATON ROUG	F INC: 756 COLO	NIAL DRIVE			
	<del></del>	BATON R	OUGE, LA 7080			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST 8E PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
S 255	Continued From page	40	S 255			
	revealed a paracervic Patient #5 on 4/27/18 records documenting administered to Patie block.	by S4MD with no written the drug/drugs nt #5 for the paracervical				
	reviewed Patient #5's was no written docum	AM, S1Administrator/LPN record and confirmed there nentation of the drug S4MD nt #5 for the paracervical				
	dated 3/22/18, signed Director) revealed a p to the patient. Furthe	paracervical block was given or review of the record for o written documentation of				
	S1Administrator/LPN received a Paracervice either Lidocaine or Xy by S4MD, but there we Patient #7 documenti the physician used fo stated that she was now ith the physician durbecause there were and usually both were room. She stated that	n 7/10/18 at 2:45 PM, confirmed Patient #7 cal Block. She stated that ylocaine was administered was no written record for ng the drug administered by r the paracervical block. She ot able to be in the room ring surgical procedures only two nurses available a needed in the recovery the physician would like a procedures.				,
	revealed a paracervion patient on 3/29/18 by	ive Notes for Patient #10 cal block was given to the S4MD. Further review of evealed there was no written				

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1	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			1			^
			D MAINIC		1	C
		BO0004642	B. WING		<u>  07/′</u>	13/2018
NAME OF P	RÖVIDER OR SUPPLIER	STREET AU	DRESS, CITY, STA	ATE, ZIP CODE		
			ONIAL DRIVE			
DELTA CI	LINIC OF BATON ROUG	E. INC	OUGE, LA 708	06		
010.15	0.000.000		<del>-                                    </del>			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETE
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRI		DATE
			l	DEFICIENCY)		
0.055	C	- 44	0.055			·
S 255	Continued From page	3 4 1	S 255		=	
İ	records documenting	the administering of drugs				
	used for the paracery	rical block.				
			1	1		
		in 07/13/2018 at 9:25 AM,	ł	·		
	S8DON (Director of N	lursing) reviewed the				
	medical record for Pa	atient #10. She stated that				
	S4MD documented p	aracervical block given to				
	the patient on 3/29/18	8 with no written				
	documentation of the	drug administered. S8DON				
	stated that 1 % Xyloc	aine with Epinephrine was				
	used for the block for	Patient #10 and it was not		<u> </u>		
	documented, S8DOI	N stated the Operative Notes				
<b>[</b>	form being used by the	he physicians during surgical	1			
	abortions will need to	be redone because the				
	form was created wit	hout a place to document				
1	the drug and amount	used. S8DON stated that				
1	_	be documenting the drug				
	administered during					
		<b>-</b>				
	During an interview of	on 7/13/2018 at 10:25 AM,				
İ	S4MD (Medical Direc	ctor) reviewed the medical	1			
	•	0 and confirmed he gave her	1			1
		and this was documented on	1	1		
		S4MD stated the drug he	1			l
		block was not documented	1			l
		d be created with a place to	1			l
		dministered. He stated that	1			
		t and needs to be corrected.	1			ĺ
		e drug he administered for all	1			I
		eceived paracervical blocks				
	would not be docume	-	1			
			1	1		
	7 4454 C Dhamasa	inal Camringo	1 0 257			
S 257	4451 G Pharmaceuti	cai pervices	S 257			
	G Preparation and A	dministration of Drugs. The	1			ĺ
	1 '	cility shall develop, implement,	1			l
1		review annually written				1
		es governing the preparation				
	of drugs and biologica	us.				1
DHH/Health S	Standards Section		1	1		<u> </u>

