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JUN 26 2019

J44311

If con inua ion sheet 1 of 62

PRINTED: 06/12/2019 FORM APPROVED

(X4) ID PREFIX TAG Initial L 000 Initial An on invest April 2 detern and re includ Chapt The c compl with a physic within to sub patien were been s Invest RHS v 30-30 failure as req	E HEALTH SE SUMMARY ST. ACH DEFICIENC EQUATORY OR I Comments A-site, unanno tigation (MOO 2, 2019, to Ma mine complia egulations go ling 19 CSR 3 ter 188, RSM omplaint inve leted, due to on ongoing invo cians who pro- the medical recont of the medical recont of	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) ADDITIONAL STATES DUNCED STATES D	REST PARK OUIS, MO 6 PREFIX TAG	33108 PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED	ACTION SHOUL	DBE C	(X5) COMPLE DATE
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Chapt The c compl with a physic within to sub patien were been Invest RHS 30-30 failure servic as req	ter 188, RSM complaint inve- leted, due to in ongoing inv cians who pro- the medical ionit to intervie of medical rec- initially refuse	o (Regulation of Abortions). estigation was unable to be RHS' refusal to fully cooperate vestigation. To date, some ovided the care documented records reviewed have refused ews and requests for copies of cords and relevant policies ed. Requested records have provided.					
The c compl with a physic within to sub patien were been Invest RHS 30-30 failure servic as req	omplaint inve leted, due to in ongoing inv cians who pro the medical i omit to intervie fr medical rec initially refuse	estigation was unable to be RHS' refusal to fully cooperate vestigation. To date, some ovided the care documented records reviewed have refused ews and requests for copies of cords and relevant policies ed. Requested records have provided.					
compl with a physic within to sub patien were been been Invest RHS 30-30 failure servic as req	leted, due to in ongoing inv cians who pro the medical i omit to intervie int medical rec initially refuse	RHS' refusal to fully cooperate vestigation. To date, some ovided the care documented records reviewed have refused ews and requests for copies of cords and relevant policies ed. Requested records have provided.					
with a physic within to sub patien were been Invest RHS 30-30 failure servic as req	in ongoing inv cians who pro- the medical i omit to intervie the medical rec initially refuse	vestigation. To date, some ovided the care documented records reviewed have refused ews and requests for copies of cords and relevant policies ed. Requested records have provided.					
physic within to sub patien were been Invest RHS 30-30 failure servic as req	cians who pro the medical i omit to intervie t medical rec initially refusi	ovided the care documented records reviewed have refused ews and requests for copies of cords and relevant policies ed. Requested records have provided.					
within to sub patien were been Invest RHS v 30-30 failure -ensu Servic as req	the medical i mit to intervie t medical rec initially refusi	records reviewed have refused ews and requests for copies of cords and relevant policies ed. Requested records have provided.					
to sub patien were been Invest RHS v 30-30 failure Servic as req	omit to intervie it medical rec initially refuse	ews and requests for copies of ords and relevant policies ed. Requested records have provided.					
patien were been Invest RHS 30-30 failure -ensu Servic as req	nt medical rec initially refuse	ords and relevant policies ed. Requested records have provided.					
were been s Invest RHS 30-30 failure -ensu Servic as req	initially refuse	ed. Requested records have provided.					
been : Invest RHS \ 30-30 failure -ensu Servic as req	subsequently	provided.					
RHS 30-30 failure -ensu Servic as req		gs include:					
RHS 30-30 failure -ensu Servic as req		gs include:				· 2 ·	
30-30 failure -ensu Servic as req	tigation findin	28 PF 1 PF 14					
30-30 failure -ensu Servic as req		able meutetine de cor					
failure -ensu Servic as req		cable regulation, 19 CSR and state law evidenced by a					
-ensu Servic as req		and state iaw evidenced by a	1				
Servic as req					•		
Servic as req	re the Depart	ment of Health and Senior					
		to complete an investigation,					
failing		pter 197.230 RSMo, to include					
이 이 이 이 이 가지?	to induce, er	courage, compel, or motivate					
		provide patient care at RHS to					
		s and failure to ensure the					
		nt medical records; an performing the informed					
		me physician performing the					
		ents, as required by Chapter					
	27.6 RSMo;						
		tion report was completed and					
		ortion for 1 patient, as required	1				
by Cha	apter 188.052	2.2 RSMo.					
-	ويحرج والمرجز والمحرسات			1			
RHS V		able regulation, 19 CSR	1				

Missouri Department of Health and Senior Services

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE COMP	SURVEY LETED
	· · · · · · · · · · · · · · · · · · ·	MOA-0014	B. WING		05/2	2 18/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	nan . Th	
REPROL	DUCTIVE HEALTH SE	RVICES / PLANNE	REST PARK A DUIS, MO 63			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
L 000	Continued From p	age 1	L 000			
		pertaining to providing care in t and following standards of a failure to:				
	the time of the hea manner to accurat	examination was completed at lth assessment and in a ely document the size and			. · ·	
	abortion, which con -ensure the accura	ient's uterus prior to a surgical ntributed to a failed abortion; icy of a gross examination of				
	patients; -ensure there was	re a completed abortion for 2 communication with the the discovery of failed				
	abortions for 2 pat -ensure prompt fol complaining of cor for 1 patient;			:		
	patients prior to the abortions following -ensure the inform	e performance of new surgical				
	for 2 patients; -ensure the approp	riateness of nursing care for 1 structed to perform a				
	self-fundal massag weeks and 1 day g -ensure an abortio	le for post-abortion care at 7 estational age; n was planned in a safe				
	therapeutic abortio a previous history (batient presenting for a n at 21 weeks and 5 days with of a C-section and a diagnosis				
	transfer to a hospit described as critica	resulting in an emergency al, where the patient was ally ill and suffering from shock, for treating hypotension) and				
	suffering massive I underwent emerge	blood loss. The patient ncy surgery (bilateral uterine) to control life-threatening			an a	

Missouri Department of Health and Senior Services STATE FORM



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If con inua ion sheet 2 of 62

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Missouri Departme	nt of Lloolth one	- Contar Convinc		
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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	th and Senior Services (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLE A. BUILDING: B. WING	CONSTRUCTION		LETED
	RÖVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S			
		4251 FO	REST PARK A			na. Na shine ta sh
REPROD	UCTIVE HEALTH SE	SAINT L	OUIS, MO 631	08		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETE DATE
L 000	Continued From pa	ge 2	L 000		in the second	
	-ensure the approp conveyed to 1 patie diagnosis of placen pregnancy condition placenta grows too 21 weeks and at tel showing evidence of	riate risks and benefits were nt of the likelihood of a ta accreta (a serious n that occurs when the deeply into the uterine wall) at m with an ultrasound not of an accreta.				
	30-30.060(3)(B), per patient medical recommendation medical recommendation manner that accurate date a record was of specific amendment -ensure the medicate the identity of the pl abortion for 1 recommendation for 1 recom- ensure the medicate a record of supervise performing abortion	I record accurately documents sion for residents and fellows s at the facility for 2 records.				
	30-30.060(3)(H) per complication reports -ensure a complicat medication abortion department, as requ RHS violated applic 30-30.060(8)(C) per taken regarding ide provided, evidenced - ensure the approp	able regulation, 19 CSR taining to the lack of action ntified problems with care I by a failure to: riateness of the care provided				
Iscourt Dop	at the facility was re	viewed regarding the ed abortions documented ecords from			a an	

Missouri Depart STATE FORM

J44311

If con inua ion sheet 3 of 62

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLI A. BUILDING B. WING			LETED
	PROVIDER OR SUPPLIER	•	DDRESS, CITY, S		1 03/2	0/2019
	UCTIVE HEALTH SE	AUCES / PLANNI 4251 FO	REST PARK A	VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
L 000	Continued From pa	ige 3	L 000			
	through					
		was taken regarding problem	S			
	facility, regarding th	dical care provided at the				
		ent of Deficiencies issued to				
		e March 13, 2019 annual violations of 19 CSR				1.000 million
		3) for failure to perform a				
		during the 72-hour				
		sment and 19 CSR (L1076) for failure of the				
		e same physician performing				
		nt performs the abortion.)				
		i i transferi i mani se				
L1069	19 CSR 30-30.060 shall have full legal	(1)(A)(1) The governing body	L1069			
	Shain Have Juli Jegai					
	responsibility for de monitoring policies operation and for e administered in a n	y shall have full legal termining, implementing, and governing a facility's total nsuring that the policies are nanner to provide acceptable onment and in accordance				
		ements and standards of care				
	This regulation is r	ot met as evidenced by:				
		cord review and review of the				
	standards of medic	al care, the facility failed to				
	ensure:					
	-the pelvic examina	tion was completed at the				
1. A 1.	time of the health a	ssessment and in a manner				
		nent the size and orientation o	f			
	abortion, which con	#1) uterus prior to a surgical tributed to a failed abortion;			. '	·
	-the accuracy of a g	pross examination of fetal				
	tissue to ensure a c	completed abortion for 2			10 M	
ouri Depa	intment of Health and Se	nior Services				1
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TATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMPL	ETED
		MOA-0014	B. WING		C 05/2	, 8/2019
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	IATE, ZIP CODE		
REPROD	UCTIVE HEALTH SE	ERVICES / PLANNI	REST PARK AN OUIS, MO 631			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) Complete Date
1.4000	A	<u></u>	1 4000			
L1069	Continued From p	age 4	L1069			
1	patients (Patient #					
		inication with the pathology lab				
		of failed abortions for 2				
	patients (Patient #					
		up with a patient complaining				
		nancy symptoms for 1 patient				
	(Patient #2);	was provided to 2 patients				
) prior to the performance of			÷.	i
		ions following failed abortions;			;	
		sent process included the				
		our required waiting period for				
	2 patients (Patient					
		ss of nursing care for 1 patient				
		as instructed to perform a				
ŀ.		ge for post-abortion care at 7				
	weeks and 1 day g					
		lanned in a safe environment				
		nt #12) presenting for a				
		on at 21 weeks and 5 days with				
12		of a C-section and a diagnosis				
		resulting in an emergency tal, where the patient was				
		ally ill and suffering from shock				
		for treating hypotension) and	••			
		blood loss. The patient				
		ncy surgery (bilateral uterine				
		1) to control life-threatening				
	blood loss (2L);					
		sks and benefits were				
		ent (Patient #12) of the				
		nosis of placenta accreta (a				
		condition that occurs when the				
		o deeply into the uterine wall) a	L			
	showing evidence	erm with an ultrasound not				
: A I	SHOWING EVIDENCE	Ur an auciela.				-
	Findings included:					
		·		$_{\rm eff}$ = 100	: 4.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		edical record for Patient #1		· · · · · · · · · · · · · · · · · · ·		
	riment of Health and S					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPL A. BUILDING: B. WING			LETED
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
EPROD	UCTIVE HEALTH SE	RVICES / PLANNI	REST PARK A OUIS, MO 63	NATION DE LA COMPANIA		
X4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
L1069	Continued From pa	age 5	L1069			
	a ser a s					
	showed she prese					
		formed consent for a surgical				
		med consent document is				
l	Staff E. The docur	and is signed by the patient and				
		litrasound was performed on				
		stational age was determined				
		4 days. The patient agreed to				
- 14 - d		piration. The record notes the			1	
		a prior surgical abortion in			: 	.
	2016 and encounter	ered "abnormal bleeding after				
	abortion" as a resu	It of that event.				
						-
	Patient #1 presente	ed to RHS for a surgical				
	abortion on	. A physical and		•		
	pelvic examination	is documented in the record				
	as conducted by pl	nysician resident, Staff F. Staff				
	1 A Research and A Social S	uterine orientation as "Ant"				
	and the second	e as "less than 6 weeks". The				
		formed at 11:35 a.m. by				
		aff A. The abortion was not				
		Itrasound. The patient's cervix				
	 A standard, etc. 	nd a 7mm cannula was used				.
		The physician notes that				
		ted with difficulty MVA				
		ssue returned." Additional				
	visit comments, en	tered into the record and dated	1			
	antouro ta di la di	, at 12:00 p.m., state, "Uterus				ŀ.
		offexed. Dilated to 21Fr and				
		ed. MVA deployed with no med. Ultrasound brought to			ر میں اور	
		igain to pass dilator with				
		oth transvaginal and				
		asound views utilized.				
		empt to visualize dilator on US				
		doned. Will plan for				
		" A note in the record dated				1
		at 12:45 p.m., states,				
'	"Medication AB tea	ching completed and HCG		and the second secon		-
		ipt scheduled." The recorded	1			1.1.1.1

STATE FORM

J44311

0890

If con inua ion sheet 6 of 62.

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLE A. BUILDING: B. WING	CONSTRUCTION	C	ETED
	PROVIDER OR SUPPLIER	STREET A 4251 FC	DDRESS, CITY, S REST PARK A OUIS, MO 631	VENUE		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
L1069	includes a "patient administration of M signed by the patien note in the had unsuccessful in AB initiated, HCG	Staff J, nurse. The record agreement" form for the lifeprex. The agreement is ant and Staff E and is dated at 12:00p.m. An additional record states, "Pt n clinic procedure. Medication drawn. Pt scheduled for apt epeat HCG." The entry was				
	generated by Staff at 9:20 a.m., states review for encount was present for the treatment and follo document noted, " retroflexed uterus fundus. Although 1 be appreciated with and traction on the uncomfortable for uterus made TA u/ able to confirm the	s in part, "Supervising provider er on second 9:20 AM I e procedure and agree with the w up plan(s)." Further, the pt. with an very acutely and the pregnancy at the the canal and path was able to h eth17F Pratt dilator, the angl	e			
	with early gestation Sab and proceed v explained with pati The record indicate on the record indicate on the record indicate to Staff J, nurse. T patient contact as the reports only mild contact as the since taking misop Encouraged pt to v	al age, we opted to stop the vith MAB. Discussed and ent. Questions answered." All at 12:05 p.m., and spoke the record documents the follows, "Spoke with pt who amping and scant bleeding rostol at 530pm last evening. vait thru tonight to give 24 hrs to work and if she still				

STATE FORM

J44311

5869

If con inua ion sheet 7 of 62

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Missouri	Department	of Health and	Senior Services	-

in a Watterstein wie	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPL	ETED
		MOA-0014	B. WING			B/2019
y regaer L. R.S.	ROVIDER OR SUPPLIER	RVICES / PLANNI 4251 FO	DDRESS, CITY, ST REST PARK AV OUIS, MO 6310	ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) Completi Date
L1069	Continued From pa	ade 7	L1069			les es
	verbalized an unde she will comply. [S	rstanding of plan and states taff E] aware and agrees with		a gabier d		
	plan."					
	conducted by phys gestational age wa days. Findings inc	tion care. The record, dated , documents an ultrasound ician, Staff M. The fetal s found to be 9 weeks and 0 luded are identified as, "yolk				
	with double ring sig a physical examina determined the ute and a uterine size (n, fetal pole, gestational sac in, single". Staff E performed ition on Patient #1 and rine orientation to be "post" of "9-10 weeks". (This finding the findings of Staff F on				
	continuing pregnan desires to have eva reports only spottin	.) The visit comment in the eutrned [sic] to clinic with icy confirmed on sono. Pt acuation today if possible. Pt ig and mild cramping after				
	(more tha [Staff E] who order	at home at 530pm on an 24 hrs ago). Discussed with ed pt receive misoprostol and I attempt in clinic procedure.	h			
	comment is record a.m. on performed at 12:56	who is in agreement. The visit ed by Staff J, nurse at 11:00 The procedure was p.m. by Staff E. The abortion				
	cervix was dilated t used for the aspira the procedure was	ler ultrasound. The patient's to 25 and a 9mm cannula was tion. The physician notes that completed without difficulty				- - - - - - - - - - - - - - - - - - -
	author, states, "S/p	comment in the record, dated , 1:05 p.m., from an unknown failed Sab 2/2 dicomfotr c] position. Attempted MAB			4 	
	without success. L	ISe of IVS and U/S guidance ite without diffciluty [sic].			· · · · ·	

