Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	C3704	A. BUILDING _____ B. WING _____	09/21/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW WOMAN ALL WOMEN HEALTH CAR	1001 17TH STREET SOUTH BIRMINGHAM, AL 35205

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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	ALABAMA LICENSURE DEFICIENCIES THE FOLLOWING ARE LICENSURE DEFICIENCIES AND REQUIRE A PLAN OF CORRECTION. This Rule is not met as evidenced by: +420-5-1-.03 Patient Care (1) Patient Care Policies and Procedures. Patient Care Policies and Procedures shall be developed, reviewed yearly, and revised as necessary. Patient care policies and procedures shall be consistent with professionally recognized standards of practice and shall be in accordance with the Alabama Nurse Practice Act. Copies of the policy and procedures manual shall be available to the nursing staff. The facility Pre Operative Medication Protocol signed by the Medical Director and dated March 12, 2005 with a review date of May 12, 2006 listed the medications as follows: 1. Oral pre-operative medications for local patients Valium 10 mg (milligrams) 20-30 minutes pre-op Ibuprofen 800 mg 20-30 minutes pre-op Lidocaine 10-20 cc (cubic centimeters) injected paracervically by MD 2. IV (intravenous) Sedation Medications Versed 5 mg IM (intramuscular) 20 minutes pre-op Nubain 10 mg-20 mg IVP (push) over 30 seconds or IM diluted 1:1 with normal saline or sterile water 2-3 minutes pre-op Phenergan 12.5 mg IVP The regulation is not met as evidenced by:	L 100		

Health Care Facilities

TITLE (X6) DATE

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

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L 100	Continued From page 1 Based on chart review, facility policy/protocol review and interview, it was determined the facility failed to assure the patients received their pre-op medications within the facility specified time frame in 14 of 18 medical records. Findings include: 1. Patient # 06062704 was seen in the facility for a procedure on June 30, 2006. A review of the facility procedure sheet revealed the medication Versed was administered to the patient at 09:50. The procedure time was documented as 11:01, which was 71 minutes. 2. Patient # 06061410 was seen in the facility for a procedure on June 16, 2006. A review of the facility procedure sheet revealed the medication Versed was administered to the patient at 10:03. The procedure time was documented as 11:00, which was 57 minutes. 3. Patient # 06052704 was seen in the facility for a procedure on June 3, 2006. A review of the facility procedure sheet revealed the medication Valium was administered to the patient at 10:00. The procedure time was documented as 12:05, which was 125 minutes. 4. Patient # 06081605 was seen in the facility for a procedure on August 19, 2006. A review of the facility procedure sheet revealed the medication Valium was administered to the patient at 09:30. The procedure time was documented as 11:55, which was 145 minutes. 5. Patient # 06070801 was seen in the facility for a procedure on July 8, 2006. A review of the facility procedure sheet revealed the medication versed was administered to the patient at 7:30.	L 100		

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L 100	Continued From page 2 The procedure time was documented as 08:35, which was 65 minutes. 6. Patient # 06050505 was seen in the facility for a procedure on May 6, 2006. A review of the facility procedure sheet revealed the medication Versed was administered to the patient at 9:25. The procedure time was documented as 10:54, which was 89 minutes. 7. Patient # 06061004 was seen in the facility for a procedure on June 10, 2006. A review of the facility procedure sheet revealed the medication Versed was administered to the patient at 9:10. The procedure time was documented as 10:36, which was 86 minutes. 8. Patient # 06062001 was seen in the facility for a procedure on June 23, 2006. A review of the facility procedure sheet revealed the medication Versed was administered to the patient at 12:35. The procedure time was documented as 1:24, which was 49 minutes. 9. Patient # 06081010 was seen in the facility for a procedure on August 12, 2006. A review of the facility procedure sheet revealed the medication Versed was administered to the patient at 11:45. The procedure time was documented as 1:55, which was 130 minutes. 10. Patient # 06060814 was seen in the facility for a procedure on June 16, 2006. A review of the facility procedure sheet revealed the medication Valium was administered to the patient at 12:35. The procedure time was documented as 13:43, which was 68 minutes. 11. Patient # 06060902 was seen in the facility for a procedure on June 16, 2006. A review of the	L 100		