PRINTED: 10/15/2018 FORM APPROVED

STATEMENT OF DEPOCHETON  DENTIFICATION NUMBER  BO0004642  NAME OF PROVIDER OF SUPPLIER  STREET ADDRESS, GITY STATE ZIP GODE  758 COLONIAL DRIVE BATON ROUGE, INC  SUMANAY STATEMENT OF DEPICED PY PULL  (MALTO) RESULT OF BATON ROUGE, INC  SUMANAY STATEMENT OF DEPICED PY PULL  (MALTO) ROUGE SUPPLIER  SUMANAY STATEMENT OF DEPICED PY PULL  (MALTO) ROUGE, INC  SUMANAY STATEMENT OF DEPICED PY PULL  (MALTO) ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  REPLICATION ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  REPLICATION ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  REPLICATION ROUGE, INC  SECTION ROUGE, INC  REPLICATION ROUGE, INC  SECTION ROUGE, INC  REPLICATION ROUGE, INC  SECTION ROUGE, INC  SECTION ROUGE, INC  REPLICATION ROUGE, INC  REPLICATION ROUGE, INC  SECTION ROUGE, INC  REPLICATION ROUGE, INC  SECTION ROUGE, INC  REPLICATION ROUGE, INC  REPLICATION ROUGE, INC  SECTION ROUGE, INC  REPLICATION ROUGH REPLICATION ROUGH ROUG	Health St	andards Section					
NAME OF PROVIDER OR SUPPLIER  DELTA CLINIC OF BATON ROUGE, INC  SUMMARY STATESHOP OF DEPOCHAGES  PROVIDER OR SUPPLIER  SUMMARY STATESHOP OF DEPOCHAGES  FROM A PROPERTY STATE, 2 P CODE  785 COLOMIAL DRIVE BATON ROUGE, LA 78886  PROVIDER P. AMOP CORRECTION SHOULD BE  FROM THE PROVIDER OF							
DELTA CLINIC OF BATON ROUSE, INC  PRETIX SUMMARY STATEMENT OF DEFICIENCIES (PROPIDENCE LA 78986)    PRETIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (PROPIDENCE MIST BE PRECEDED BY PULL TAG   PRETIX TAG   PRETIX TAG   PRETIX TAG   PRETIX TAG   PRETIX TAG			BO0004642	B. WING			
DELTA CLINIC OF BATON ROUSE, INC  PRETIX SUMMARY STATEMENT OF DEFICIENCIES (PROPIDENCE LA 78986)    PRETIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (PROPIDENCE MIST BE PRECEDED BY PULL TAG   PRETIX TAG   PRETIX TAG   PRETIX TAG   PRETIX TAG   PRETIX TAG	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DESS CITY ST	ATE ZIR CODE		
DeLTA CLINIC OF BATON ROUGE, IA. 78806  SUBMERY STATEMENT OF DEPOTEDICISES (PAGE DEPOTENCY MIST BE PRECISED BY TILL TAG  RESULATORY OR ISC IDENTIFYING INFORMATION)  S 257  Continued From page 42  1. The outpetient abortion facility shall ensure that all drugs and biologicals are prepared and administered pursuant to an order from an individual, employed or under contractual agreement, who has prescriptive authority in accordance with applicable state laws. Each order shall be in writing, patient specific, dated, timed, and signed by that individual. A copy of such orders shall be maintained in each, individual patient medical record.  This Rule is not met as evidenced by: Based on review of records, Policy and Procedures (PAP), and staff interviews, the abortion facility falled to ensure that all drugs and biologicals were administered pursuant to an order from an individual, employed or under contractual agreement, with has prescriptive authority in accordance with applicable state law authority in accordance with applicable state law and failed to ensure that all drugs and biologicals are prepared and administered pursuant to an order from an individual, employed or under contractual agreement, with has prescriptive authority in accordance with applicable state law and failed to ensure that all drugs and biologicals were administered by:  Based on review of records, Policy and Procedures (PAP), and staff interviews, the abortion facility failed to ensure that all drugs and biologicals were administered pursuant to an order from an individual, employed or under contractual agreement, who has prescriptive authority in accordance with applicable state laws and failed to ensure that all drugs and biologicals were administered pursuant to an order from an individual for 6 (#1, #1, #1, #1, #1, #2, #3, and #5) of 15 (#1 - #15) patient records reviewed out of a total sample of 21 patients (#1, #7, #1, #1, #2, #3, and #5) of 15 (#1 - #15) patient records reviewed out of a total sample of 21 patients (#1, #1, #1, #1, #	TO HAIL OF TH	CONDERCOTOR TELET			37 E, 211 GODE		
FREFIX TAG  REGULATORY OR ISC IDENT FINE (NEORMATION)  TAG  S 257  Continued From page 42  1. The outpatient abortion facility shall ensure that all drugs and biologicals are prepared and administered pursuant to an order from an individual, employed or under contractual agreement, who has prescriptive authority in accordance with applicable state laws. Each order shall be in writing, patient specific, dated, timed, and signed by that individual. A copy of such orders shall be maintained in each, individual aptient medical record.  This Rule is not met as evidenced by: Based on review of records, Policy and Procedures (P&P), and staff interviews, the abortion facility failed to ensure that all drugs and biologicals were administered pursuant to an order from an individual, employed or under contractual agreement, who has prescriptive authority in accordance with applicable state laws and failed to ensure that all drugs and biologicals were administered pursuant to an order from an individual. An opposition of the procedures (P&P), and staff interviews, the abortion facility failed to ensure that all drugs and biologicals were administered pursuant to an order from an individual, employed or under contractual agreement, who has prescriptive authority in accordance with applicable state laws and failed to ensure that all drugs and biologicals were administered pursuant to an order from an individual, employed or under contractual agreement, who has prescriptive authority in accordance with applicable state laws and failed to ensure that all drugs and biologicals were administered pursuant to an order from an individual, employed or under contractual agreement, who has prescriptive authority in accordance with applicable state laws and failed to ensure that all drugs and biologicals were administered pursuant to an order from an individual, employed or under contractual agreement, with the prescriptive authority in accordance with applicable state laws and failed to ensure that all drugs and become the prescriptiv	DELTA CI	LINIC OF BATON ROUG	E. INC		06		