NA STRANSIN AN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			TE SURVEY MPLETED
		MOA-0014	B. WING		Ω.	C 5/28/2019
	ROVIDER OR SUPPLIER		ADDRESS, CITY, S			ALOIZO 13
n e singer sen Hensensen	UCTIVE HEALTH SE	RVICES / PLANNI 4251 FC	DREST PARK A	VENUE		
e and and a second s		SAINT I	OUIS, MO 631	PROVIDER'S PLAN OF C	CORRECTION	
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L.1069	Continued From p	age 8	L1069			
		Staff E was interviewed. Whe	n			
		resent during the pelvic ucted on Patient #1 by Staff F,				
		on't know." When asked abou				
at Line	the difference bety	veen the results of the pelvic				
	examination condu	icted on	X I			
	her on	, she stated, "Female	1			
- 2-		ge from day to day. In				
		e several weeks between, or ne between the first and the				
		he between the first and the te pregnancy was continuing t	0			
i.s.	grow. One of the l	biggest drivers of change in				
		change in the size of uterus.		•		- -
		ncy grows, the uterus changes this patient did receive		• •		
	medication in betw	een, which changes both the				
	Star P FreeSec	e size direction of the uterus".				1
		nds this explanation is fy compliance with this				
1811 M B 1911	requirement.	ry compliance with high				
	Or Mar 00, 0040	Ob-KL DEIO Madiani Disastera				
		Staff I, RHS Medical Director When asked if it was his				
- 18 ³	expectation that th	e supervising physician follow				
		who was found to have				
19 A 4		mented a pelvic examination ated, "The residents are not				
		because they are not				
	providing the care	without that physician present				
		residents never document car e further stated, "We are	e	• • •		
		use we are the ones				
	responsible for pro			·		
÷.	Doutour of DUC	in 1 14 antillad manile		t		
··· · · · · ·		licy 1.1.14, entitled "Medical iluation", table 1.2c states that				
$B_{\rm eff}(q) = 0$		ation" must include, "Bimanua				
		timation of uterine size and				

The SCHER REPORT OF THE	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		LETED
	PROVIDER OR SUPPLIER	STREET A 4251 FO	DDRESS, CITY, ST REST PARK A	/ENUE		······································
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	(Copyright 1997), b FACOG, Associate of Obstetrics and G University of New Y situation in gynecol confusion and error before an intended pregnancy. Even t and easy to examin identifiable pelvic s gynecologist into a dealing with abortic women who are no conception, it is ess determine the positi its dimensions as e corpus in an anterio is not difficult unles Tension may be rel premedication, and force the examiner findings."	ion of the adnexa." Int Gynecologic Surgery by A. Jefferson Penfield, MD, Professor of the Department Synecology at the State York showed, "There is no ogy more fraught with possible r than a pelvic examination operative termination of nose patients who are relaxed the, not obese, and with clearly tructures may lull the false sense of security. In in under local anesthesia in more than 10 weeks from sential for the operator first to ion of the uterus and to outline xactly as possible. With the or position, estimation of size is the patient is tense or obese leved by counseling, gentleness, but obesity may to rely principally on vaginal hal, Obstetrics and Ido Fielding, MD FACOG,				
souri Depa	Shiao-Yu Lee, MD Friedman, MD, ScE entitled, Continued Trimester Abortion, with unintentional c detected among a abortions. Patients very early pregnand uterine anteversion anomalyThus, it a inherent in the physi- gestational age con-	FRCS(C), and Emanuel A. b), FACOG, from the chapter Pregnancy After Failed First shows, "Forty-six patients ontinued pregnancy were series of 65,045 first trimester at greatest risk are those with by and those with marked or retroversion or with uterine appears that judgmental error ician's estimation of stitutes a major component	j.			

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	en de la composition de la composition Composition de la composition de la comp				UU_U_U	20/2013
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	n an	:	i.
REPROD	UCTIVE HEALTH SE	RVICES / PLANNI	REST PARK AV OUIS, MO 631(•	÷
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L1069	Continued From pa	ade 10	L1069			
	underlying continui cases in which rea inferred), physiciar more than half (53 constituted the only frequently encount abort. Physician c acknowledged; for cases in which tech been separated fro considerations are nearly all the rema logical reasons cou- them were 8 patier markedly anteverte 2 with congenital u bicornuate), 2 with tortuous cervical cases in which tech 2 with congenital u	ng pregnancy. Among 30 sons could be found (or misjudgment accounted for 3%). Anatomic factors y other important and ered explanation for failure to ulpability here is also purposes of emphasis, these hnical skills are critical have on those in which judgmental primary. They accounted for ining reasons among for whom uld be found. Included among its with uterine malposition (1 ed and 7 markedly retroverted) terine anomaly (both leimyomata uteri, and 1 with a anal. The difficulties of g the gravid uterus under these			· •	
	To date, some phy documented within have refused to su 2. Review of the m showed she preser to provide informed abortion. The infor present in the file a Staff B. The docur transabdominal ult patient and gestation 9 weeks and 4 day Patient #2 demons "is prepared for the	sicians who provided the care the medical records reviewed bmit to interviews. edical record for Patient #2 nted to RHS on second second , I consent for a surgical med consent document is nd is signed by the patient and nent is dated second . A assound was performed on the bnal age was determined to be s. According to the record, trated an understanding and				

The included expression of the	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLE A: BUILDING: _ B: WING		СОМ	E SURVEY PLETED C 28/2019
NAME OF I	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
REPROE	DUCTIVE HEALTH SE	RVICES / PLANNI	REST PARK AV	승규야 집 집 것		
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L1069	Continued From p	age 11	L1069	an Abrilan An an		
	conducted by Staf uterine orientation as "average". The 11:00 a.m. by Staf performed under u was dilated to 27 a for the aspiration. "procedure comple gestational age of on ultrasound". Th gross examination physician. "Some" physician and the "tissue exam cons gestational age".	f B. Staff B documented the as "Mid" and the uterine size procedure was performed at f B. The abortion was not litrasound. The patient's cervix and a 9mm cannula was used The record notes that eted without difficulty" at the "10 weeks and 2 days based he document indicates that a of tissue was completed by the fetal parts were seen by the report also indicates that the istent with documented Further, the document indicates mpleted without complication".				
	to Boyce and Bynu from Patient #2. T as the ordering ph sample collection t at 9:25 a.m. The r	equisition orders are for cro - dispose" and identifies the				
	the pathology lab r examination of the report, states, "Im- products of concep- weeks gestational chorioamnionitis, c proliferation. The formalin and consi- fragments measur aggregate. Placen- identified. Represe	is a pathology report, dated d and electronically released by nedical director. The gross sample, as noted on the nature chorionic villi confirming otion consistent with 10-11 age. No evidence of villitis, or atypical trophoblastic specimen is received in sts of tan-pink soft tissue ing 8.0 x 8.0 x 2.0 cm in ita and fetal parts are grossly intative sections are submitted additional note, dated				

AND PLAN	T of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	A. BUILDING:		COMF	SURVEY PLETED 28/2019
	PROVIDER OR SUPPLIER	RVICES / PLANNI 4251 FOR	DRESS, CITY, ST REST PARK AV DUIS, MO 631	/ENUE		· · · · · · ·
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L1069	Continued From p	age 12	L1069			
	in three blocks". T indicated, "The se	dditional sections are submitted The microscopic evaluation ction demonstrates immature ental membrane and decidua.				
and a second	on staff. The record of as follows, "PT cal AB worked, my sto still throwing up! I MSA confirmed ca	es Patient #2 contacted RHS at 1:05 p.m., and spoke to RHS documents the patient contact led stating "I don't believe the bmach is still getting bigger, I'm just don't think he got it all." Ilback number and gave her Medical Exchange."				
	Staff B, with fetal g and 1 day. Finding "cardiac motion, fe gestational sac with The clinical impress "Continuing pregna Examination of the	ed to RHS on the second state of the record, dated the record, dated the record state of the record state of the record state of the record state of the record showed the only document on file for Patient #2				
	conducted by Staff uterine orientation as "average". The 11:38 a.m. by Staff performed under u was dilated to 39 a for the aspiration. "procedure comple	ne record, dated ical examination of the patient B. Staff B documented the as "Mid" and the uterine size procedure was performed at B. The abortion was Itrasound. The patient's cervix ind a 12mm cannula was used The physician notes that ted without difficulty" and "15 aspiration following surgical				

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MOA-0014 B.WING 055 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 4251 FOREST PARK AVENUE REPRODUCTIVE HEALTH SERVICES / PLANN STREET ADDRESS, CITY, STATE, ZP CODE 4251 FOREST PARK AVENUE OW1D PHENK CLAGO DURCEDNCY MUST BE PROCEEDED BY FILL #D PROVIDERS PLAN OF CORRECTION SAINT LOUIS, MO 63108 OW1D PHENK CLAGO DURCEDNCY MUST BE PROCEEDED BY FILL #D PROVIDERS PLAN OF CORRECTION STORMATE SAINT LOUIS, MO 63108 OW1D PHENK Confinued From page 13 L1069 L1069 abortion for on-going IUP". The document indicates that a gross examination of tissue was completed by the physician and the report also indicates that the "lissue exam consistent with documented gestational age". Further, the documented gestational age". Further, the documented gestational age". Further, the bathroom had a moderate amount of biedingricol. [Staff B] reviewed pts vitals since admitted to clinic. Methergine 0.2 mg given IM. Small amount of biededing noted on pads isnice pt returned to bed. Will continue to assess." Another note, documented at 1:15 pm. by Staff J documents, "Pt clarified that pain she reports is "my tailone" not uterine cramping, states she has no completed a poole since pt returned to bed. Will continue to assess." Another note, documented at 1:15 pm. by Staff J documents, "Pt clarified that pain she report is since last check. [Staff B] at bedied and observed bleeding and spoke with pt. States pt is ok for discharge. He recommended pt RTC for check up in 1-2 weeks, appt scheduled." Staff B completed a complication report, dated microafter Hereason for the ecomplication was "Failed abortion/regrancy undisturbed	SURVEY LETED
4251 FOREST PARK AVENUE SAINT LOUIS, MO 63108 COULD CAULD DEFICIENCY MUST BE PRECEDED BY FULL (EAULDEFICIENCY MUST BE PRECEDED BY FULL TWO PROVIDERS PLAN OF CORRECTIVA (EAULDEFICIENCY MUST BE PRECEDED BY FULL (EAULDEFICIENCY MUST BE PRECEDED BY FULL (EAULDEFICIENCY) PREFIX (EAULDEFICIENCY MUST BE PRECEDED BY FULL (EAULDEFICIENCY) 1L1069 Continued From page 13 abortion for on-going IUP". The document indicates that a gross examination of tissue was completed by the physician and the report also indicates that the "issue exam consistent with document indicates the "procedure completed without difficulty". The following additional visit comments were added to the record on admitted to clinic. Methergine 0.2 mg given IM. Small amount of bleeding noted on pad since pt returned to bed. Will continue to assess." Another note, documented at 1:15 p.m. by Staff J documents, "Pt clafifed that pain she reports is "my taibone" not uterine cramping, states she has no cramping at present. Pt states dizziness resolved. No additional bleeding noted on pads since last check. [Staff B] tabedside and observed bleeding and spoke with pt. States pt is ok for discharge. He recommended pt RTC for check up in 1-2 weeks, appt scheduled." Staff B completed a complication report, dated monitoriates the reason for the complication report indicates the reason for the complication report indicates the reason for the complication report indicates the reaso	8/2019
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"Failed abortion/pregnancy undisturbed and Incomplete Abortion" The document is signed by	
Incomplete Abortion" The document is signed by	
The record includes another pathology requisition	
sent to Boyce and Bynum with the sample	
collected from Patient #2. The document	
identifies Staff B as the ordering physician and identifies the sample collection time and date as	
our Department of Health and Senior Services	
	on sheet 14
	e e cuire de la constantia (dalla) Recorda
이 같은 것은 것은 것은 것은 것은 것은 것은 것은 것은 것을 알았는 것은 것을 가지 않는 것을 가 있는 것을 수가요. 이렇게 있는 것을 가지 않는 것을 가 있는 것을 가지 않는 것을 가지 않는 것을 수가요. 이렇게 있는 것을 수가요. 이렇게 있는 것을 수가요. 이렇게 있는 것을 가 있는 것을 수가요. 이렇게 않는 것을 가 있는 것을 수가요. 이렇게 있는 것을 수가요. 이렇게 것을 수가요. 이렇게 않는 것을 수가요. 이렇게 있는 것을 수가요. 이렇게 않는 것을 수가요. 이렇게 않는 것을 수가요. 이렇게 있는 것을 수가요. 이렇게 하는 것을 수가요. 이렇게 않는 것을 수가요. 이 같이 않는 것을 수가요. 이 같이 않는 것을 수가요. 이 같이 이 같이 않는 것을 수 있는 것이 않는 것을 수 있는 것을 수 있는 것을 것이 않아? 이 같이 않아? 이 않아? 이 같이 않아? 이 하는 것이 않아? 이 않아? 이 이 않아? 아니	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPL	
tike Alama		MOA-0014	B. WING	· · · · · · · · · · · · · · · · · · ·	C 05/28	8/2019
1999 - 1999 -	PROVIDER OR SUPPLIER	ERVICES / PLANNI 4251 FC	DDRESS, CITY, S REST PARK A OUIS, MO 631	VENUE	· · · · · · · · · · · · · · · · · · ·	
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L1069	Continued From p		L1069			an fail an se
	orders are for "G/I sample as "15 we	3:10 a.m. The requisition M/D-REASP" and identifies the ks 2 days".				· :
	the pathology lab's The gross examin	es a pathology report, dated and electronically released by s assistant medical director, ation of the sample, as noted es, "Immature chorionic villi				
	confirming produc 15-16 weeks gest villitis, chorioamnic proliferation. The formalin and cons	ts of conception consistent with ational age. No evidence of onitis, or atypical trophoblastic specimen is received in ists of tan-pink soft tissue				
	aggregate. Place identified. Represe in one block." The indicated, "The se	ing 8.0 x 8.0 x 5.0 cm in nta and fetal parts are grossly entative sections are submitted emicroscopic evaluation ction demonstrates immature ental membrane and decidua. Re-Aspiration".				
	Bureau of Vital Re post-abortion care completed and file	s submitted to the DHSS cords revealed that a complication report was d for Patient #2 on contract ,				
	hospital on Patient #2 present "endometritis" and record indicates th	rtion care she received at the ed for the treatment of was given "IV Antibiotics". Th e post-abortion care was spital by RHS Staff O. An				
	amended post-abo was submitted to I , for , by Si	ortion care complication report DHSS regarding Patient #2 on care provided to Patient #2 on raff O. According to the Patient #2 presented to the				
	hospital for the tre	atment of "endometritis" and Id as a result was given "IV				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLE (A. BUILDING: B. WING		(X3) DATE S COMPLI C 05/28	
n an an Anna a' san an a	ROVIDER OR SUPPLIER	RVICES / PLANNI 4251 FO	DDRESS, CITY, ST/ REST PARK AV OUIS, MO 6310	ENUE		
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L1069	Continued From p	age 15	L1069			
	#2 revealed that sl Emergency Room had become septic degrees and a puls	and had a fever of 104.2 se of 154. The record				
	at 15 weeks at RH abdominal sorenes have T of 40 in ED tachycardic. Proce	yrs G6P6016, POD#2 s/p D&I S presents with fever, fatigue, s, and a headache. Found to , w/ WBC of 17000, and dure was two days ago and pe mplicated. Since then has				
	been having a norr (<menses), but="" has<br="">and more fatigued headache and low presents now beca</menses),>	nal amount of bleeding s feeling progressively more as well as a progressive er abdominal pain. She use she is worried about her				
	pregnancy she had weeks and then ag 15 weeks "because and the baby still h	reports that in this same I a termination procedure at 11 ain 4 weeks later, and the , at a they didn't get everything out ad a heart beat." Both erformed at RHS here in St.				
	Louis by [Staff B]. Saturday with routi record indicates the	She was discharged hore in Gr. ne precautions/follow-up." The at Patient #2 was given IV harged from the hospital on				
	follow-up with Patie and complained of	ailure to ensure prompt ent #2 after the patient called symptoms of a continuing declined an interview.				
2	was interviewed. V facility should response symptoms of a con	Staff I, RHS Medical Director When asked how soon the ond to a patient who reports tinuing pregnancy, he stated				
		at the facility would patient, "As soon as we can."				