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L 100	Continued From page 3 facility procedure sheet revealed the medication Valium was administered to the patient at 12:47. The procedure time was documented as 14:04, which was 87 minutes. 12. Patient # 06053005 was seen in the facility for a procedure on June 9, 2006. A review of the facility procedure sheet revealed the medication Valium was administered to the patient at 10:00. The procedure time was documented as 11:10, which was 70 minutes. 13. Patient # 06082210 was seen in the facility for a procedure on August 29, 2006. A review of the facility procedure sheet revealed the medication Valium was administered to the patient at 1:05 PM. The procedure time was documented as 2:12, which was 67 minutes. 14. Patient # 06082101 was seen in the facility for a procedure on August 21, 2006. A review of the facility procedure sheet revealed the medication Valium was administered to the patient at 10:15. The procedure time was documented as 11:20, which was 65 minutes. An interview with the Administrator on September 21, 2006 at 12:40 PM verified the medications were not given according to the policy timeframe. ********** 420-5-1-.03 Patient Care (1) Patient Care Policies and Procedures. Patient Care Policies and Procedures shall be developed, reviewed yearly, and revised as necessary. Patient care policies and procedures shall be consistent with professionally recognized standards of practice and shall be in accordance with the Alabama Nurse Practice Act. Copies of	L 100		

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L 100	Continued From page 4 the policy and procedures manual shall be available to the nursing staff. Policy: Quality Assurance Plan Medical Treatment & Documentation The highest quality of medical treatment is maintained by implementing the written policy and procedure of the facility and the Medical Director. Examples of quality assurance include but are not limited to the following: Patients who receive IV (intravenous) sedation are monitored with pulse oximeter during surgery. The regulation is not met as evidenced by: Findings include: Review of 6 of 6 records where the patients received IV sedation revealed no documentation of a O2 saturation. An interview with the administrator verified there was no documentation of the O2 saturations. ********** 420-5-1-.03 Patient Care (3) Admission and Examination Procedures. (d) Laboratory Tests. (1) The following laboratory tests are required prior to an abortion procedure: Hematocrit or hemoglobin, Rh typing, urinalysis as directed by the physician, and pregnancy test. A syphilis test, neisseria gonorrhea culture, and HIV test shall be	L 100		

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L 100	Continued From page 5 performed if such STD tests are properly consented to by the patient. The regulation is not met as evidenced by: Based on record review and interview, it was determined the facility failed to assure a pregnancy test was performed in 9 of 18 medical records reviewed. Findings include: 1. Patient # 06081605 made a visit to the facility on August 16 and August 19, 2006. A review of the procedure sheet revealed no pregnancy test was performed. 2. Patient # 06061410 was seen in the facility on June 14 and June 16, 2006. A review of the facility procedure sheet revealed no pregnancy test was performed. 3. Patient # 06070801 was seen in the facility on July 8, 2006. A review of the facility procedure sheet revealed no pregnancy test was performed. 4. Patient # 06050505 made a visit to the facility on May 5 and May 6, 2006. A review of the procedure sheet revealed no pregnancy test was performed. 5. Patient # 06060902 made a visit to the facility on June 9 and June 16, 2006. A review of the procedure sheet revealed no pregnancy test was performed. 6. Patient # 06053005 made a visit to the facility on May 30 and June 9, 2006. A review of the procedure sheet revealed no pregnancy test was performed.	L 100		