1. The outpatient abortion facility shall ensure that all drugs and biologicals are prepared and administered pursuant to an order from an individual, employed or under contractual agreement, who has prescriptive authority in accordance with applicable state laws. Each order shall be in writing, patient specific, dated, timed, and signed by that individual. A copy of such orders shall be maintained in each, individual patient medical record.  This Rule is not met as evidenced by: Based on review of records, Policy and Procedures (PAP), and staff interviews, the abortion facility failed to ensure that all drugs and biologicals were administered pursuant to an order from an individual, employed or under contractual agreement, will has prescriptive authority in accordance with applicable state laws. The facility sis failed to ensure that each order was in writing, patient specific, dated, timed and signed by that individual. In order to remedy this deficient practice, the facility has revised patient forms to indicate all appropriate medicins administered. Also, policy and procedures that pertains to the preparation and administered. Also, policy and procedures that pertains to the preparation and administered. Also, policy and procedures that pertains to the preparation and administered in the facility's medical providers. The revision and updates to patient forms and facility paperwork will ensure that all medications are being prepared and administered pursuant to written physician orders and that proper patient specific, dated, timed, and signed by that individual, employed or under contractual agreement, will has prescriptive authority in accordance with applicable state laws. The facility paperwork will ensure that all drugs and biologicals accurately reflected. Compliance will be assured by quarterly reviews via chart auditing to be performed by the director of nursing and/or an experienced administrative staff member. Employee in service and training will be performed to educate the staff of this correctiv	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		COMPLETE
	S 257	1. The outpatient that all drugs and biologicals were admorder from an individual patient.  This Rule is not mere accordance with apploated, timed, and sig copy of such orders seach, individual patient.  This Rule is not mere accordance (P&P), a abortion facility failed biologicals were admorder from an individual contractual agreement authority in accordance and failed to ensure apatient specific, date individual for 6 (#1, # (#1 - # 15) patient resample of 21 patients.  Findings:  Patient #1  The form titled "Surg	t as evidenced by: ecords, Policy and instered pursuant to an order from et as evidenced by: ecords, Policy and instered pursuant to an ual, employed or under int, who has prescriptive ce with applicable state laws each order was in writing, d, timed, and signed by that i7, #10, #2, #3, and #5) of 15 cords reviewed out of a total is giral be represented by: ecords and inistered pursuant to an ual, employed or under int, who has prescriptive ce with applicable state laws each order was in writing, d, timed, and signed by that i7, #10, #2, #3, and #5) of 15 cords reviewed out of a total is (#1 - #21).	S 257	failure to comply with LAC 48:I section G regarding pharmaceutical services, facility failed to ensure that all drugs a biologicals were administered pursua order from an individual, employed or contractual agreement, will has presc authority in accordance with applicable laws. The facility also failed to ensure each order was in writing, patient spedated, timed and signed by that indiviorder to remedy this deficient practice facility has revised patient forms to in all appropriate medications administed Also, policy and procedures that pertathe preparation and administration of drugs and biologics a currently being reviewed and revised by the director nursing in conjunction with the facility medical providers. The revision and uto patient forms and facility paperworlensure that all medications are being prepared and administered pursuant written physician orders and that propatient specific identifiers, dates/times signatures are accurately reflected. Compliance will be assured by quarter reviews via chart auditing to be performed to educate the staff of this corrective measure by either the director on ursing and/or an experienced administrative administrative administrative members.	n 4451 The and nt to an under riptive le state that cific, dual. In a dicate red. ains to all of spot all to per se and erly med by ignated aber. be ctor of	12/30/18