5. 1. 1. 1. 1. 19 E.M.	IT OF DEFICIENCIES OF CORRECTION	Ith and Senior Services (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLI	
		MOA-0014	B. WING		C 05/28	/2019
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REPROD	UCTIVE HEALTH SE	RVICES / PLANNI	DREST PARK AV LOUIS, MO 6311	the second se		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AU CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) Comple Date
L1069	Continued From pa	ige 16	L1069	ning and an		
	period, he stated, "	lays was too long a time Patients have complicated w why a patient would not lays."				
	identification of "so	oss examination and me" fetal parts after the second ortion, Staff B has declined a				
	Committee Meeting revealed visit followed by tx complication report Cardiac Motion, missed of a twin;	"Reviewed #2 of the ReAs @ hospital D&C &IV Antibioti completed at the visit. , most likely a pregnancy "The Department finds this ficient to satisfy compliance				
	Shiao-Yu Lee, MD Friedman, MD, ScI entitled, Continued Trimester Abortion, with unintentional c detected among a abortions. Patients	Ido Fielding, MD FACOG, FRCS(C), and Emanuel A. D, FACOG, from the chapter Pregnancy After Failed First shows, "Forty-six patients ontinued pregnancy were series of 65,045 first trimeste at greatest risk are those wi				
	uterine anteversion anomaly" Of the with unintentional c	ey and those with marked or retroversion or with uterin identified forty-six patients ontinued pregnancy, none be twin pregnancies.	e			
		tion on, Staff B			و معرف الم	

ATEMEN	IT OF DEFICIENCIES OF CORRECTION	Alth and Senior Services (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPLI	ETED
	n an	MOA-0014	B. WING		05/28	/2019
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EPROD	UCTIVE HEALTH SE	EDV//CEC / DLANNI	OREST PARK AV	· · · · ·		e di
X4) ID	+	ATEMENT OF DEFICIENCIES	<u>di</u>	PROVIDER'S PLAN OF C		(X5)
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L1069	Continued From p	age 17	L1069			
13 ¹	· •	and the second se				
		Staff I, RHS Medical Director				
		When asked if it was his ere be a new informed consen				
		nt following a failed abortion				
		surgical abortion procedure, h	e			
		stating is that the informed				
		s done once per pregnancy."				
		Inderstanding that if a second eat a continuing pregnancy,				
		perform a new informed				
		He further confirmed that it				
		n that a different procedural				
		e completed if the gestational				
ix.		een the time of an initial failed erformance of a new abortion				
		pregnancy. He confirmed he				
		edural consent to be present in				
	(Note: The change	in the physiological and				
	anatomical charac	teristics of the fetus as well as				
		gestational age of the fetus				
		performance of a procedural e changed risks and benefits to			·.	
	the procedure.)	e changed lisks and benefits to			:	
	and a second	en estas Anti-Antonio de Carlos de Carlo				
		licy 1.1.21, entitled, "Early				
		Problems", table 1.3.a,				
		agement of a "failed abortion" i ent on pregnancy options".				
÷	10 The second of part					
	Review of the 2008	B Reproductive Health Matters				
		mplications after Second				
		and Medication Abortion, by Kelly Blanchard and Paul				
		d, "Second Trimester abortion				
	is associated with	higher rates of complications			- manual states and states	
	compared to first ti	rimester terminations.				
	Although the risk of	f complications is relatively	1			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: B. WING	a di Marana da Cara da	(X3) DATE SURVEY COMPLETED C
	in a suite de la companya de la comp	MOA-0014			05/28/2019
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REPROD	UCTIVE HEALTH SE	RVICES / PLANNI	REST PARK AV		
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L1069	Continued From pa	ade 18	L1069	 And Andrew Constraints and Andre	
	higher in the secor low when the termi	nd trimester, the absolute risk is ination is performed (in the iortion) and managed (in the		1997 - ¹¹	
	Heath After Abortic Psychological Evid Ring-Cassidy and woman who seeks relatively painless a eliminate a pregna carry to term. Faild a number of unanti changes her mind child is born with a guilt may be anticip necessary. If a see at a late stage of fe woman knows that ensure that an anti grief and guilt may				
	Women's Heath Af Psychological Evid Ring-Cassidy and I vast majority of cas failed abortion - me to survive or is not second surgery wh of medical complic extremely rare, but surgical abortion. I States alone, rough continue following a and that over the p women required ein more serious surger	an Gentles, shows, "In the ses of surgical abortion, a saning that the fetus continues fully expelled - leads to a ich itself raises the possibility ations. Failed abortion is an possible, result of induced Nevertheless, in the United hy 700 pregnancies a year an initial abortion procedure, ast 25 years about 17,500 ther a second procedure, or a ery, or changed their mind and			
souri Depa ATE FORM	artment of Health and So	enior Services	6900		If continuation sheet, 19
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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLE A. BUILDING: B. WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 05/28/2019	
	PROVIDER OR SUPPLIER DUCTIVE HEALTH SE	STREET A 4251 EO	DDRESS, CITY, ST			· · · · · · · · · · · · · · · · · · ·
	VOO TIVE MEACIA GE	SAINT L	OUIS, MO 631	rent of the second s	··	
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETI DATE
L1069	Staff C was intervi- with the contracted confirmed that non- contain a 24 hour i of anything but cor- that all communica comes in the form stated that if some brought to her atte patient, if necessar pathologist had ev- contact with the fac incomplete abortio (Note: An interview Staff E denied eve	prancy to term." Director of Surgical Services, ewed regarding communication I pathology lab. Staff C ie of the medical records notification from the pathologist notification from the pathologist of a pathology report. She thing unusual were to be ntion, she would contact the ry. She denied that the er, to her knowledge, made cility due to a failed or				
	Bynum Pathology I reviewed on April 3 February 18, 2016, CEO, with delivere February 5, 2016, the pathologist refe RSMo., the docum comply with all stat governing the prov the disposition of fe (subject to the will of to the contract, dats signed by the lab's "Boyce and Bynum reviewed Senate B Passed in the 99th	een RHS and Boyce and Laboratories was collected and 5, 2019. The contract, dated is signed by the former RHS d services effective on In regard to the obligation of erenced in Section 188,047.1 ent notes, "Provider will e/federal laws and regulations ision of pathology services and etal remains and tissue of the patient)". An addendum ed October 20, 2017, and Director of Compliance notes, Pathology Laboratories has ill 5, Truly Agreed and Finally General Assembly 2017 and g the necessary process				

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STATEMEN	OF CORRECTION	Ith and Senior Services (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLI A. BUILDING: B. WING			SURVEY PLETED C 28/2019
efter te region GWG	PROVIDER OR SUPPLIER DUCTIVE HEALTH SE	STREET A 4251 FO	DDRESS, CITY, S REST PARK A OUIS, MO 63'	VENUE		
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	changes in order to identified in 188.04 October 23, 2017 F reporting a microso received. The fee specimen submitte [Note: On April 18, the Centers for Me (CMS) (MO001550 #26D2160160, hele	o comply with the provisions 7 belowEffective Monday Boyce and Bynum will begin copic exam on all specimens for this service will be \$30 per d." 2019, a referral was made to dicare and Medicaid Services (2) in regard to CLIA d by Boyce and Bynum in survey of the facility was	L1069			
	On May 7, 2019, C and the Medical Di practices at the Co Analytic Systems; C Systems; CFR 493 CFR 493.1487 Tes facility and statement the facility for responditions i unmet Conditions i On June 6, 2019, E	MS notified Boyce and Bynum rector of the following deficient ndition level: CFR 493.1250 CFR 493.1290 Postanalytic .1441 Laboratory Director; and ting Personnel. A letter to the ent of deficiencies was sent to onse. Boyce and Bynum was nust take steps to bring any nto compliance immediately". Boyce and Bynum was notified I plan of correction was				
	American College (Gynecologists (AC) February 2012 and "Accurate commun patient from one m to another is a critic safety; it is also one taught elements of leading causes of r of communication.	nittee Opinion" from The of Obstetricians and OG), number 517, dated reaffirmed in 2016, shows, lication of information about a ember of the heath care team cal element of patient care and e of the least studied and daily patient care. One of the nedical errors is a breakdown This breakdown may occur at any level of the healthcare				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE COMP	LETED
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IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
REPROD	UCTIVE HEALTH SEA	RVICES / PLANNI	REST PARK AN OUIS, MO 631	New Meridae (· · ·	· ·
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L1069	Continued From pa	ge 21	L1069			
	found to be a leadir in studies of closed era of collaborative clinician-to-clinician to facilitate continuit	communication is important				
	Review of RHS poli Procedure Manager evaluation is consid the following occur: weeks gestation, fei identified. 3. In pre- to 13 weeks gestation accounted for, i.e., extremities." I.D.3., examinations that y reported to an about phone within 24 hou	eld unexpected results will be ion provider clinician by irs."				
	Procedure Manager Complete Abortion i cases of known mul uterine anomalies le gestation, must com Identification of 2 or fetal parts or 2. Use ultrasound or 3. Foll ultrasound or hCG t In regard to the failu and Bynum upon dis	o confirm complete abortion." re of RHS to contact Boyce scovery of a failed abortion on				
Diane	the care documente reviewed have refus 3. Review of the me	e physicians who provided d within the medical records ed to submit to interviews. dical record for Patient #3				
ouri Depa TE FORM	artment of Health and Ser I	Nor Services	6899	4311	if continuatio	n sheet 22 of 6
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IE OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
PROD	UCTIVE HEALTH SE	RVICES / PLANNI	REST PARK A	1	· · ·		
T		SAINTL	OUIS, MO 631				0.451
1) ID Efix Ag	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED T DEFICIE	CTION SHOULD I	E	(X5) COMPLETE DATE
1069	Continued From pa	age 22	L1069	ren forstallen. Net forstallen	n langan Mari		
and and a	showed she prese	ne service and the service of the se		47			
		d consent for a surgical					
	abortion. The info	rmed consent document is					
		and is signed by the patient and					
	Staff E. The docu	nent is dated and the set of the					
		onal age was determined to be					
	6 weeks and 0 day	s. According to the record,					
		trated an understanding and					
	"is prepared for the	abortion".					
	Patient #3 present	ed to RHS for a surgical					
	abortion on	A physical					
	그는 것이 집에서 가지 않는 것이 가지 않는 것이 없다.	umented in the record as					
		ician fellow, Staff A. Staff A					2.5
: 2	 A second sec second second sec	erine orientation as "Ant" and " "6-8 weeks". The procedure				÷	
· · · · .		der moderate sedation at 2:48		•.			
·		he abortion was not performed					
100-1		The patient's cervix was				:	
S		6mm cannula was used for					
		e physician notes that ted without difficulty" and					
		on" at the gestational age of					
	"7Weeks 0 days ba	ased on LMP". The document	· .				
		ess examination of tissue was					
		hysician with visible villi and he note indicates the tissue					
	was sent to the pal						
						-	
		ent, referenced to patient #3,				44	
	generated by Staff		제 :				
	a.m., states, Supe	rvising provider review for 8:40 AM I was present					
		and agree with the treatment					
	and follow up plan((s)."					1
	······································						
- 2		s a pathology requisition sent m with the sample collected				·	
		he document identifies Staff E			· ·.		
i Depa	artment of Health and Se					<u> </u>	
FORM	Å		. 9996 J	14311	۲	continuation s	sheet, 23 of 62
		dia generative de la companya de la			- 	н. 	

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STATEMEN	Department of Hea T of deficiencies of correction	th and Senior Services (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
	· · · · ·	MOA-0014	B. WING	·····	05/28/2019
NAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		
REPROD	UCTIVE HEALTH SE	RVICES / PLANNI	OREST PARK AVI OUIS, MO 6310	Alexandre and the second s	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETE TE APPROPRIATE DATE
	sample collection ti at 8:40 a.m. The re "induced gross/mic sample as "6 week The record includer the Medical Director Pathology Laborator of the sample, as n "Immature chorioni conception consists age. No evidence of atypical trophoblast is received in formation soft tissue fragment cm in aggregate. Of embryonic tissue is sections are submit microscopic evaluat demonstrates immation membrane and decord The record indicate on the staff. The rec contact as follows, Center spoke w/pt of of & the Dr states procedure schedule instructions reviewed understanding." Patient #3 presente for an abortion. Sta	sician and identifies the me and date as a second sequisition orders are for ro - dispose" and identifies the s 6 days". a pathology report, dated and electronically released by r at Boyce and Bynum ries. The gross examination oted on the report, states, c villi confirming products of ent with 6-7 weeks gestational of villitis, chorioamnionitis, or ic proliferation. The speciment and consists of tan-pink ts measuring 5.0 x 5.0 x 0.5 chorionic villi are identified; no recognizable. Representative ted in one block." The tion indicated, "The section ature chorionic villi, placental idua. 6 weeks 6 days". s Patient #3 contacted RHS at 1:35 p.m., and spoke to ord documents the patient 'Received call from Call who states she just left her Dr she is 12 weeks pg. ReVac ed for Tues the patient of who voiced d to RHS on the physical			
	uterine orientation t of "12-13 weeks". T under moderate sec riment of Health and Se	ient #3 and determined the o be "Ant" and a uterine size he procedure was performed Jation at 10:42 a.m., by Staff nior Services			If continuation sheet 24 of

J44311

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPL	
	х.		B. WING	· · · · · · · · · · · · · · · · · · ·	C	1 A A
· .		MOA-0014			05/2	8/2019
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, ST DREST PARK AV			
EPROD	UCTIVE HEALTH SE	RVICES / PLANNI	OUIS, MO 6310		<u>.</u>	
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) Complet Date
L1069	Continued From pa	age 24	L1069			an ann an suit Suite Suite
	E. The abortion will ultrasound. The pr and a 10mm cannu The physician note without difficulty" a gestational age of LMP". The docum examination of tiss physician with "all" "consistent with do The note indicates pathology lab. Exa the only informed of Patient #3 was dat	as not performed under atient's cervix was dilated to 3 ula was used for the aspiration is that "procedure completed nd "without complication" at th "11 Weeks 6 days based on the indicates that a gross sue was completed by the fetal parts seen and ocumented gestational age", the tissue was sent to the mination of the record showed consent document on file for				
	, f attempted by phys #3 on reason for the com abortion/pregnancy signed by Staff E.	or the surgical abortion ician fellow, Staff A on Patient . The report indicates the iplication was "Failed y undisturbed" The document	is			
	sent to Boyce and collected from Pati identifies Staff E as identifies the samp for the samp orders are for "G/M	is another pathology requisitio Bynum with the sample ient#3. The document is the ordering physician and ble collection time and date as at 8:35 a.m. The requisition <i>I</i> /D-REASP" and identifies the onal age 10 weeks".				
	dated released by the Me Bynum Pathology I examination of the report, states, "Imr products of concept	es another pathology report, read and electronically edical Director at Boyce and Laboratories. The gross sample, as noted on the mature chorionic villi confirmin otion consistent with 10 weeks to evidence of villitis or atypica				

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the part of the second s					
lissouri Department o	of Health a	nd Senio	r Servi	ces	

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	·	MOA-0014	-0014 B. WING		C 05/28/2019	
ME OF P	ROVIDER OR SUPPLIEI	R STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
EPROD	UCTIVE HEALTH S	ERVICES / PLANNI	OREST PARK AV	Carter and the second		
		SAINTI	LOUIS, MO 6310			
X4) ID REFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE) DEFICIENCY)	SHOULD BE COMPLE	
L1069	Continued From p	ade 25	L1069			
MALE REAL						
		feration. The specimen is lin and consists of tan-pink soft				
		measuring 8.0 x 8.0 x 4.0 cm in				
- 1 - [nta and fetal parts are grossly				
		entative sections are submitted				
		e microscopic evaluation			1	
		ction demonstrates immature				
		idualized endometrial mucosa,				
		proliferation consistent with				
ľ	implantation site.	10 weeks".				
		an a				
		oss examination and				
	 The state of the state of the state of the state of the state 	isible villi and membrane/sac"				
	after the	, failed abortion, some				
		ovided the care documented				
	- N	records reviewed have refuse	a l		· · · ·	
	to submit to interv					
· · ·	On May 28, 2010	Staff E was interviewed. Whe	n			
		esent in the room when a	ALC.			
		supervises performs an				
		e products of conception, she				
		s." When asked if she was in				
		ne procedure performed on				
	Patient #3, she sta	ated, "I don't know." She furthe	er			
÷.,	stated, "A patient	can have a continuing				
	pregnancy and it s	still be true that products of				
		dentified." She stated that the				
		an ongoing pregnancy after				
		on abortion is "incredibly rare				
		f the time do people have an				
	ongoing pregnanc	y after aspiration abortion."				
1 - 1 - [On Mou 20 2040	Stoff 1 DUC Medical Diversion				
		Staff I, RHS Medical Director When asked if it was his				
		when asked in it was his he supervising physician follow	;]			
		who was found to have				
		umented an examination of fet	al		· .	
		of conception inaccurately, he				
		ents are not providing the care				
	rtment of Health and S		Receipt in the	and a state of the second	and the second	