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L 100	Continued From page 6 7. Patient # 06062001 made a visit to the facility on June 20 and June 23, 2006. A review of the procedure sheet revealed no pregnancy test was performed. 8. Patient # 06082101 made a visit to the facility on August 16, 2006. A review of the procedure sheet revealed no pregnancy test was performed. 9. Patient # 06081010 made a visit to the facility on August 10 and August 12, 2006. A review of the procedure sheet revealed no pregnancy test was performed. An interview with the Administrator on September 21, 2006 at 12:40 PM verified no pregnancy test results were present on the records. ********** 420-5-1-.03 Patient Care (3) Admission and Examination Procedures. (f) Informed Consent. Except in the case of a medical emergency, as defined in these rules, no abortion shall be performed or induced without the voluntary and informed consent of the woman upon whom the abortion is to be performed or induced. Except in the case of a medical emergency, as defined in these rules, consent to an abortion is voluntary and informed if and only if: 3. The physician who is to perform the abortion or the referring physician is required to perform an ultrasound before the abortion. The woman has the right to view the ultrasound before an abortion. The woman shall complete a required form to acknowledge that she either saw the	L 100		

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L 100	Continued From page 7 ultrasound image or that she was offered the opportunity and rejected it. The regulation is not met as evidenced by: Based on record review and interview, it was determined the facility failed to assure the physician performed an ultrasound prior to performing a procedure in 9 of 18 medical records reviewed. 1. Patient # 06062704 was seen in the facility on June 27 and June 30, 2006, with a procedure done on June 30, 2006. A review of the medical record revealed no printout of an ultrasound done by the physician prior to the procedure. 2. Patient # 06082905 was seen in the facility on August 29 and August 31, 2006, with a medical procedure done on August 31, 2006. A review of the medical record revealed no printout of an ultrasound done by the physician prior to the procedure. 3. Patient # 06061703 was seen in the facility on June 17 and June 24, 2006, with a medical procedure done on June 24, 2006. A review of the medical record revealed no printout of an ultrasound done by the physician prior to the procedure. 4. Patient # 06060814 was seen in the facility on June 8 and June 16, 2006, with a procedure done on June 16, 2006. A review of the medical record revealed no printout of an ultrasound done by the physician prior to the procedure. 5. Patient # 06060902 was seen in the facility on June 9 and June 16, 2006, with a procedure done on June 16, 2006. A review of the medical record	L 100		

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L 100	Continued From page 8 revealed no printout of an ultrasound done by the physician prior to the procedure. 6. Patient # 06053005 was seen in the facility on May 30 and June 9, 2006, with a procedure done on June 9, 2006. A review of the medical record revealed no printout of an ultrasound done by the physician prior to the procedure. 7. Patient # 06062001 was seen in the facility on June 20 and June 23, 2006, with a procedure done on June 23, 2006. A review of the medical record revealed no printout of an ultrasound done by the physician prior to the procedure. 8. Patient # 06082210 was seen in the facility on August 22 and August 29, 2006, with a procedure done on August 29, 2006. A review of the medical record revealed no printout of an ultrasound done by the physician prior to the procedure. 9. Patient # 06081010 was seen in the facility on August 10 and August 12, 2006, with a procedure done on August 12, 2006. A review of the medical record revealed no printout of an ultrasound done by the physician prior to the procedure. An interview with the Administrator on September 21, 2006 at 12:40 PM verified no ultrasound pictures were present in the records to verify the physician had done an ultrasound prior to the procedures. ********** 420-5-1-.03 Patient Care (5) Post Operative Procedures. (g) Patient Instruction. Written instructions shall be issued to all patients upon discharge and shall	L 100		

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L 100	Continued From page 9 include as a minimum the following: 3. A telephone number or numbers at which the operating physician, contract physician or other knowledgeable professional staff member from the facility may be contacted by the patient during working hours and after working hours should any complication occur or question arise. The regulation is not met as evidenced by: Facility Policy Problem Calls From Patients 1. The telephone counselor or nursing personnel screens all phone calls. Medical problems are referred to the nurse on call. 9. Calls received after the nursing department is closed for the day are referred to the nurse on call. Calls received after the clinic is closed are picked up by the answering service and referred to the nurse on call. Based on record reviews, facility call logs and interview, it was determined the facility failed to assure calls from patients after hours were handled by a nurse. Findings include: 1. Patient # 06070801 was seen in the facility on July 8, 2006. Documentation in the medical record revealed a phone call from the patient on July 11, 2006 with complaints of vaginal itching. The person receiving the call, who was not a nurse, instructed the patient to obtain some Monistat cream and call back if no relief. 2. Patient # 06061202 was seen in the facility on	L 100		