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA !DENTIFICATION NUMBER:	1''	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			,
<u> </u>		BO0004642	B. WING		07/13/2018	
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DELTA CI	INIC OF BATON ROUG	E. INC	NIAL DRIVE			
		BATON R	OUGE, LA 708			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
S 257	Continued From page	43	S 257			
S 257	Nubain and Phenerga hour prior to procedur lbuprofen 800 mg (mi Trimester Prescriptior Cephalexin 500 mg 1 These orders were significant with the second dated 4/27/18 (Administrator/Licensia dministered the follo 600 mg po 9:00 AM; (AM; Nubain and Phenedications were adrorder that was not timistanding orders revea 600 mg po and there Nubain or Phenergan During an interview of S1Adm/LPN reviewed Patient #1 and confirmibuprofen 600 mg that patient on 4/27/18. Sadministered Nubain Patient #1 and did no Nubain or the dosage administered to the puthe dosages listed on sufficient. S1Adm/LF Standing Orders for Freferring to and confirmited for the puthe dosages listed on referring to and confirmited for Freferring to and confirmited for the puthe dosages listed on sufficient. S1Adm/LF Standing Orders for Freferring to and confirmited for the puther for Freferring to and confirmited for the puther for Freferring to and confirmited for the puther for Freferring to and confirmited for the puther for Freferring to and confirmited for the puther for Freferring to and confirmited for the puther for Freferring to and confirmited for the puther for Freferring to and confirmited for the puther for Freferring to and confirmited for the puther for Freferring to and confirmited for the puther for Freferring to and confirmited for the puther for Freferring to and confirmited for the puther for the	an IM (intramuscular) ½ to 1 de; illigrams) listed under First n; po (by mouth). gned by S4MD, not timed.  Is form titled Pre-operative of revealed S1Adm/LPN ed Practical Nurse) wing medications: Ibuprofen Cephalexin 500 mg po 9:00 nergan IM 9:20 AM. These ministered pursuant to an need. Further review of the alled no order for Ibuprofen was no dosage for the line of the medical record for med there was no order for it she administered to the she stated that she and Phenergan IM to to document the dosage of e of Phenergan that she attent because she thought of the Standing Orders was PN then reviewed the Patient #1 that she was med there was no dosage	S 257			
	prior to procedure. Si administered Nubain patient without a com	Phenergan IM ½ to 1 hourne confirmed she and Phenergan to the splete order. She confirmed incomplete and were not				