STATEMEN	Missouri Department of Health and Senior Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		CLIA (X2) MULTIPL	ECONSTRUCTION	COMP	(X3) DATE SURVEY COMPLETED C		
		MOA-0014	B. WING			8/2019		
	PROVIDER OR SUPPLIER	ANNI 4	TREET ADDRESS, CITY, S 251 FOREST PARK A AINT LOUIS, MO 63	VENUE				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIC		(EACH CORRECTIVE CROSS-REFERENCED	NOF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETE DATE		
L1069	Continued From pa	age 26 not providing the care wi	L1069					
	that physician pres residents never do He further stated, '	ent." He stated that the cument care that is prov We are documenting be sponsible for providing	vided. ecause					
	informed consent v returned to the clin failed surgical abo physicians who pro	tion on second , s wided the care docume records reviewed have	after a ome nted					
	was interviewed. A expectation that the provided to a paties and prior to a new stated, "My unders consent checklist in He confirmed his to physician would the they would have to consent checklist, was his expectation	Staff I, RHS Medical Dir When asked if it was his ere be a new informed in nt following a failed abort surgical abortion process tating is that the informed anderstanding that if a s eat a continuing pregnan perform a new informed He further confirmed the n that a different process e completed if the gesta	i consent rtion dure, he ed incy." econd hcy, d hat it lural					
	abortion and a re- pregnancy. He co	een the time of an initia aspiration due to a conti nfirmed he expected the it to be present in the m	nued e					
	Complications and identifies the mana	licy 1.1.21, entitled, "Ea I Problems", table 1.3.a, agement of a "failed abc ent on pregnancy optior	ortion" is					
Viissouri Dep	Review of the 200	2 book entitled, Women	's		ana data g			

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Missou	ıri Dep	artme	nt of He	aith and	l Senio	or Services	k	·	
	21.2.22				· · · ·	·			

	IT OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	an a		'LETED D	
	<u> </u>	MOA-0014	B. WING		05/28/2019		
gana ana ara-	PROVIDER OR SUPPLIER	ERVICES / PLANNI 4251 FOR	DDRESS, CITY, ST REST PARK AV	ENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SAINT LC TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	DUIS, MO 6310 ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLE DATE	
L1069	Continued From p	age 27	L1069			• •	
	Psychological Evid Ring-Cassidy and woman who seeks relatively painless eliminate a pregna carry to term. Fai a number of unan changes her mind child is born with a guilt may be antici necessary. If a se at a late stage of f woman knows tha	on: The Medical and dence, by Elizabeth lan Gentles, shows, "The s abortion is often promised a and simple procedure to ancy that she does not wish to ed abortion may involve her in ticipated outcomes. If she about "medical" abortion and a anomalies, maternal grief and pated and counseling may be cond procedure is successful etal development, where the t procedures are chosen to icipated live birth cannot occur, / likewise ensue."					
	Women's Heath A Psychological Evic Ring-Cassidy and vast majority of ca failed abortion - m to survive or is nor second surgery w of medical compli- extremely rare, bu surgical abortion. States alone, roug continue following and that over the p women required e	the 2002 book entitled, fter Abortion: The Medical and lence, by Elizabeth lan Gentles, shows, "In the ses of surgical abortion, a eaning that the fetus continues fully expelled - leads to a nich itself raises the possibility cations. Failed abortion is an t possible, result of induced Nevertheless, in the United hly 700 pregnancies a year an initial abortion procedure, past 25 years about 17,500 ither a second procedure, or a ery, or changed their mind and gnancy to term."					
souri Den	Staff C was intervi with the contracted confirmed that not	Director of Surgical Services, ewed regarding communication d pathology lab. Staff C ne of the medical records anything but a completed					

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	IT OF DEFICIENCIES OF CORRECTION	Ith and Senior Services (x1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLE A. BUILDING: B. WING	CONSTRUCTION	(X3) DATE SURV COMPLETED C 05/28/20	D
	en e				1 05/20/20	13
NAME OF F	PROVIDER OR SUPPLIER		이 영화에 가지 않는	TATE, ZIP, CODE		
REPROD	UCTIVE HEALTH SE	RVICES / PLANNI	EST PARK A	National Addition of the second s		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE CO	(X5) MPLET DATE
L1069	Continued From pa	age 28	L1069			
	the pathologist con report. She stated to be brought to he	ed that all communication from nes in the form of a pathology that if something unusual were r attention, she would contact ssary. She denied that the				
	pathologist had even	er, to her knowledge, made cility due to a failed or				
	Bynum Pathology I reviewed on April 3 February 18, 2016 CEO, with delivere February 5, 2016. the pathologist refe RSMo., the docum comply with all stat governing the prov the disposition of fi (subject to the will to the contract, dat signed by the lab's "Boyce and Bynum	een RHS and Boyce and Laboratories was collected and 3, 2019. The contract, dated , is signed by the former RHS d services effective on In regard to the obligation of erenced in Section 188.047.1 ent notes, "Provider will te/federal laws and regulations ision of pathology services and etal remains and tissue of the patient)". An addendum red October 20, 2017, and Director of Compliance notes, Pathology Laboratories has still 5, Truly Agreed and Finally				
	Passed in the 99th will be implementir changes in order to identified in 188.04 October 23, 2017 F reporting a microso received. The fee specimen submitte	General Assembly 2017 and og the necessary process o comply with the provisions 7 belowEffective Monday Boyce and Bynum will begin copic exam on all specimens for this service will be \$30 per ed."				
	the Centers for Me (CMS) (MO001550 #26D2160160, hel	2019, a referral was made to dicare and Medicaid Services (2) in regard to CLIA d by Boyce and Bynum in survey of the facility was 25, 2019.				

If continuation sheet 29 of 62

at the set way we want	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	a Maria - Prantagan	COMPL	SURVEY ETED
		MOA-0014	B. WING		C	B/2019
		U				
NAME OF F	ROVIDER OR SUPPLIEF		ADDRESS, CITY, ST OREST PARK A			
REPROD	UCTIVE HEALTH SI	ERVICES / PLANNI	LOUIS, MO 631			¹
(X4) ID		ATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF C		(X5) COMPLE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	DATE
	el en	an dia 1999. Ang ang ang ang ang ang ang ang ang ang a				Realized and the second s
L1069	Continued From p	age 29	L1069			
		CMS notified Boyce and Bynur			· · · · · · · · · · · · · · · · · · ·	L
		irector of the following deficient	nt		I	
		ondition level: CFR 493.1250			,	ł
		CFR 493.1290 Postanalytic 3.1441 Laboratory Director; ar				l
		sting Personnel. A letter to the				l
	facility and statem	ent of deficiencies was sent to	5			k
		onse. Boyce and Bynum was				l
		must take steps to bring any				
		into compliance immediately" Boyce and Bynum was notifie				l
		d plan of correction was				
	deemed acceptab					- -
staj -	and the second					ŀ
		mittee Opinion" from The of Obstetricians and			·.	
94 - S		COG), number 517, dated				
		d reaffirmed in 2016, shows,				
	"Accurate commu	nication of information about a				
an Laturt		nember of the heath care tear				
		ical element of patient care and	na			
		ne of the least studied and f daily patient care. One of th	e			
		medical errors is a breakdow				
	of communication	. This breakdown may occur				
		at any level of the healthcare				-
:		nication failures also have bee				
		ing cause of preventable erro d malpractice claims. In the				-
	era of collaborativ				· · · ·	
	clinician-to-clinicia	n communication is important	t ist			
		uity of care, eliminate				
12		s, and provide a safe patient				
	environment."		· · · ·			
	In regard to the fa	ilure of RHS to contact Boyce				
÷	and Bynum upon	discovery of a failed abortion of	on			
	Ale a constant and a second	some physicians who provide	d			
	the care documen artment of Health and S	ted within the medical records	<u>) </u>	in the second		les ^{me}
	amment of riealth and t	DEFINIT DEFINITES		and the second		on sheet 30

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Missour	i Department of Hea	alth and Senior Services			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	and a second second second	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
Senals C. C. C. a. a	OF BOILDING		A. BUILDING:		
age that is a				1	
	· .	MOA-0014	B. WING		05/28/2019
	PROVIDER OR SUPPLIER	a Street au	DRESS, CITY, ST	ATE, ZIP CODE	ی در در در در میرد میرد. درمه رژه وژه وژور میرد
a de la companya de Esta de la companya d		4251 FOI	REST PARK A	a de tues a verses	
REPROL	DUCTIVE HEALTH SE	RVICES (PLANN)	DUIS, MO 631		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CO	
PREFIX		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	
TAG	ALGOLATORIOR	ESCRETTI TING IN ORMATION	TAG	DEFICIENCY)	
14000		2000 A.	L1069		
L.1069	Continued From p	age su	L 1005		
	reviewed have refi	used to submit to interviews.			
		Staff E was interviewed. When			
		her process for when a			
		omes back suggesting that no			
		ption were seen, she stated, I be called and asked to come			
		on." She further stated, My			
		communication with the			
		equisition with the POCs that			
а. А.		't typically have any	×		
		th the pathologist." She denied	1		
	any communicatio	n with the pathologist in regard			
		denied ever communicating			
		about any abortion she			
	performed.				
n an Dhài	O-M	OL RI DUCING TO TAK			
		Staff I, RHS Medical Director When asked if it was his			
	(1) 小田市 一般 100 年代100年代10日	ere be communication with the			
		a physician's discovery of a			
		stated, "If I become aware of a			
		ad a continuing pregnancy,			
		abortion being performed at			
	Planned Parentho	od, at RHS, we do discuss with			
		ew the pathology that was			
		e of the initial index abortion."			
5. 1911		t the frequency of the			
- -	occurrence of spea	aking with the pathologist			
		abortion, he stated, "I honestly regular occurrence in the			
	practice of medicir				•
	practice of theuron				
1. 1.	4. Review of the m	edical record for Patient #4			
	showed she prese		į į.		
	to provide informe	d consent for a surgical	1		
		ord indicates the physician			
		r. informed consent was			
		H. A transabdominal	. (*	and the second	
Missouri Dep	artment of Health and S	enior Services			

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STATE FORM

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATES COMPLI C	ETED		
an an Maria an	and	MOA-0014	B. WING		05/28	05/28/2019		
ME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, ST					
EPROD	UCTIVE HEALTH SE	RVICES / PLANNI	REST PARK AV OUIS, MO 6310	I MARCE AN A CONTRACT OF A CONTRACT				
X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF COR	[10] S. M. M. S. M.	(X5)		
RÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE		
L1069	Continued From pa	age 31	L1069					
i an th	ultrasound was be	formed on the patient and						
		s determined to be 6 weeks						
	and 5 days. Accor	ding to the record, Patient #4						
		nderstanding and "is prepared						
	for the abortion".							
	Dationt ff/ present	ed to RHS for a surgical						
	abortion on	A physical						
		umented in the record as						
10	conducted by phys	ician resident, Staff G. Staff G						
20 20		erine orientation as "Ant" and						
		"6-8 weeks". The record				· · · ·		
		cal time-out, to confirm correct						
		and procedure "prior to the " was conducted by physician						
		wever, the record identifies						
-		was performed at 9:47 a.m.,						
		ortion was not performed						
		The patient's cervix did not						
		7mm cannula was used for the	•					
		ysician notes that "procedure						
		difficulty" and "without						
		e gestational age of "7 Weeks IP". The document indicates						
		nation of tissue was completed						
4	by the physician wi							
	membrane/sac. A	ccording to the record, the						
		etal parts. However, the						
		it "Tissue exam consistent with						
		tional age." The note indicate: t to the pathology lab.	2					
	ane usoue was sen							
	The record indicate	s Patient #4 contacted RHS						
	on	at 8:49 a.m., and spoke to						
		ord documents the patient						
		"Pt is concerned with some						
		nach, MSA confirmed call back ional note in the record,						
	documented by Sta							
- I		"Returned pts call. Pt			e Factoria de la composición de la composi Factoria de la composición de la composi	, · · .		
uri Depa	artment of Health and S		•					
EFORM			6890 (A	4311.4	If continuation	n sheet 32 of 62		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	an An Adul Carlor and a start and a st	COMPL	
÷.		MOA-0014	B. WING		05/2	8/2019
IAME OF F	ROVIDER OR SUPPLIEF	R STREET A	DRESS, CITY, ST	ATE, ŻIP CODE		
		4251 FC	REST PARK AV	ENUE		
KERKOD	UCTIVE HEALTH SI	ERVICES / PLANNI SAINT L	OUIS, MO 6310)8		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) Complete Date
L1069	Continued From p	age 32	L1069			
-075.P.		사람은 성격 관계에 많이 있는 것이 없다.				
		lier today her stomach felt				
		is worried that she will need a			.]	
		ed one last time." Pt reports			•	
		ved, states she is eating well,			*. -	[
		fluids, passing gas. Pt reports				
		and no pain. Advised to do				
		assage and call for heavy				
1		elieved by massage and OTC dvised OTC remedies for				
2		nfort/ reassurance offered.				
i da c		utions reviewed. Qestions				
9 - B	answered."	unoris reviewed. Gestions				
	answereu.					
	On And 24 2010	at approximately 10:55 a.m.,	하는 것 같은 것			
		view was conducted with Staff	ñ de la			
		IS' attorney in St. Louis,				
÷ [onfirmed that she was a				
		and had been employed by				
1.1.p		ately 3 years and 8 months.				
• •		ly to a nurse supervisor for				
÷		d Director of Surgical Services				
		strative issues at RHS. Her	, ···			
	 Second and the second se Second second se Second second sec	include providing informed				
		s on "informed consent days"				-
:		er medical care as assigned on			5. 1	
1		Her assigned job duties also				
	 CONTRACTOR AND AND ADDRESS AND AD ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS	llow-up patient contact by			·.	
		patients call in with medical			:	
́		aracterized her patient				
		complaints of bleeding; pain; o	э г			
5. s.		nt would consider a				
		ring normal daytime operation of	of			
		calls are received from the cal				
Ê.		er level of the facility and after				
		y call center transfers patient				
		she is "on call" and has the call				
	phone. She state	d she has access to the				
		a Nurse Practitioner or		1 · · ·		· : ·
	Physician when pe	erforming her duties related to				1
		alls. Staff J was provided the		n an 1919 An tha Anna an Anna Anna Anna Anna Anna Anna	en Restances <u>in 1999</u>	
	artment of Health and S		·		An and a second as	

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If continuation sheet 33 of 62

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. MOA-0014	(X2) MULTIPLE A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 05/28/2019
	ROVIDER OR SUPPLIEF		DDRESS, CITY, ST	ATE ZIP CODE	na di <mark>senta di senta s</mark>
	(1) An A. Margara C. Barrasov, and a strain of the second strain of t	4251 EC	REST PARK AV	and the second	
EPROD	UCTIVE HEALTH SE		OUIS, MO 631	Chever and the second	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPL
L1069	Continued From p	age 33	L1069		
		ication" record, dated			
		4 for her review. Staff J			
1		ote the "Additional Visit			
	Comments" dated	at 11:55 a.m.			
	When asked about	it her direction to the patient to			
		fundal massage", she stated			
	the following:				
	et and the second second	in anneandlithe dian star for -			
		is appropriate direction for a of bleeding and cramping.			
		ought that the direction was			
		y gestational age but was			
		by a physician (could not			
÷.		dal massage may not make a			
	difference for a ge	stational age of 8 weeks or			
	under.				
		ed how she instructs patients to	2		
		nassage on themselves by			
		v on her abdomen and twisting her lower abdomen as if she	1. A.		
	was "kneading do				
1		ed other nurses performing a			
		n patients in the RHS recovery			
ľ	room. She descri	bed the procedure the same			
		e advantage of having a nurse.			
		age on the patient is that the			
* 11	nurse can massac	ge from different angles.			
		Il ever observing a physician			
5 A	performing a fund	ai massage. he observed a physician or			
		hand in a patient's vagina to			
	perform a fundal r				
	2010-00-0 1 	n na haran an a			
		nedical record for Patient #12			
	showed she prese	ented to RHS for an abortion or)		
		ne medical record includes an	e		
		signed by the patient and Staf However, Staff H included a			
i I	H on note within the me	dical record to indicate,	* .		
	"Patient had 72 hc	our consent signed with this			n de la companya de En la companya de la c
Sila	Fatient nad 72 hc				

