

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2007
NAME OF PROVIDER OR SUPPLIER NEW WOMAN ALL WOMEN HEALTH CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 17TH STREET SOUTH BIRMINGHAM, AL 35205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 100	<p>ALABAMA LICENSURE DEFICIENCIES</p> <p>THE FOLLOWING ARE LICENSURE DEFICIENCIES AND REQUIRE A PLAN OF CORRECTION.</p> <p>This Rule is not met as evidenced by: 420-5-1-.02 Administration</p> <p>(8) Records and Reports (b) Authentication of Records. All records shall be legibly written, dated, and signed in an indelible manner with the identity of the writer indicated.</p> <p>Review of the pre printed procedure forms revealed the following medications per standing order: Doxycycline 100 mg PO # 10 Methergine 0.2 mg PO # 12 (10 weeks and UP) Ferograd 500mg # 30 Contraceptive sample.</p> <p>Review of the 26 medical records revealed that some of the medications were circled and some were not circled. During an interview with the Director on 8/29/07 at 3:00 PM revealed that sometimes the nurse would circle the dispensed medications and some times it was given without the nurse circling the medication that was given. The surveyor was unable to determine which medications the patients received.</p> <p>*****</p> <p>420-5-1-.03 Patient Care</p> <p>(7) Pharmaceutical Services</p> <p>(c) Standing Orders...Standing Orders may not be used to prescribe controlled substances or</p>	L 100		

Health Care Facilities

TITLE

(X6) DATE

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

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2007
NAME OF PROVIDER OR SUPPLIER NEW WOMAN ALL WOMEN HEALTH CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 17TH STREET SOUTH BIRMINGHAM, AL 35205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 100	Continued From page 1 abortifacient medications. Agency Policy: Routine Orders For (this facility name) B. Pre-op: 1. 1st Tri Local.....10 mg (milligrams) Valium, 800 mg Ibuprofen. 2. All IV Patients5 mg Versed I. M. and 10-20 mg Nubain IV (intravenous) push 3. 2nd Trimester 2.3 -2.5 BPD have the option of choosing the local anesthesia protocol. Valium is a Controlled Substance Schedule II medication. Versed is a Controlled Substance Schedule II medication. Review of the pre printed procedure forms revealed the following: Surgical Patients LOCAL - Ibuprofen and Diazepam (Valium) 10 mg PO and Surgical Patients IV - Versed 5 mg IM (intramuscular) and Nubain 10 mg IV. Review of 6 medical records of patients who received the Local pre-op revealed all 6 patients were given Valium 10 mg as a standing order. Review of 9 medical records of patients who received the IV pre-op revealed 9 patients were given Versed 5 mg as a standing order. Review of medical record # 07071317 revealed the patient received Versed 5 mg IM mistakenly instead of the Valium 10 mg PO.	L 100		