DHH/Health Standards Section

STATE FORM

neaith St	andards Section					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		BO0004642	B. WING		07/1:	; 3/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STA	TE ZIP CODE		
10 HHZ \$1 11	COLD EN OIL OIL OIL OIL OIL OIL OIL OIL OIL OIL		ONIAL DRIVE	- <del></del>		
DELTA CI	LINIC OF BATON ROUG	E. INC	OUGE, LA 7080	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETÉ DATE
S 257	The form titled Surgic dated 3/22/18 in Patial Ibuprofen 800 mg (m mouth) for pain Misoprostol 200 mcg or tablets by mouth and were not patient Review of Patient #7 Operative Record da Misoprostol 800 mcg po were given by \$1.7 These medications who an order that was on the Recovery Rochtimed 10:35 AM sign (patient) received an (milliliters) Nubain with Further review of the order for Nubain or Further review of the order for Nubain or Further to administer Network Record dated 3/22/1 confirmed she admin with 0.25 ml of Phenorder to administer Network and Phenerg that the Surgical Abolibuprofen 800 mg 1 mcg 4 tablets po well patient #7, she review there was no physicin Nubain and Phenerg that the Surgical Abolibuprofen 800 mg 1 mcg 4 tablets po well patient because they name or record num	cal Abortion standing Orders ent #7's record read (in part): illigrams) - 1 tablet po (by  (micrograms) _4_ tablets outh in Standing Orders were ed 3/22/18, timed 1:47 PM, specific. Is form titled Pre-operative & ted 03/22/18 revealed po and Ibuprofen 800 mg  Adm/LPN at 10:35 AM. Ivere administered pursuant not patient specific. An entry om Record dated 3/22/18, ed by S1Adm/LPN read, "Pt d tolerated 0.75 ml th 0.25 ml Phenergan well." standing orders revealed no Phenergan.  In 7/10/18 at 2:45 PM, d the Recovery Room 8 for Patient #7 and histered 0.75 ml of Nubain ergan. When asked for the Jubain and Phenergan to wed the record and stated an's order to administer ian. She further confirmed ortion Standing Orders for tablet po and Misoprostol 200 re not individualized for the did not include the patient's ber.	S 257			
	1	cal Abortion standing Orders ient #10's record read (in				

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I '	CONSTRUCTION	(X3) DATE S	
		BO0004642	B. WING		C <b>07/13/2018</b>	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE		
		756 COLO	NIAL DRIVE	. = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
DELTA CI	LINIC OF BATON ROUG	E. INC	DUGE, LA 7080	06		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETE DATE
	mouth) for pain Misoprostol 200 mcg tablets or	(micrograms)2 ts by mouth a Standing Orders were ed 03/29/18, not timed, and iffic. D's form titled Pre-operative lated 03/29/18 revealed po and Ibuprofen 800 mg PN at 12:13. These ministered pursuant to an tient specific and was not e Recovery Room Record d 4:10 PM signed by t (patient) received IM ajection) of Nubain with ted well. No issues noted." standing orders revealed ar Phenergan.  n 7/11/18 at 2:00 PM, d the medical record for irmed she administered an to the patient without a idminister the drugs. She t the Surgical Abortion buprofen 800 mg 1 tablet po stol 200 mcg 2 tablets po ed for the patient because the patient's name or record	S 257			
Printu (eatr) 2	tandards Section		_t	<u></u>		L