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Missouri Department of Health and Senior Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014		IENCIES (X1) PROVIDER/SUPPLIER/CLIA TION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C 05/28/2019	
					UDIZO	12019	
AME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
EPROD	UCTIVE HEALTH SE	ERVICES / PLANNI	REST PARK AV DUIS, MO 631		* 		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE THE APPROPRIA		(X5) COMPLETE DATE
L1069	Continued From p	age 34	L1069				
	writer at Washingt	on University at 13:54 on					
		ord showed that Staff H				·	
		abdominal ultrasound, "at					- -
		r, no ultrasound results are cord. The physician notes, "I					
	intend to perform a	a procedure using aspiration				1	
		the fetus in multiple parts with					
:		A time-out is documented in ne-out confirming correct					
-		rrect site and procedure to be					
1		ed prior to the surgical	· : .				į.
i l		N. The record notes that					
	Patient #12 had a	prior C-Section on					
		placenta previa". A physician ord documents Patient 12's					
с.		llows: ' G4P2, h/o prior c/s				1	
		centa previa admitted earlier					
		inal bleeding who presents					1
		2 day AB procedure. Pt has hU which did not show e/o					
		t placenta, complete previa.				1	
:		ervical dilators, by 3rd dilapan					
2	started having brig	ht red bleeding. Continued					
5. 4		ors did tamponade bleeding.					
		Vag pack placed. Plan to EMS for in-hospital D&E.					
. 1	Pre-op Hgb 10.2 E						
	이 성장이 가운데는 것이다. 2월 19일						
e l	 D. S. S. R. B. S. S. S. S. M. S. M. Sollin of Phys. Rev. B 46 (1996) 1666. 	pital medical record for Patient					
	#12, dated	ted on the patient, the note					
		r placenta previa - cannot					
		accreta on the basis of this					
5.	scan, but there are	e no highly suspicious findings					
	for such".					1	
	Further review of t	he hospital record for Patient					
	#12 on	, showed Staff H conducted					
	a transvaginal and	transabdominal ultrasound					
		tational age at 20 weeks and 4		n an			
	artment of Health and S	onior Sonicos		and Anna Anna an Anna Anna Anna Anna Ann	and the second second		

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AND PLAN OF CORRECTION IDENTIFICATIO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C 05/28/2019	
	ROVIDER OR SUPPLIER	STREET A 4251 FO	REST PARK A			
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC	SAINT L ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	OUIS, MO 63	108 PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETI DATE
	Previous cesarear Patient #12 was di accreta in second The record contair Form" for Patient # transferred from R to Barnes Je requested the tran	ected uterine abnormality, a delivery". The record notes agnosed with, "Placenta trimester". as an "Emergency Transfer #12. Patient #12 was HS at 3:10 p.m., on 1999 , wish Hospital. Staff H	L1069			
	#12, under "Asses trimester: she desi abortion by standa on pregnancy optic termination of preg l intend to perform Further review of the	sment and Plan", dated Placenta previa in second ires induced therapeutic rd D&E. She was counseled ons and desires to proceed with mancy. Consents were signed a standard D&E." he hospital medical record for ed an informed consent was				
	completed prior to document states, i pregnancy were di including continual induced abortion b nduced abortion b (D&E). Given the health or life endar history of cesarear placenta accreta, t	the emergency surgery. The n relevant part, "Options for the scussed with the patient, tion of pregnancy, medically y labor induction, and surgically y dilation and evacuation increased risk to maternal ngerment from placenta previa n section, and possible he patient desires not to lancy. She is requesting an	y X			
	evealed an Anestl emergency surger PPH Bleeding req	lical record for Patient #12 nesia note, prior to the y on stated , stated, uiring Uterine artery ent lost around 2 to 2.5 litre of				

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Missouri Department of Health and Senior Services (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** COMPLETED. AND PLAN OF CORRECTION A. BUILDING: С **B. WING** 05/28/2019 MOA-0014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4251 FOREST PARK AVENUE **REPRODUCTIVE HEALTH SERVICES / PLANNI** SAINT LOUIS, MO 63108 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES 1D (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE **REGULATORY OR LSC IDENTIFYING INFORMATION)** TAG TAG DEFICIENCY) L1069 Continued From page 36 L1069 blood in OB operating room during termination of 23 week pregnancy. Received 1 unit of blood and 4 litre of crystalloids. 2 units of cross matched blood is on its way. Patient is already intubated and under general anesthesia." Review of the hospital record for Patient #12 on documented the ICU History and Physical as follows, ' y.o. female presented to from planned parenthood s/p BJH today laminaria placement with brisk vaginal bleeding (EBL 200ml) requiring vaginal packing (patient was 21 w 5d with pregnancy complicated by placenta previa. Due to this, she desired to have therapeutic termination of pregnancy). On arrival to BJH hemostasis had been achieved. She was taken to OR by Gynecology for a standard D&E. Her operative course was complicated by post-abortion hemorrhage with EBL of 1800ml. She was given 4L of crystalloid, 2 units of pRBCs, 1g TXA. Vaginal packing was inserted and a intrauterine foley balloon was placed. She was taken to IR for bilateral uterine artery embolization. The patient was sent to 7800 SICU for close monitoring and serial CBCs. The patient arrived hemodynamically stable and unsupported." Review of the medical record for Patient #12. under "Description of Procedure", states, "The lower uterine segment was atonic and the area of her prior cesarean delivery on the anterior and posterior walls of the lower uterine segment was noted to be thin but intact. 0.2mg IM Methergine. 250mcg Hemabate, 800mcg Misoprostol, and 30U IV Pitocin were administered sequentially with minimal improvement in uterine tone. The suction curette was introduced again with further evacuation of clot. The endometrium was noted to have gritty texture in all 4 quadrants." Missouri Department of Health and Senior Services If continuation sheet 37 of 62

STATE FORM

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ND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRU A. BUILDING:		(X3) DATE SU COMPLE	
		MOA-0014	B. WING		C 05/28/	2019
IAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE, ZIP (REST PARK AVENUE	XODE		· · · · · · · ·
EPROD	UCTIVE HEALTH SE	RVICES / PLANNI	OUIS, MO 63108	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX (EA	PROVIDER'S PLAN OF CORRE CH CORRECTIVE ACTION SH SS-REFERENCED TO THE API DEFIGIENCY)	OULD BE	(X5) Complete Date
L1069	Continued From p	age 37	L1069			
	The record notes t from the hospital c	hat Patient #12 was discharge	a			
		licy 1.1.12, entitled,				
·.	"Contraindications	and Special Conditions -				
		in the treatment table labeled of "Insertion of osmotic				
	dilators, if required	" states, "Must evaluate and				
		ropriate management or te table lists the requirement for				
		condition of "scarred" as, "All				
		an or equal to 14 weeks rred uterus and placenta previa				
	and/or a placenta	overlying the incision site must				
	be evaluated for pl accreta/increta/per	acenta rcreta. Studies sufficient for				
	diagnosing an inva	sive placenta in a patient less				
		station can be performed at the propriate equipment, training				
	and skill to do so.	Patients with a reassuring				
.		ve an outpatient D&E by ed in these types of				
	procedures. Expe	rience is determined by the				
	medical director or	program director."				
ч. Р		ce Bulletin from The American				
		icians and Gynecologists Second-Trimester Abortion				
	number 135, dated	June 2013 and reaffirmed in				
t se Alte		men with prior cesarean h increased risk of placenta				
	accreta and warra	nt special attention, particularly				
		indicates a low-lying placenta When there is a suspicion of				
	abnormal placenta	tion, D&E is the preferred				
		Ind preparations should be hemorrhage by ensuring the				
	procedure is perfo	rmed at an appropriate facility			2	
ouri Den	with accessibility to artment of Health and S	 blood products, interventiona enior Services 		<u></u>	e e e e e e e e e e e e e e e e e e e	
E FORN		CANCE - AND STRAND	⁶⁶⁹⁹ J44311	A state of the state	If continuation s	sheet 38
e to the			A set of the set of			1.15

The Property Sector Sector Sector	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLE A: BUILDING: _ B: WING	CONSTRUCTION	(X3) DATE SI COMPLE C 05/28	TEO
		 The second s			1 00120	12017
	PROVIDER OR SUPPLIEF	4251 FC	DDRESS, CITY, ST REST PARK AV			
REPROL	UCTIVE HEALTH SI	ERVICES / PLANNI SAINT L	OUIS, MO 631	08		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) Complete Date
	hysterectomy if ne predictive value of placenta accreta r preoperative uterir generally recomm accuracy of magn similar to ultrason magnetic resonan confirm accreta ar be referred to a te interventional radic immediately availa Review of an Artic Society for Matern entitled, Clinical D and Clinicopatholo Rosenbloom; Hirs and Tuuli, states, ' hysterectomies pe abnormal placenta these 34 (68%) ha preoperatively and intraoperatively and intraoperatively and intraoperatively at To date, some phy documented withir have refused to su On May 28, 2019, was interviewed.	capability to perform a cessary. Because the positive ultrasonography to diagnose nay be as low as 65%, ne artery embolization is not ended. Although the diagnosti etic resonance imaging is ography for placenta accreta, ce imaging may be useful to nd identify patients who should rtiary care center that has plogy and surgical services				· · · · · · · · · · · · · · · · · · ·
	the capability to pe asked if RHS was planned abortion fo days gestational a C-section and a di	es. He denied that RHS has form a hysterectomy. When an appropriate setting for a or a patient at 21 weeks and 5 ge with a previous history of a agnosis of placenta previa, he very careful evidenced based		n na sana ang ang ang ang ang ang ang ang ang		

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If continuation sheet 39 of 62

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER			COM	SURVEY PLETED
MOA-0014		B. WING			28/2019	
ME OF F	ROVIDER OR SUPPLIEF	t STR	EET ADDRESS, CITY, S	IATE, ZIP CODE	inter de la companya	
EPROD	UCTIVE HEALTH SI	ERVICES / PLANNI	1 FOREST PARK A NT LOUIS, MO 631		5. 	
(X4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
L1069	Continued From p	age 39	L1069			
	is without a doubt second trimester e	ow we practice medicine a safe to do an abortion in th even with a patient who has	ie s had	. :		
	properly assessed for the location of	ion when that patient has b for the clinical appropriate care." When asked if a pro	ness oper			
	patient's medical of	le an MRI for the described condition, he stated, "It dep ces. Generally, no."				
L1076	19 CSR 30-30.060 ensure abortion fa)(1)(A)(8) The governing bo cility	ody, L1076			
	shall ensure that t applicable state an This shall include,	dy, through the administrate he abortion facility abides to nd federal laws and regulat but not be limited to, chapter 188, RSMo.	oy all			
		•				
		not met as evidenced by: ecord review and state law sure:	, the			
	was able to compl required by Chapt	of Health and Senior Servic ete an investigation, as er 197 230 RSMo to includ ncourage, compel, or moti	e			
	the physicians who submit to interview collection of releva	o provide patient care at Ri vs and failing to ensure the ant medical records;	HS to			
	was the same phy for 8 patients (Pati #10; and #11), as	forming the informed cons sician performing the abor jents: #1 #3; #4; #6; #8: #9 required by Chapter 188.0;	tion,			- - - -
		port was completed and fil n for 1 patient (Patient #1), er 188 052 2 RSMo				

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Serrain Martin Martin (1997) Martin Martin (1997)

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
MOA-0014		B. WING		C 05/28/2019	
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S		and the second
REPROD	UCTIVE HEALTH SE	ERVICES / PLANNI	REST PARK A' OUIS, MO 631		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE COMPLETE E APPROPRIATE DATE
L1076	Continued From p	age 40	L1076		
	Findings included:			· :	
	department of hea make, or cause to investigations as it department may d to investigate and	0.1 RSMo. states, "The Ith and senior services shall be made, such inspections an deems necessary. The elegate its powers and duties inspect ambulatory surgical			
	political subdivision four hundred fifty t subdivision is deer department to insp surgical centers.	n facilities to an official of a n having a population of at leas housand if such political med qualified by the pect and investigate ambulatory The official so designated shall			
	department and th recommendations that the facility insp	port of his or her findings to the e department may accept the of such official if it determines pected meets minimum hed pursuant to sections 0."	3		
	onsite complaint in and April 3, 2019. made to conduct a	conducted an unannounced, ivestigation at RHS on April 2 At that time, a request was in in-person interview with Staf			
	Services, Staff C d inspectors she wo interview for a mor	/). RHS Director of Surgical lenied the request and told uld work to reschedule the e convenient time. A request telephonic contact information			
	for Staff B (Out of denied the request contact was requir	state physician). Staff C also and stated that if telephonic ed, she would allow inspectors Staff B was contacted by the			
	On April 3, 2019, a conduct an in-pers	n attempt was made to on interview with Staff A at her ition. Staff A was "in-clinic" and			:

Missouri Department of Health and Senior Services	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE SURVE COMPLETED	
:	- 	MOA-0014	B. WING		C 05/28/201	19
	PROVIDER OR SUPPLIEF DUCTIVE HEALTH SI	A251 FC	DDRESS, CITY, S REST PARK A OUIS, MO 631	VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY 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 COM THE APPROPRIATE D	(X5) MPLE DATE
L1076	Continued From p	age 41	L1076			
	information for the	erview at that time. Contact DHSS was left at Staff A's ephonic contact was				
	Staff C was intervi that all RHS physic interview during the their primary work agreed to coordina physicians would the	at approximately 3:00 p.m., ewed via telephone and stated cians were unavailable for e week of April 1, 2019, due to schedules at the hospital. She ate dates and times the be available during the week of make contact regarding their rview.	•			
	Director of Surgica RHS Interim CEO. the following pract Staff A (Physician- of State); Staff E (resident); Staff G ((Physician); Staff I and Staff J (Nurse	an email was sent to the RHS al Services, Staff C and the Staff D, requesting they make itioners available for interview: fellow); Staff B (Physician-Out Physician); Staff F (Physician- Physician - resident); Staff H (Physician- Medical Director);) They were asked to respond siness on April 16, 2019.				
	contact with RHS' requested physicia outside counsel. I unsuccessful atter in-person interview date of this writing G and Staff H have submit to interview	DHSS became aware through attorney that each of the ans were represented by Multiple documented npts were made to arrange for vs with facility physicians. At th , Staff A, Staff B, Staff F, Staff e declined an invitation to vs. These physicians provided ted within the medical records	e			
s S		letter received from RHS' by 3, 2019, showed, "Further,	2 2 - 1 2 - 1 6 - 2 - 1 6 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			