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L 100	Continued From page 10 June 16, 2006. Documentation in the medical record revealed a phone call from the patient on July 1, 2006 with complaints of vaginal itching. The person receiving the call, who was not a nurse, instructed the patient to obtain some Monistat cream and call back if continues. An interview with the Administrator on September 21, 2006 at 12:40 PM verified the after hour phone calls from patients were taken by a person who was not a nurse. ********** 420-5-1-.03 Patient Care (5) Post Operative Procedures. (h) Reports to the Center for Health Statistics. The administrator of each abortion or reproductive health center shall report each abortion to the Center for Health Statistics no later than ten days after the last day of the month during which the procedure was performed. A copy of the report shall be kept in the patient's medical record. All reports shall be on such form as the State Board of Health may prescribe. Such reports shall in no evert contain the name or the address of the patient whose pregnancy was terminated, nor shall they contain any other information identifying the patient. Individual report forms shall not be available for public inspection, shall be maintained in strict confidence by the Center for Health Statistics, and shall be destroyed after information from the forms is transferred to the Center's database. The Center for Health Statistics shall periodically make available to the public aggregate data about the number of abortions performed in clinical settings statewide. The Director of the Center for Health Statistics may authorize the	L 100		

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L 100	Continued From page 11 release of other aggregate statistical data for official government use. In no event shall the center release the names of individual physicians or other staff members employed by abortion or reproductive health centers, nor shall the Center release the number of procedures performed at any particular facility. The regulation is not met as evidenced by: Based on record reviews and interviews, it was determined the facility failed to assure the state required termination of pregnancy form was complete and filed in the medical record in 5 of 18 medical records reviewed. Findings include: 1. Patient # 06052704 had a procedure at the facility on June 3, 2006. A review of the medical record revealed no State of Alabama Termination of Pregnancy, which is a required form. 2. Patient # 06062704 had a procedure at the facility on June 30, 2006. A review of the medical record revealed no State of Alabama Termination of Pregnancy, which is a required form. 3. Patient # 06070801 had a procedure at the facility on July 8, 2006. A review of the medical record revealed no State of Alabama Termination of Pregnancy, which is a required form. 4. Patient # 06050505 had a procedure at the facility on May 6, 2006. A review of the medical record revealed no State of Alabama Termination of Pregnancy, which is a required form. 5. Patient # 06052505 had a procedure at the facility on June 3, 2006. A review of the medical	L 100		

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L 100	Continued From page 12 record revealed no State of Alabama Termination of Pregnancy, which is a required form. An interview with the Administrator on September 21, 2006 at 12:40 PM verified the forms were not present in the medical records. ********** 420-5-1-.03 Patient Care (4) Operative Procedures (c) Before a physician performs an abortion, the physician shall examine the fetus by use of ultrasound and by such other techniques as to produce a reasonably accurate method of determining the gestational age and viability of the fetus. After such examination, the physician shall enter into the patient's medical record the test or examinations performed, and his findings regarding viability. The regulation is not met as evidenced by: Based on record reviews and interview, it was determined the facility failed to assure the physician documented viability in 11 of 18 medical records reviewed. Findings include: 1. Patient # 06052704 had a procedure at the facility on June 3, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 2. Patient # 06062704 had a procedure at the facility on June 30, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus.	L 100		

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L 100	Continued From page 13 3. Patient # 06061703 had a medical procedure at the facility on June 24, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 4. Patient # 06050505 had a medical procedure at the facility on May 6, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 5. Patient # 06061004 had a medical procedure at the facility on June 10, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 6. Patient # 06060814 had a medical procedure at the facility on June 16, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 7. Patient # 06053005 had a medical procedure at the facility on June 9, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 8. Patient # 06062001 had a medical procedure at the facility on June 23, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 9. Patient # 06052505 had a medical procedure at the facility on June 3, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 10. Patient # 06082210 had a medical procedure at the facility on August 29, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus.	L 100		