If continuation sheet 47 of 51

Health Standards Section

Tiealiii Qt	andards Section					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
						, l
		DO0004649	B. WING		1	3/2018
		B00004642			] 0771	3/2010
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		i
		756 COL	ONIAL DRIVE			i
DELTA CI	INIC OF BATON ROUG	E. INC	ROUGE, LA 708	06		
(X4) ID	CLIMMADV CTA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
S 257	Continued From page	46	S 257			
0 237			0 237			
	patient specific, the o					
	identifying patient info	ormation.				
		lure Room Monitoring Form				
		d with Patient #2's name,				
		vealed documentation in the				
	i e	ction which read in-part:				
		noxil, IBU, Cytotec, Given By				
	= S7LPN's signature,					
		ıbain, Phen. Given By =				
	_	ned for 12:?5 PM. The	i			
		hird numerical entry) was				
		clear. On 7/09/18 at 1:00				
		wed the form, verified the				
		37LPN and interpreted the				
	unclear/marked over	medications administration				
	documentation time a	as 12:35 PM.				
	Review of the Recove	ery Room Record form	ļ			
		an and S7LPN revealed the	1			
	form was not labeled					
	1	covery Room Record form				
		nentation which read in-part:				
		Timed for 9:35 AM, Given				
	by = S7LPN's signatu					•
		timed for 9:35 AM, Given				
	by= S7LPN's initials.	•	ŀ			<b>}</b>
		Right Deltoid, timed for 12:43	1			1
	PM, Given By= S7LP					
		ght Deltoid Timed, for 12:43				
	PM, Given By= \$7LF					
	, , , , , , , , , , , , , , , , , , , ,					
	On 7/09/18 beginning	g at 1:00 PM, S1Adm/LPN				
	_	the above findings. She				
		Surgical Abortion Standing				<u> </u>
		s chart were not patient	ļ			
	l l	as no written order for the				1
		medication Nubain which				1
		having been administered by				1
		<del>-</del>		1		1
		t 12:43 PM and at 12:35 PM	ı	i		I

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	<del></del>		,	
		BO0004642	B. WING		1	3/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
DELTA CI	LINIC OF BATON ROUG	E. INC	NIAL DRIVE	a e			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	OUGE, LA 7080	PROVIDER'S PLAN OF CORRECTION	N	(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE	
S 257	Continued From page	e 48	S 257				
	physician orders labe Standing Orders-S4N contained the signature of identified patient in the Pre-Operative Reand S4MD's signature. The Pre-Operative Redocumentation of vital entry Taken By= S7L Pre-Operative Record following medication Misoprostol 400 mcg Oral. Neither of the twany documentation padministered the medical patients Standing Oral and the date of 4/26/	al signs and a pain scale PN's signature. The d also contained the entries: Oral and Ibuprofen 600 mg wo medication entries had					
	Hand written nurse's notes with Patient #5's name, dated 4/26/18, timed for 11:33 AM, and signed by S7LPN, contained the following entry in-part: received Dilapan inserts Vaginally, Prescription given for IBU & Ultram, instructed to return 4/27/18.  There was a second Pre-Operative Record dated 4/27/18 with Patient #5's name and signed by S4MD. This form was signed by S1Adm/LPN and contained the following entries in-part: Misoprostol 400 mcg Oral, Given By= S1Adm's signature, Timed 8:29 AM.  Other Medication: Amoxicillin 500 mg Oral, Given By= S1Adm's signature, Time 8:29 AM.  Other Medication: Nubain & Phenergan IM. Given						