If continuation sheet 42 of 62

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	MOA-0014	B. WING		C 05/2	; 8/2019
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		en de la composition. Esta composition
UCTIVE HEALTH SE	RVICES / PLANNI	이 이 집 같은 것 같은 것 같은 것 같이 했다.	19 곳에는 10 명이 있는 것이 있는 것이 있는 것이 있는 것이 있다.	41	•
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) Complete Date
Continued From p	age 42	L1076			
employees to "coll and remove them just "inspecting" th patient medical red sensitivity and that we are talking abo constitutional right request that prior t any additional files authority permitting	ect" protected patient records from RHS' facility (rather than em onsite). As you are aware, cords are of the upmost is even more the case when ut women who exercised their to privacy. Therefore, we also o the Department removing from RHS, you provide your g Department employees to				
RHS was conducted in order to collect a facility records. A following records v patient roster for record and informed patient seen on policy and procedu document for the p #2 on document for the p #3 on Staff K and Clinica	ed at approximately 10:00 a.m. and review additional relevant written request for copies of the vas given to facility staff: the medical ad consent document for each the RHS re manual; informed consent rocedure performed on patient and the informed consent rocedure performed on patient and the informed consent rocedure performed on patient RHS Clinical Manager, Quality Manager, Staff L				
citing patient privac RHS' attorney. Wi concerns regarding and procedure mai provide a copy and attorney. They agr the electronic reco On May 11, 2019, I of the requested m	y concerns and the advice of ien asked about the privacy providing a copy of the policy nual, they again refused to referred the request to RHS' eed to allow a visual review of rds requested. RHS provided electronic copies edical records and policy		1%.		
	SUMMARY ST (EACH DEFICIENC REGULATORY OR I Continued From part the Department cit employees to "colli- and remove them just "inspecting" th patient medical recor- sensitivity and that we are talking abo constitutional right request that prior to any additional files authority permitting remove protected i facility". On May 8, 2019, a RHS was conducted in order to collect a facility records. A following records w patient roster for record and informed patient seen on policy and procedur document for the p #2 on Staff K and Clinical refused to make co citing patient private RHS' attorney. Wr concerns regarding and procedure man provide a copy and attorney. They agr the electronic recor On May 11, 2019, I of the requested m manual to the Depa	ROVIDER OR SUPPLIER 4251 FO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 42 the Department cited no authority allowing its employees to "collect" protected patient records and remove them from RHS' facility (rather than just "inspecting" them onsite). As you are aware, patient medical records are of the upmost sensitivity and that is even more the case when we are talking about women who exercised their constitutional right to privacy. Therefore, we also request that prior to the Department removing any additional files from RHS, you provide your authority permitting Department employees to remove protected patient records from RHS' facility". On May 8, 2019, an announced, onsite visit to RHS was conducted at approximately 10:00 a.m. in order to collect and review additional relevant facility records. A written request for copies of the patient roster for the procedure performed on patient facility records was given to facility staff: the patient seen on the performed consent document for the procedure performed on patient #2 on May Brocedure manual; informed consent document for the procedure performed on patient #3 on May Brocedure manual; informed consent document for the procedure performed on patient #3 on May Brocedure performed on patient #4 on May Brocedure performed on patient #2 on May Brocedure performed on patient #3 on May Brocedure performed on patient #4 on May Brocedure performed on patient #2 on May Brocedure performed on patient #3 on May Brocedure performed on patient #4 on May Brocedure performed on patient #3 on May Brocedure performed on patient #3 on May Brocedure performed on patient #3 on May Brocedure performed on patient #4 on May Brocedure performed on patient #5 attorney. When asked about the privacy concerns regarding providing	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER UCTIVE HEALTH SERVICES / PLANNI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 42 the Department cited no authority allowing its employees to "collect" protected patient records and remove them from RHS' facility (rather than just "inspecting" them onsite). As you are aware, patient medical records are of the upmost sensitivity and that is even more the case when we are talking about women who exercised their constitutional right to privacy. Therefore, we also request that prior to the Department removing any additional files from RHS, you provide your authority permitting Department employees to remove protected patient records from RHS' facility". On May 8, 2019, an announced, onsite visit to RHS was conducted at approximately 10:00 a.m., in order to collect and review additional relevant facility records. A written request for copies of the following records was given to facility staff. the patient roster for medical record and informed consent document for each patient seen on Staff K and Clinical Quality Manager, Staff L refused to make copies of the requested records, citing patient privacy concerns and the advice of RHS attorney. When asked about the privacy concerns regarding providing a copy of the policy and procedure manual, they again refused to provide a copy and referred the request to RHS' attorney. They agreed to allow a visual review of the electronic records requested. On May 11, 2019, RHS provided electronic copies of the requested medical records and policy manual to the Department.	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER UCTIVE HEALTH SERVICES / PLANNI SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MAST BE PRECEDED BY FULL RECULATORY OR LSC DENTFINIG INFORMATION) RESULATORY OR LSC DENTFINIG INFORMATION) Continued From page 42 the Department cited no authority allowing its employees to "collect" protected patient records and remove them from RHS' facility (rather than just "inspecting" them onsite). As you are aware, patient medical records are of the upmost sensitivity and that is even more the case when we are talking about women who exercised their constitutional right to privacy. Therefore, we also request that prior to the Department removing any additional files from RHS, you provide your authority permitting Department removing any additional files from RHS, you provide your authority permitting Department removing any additional files from RHS, you provide your authority permitting Department removing any additional files from RHS. You provide your authority permitting Department employees to remove protected patient records from RHS' facility". On May 8, 2019, an announced, onsite visit to RHS was conducted at approximately 10:00 a.m., in order to collect and review additional relevant facility records. A written request for copies of the following records was given to facility staff: the patient roster for from and the informed consent document for the procedure performed on patient #2 on fromed consent document for each patient privacy concerns and the advice of RHS ditorey. When asked about the privacy concerns regarding providing a copy of the policy and procedure manual, they again refused to provide a copy and referred the request to RHS' attorney. They agreed to allow a visual review of the electronic records requested. On May 11, 2019, RHS provided electronic copies of the requested medical records and policy manual to the Department.	Conversion STREET ADDRESS, CITV, STATE, ZP CODE 4251 FOREST PARK AVENUE SAINT LOUIS, MO 63108 SIMMARY STATEMENT OF DEPICIENCEDED BY FULL ID REGULTORY DRISS DENTIFYING INFORMATION) ID PREMIE PROVIDERS PLANDI SIMMARY STATEMENT OF DEPICIENCED ID REGULTORY OR LSC DENTIFYING INFORMATION) ID Continued From page 42 L1076 Continued From page 42 L1076 UST Threefore, We allow and the upmost sensitivity and that is even more the case when we are taking about women who exercised their coords are of the upmost sensitivity and that is even more the case when we are taking about women who exercised their constitutional right to privacy. Therefore, we also request that prior to the Department removing any additional files from RHS' facility (rather than uptore) to collect and review additional relevant facility records. A write nequest for copies of fine following records was given to facility staff. The patient records given to facility staff. The patient rescords and informed consent document for the procedure performed on patient #2 on th

a state of the second second second	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER MOA-0014	(X2) MULTIPLE A. BUILDING: B. WING		(X3) DATE COMPI C 05/2	ETED
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REPROD	UCTIVE HEALTH SE	ERVICES / PLANNE	DREST PARK AV LOUIS, MO 6310	이 사용 위 사람을 들었다.		
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L1076	Continued From p	age 43	L1076			
	between April 4, 2 were 19 complaint	electronic records showed that 001 and May 29, 2018, there investigations completed and sits completed at RHS.				
	and the collection policies are docum throughout the ins	ility staff, including physicians of facility medical records and rented regularly and routinely pection record. Inspectors y been denied requested			.:	
	records or intervie necessary	ws with staff, as deemed				
	representing Staff	at 5:30 p.m., the attorney E and Staff I agreed to permit mit to interviews on May 28,				
	is to perform or inc seventy-two hours the woman orally a	7.6 states, "The physician who duce the abortion shall, at leas prior to such procedure, inforr and in person of: (1) The	t			
	woman associated method including, hemorrhage, cervi harm to subseque	g-term medical risks to the I with the proposed abortion but not limited to, infection, cal tear or uterine perforation, nt pregnancies or the ability to				
	adverse psycholog abortion; and (2) medical risks to th	It child to term, and possible fical effects associated with the The immediate and long-term e woman, in light of the edication that is to be				
	and the woman's r conditions. Medical records w	unborn child's gestational age, nedical history and medical ere obtained and reviewed for				
	dated, March 13, 2	viously cited on the SOD 2019.				
Souri Depa	artment of Health and S I	enior Services	6899	4311	If continuatio	n sheet 44 of 62

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MOA-0014 D-WING 05/28/2019 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STAP, AP CODE 4251 FORSET PARK AVENUE 5000 REPROVIDER OF SUPPLIER STREET ADDRESS, CITY, STAP, AP CODE 4251 FORSET PARK AVENUE 5000 OND SUMMARY STREMENT OF DEFICIENCIES IN TLOUIS, MO 63108 PROVIDERS FLAN OF CONNECTION (CACH DERICH STATURE) 000 OPERATION OF LSC DENTFYNE INFORMATION Tak Provide ATTENNATION OF DEFICIENCIES IN TAKE, APPROVENTIE 000 International Continued From page 44 L1076 Continued From page 44 L1076 000 L1076 Continued From page 44 L1076 L1076 000	ND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N		A. BUILDING:	CONSTRUCTION		E SURVEY MPLETED
REPRODUCTIVE HEALTH SERVICES / PLANNI 4251 FOREST PARK AVENUE SAINT LOUIS, MO 63103 0010 SUMMARY STATEMENT OF DEFICIENCES ID PROVIDERS PLANOF CORRECTION (EACH CORRECTION RECOUNTRY OR USE DENTFYWO INFORMATION) ID PROVIDERS PLANOF CORRECTION (EACH CORRECTION DEACH DEPICIENCY MUST BE PRECEDED BY PLUL RECOUNTRY OR USE DENTFYWO INFORMATION) ID PROVIDERS PLANOF CORRECTION (EACH CORRECTION DEPICENCY) COMMENT (EACH CORRECTION DEPICENCY) 1.1076 Continued From page 44 L1076 1.1076 Continued From page 44 L1076 Patient #3 signed an informed consent on abortion, Staff E, sides signed the coument. Patient #3 signed the name of the physician who is to perform or induce the abortion and a contact number where the physician who is to perform or induce the abortion concerning the abortion induce the abortion indomed the option and a contact number where the physician induce the abortion concerning the abortion on induce the abortion concerning the abortion on induce the abortion concerning the abortion on present in the modical record. Not is to perform or induce the abortion indomed me orally and in person, at least 72 hours prior to the procedure was performed by Staff A. The informed consent twas completed on perform the abortion, Staff H, provided the informed consent for Patient #4. Indicated the informed consent for Patient #4. Patient #4 and presented to the facility for a surgical abortion on perform the abortion, Staff H, Provided the informed consent for Patient #4. Patient #4. Presented to the facility for a surgical abortion on perform the abortion, Staff H, Provided the informed consent for Patient #4. Patient #4. Patient #6 si		an an ann an t-t-t-	MOA-0014		B. WING		05	C /28/2019
DBID Information SUMMARY STREMENT OF DEFICENCIES (EXCLOSENCE TO ALL ALL OF CORRECTION (EXCLOSENCE TO ALL OF CORRECTION (EXCLOSENCE TO THE APPROPRIATE DEFICIENCY) DEFICIENCY (EXCLOSENCE TO THE APPROPRIATE DEFICIENCY) DEFICIENCY DEFICIENCY <				4251 FOF	REST PARK AV	ENUE		
Patient #3 signed an informed consent on the abortion. Staff E, also signed the document. Patient #3 initialed the document to confirm, "I have been provided the name of the physician may later be reached if I have questions". Patient #3 further confirmed, "I have had the opportunity to ask any questions of the physician who is to perform or induce the abortion concerning the abortion." Additionally, Patient #3 confirmed, "I certify that the physician who is to perform or induce the abortion concerning the abortion." Additionally, Patient #3 confirmed, "I certify that the physician who is to perform or induce the abortion informed me orally and in person, at least 72 hours prior to the procedure of" the requirements of Chapter 188.207.6. Patient #3 presented to the facility for a surgical abortion on presented to the facility for a surgical abortion on presentin the medical record for Patient #4 indicated the informed consent document was not presented to the facility for a surgical abortion on present in the medical record. However, the record document of Patient #4. Patient #4 presented to the facility for a surgical abortion on presented to the facility for a surgical abortion on present in the medical record. However, the record document on Patient #4. Patient #4 presented to the facility for a surgical abortion on presented to the facility for a surgical abortion on present in the medical record. However, the record document was performed by a physician who was to perform the abortion. Staff H, provided the informed consent for Patient #4. Patient #4 presented to the facility for a surgical abortion on the procedure was performed by a physician resorder. Staff G. The following patient records were requested and initially refused. However, DHSS inspectors were able to view the records on-site and obtained the redacted records on May 11, 2019: Patient #0 signed an informed consent for a	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY	s (Full	ID PREFIX	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE	(X5) COMPLETE DATE
The physician who was to perform the abortion. Staff E, also signed the document. Patient # 3 initialed the document to confirm, "I have been provided the name of the physician who is to perform or induce the abortion and a contact number where the physician may later be reached if I have questions." Patient #3 further confirmed. "I have had the opportunity to ask any questions of the physician who is to perform or induce the abortion concerning the abortion." Additionally, Patient #3 confirmed. "I have had the opportunity to ask any questions of the physician who is to perform or induce the abortion concerning the abortion." Additionally, Patient #3 confirmed. "I cartify that the physician who is to perform or induce the abortion informed me cally and in person, at least 72 hours prior to the procedure, of" the requirements of Chapter 188.027.6. Patient #3 presented to the facility for a surgical abortion on The procedure was performed by Staff A. The medical record for Patient #4 indicated the informed consent was completed on The informed consent document was not present in the medical record. However, the record documented the physician who was to perform the abortion. Staff H, provided the informed consent for Patient #4. Patient #4 presented to the facility for a surgical abortion on The informed consent for Patient #4. Patient #4 presented to the facility for a surgical abortion on The informed consent for Patient #4. Patient #4 presented to the facility for a surgical abortion on The procedure was performed by a physician resident, Staff G. The following patient records were requested and initially refused. However, DHSS inspectors were able to view the records on May 11, 2019: Patient #6 signed an informed consent for an	L1076 (Continued From pa	age 44		L1076	······································		
 informed consent was completed on the informed consent document was not present in the medical record. However, the record documented the physician who was to perform the abortion, Staff H, provided the informed consent for Patient #4. Patient #4 presented to the facility for a surgical abortion on The procedure was performed by a physician resident, Staff G. The following patient records were requested and initially refused. However, DHSS inspectors were able to view the records on-site and obtained the redacted records on May 11, 2019: Patient #6 signed an informed consent for an 		The phy abortion, Staff E, a Patient # 3 initialed have been provide who is to perform of contact number wh eached if I have q confirmed, "I have q questions of the ph nduce the abortion Additionally, Patien he physician who abortion informed i east 72 hours prio equirements of Ch presented to the fa	sician who was to per lso signed the docur i the document to co d the name of the phor induce the abortion here the physician muestions". Patient # had the opportunity in concerning the abort of the opportunity in sist operform or indu- me orally and in person to the procedure, of hapter 188.027.6. Patient cility for a surgical all	erform the nent. nfirm, "I nysician n and a ay later be 3 further to ask any form or rtion." rtify that ce the son, at f" the atient # 3 bortion on				
Physician (resident), Staff F performed the		nformed consent v The informed coresent in the med ecord documented perform the abortion formed consent for presented to the far or a physician resid The following patien hitially refused. Ho ble to view the red edacted records o Patient #6 signed a bortion with Staff	vas completed on ed consent documen ical record. Howeve d the physician who on, Staff H, provided or Patient #4. Patier cility for a surgical al he procedure was pe dent, Staff G. nt records were requ owever, DHSS inspe cords on-site and ob n May 11, 2019: an informed consent E on	t was not r, the was to the t # 4 portion on erformed uested and ctors were tained the for an				

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L1076	abortion with Staff Physician (residen procedure on Patient #9 signed abortion with Staff Physician (residen procedure on Physician (residen procedure on Physician (residen procedure on Physician (residen), procedure on Physician (fellow), procedure on Physician (an informed consent for an E on t), Staff F performed the an informed consent for an E on U, Staff F performed the I an informed consent for an E on Staff A performed the				
	limited to, infection uterine perforation pregnancies or the child to term and p effects. b. Immedi light of anesthesia administered, the g woman's medical I To date, some phy documented withir	between the medical records and the medical records a subsequent ability to carry a subsequent ossible adverse psychological iate and long term risks of in and medication that is to be gestational age and the history and medical conditions. Sicians who provided the care is the medical records reviewed bmit to interviews.	ni -			

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STATEMEN	TOF DEFICIENCIES OF CORRECTION	In and Senior Services (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED C
:		MOA-0014	B. WING		05/28/2019
	PROVIDER OR SUPPLIER DUCTIVE HEALTH SE	RVICES / PLANNI 4251 FOR	DRESS, CITY, STA EST PARK AV UIS, MO 6310	ENUE	· · · · · · · · · · · · · · · · · · ·
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	On May 28, 2019, 9 asked when she or a patient, if she has be performing the a to perform every ak sign I consider all when I am supervise performed." Staff I always physically p during an abortion resident or fellow s the meaning of "I w and agree with the records reviewed, s available in the sup procedure was per the room" She f provided informed knowing that she m abortion. When as performed the abort for the informed co be sure, but no T room with us during explained how prov- patient, while know the abortion is cons- stating, "As the Sup ultimately responsil and that can mean hands-on experien- general, given that ultimately responsil how I would say it's On May 28, 2019, 5 was interviewed. V	Staff E was interviewed. When inducts informed consent with a knowledge that she will not abortion, she stated, "I intend portion for every consent that I I the abortions performed sing them to be abortions that I E admitted that she was not resent in the procedure room procedure, performed by a he supervises. When asked vas present for the procedure plan", as noted in the medical she stated, "It means I was gical suite at the time the formed or may have been in urther confirmed that she consent to multiple patients, hay not later perform the actual ked if the physician who tion was present in the room nsent, she stated, "No. I can't They are rarely, if ever in the g consent". She further riding informed consent to a ing that she may not perform sistent with the requirement, by pervising Physician, I am ble for the care of the patient I have any varying degrees of ce in the actual roomIn I am the supervising and ble attending physician, that is			
Negauri Dre		bortion procedure, he stated,		n Allah <u>Handara (19</u> 19) Marina (1919)	
TATE FORM			⁵⁸⁹⁹ J4	4311	If continuation sheet: 47 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER		CONSTRUCTION	СОМ	E SURVEY PLETED
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L1076 Continued From page 47 "The physicians who perform the consent is responsible for the care that's provided on procedure day and they are performing the procedures that are provided under their n and under their supervision." When asked was his expectation that the supervising pl be physically present in the room during ar abortion procedure performed by a resider fellow, he stated, "It depends on the circumstances. The attending physician is responsible for the care that is provided by	the ame i if it hysician n nt or			
Review of the medical record for Patient # revealed an institutional knowledge of the requirement. In relevant part, the informed	sent in Lat um, 12		·	
aware that should she need to reschedule abortion procedure to be provided by a diff physician that she will need to meet with th physician performing the abortion in perso least 72 hours prior to the procedure" (Please note: On May 28, 2019, at approx 11:30 a.m., RHS submitted a Plan of Corre for this identified deficiency. After review,	her ferent ne n at simately ection the			
submitted plan was found to be acceptable 3. Medical record review for Patient #1 sho she presented to RHS on provide informed consent for a surgical ab The informed consent document is presen file and is signed by the patient and Staff E Patient #1 presented to RHS for a surgical abortion on Staff A Missouri Department of Health and Senior Services	owed to ortion. It in the			

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e protection and the second	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 05/28/2019	
Aller aller Never aller		MOA-0014	D. MING		05/4	28/2019
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L1076	Continued From pa	ige 48	L1076			
	abortion was not per The patient's cervio cannula was used it physician notes that difficulty MVA activa Additional visit com and dated state, "Uterus anter to 21Fr and 7mm c deployed with no tis Ultrasound brought pass dilator with vis transvaginal and tra- views utilized. Uns visualize dilator on Will plan for medica record dated states, "Medication HCG drawn. Follow record includes a "p the administration of signed by the patien	edure at 11:35 a.m. The erformed under ultrasound, t was dilated to 21 and a 7mm for the aspiration. The t "procedure completed with ated with no tissue returned." ments, entered into the record at 12:00 p.m., verted but retroflexed. Dilated annula passed. MVA ssue or blood returned. to room. Attempted again to sualization with both ansabdominal ultrasound uccessful in attempt to US so procedure abandoned. ation abortion." A note in the attact or and at 12:45 p.m., AB teaching completed and w up apt scheduled." The patient agreement" form for of Mifeprex. The agreement is nt and Staff E and is dated at 12:00p.m. No completed in the staff to the teaching at 12:00p.m.				
s	medical record. On April 3, 2019, du Director of Surgical asked about the ex report for the failed	surgical abortion is within the uring an interview with RHS' Services, Staff C, when istence of a complication surgical abortion attempt on ed that the procedure was not lication.				
	asked if she consid surgical abortion a consider that we we abortion at that time	Staff E was interviewed. When ered the abandonment of a complication, she stated, "I eren't able to complete the e." When asked if she ppened to Patient #1 a failed		.4 	1 i	

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L1076	Continued From parabortion, she stated plan for medication to complete the pro- if she knew if a com- regarding the surgid don't know, but I do complication, so I w to be". The Departm inconsistent with RI insufficient to satisf- requirement.	I, "No, because the abortion. We still I cedure for her." W pplication report wa cal abortion, she sta n't consider that to rouldn't necessarily nent finds this expla HS' own policy man	had a plan hen asked s filed ated, "I be a expect one anation is wal and				
	On May 28, 2019, S was interviewed. We expectation that a completed for an al- clarified, "So the de- the termination from abortion? No. My us abortion complication the abortion is complete the abortion is complete complete and file ar for every complication follow that requirem	/hen asked if it was complication report or and oned surgical a cision to change the n surgical to medica inderstanding of whom report is required pleted." He confirm atutory requirement or abortion complication. He further state	s his be abortion, he e route of ation en a post d is after hed t to tto report				
	Review of RHS poli Complications and l identifies "cervical s "false passage" as o 19 CSR 30-30.050(as including, "but is abortion, hemorrhad pyrexia, pelvic absc abortion, cervical la or diagnosable psyc To date, some phys documented within	Problems", table 1. tenosis / inability to complications. 1)(D) defines a con not limited to, incol ge, endometritis, pa ess, uterine perfora cerations, retained chiatric condition;" icians who provided	3.a, dilate" and nplication mplete arametritis, ation, failed products, d the care				

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L1076	Continued From p	age 50	L1076			
	have refused to su	bmit to interviews.		, signin,		
			1.6400			• •
F1418	maintain a medica	(3)(B) The facility shall I record	L1119			
		aintain a madia-1 roosed				
		aintain a medical record ssional standards for each				
		not met as evidenced by: ecord review and interview, the sure:				
	manner that accur date a record was specific amendme - the medical record	ds were maintained in a ately documents the time and created or amended and any nts made to the record; d accurately identified the ician inducing a medication				
	record of supervisi	rd; d accurately documents a on for residents and fellows ns at the facility for 2 records.				
1	Findings included:					
	this investigation s differences betwee	reviewed during the course of howed significant documented in the "Encounter date" and the e following records were wed:				
	en en de anti-	ited to RHS for a surgical The medical				
	record recording the date" of	and a "current date"				
	- Patient #1 preser	ited to RHS on Hereical record				

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L1119	Continued From pa	age 51	L1119			· · · · · ·
	recording the visit i	notates an "encounter date" o and a "current date" of	f			
	generated by Staff	referenced to patient #3, E, dated to patient #3 at 8:4 / 6 hours prior to the start of	10			
: :	the procedure), sta review for encount	er on state and stat				
• •.	treatment and follo - Patient #3 preser	ted to RHS on				
	recording the visit	rtion care. The medical recor notates an "encounter date" o nd a "current date" of				
	abortion on recording the visit	ited to RHS for a surgical The medical record notates an "encounter date" o d a "current date" of				
	generated by Staff	referenced to patient #4, H, dated at nately 1 hour prior to the start				
:	of the procedure), review for encount	states, "Supervising provider er on State and 1 8:40 AM 1 e procedure and agree with th				
	"encounter date" re was seen. She ex	taff C stated that the presents the date the patient plained that each time a patie				
	electronic record is into the medical re-	heir appointment, the locked and no one can get cord without unlocking the nt date" represents when the				
	record was last unl stated that the "cur to a number of rea	ocked and relocked. She rent date" may be different di sons: The front desk clerk				
		atient out from their original orrection was made to the vis				· · ·

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a al sala sa sa	Department of Health and Senior Services
Missouri	Department of Health and Senior Services

PAG DESCULATORY OR USE DENTRY NO INFORMATION TAG CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY L1119 Continued From page 52 L1119 summary (spelling, grammar), which would require 'running' a new visit summary. She denied that a medical record can be amended without an addendum being added to the record and no physicians have access to unlock the records. She identified herself, two staff nurses and a ford desk clerk who have access to unlock the record for Patient #1 on the stated that the "system does not show me that anyone was in there. The front desk clerk must have just checked her out on "Linear the stated that the "system does not show me that anyone was in there. The front desk clerk must have just checked her out on "Linear that, she stated that the system shows that she was in the record and could not recall the purpose of unlocking the records. In regard to the records for Patient #1 on She could not determine the clerk's purpose for being in the record and could not recall the purpose of unlocking the records. On May 28, 2019, Staff E was intervewed. When asked to explain the difference between the 'encounted date' and the "current date' within the medical record, such as and the access to 'unlock' a record to change the record. That's an informational technology thing. It's how documents are generated. I don't know the answer to that's Staff E denied changing the record, such as completed into the system and not created within the electronic medical record, such as complication reports and informed consent.	STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION			LETEO
integration (EASI DEPICIDINGY ON ESTIGEPRICEDED BY FULL PREULATORY ON ESTIDEMPIREMENTION) PRETRA TAG (EACI CORRECTING ATTRACTION SHOULD BE DEFICIENCY) COMMENDE TAG COMMENDE DEFICIENCY) COMMENDE DEF			RVICES / PLANNI 4251 FO	REST PARK	AVENUE			
summary (spelling, grammar), which would require "cunning" a new visit summary. She denied that a medical record can be amended without an addendum being added to the record and no physicians have access to unlock the records. She identified herself, two staff nurses and a front desk clerk who have access to "unlock" the record but not for what purpose. In regard to the record for Patient #1 on the stated that the "system does not show me that anyone was in there. The front desk clerk must have just checked her out on the that more was in the record for Patient #1 on the stated that the front desk clerk was in the record for Patient #1 on the stated that the front desk clerk was in the record for Patient #1 on the stated that the front desk clerk was in the record for Patient #1 on the stated that the front desk clerk was in the record for Patient #1 on the record. In regard to the record for Patient #3 and Patient #4, she stated that the system shows that she was in the records. On May 28, 2019, Staff E was interviewed. When asked to explain the difference between the "encounter date" and the "current date" within the medical record, is the stated "that the hist and documents are generated. I don't know the answer to that." Staff E denied changing the answer to that." Staff E denied consent as complication reports and informed consent	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH COR	RECTIVE ACTION SI RENCED TO THE AP	HOULD BE	COMPLETE
she stated that the front desk clerk was in the record on She could not determine the clerk's purpose for being in the record. In regard to the records for Patients #3 and Patient #4, she stated that the system shows that she was in the records and could not recall the purpose of unlocking the records. On May 28, 2019, Staff E was interviewed. When asked to explain the difference between the "encounter date" and the "current date" within the medical record, she stated, "I have no idea. That's an informational technology thing. It's how documents are generated. I don't know the answer to that." Staff E denied changing the record. She denied that she had access to "unlock" a record to change the record, For records scanned into the system and not created within the electronic medical record, such as complication reports and informed consent tessout Department of Health and Senior Services		summary (spelling require "running" a denied that a med without an addend and no physicians records. She ider and a front desk cle "unlock" the record who was in the record In regard to the record does not show me front desk clerk mi	, grammar), which would new visit summary. She cal record can be amended um being added to the record have access to unlock the tiffied herself, two staff nurses erk who have access to ds. She is able to determine ord but not for what purpose. cord for Patient #1 on she stated that the "system that anyone was in there. The					
asked to explain the difference between the "encounter date" and the "current date" within the medical record, she stated, "I have no idea. That's an informational technology thing It's how documents are generated. I don't know the answer to that." Staff E denied changing the record. She denied that she had access to "unlock" a record to change the record. For records scanned into the system and not created within the electronic medical record, such as complication reports and informed consent tissouri Department of Health and Senior Services		clerk was in the re She could not dete being in the record In regard to the re Patient #4, she sta she was in the rec	she stated that the front desk cord on the clerk's purpose for cords for Patients #3 and ted that the system shows that ords and could not recall the					
created within the electronic medical record, such as complication reports and informed consent issouri Department of Health and Senior Services		asked to explain the "encounter date" a medical record, she That's an informati documents are ge answer to that." S record. She denie	e difference between the nd the "current date" within the e stated, "I have no idea. onal technology thing. It's how nerated. I don't know the taff E denied changing the d that she had access to					
TATE FORM J44311 Er continuation sheet 53	ar Ar Ar Anna ar	created within the as complication re rtment of Health and S	electronic medical record, such ports and informed consent	6800	J44311	<u></u>	it continuatio	n sheet 53 of 6

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	A. BUILDING:	CONSTRUCTION	СОМР	SURVEY LETED 8/2019
	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	DDRESS, CITY, ST	ATE ZIP CODE		
anagya Anagya		4251 EC	REST PARK AV	and an		· .
REPROD	OUCTIVE HEALTH SE	RVICES / PLANNI SAINT L	OUIS, MO 6310)8	· · ·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) Complete Date
L1119	Continued From pa	age 53	L1119		a <mark>tilia andara andar Andara andara andara Andara andara andara</mark>	1
		aff C stated that there is no t what date and time the		· ·		
		d into the medical record.			5. 1 1. 1	
		edical record for Patient #1 ited to RHS for a surgical				
:	abortion on	A physical and is documented in the record			·.	
+ +1 	as conducted by ph	nysician resident, Staff F. Sta uterine orientation as "Ant"				
4. 	and the uterine size	e as "less than 6 weeks". The formed at 11:35 a.m. by				
ala. Livit	physician fellow, St	aff A. The abortion was not trasound. The patient's cervit				
.:	was dilated to 21 a	nd a 7mm cannula was used				
	"procedure comple	The physician notes that ted with difficulty MVA ssue returned." Additional				
		tered into the record and date at 12:00 p.m., state, "Uterus				
	the second strategy of the second strategy of the second strategy of	ed. MVA deployed with no				
	tissue or blood retu	rned. Ultrasound brought to gain to pass dilator with				
-	visualization with be	oth transvaginal and asound views utilized.				
	Unsuccessful in att	empt to visualize dilator on US	S			
1. 		doned. Will plan for n." A note in the record dated				
		at 12:45 p.m., states, ching completed and HCG apt scheduled." The recorded				
1.	entry was made by	Staff J. The record includes	a			
	Mifeprex. The agree	" form for the administration o ement is signed by the patier				
a.		ion of the record entitled,				
	that a 200 mg Mifej	ribed During this Visit" indicat prex was "po administered to S Medical Director, Staff I).	Ľ		а.	
	artment of Health and Se			sa ka fakta a sa		<u>pri anu an</u>

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		IDENTIFICATION NUMBER	A. BUILDING:	· · · · · · · · · · · · · · · · · · ·			Alexandra de Au
	an a	MOA-0014				00/Z	8/2019
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST.			5 E	
REPROD	UCTIVE HEALTH SE		REST PARK AV OUIS, MO 6310				
(X4) ID	SUMMARY ST			PROVIDE	R'S PLAN OF CORR		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH COR CROSS-REFE	RECTIVE ACTION S RENCED TO THE AI DEFICIENCY)	HOULD BE PPROPRIATE	Comple Date
L1119	Continued From p	age 54	L1119		agaarta ara a		
5		Staff E was interviewed. When					
		edication abortion of Patient					
А.		nanded her the pill and watched nasked why the record reflects					
	that Staff I adminis	stered the pill to induce the				·.	
11 I.		ed, "So, [Staff I] as the Medical es the scheduling, it's a					
.1	scheduling issue.	Under which, it has nothing to					
NI.		ly physically giving the					
		he Medical Director, he would om the medication is ordered					
	from for the clinic,	so he would be the dispensing					
	to me who was the medication."	e person who administered the					
2 - -	On May 29, 2040	Staff I, RHS Medical Director					
· .		When asked if it was his					
		e medical record accurately					
		each practitioner and are timed ely, he stated, "So the medical					
	record should be a	accurate, period. It should be					
		d reflect the medical care that are elements of the medical					
		time stamps, based on clinical					
	utility that should b						
· · · · · · · · · · · · · · · · · · ·	3 Review of the m	edical record for Patient #1					
19 	showed she prese	nted to RHS for a surgical					
: :	abortion on	The abortion 11:35 a.m. by physician fellow,					
		ation occurred during the					
	performance of the	e surgical abortion and the					
	abortion was initial	andoned. A medication ted.					
		ent, referenced to patient #1,					
-	generated by Staff	E, dated					
		s in part, "Supervising provider					
issouri Den	review for encount artment of Health and S				<u></u>		<u> </u>

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Missouri Departm	ent of He	alth and S	Senior Serv	ices	

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ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
	2	MOA-0014	B. WING		05/	28/2019
NAME OF F	ROVIDER OR SUPPLIER	R STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	UCTIVE HEALTH S	EDVICES / DI ANNI 4251 FO	REST PARK A	VENUE	· .	
TEFROD	OCTIVE REACTA S	SAINT L	OUIS, MO 631	08		
(X4) ID		TATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI	en se	(X5) COMPL
PRÉFIX TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T	IE APPROPRIATE	DAT
				DEFICIENC	<u> </u>	
L1119	Continued From p	age 55	L1119	and and a state of the second s	e el el compositore de la compositore d Compositore de la compositore de la comp	
		e procedure and agree with the				
13		ow up plan(s)." Further, the		• .		
1 ¹		pt. with an very acutely	1			
		and the pregnancy at the				
	fundus. Although	the canal and path was able to				
		th eth17F Pratt dilator, the angle	키			
	and traction on the					
		the patient. The position of the				
		/S ineffective. TV U/S was e path, but given the unique				
:		rus and pts discomfort, coupled				1
14. I		nal age, we opted to stop the	·			
		with MAB. Discussed and				
19 19		tient. Questions answered."				
	On	Staff E performed a				
м. М	successful surgic	al abortion on Patient #1.				
·	On May 0, 0040 -	medical records were reviewed				
	for all procedures					
	at RHS St	iff K and Staff L initially refused				
		of the records. The requested				
		vided on May 11, 2019. Review				-
	of the records sho					
			ŀ			
		ed an informed consent for an f E on Staff E				:
	abortion with Staf	cedure at 1:14 p.m., on				
	henninge me bir	The record does not denote				
	a procedure end t	- 2. 전문방송·소리·도··································				
		d an informed consent for an				
	abortion with Staf	Eon				
	Physician residen	t, Staff F performed the				
	procedure at 1:15	p.m., on ded at 1:19 p.m. The records				
	contains a superv	isory note. The note pertaining				
	to the supervision	of Patient#8's abortion is dated				
	್ಷ ನ ನಿರ್ದೇಶ ಶಿಕ್ಷ ಮಾಡಿದ್ದ ವಿಶೇಷ ಕೊಡಿತಿಗಳು ಕೊಡಿತಿಗಳು ಕೊಡಿತಿಗಳು ಕೊಡಿತಿಗಳು ಕೊಡಿತಿಗಳು ಕೊಡಿತಿಗಳು ಕೊಡಿತಿಗಳು ಕೊಡಿತಿಗಳ	at 9:05 a.m. The note				
	indicates Physicia	n E was "present for the		e est est und	n <u>1.11</u>	
S 4 5 1	artment of Health and				the second se	