neaith St	andards Section							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
					С			
		BO0004642	B. WING			3/2018		
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
	756 COLONIAL DRIVE							
DELTA CLINIC OF BATON ROUGE, INC  BATON ROUGE, LA 70806								
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE		
S 257	Continued From page	e 47	S 257					
	· -							
	on the Procedure Room Monitoring Form as interpreted by S1Adm/LPN.							
	Patient #3:	~						
		3's record revealed she had n 4/17/18 by S6Physician.						
	_	revealed the Surgical						
		ders dated 4/17/18 and						
		an at 2:05 PM were not						
	patient specific, the o							
	identifying patient info	ormation.						
	Review of the Procedure Room Monitoring Form							
	i	d with Patient #3's name,						
	signed by S7LPN, revealed documentation in the							
	Medication Given section which read in-part:							
	Medication Given: Rhogam/IBU, Amoxil, Cytotec, Given By = S7LPN timed for 9:35 AM.							
	Medication Given: Phen/Nubain, Given By =							
	S7LPN timed for 12:4	•						
	Review of the Recovery Room Record form							
		an and S7LPN revealed the						
	form was not labeled							
		ecovery Room Record form			•			
		mentation which read in-part:						
	i by = S7LPN.	Timed for 9:35 AM, Given						
		timed for 9:35 AM, Given						
	by= S7LPN.							
		Left Deltoid timed for 12:45	1					
	PM, Given By= S7LF							
	PM, Given By= S7LF	Left Deltoid timed for 12:45						
	I W, Given by 3/Lr	11.						
1	Patient #5:			1				
		5's record revealed she						
	received her surgical							
		cedure which initiated on						
	4/26/18 with the use	of Dilapan by S4MD.				<u></u>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:		С			
		BO0004642	B. WING		07/13/2018			
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE				
DELTA CI	DELTA CLINIC OF BATON ROUGE, INC 756 COLONIAL DRIVE							
BATON ROUGE, LA 70806  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)								
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE			
S 257	Continued From page 49		S 257					
	By= S1Adm's signature, Time 8:30 AM.							
	name, dated 4/27/18, PM, signed by S7LPN following medication ibuprofen 600 mg PC Med: Nubain. Med: Phenergan.	).						
	11:40 AM, verified the (S1Adm/LPN), admin Patient #5 using thes	Adm/LPN, on 7/11/18 at e nurses, including herself istered medications to e same Surgical Abortion ID which did not contain a r chart #.						
	facility was aware of for the medication Nu Orders in patient recowns administering the orders. S3Director sa Surgical Abortion Sta 2018" which included the Physician Orders S3Director continued day, (7/09/18), they a Physician Standing C	B at 2:30 PM revealed the this lack of physician's order ubain on the Physician order ubain on the Physician order and the fact the staff e Nubain to patients without id the facility revised the inding Orders in "mid - April I the medication Nubain on . S1Adm/LPN and and explained that as of this also noticed that the revised orders did not contain edications and had incorrect						
	following Policy & Pro had presented on 7/1 in-part:	AM, S3Director verified the ocedures (P & P) which she 0/18 at 1:00 PM, which read ices Physician Orders and biologicals shall be						

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN DF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		BQ0004642	B. WING		C 07/13/2018	
NAME OF PE	OVIDER DR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
DEL 74 6:	INIO OF DATON DOUG	756 COLOI	NIAL DRIVE			
DELTA CL	INIC OF BATON ROUG	E, INC BATON RO	UGE, LA 7080	6		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	CTIVE ACTION SHOULD BE C NCED TO THE APPROPRIATE	
S 257	Continued From page	e 50	S 257			
S 257	administered in compand individual who had under the laws of Louin writing, and signed prescriptive authority.  S3Director verified the Patient Care-Pharma Administration that shadministration of medical particular administration of medical service Purpose: To identify a which must exist for the medications in the Clemergency, by Clinic by the physician.  Procedure: item #5 = ordered by the Physician and interview, review with S8DON (Director on 7/13/18 at 9:15 All had seen the way the documenting. S8DON S3Director and S1Ad June 2018 that the dipatient name, ordering	diance with an order from as prescriptive authority disiana. Such orders shall be by the individual with under the laws of Louisiana.  The Policy and Procedure: ceutical Medication are presented on 7/10/18 at a sestablished criteria for the dications and for emergency ces. The area and clarify circumstances the safe administration of inic environment, or in and staff members as directed.  All medications must be cian.  Of patient records and P&P or of Nursing) was conducted M. S&DON informed that she is nurses in the facility were	S 257			
	prescriptive authority S3Director verified th Patient Care-Pharma Administration that st 1:00 PM read in part: Policy: The Clinic has administration of med pharmaceutical service Purpose: To identify a which must exist for t medications in the Cl emergency, by Clinic by the physician. Procedure: item #5 = ordered by the Physic An interview, review with S8DON (Directo on 7/13/18 at 9:15 Al had seen the way the documenting. S8DOI S3Director and S1Ad June 2018 that the d patient name, orderin order for each medic	e Policy and Procedure: ceutical Medication ne presented on 7/10/18 at sestablished criteria for the dications and for emergency ces. and clarify circumstances the safe administration of inic environment, or in and staff members as directed  All medications must be cian.  of patient records and P&P or of Nursing) was conducted M. S&DON informed that she enurses in the facility were N said she informed m/LPN on a Saturday in ose/mg strength, route, site, ng doctor, and a physician's				