	IT OF DEFICIENCIES OF CORRECTION	Ith and Senior Services (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014	(X2) MULTIPLE (A. BUILDING: B. WING		COM	SURVEY PLETED C 28/2019
ang na sanang sanan Sanang sanang	PROVIDER OR SUPPLIER	STREET AL RVICES / PLANNI 4251 FOR	DRESS, CITY, ST/ REST PARK AV DUIS, MO 6310	ENUE		· · · · · · · · · · · · · · · · · · ·
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	plan(s)." On May 28, 2019, 3 asked to explain w Patient #1 was dod an hour prior to the stated, "The docum patient's appointme appointment time v On May 28, 2019, was interviewed. V expectation that the reflect the time the present in the room procedure, he state expectation regard To date, some phys	ee the treatment and follow up Staff E was interviewed. When hy the supervisory record for umented as completed over procedure taking place, she nent is generated based on the ent time. So, if we looked, her would have been 9:20 a.m." Staff I, RHS Medical Director When asked if it was his e medical record accurately supervising physician was n during the abortion ed, "I don't know that I have an ing the time."				
L1129	19 CSR 30-30.060 complication reprt The facility shall er complication report provided via the fa- department within i as required by sect CSR 10-15.020.	(3)(H) The facility shall ensure, isure that an individual t for any complication care cility is submitted to the forty-five (45) days of the care ion 188.052, RSMo, and 19	L1129			
	Based on Departm and interview, the f - a complication rep	not met as evidenced by: ent and facility record review acility failed to ensure: port for 1 failed medication itted to the department, as				

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THE PARTY OF	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	z střevál substant s	(X3) DATE SU COMPLE	
		MOA-0014	B. WING		C 05/28/	2019
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
REPROD	UCTIVE HEALTH SE	RVICES / PLANNI	REST PARK AV	and the second		
(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 ((EACH CORRECTIVE ACT) CROSS REFERENCED TO T DEFICIENC	ON SHOULD BE	(X5) Complet Date
L1129	Continued From p	age 57	L1129			
	required.					
	Findings included:					
1.4 1.	an a					
e e	she presented to F	review for Patient #1 showed RHS on to				
		consent for a surgical abortion. sent document is present in the				
		sent document is present in the by the patient and Staff E.				
ч.	Patient #1 present	ed to RHS for a surgical				
	abortion on	cedure at 11:35 a.m. The				
		erformed under ultrasound.				
		x was dilated to 21 and a 7mm				
		for the aspiration. The at "procedure completed with	· · · ·			
	difficulty MVA activ	ated with no tissue returned."				
	Additional visit con and dated	nments, entered into the record at 12:00 p.m.,				
		everted but retroflexed. Dilated				
		cannula passed. MVA				
2		issue or blood returned. t to room. Attempted again to				
	pass dilator with vi	sualization with both				
		ansabdominal ultrasound successful in attempt to				
54 55		US so procedure abandoned.				
	Will plan for medic	ation abortion." A note in the				
2.5	record dated	at 12:45 p.m., AB teaching completed and				
	HCG drawn. Follo	w up apt scheduled." The				
		'patient agreement" form for				
		of Mifeprex. The agreement is ent and Staff E and is dated				
		at 12:00p.m.				
	The record indicate	es Patient #1 contacted RHS				
	on	at 12:05 p.m., and spoke				•.
		The record documents the follows, "Spoke with pt who				
	artment of Health and S		r a n anns an Anns An			

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Image: Tag. Recold NORY OR LSC DENTEMING INFORMATION) PRETX TAG CACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE CM L1129 Continued From page 58 L1129 L1129 L1129 Encouraged pt to wait thru tonight to give misoportsol the full 24 hrs to work and if she still thinks she has not passed the pregnancy temorrow morning to return to clinic. Pt verbalized an understanding of plan and states she will comply. [Staff E] aware and agrees with plan." Patient #1 presented to RHS on for post-abortion care. The record, dated documents an ultrasound documents an ultrasound misoprostol at home at 530pm on for post-abortion care. The record dated documents an ultrasound more conducted. Findings included are identified as, "yolk sac, cardiac motion, fetal pole, gestational sac, with double ring sign, single". The visit comment in the record states, "Pt returned to clinic with continuing pregnancy confirmed on south or Pt desires to have evacuation today if possible. Pt reports only spotting and mild cramping after taking misoprostol at home at 530pm on funce than 24 hrs ago). Discussed with [Staff E] who ordered pt receive misoprostol and Mi sectation and will attempt in clinic procedure. Discussed with thy to is in greement, The visit comment is recorded by Staff J at 11:00 a.m. on ment is recorded by Staff J at 11:00 a.m. on the procedure was performed under ultrasound. The patient's cervix was dileded to 25 and a 9mm cannula was used for the aspiration, The physician notes that the procedure was consided to 105 and a 9mm cannula was used for the aspiration, The physician notes that the procedure was completed without difficulty. An additional comment in the record, dated in 1:05 p.m., form an unknown author, states, "Stp failed Sab 2/2 dicomfort and uterure position. Attempted	AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MOA-0014		A BUILDING:			Сомрыетер С 05/28/2019			
APPRODUCTIVE HEALTH SERVICES / PLANNI SAINT LOUIS, MOI 63108 (24) TO PRETIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICENCY WAISH BE PLACEDED BY TULL RECULATORY OR LSC DENTRTHING INFORMATION) D PRETIX TAG D (PACH DEPICENCY WAISH BE PLACEDED BY TULL RECULATORY OR LSC DENTRTHING INFORMATION) D PRETIX TAG CAN DEPICENCY (PACH ORDER) O (PACH DEPICENCY WAISH BE PLACEDED BY TULL RECULATORY OR LSC DENTRTHING INFORMATION) D PRETIX TAG CAN DEPICENCY (PACH ORDER) O (PACH ORDER) <th>IAME OF F</th> <th>PROVIDER OR SUPPLIER</th> <th>STREETAD</th> <th>DRESS, CITY, S</th> <th>TATE, ZIP CODE</th> <th>·····</th> <th></th> <th></th> <th></th>	IAME OF F	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, S	TATE, ZIP CODE	·····			
Precent performery waits the precent performance record performance and performance performance performance and performance performed performance performed performance performed performance performed performance performed performance performance performed performance performed performance performed performance performance performance performance performance performance performed performance performance performance performed performance performed performance performance performed performance performed performance performance performance performed performance	REPROD	DUCTIVE HEALTH SEI	RVICES / RLANNI	e namp ta sila et ata	an nabit i t				5. ×.
reports only mild cramping and scant bleeding since taking misoprostol at 530pm last evening. Encouraged pt to wait thru tonight to give misoprostol the full 24 hrs to work and if she still thinks she has not passed the pregnancy tomorrow moming to return to clinic. Pt verbalized an understanding of plan and states she will comply. [Staff E] aware and agrees with plan." Patient #1 presented to RHS on for post-abortion care. The record, dated documents an ultrasound was conducted. Findings included are identified as, "yolk sac, cardiac motion, fetal pole, gestational sac with double ring sign, single". The visit comment in the record states, "Pt returned to clinic with continuing pregnancy confirmed on sono. Pt desires to have evacuation today if possible. Pt reports only spotting and mild cramping after taking misoprostol at home at 530pm on (more than 24 hrs ago). Discussed with [Staff E] who ordered pt receive misoprostol and IV sedation and will attempt in clinic procedure. Discussed with pt who is in agreement. The visit comment is recorded by Staff E. The abortion was performed at 12:56 p.m. by Staff E. The abortion was used for the aspiration. The procedure was performed at 12:56 p.m. by Staff E. The abortion was used for the aspiration. The physician notes that the procedure was completed without difficulty. An additional comment in the record, dated 1:05 p.m. from an unknown author, states, "S/p failed Sab 2/2 dicomfort and uterume position. Attempted MAB without success. USe of IVS and U/S guidance was able	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORI	RECTIVE ACTION SI RENCED TO THE AF	HOULD BE	 Second intervention of the second seco	(X5) Complet Date
since taking misoprostol at 530pm last evening. Encouraged pt to wait thru tonight to give misoprostol the full 24 hrs to work and if she still thinks she has not passed the pregnancy tomorrow moming to return to clinic. Pt verbalized an understanding of plan and states she will comply. [Staff E] aware and agrees with plan." Patient #1 presented to RHS on for post-abortion care. The record, dated documents an ultrasound was conducted. Findings included are identified as, "yolk sac, cardiac motion, fetal pole, gestational sac with double ring sign, single". The visit comment in the record states, "Pt returned to clinic with continuing pregnancy confirmed on sono. Pt desires to have evacuation today if possible. Pt reports only spotting and mild cramping after taking misoprostol at home at 530pm on (more than 24 hrs ago). Discussed with [Staff E] who ordered pt receive misoprostol and IV sedation and will attempt in clinic procedure. Discussed with pols Staff J at 11:00 a.m. on The procedure was performed at 12:50 p.m. by Staff E. The abortion was performed under ultrasound. The patient's cervix was dilated to 25 and a 3mm cannula was used for the aspiration. The physician notes that the procedure was completed without difficulty. An additional comment in the record, dated 10:50 p.m. by Staff E. The abortion was performed under ultrasound. The patient's cervix was dilated to 25 and a 3mm cannula was used for the aspiration. The physician notes that the procedure was completed without difficulty. An additional comment in the record, dated 10:50 p.m. by Staff E. The abortion was used for the aspiration. The physician notes that the procedure was completed without difficulty. An additional comment in the record, dated	L1129	Continued From pa	ge 58	L1129			· · ·		
since taking misoprostol at 530pm last evening. Encouraged pt to wait thru tonight to give misoprostol the full 24 hrs to work and if she still thinks she has not passed the pregnancy tomorrow morning to return to clinic. Pt verbalized an understanding of plan and states she will comply. [Staff E] aware and agrees with plan." Patient #1 presented to RHS on for post-abortion care. The record, dated documents an ultrasound was conducted. Findings included are identified as, "yolk sac, cardiac motion, fetal pole, gestational sac with double ring sign, single". The visit comment in the record states, "Pt returned to clinic with continuing pregnancy confirmed to non. Pt desires to have evacuation today if possible. Pt reports only spotting and mild cramping after taking misoprostol at home at 530pm on (more than 24 hrs ago). Discussed with [Staff E] who ordered pt receive misoprostol and IV sedation and will attempt in clinic procedure. Discussed with pots is na greement. The visit comment is recorded by Staff J at 11:00 a.m. on The procedure was performed at lates to a 9 mm cannula was used for the aspiration. The physician noties that the procedure was completed without difficulty. An additional comment in the record, dated 1:05 p.m. by Staff E. The abortion was performed at 125 p.m. by Staff E. The abortion was performed at 25 and a 9mm cannula was used for the aspiration. The physician notes that the procedure was completed without difficulty. An additional comment in the record, dated 1:05 p.m. form an unknown author, states, "5/b failed Sab 2/2 dicomfort and uterure position. Attempted MAB without succes. USe of IVS and U/S guidance was able		reports only mild or	amping and scant bleeding			e tra pr			
Encouraged pt to wait thru tonight to give misoprostol the full 24 hrs to work and if she still thinks she has not passed the pregnancy tomorrow moming to return to clinic. Pt verbalized an understanding of plan and states she will comply. [Staff E] aware and agrees with plan." Patient #1 presented to RHS on for post-abortion care. The record, dated documents an ultrasound was conducted. Findings included are identified as, "yolk sac, cardiac motion, fetal pole, gestational sac with double ring sign, single". The visit comment in the record states, "Pt returned to clinic with continuing pregnancy confirmed on sono. Pt desires to have evacuation today if possible. Pt reports only spotting and mild cramping after taking misoprostol at home at 530pm on (more than 24 hrs ago). Discussed with [Staff E] who ordered pt receive misoprostol and IV sedation and will attempt in clinic procedure. Discussed with pt who is in agreement. The visit comment is recorded by Staff J at 11:00 a.m. on The procedure was performed under ultrasound. The patient's cervix was dilated to 25 and a 9mm cannula was used for the aspiration. The physician notes that the procedure was completed without difficulty. An additional comment in the record, dated 1:05 p.m., from an unknown author, states, "Sty failed Sab 2/2 dicomfort and uterune position. Attempted MAB without									
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 Statistic contractions are set. 	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA.		CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDING:			
		MOA-0014	B. WING		C 05/28/	2019
AME OF F	ROVIDER OR SUPPLIER		TADDRESS, CITY, ST	ATE. ZIP CODE		· · · · ·
1 N 1 N 1 N		4951	FOREST PARK A		<u>.</u> .	
EPROD	UCTIVE HEALTH SE	RVICES / PLANNI SAIN	T LOUIS, MO 631	08		
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) Comple Date
L1129	Continued From p	age 59	L1129			
	report, dated attempted on Patie The report indicate complication was "	ns a completed complication for the MAB ent #1 on s the reason for the Failed abortion/pregnancy locument is signed by Staff				
	the DHSS Bureau conducted. Review	review of records received of Vital Records from RHS v w of the records showed no t submitted for Patient #1.				
	Clinical Quality Ma regarding the proc complication repor L stated that the pr form is paper and i noted that each co month and sent via within the allowable copy of the bundle BVR representing	t approximately 11:00 a.m., nager, Staff L was interview ess for submitting a t to the State of Missouri. S ocess is manual, in that eac not electronic. She further mplication report is bundled a certified mail to the BVR e timeframe. Staff L provide d record that she provided to complications that occurred	ed taff h by da o in			
	the complication re signed the cover le letter is dated	Contained within the bundle port for Patient #1. Staff L etter sent to the BVR and the more than the BVR and the ped as received at BVR on				
	19 CSR 30-30.060 show evidence of a	(8)(C) The QAPI program sl actio	hall L1169			
· ·	the facility took reg	i shall show evidence of acti arding problems identified a tunities for improvement.				
	This regulation is I					

 The Design Providence of the Provid	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		e survey Pleted C
		MOA-0014	B. WING		05/	28/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
REPROD	UCTIVE HEALTH SE		REST PARK AL OUIS, MO 631		8 ¹	·
(X4) ID PREFIX	 a set production policy dependencies of the set of th	ATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
L1169	Continued From p	age 60	L1169			
стан (у. ст. -		ecord review and review of the				
		cal care, the facility failed to				
	ensure:					
		ess of the care provided at the				
:		ed regarding the occurrence of documented within the medical				
s Light	records from	through				м. -
	- that action was to	aken regarding problems				
	identified in the me	edical care provided at the				
	facility, regarding t	he failed abortions.				
	Findings included:					
	1 See referenced	evidence of facility deficient				
nand Na	practices at: 19CS	R30-30.060(1)(A)(1);				
		1)(A)(8); 19CSR30-30.060(3) -30.060(3)(H). To date, some				
:	physicians who pro	ovided the care documented				
N.A.	within the medical to submit to intervi	records reviewed have refused				
		linical Quality Assurance g" minutes, dated				
	revealed	I, "Reviewed #2 of ReAsp				
	visit followed by tx complication report	@ hospital D&C &IV Antibiotic, t completed at visit.				
	Cardiac Motion,	, most likely a pregnancy				
		" The Department finds this ifficient to satisfy compliance				
4. 1	with this requireme					:
	Between	and				<i></i>
	Staff A performed	at least 2 failed abortions, as				
		the medical records reviewed. is writing, Staff A has refused				
		erview with DHSS Inspectors.				
	On May 28, 2019,	- 				

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TATES OF STREET PLANTING.	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	ECONSTRUCTION		⁹ LETED
		MOA-0014		B. WING	<u></u>	C 05/28/2019	
	PROVIDER OR SUPPLI	SERVICES / PLANNI 4251 F	OR	RESS, CITY, S EST PARK A JIS, MO 63'		,	· · · ·
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L1169	Continued From	page 61		L1169		· · · ·	
	she stated, "A fa the abortions tha that's consistent asked about the RHS, she stated	frequency of failed abortions, iled abortion is less than 1% of it we take care of and I would s with what I have seen." When frequency of complications at , "You have to have a	say				
		its is still incredibly rare and te expected amount of failed less."					
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