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L 100	Continued From page 14 11. Patient # 06081010 had a medical procedure at the facility on August 12, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. An interview with the Administrator on September 21, 2006 at 12:40 PM verified there was no documentation of viability by the physician. ********** 420-5-1-.04 Physical Environment (5) Housekeeping Services. (b) Techniques. There shall be written policies outlining techniques to be followed in routine housekeeping and decontamination are to be developed and maintained. The regulation is not met as evidenced by: Based on observation of decontamination of rooms between patients, cleaning utensils and interview with the facility staff, it was determined the agency failed to ensure there was a policy in place for proper decontamination. Findings include: On 9/21/06 at 10:15 AM an interview was conducted with the tech in charge of cleaning the utensils after procedures. The surveyor observed the tech to spray utensils and the suction bottle with a solution mark 10:1. The surveyor asked what the solution was and the tech replied, " a bleach solution of 10:1". The surveyor then asked how this solution was mixed and the tech replied, " we use two capfuls of bleach to the bottle of	L 100		

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	C3704	A. BUILDING _____ B. WING _____	09/21/2006

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L 100	Continued From page 15 water". The bottle the tech pointed to measured 960 cc. An observation was made of a procedure room being cleaned between patients on 9/21/06 at 10:35 AM. The tech used a bottle labeled 10:1 to spray the procedure table and the supply tray. On 9/21/06 an interview was conducted with the administrator. The surveyor requested the policy for the bleach mixture and the surveyor was informed there was not one. ********** 420-5-1-.03(6)(b)Pharmaceutical Services Administering, Dispensing, and Prescribing Drugs and Medicines. All oral or telephone orders for medications shall be received by a physician, a registered professional nurse, licensed practical nurse, or a registered pharmacist and shall be reduced to writing on the physician's order reflecting the prescribing physician and the name and title of the person who wrote the order. Telephone or oral orders shall be signed by the prescribing physician within 48 hours. Standing orders shall be used only in accordance with a policy of the facility reduced to writing. Drugs and medications shall not be dispensed, except by or under the supervision of a physician or pharmacist. Any patient requiring medications outside the facility shall be given a written prescription permitting her to obtain the medications from a licensed pharmacy. The regulation is not met as evidenced by: Based on standing order review and interview, it was determined the facility failed to assure the	L 100		

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L 100	Continued From page 16 standing orders were clear regarding the use of antibiotics for use for patients with allergies to Doxycycline. Findings include: Standing Orders for Patients Allergic to Doxycycline 1. Keflex 500 mg x (times) 20. Two capsules every 6 hours for the first 24 hours, then one every 6 hours until finished. 2. Ampicillin 250 mg x (times) 20. Two capsules every 6 hours for the first 24 hours, then one every 6 hours until finished. 3. Erythromycin 250 mg x (times) 20. Two capsules every 6 hours for the first 24 hours, then one every 6 hours until finished. An interview with the Administrator on 9/21/06 at 10:00 AM revealed there was no specific instructions regarding in which order the antibiotics were to be used, or who was to make the decision. ********** 420-5-1-.02(1)(a) Administration State Board of Health requires that the governing authority is the person or persons responsible for the management, control, and operation of the facility, including the appointment of personnel to fill the minimum staffing requirements. The governing authority shall ensure that the facility is organized, equipped, staffed and administered in a manner to provide adequate care for each patient admitted. This regulation is not met as evidenced by:	L 100		

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L 100	Continued From page 17 Based on medication order record review and interview, it was determined the facility failed to assure all medications ordered by the facility were accounted for, used for patient care, and included in the facility standing orders. Findings include: An interview by a representative of the Alabama Medical Board with the administrator on 9/25/06 revealed the medications Tylenol with Codeine and Hydrocodone had been ordered and received by the facility. No standing orders/protocols approved by the medical director could be located or produced for the use of these medications. ********** 420-5-1-.02 Administration (1) Governing Authority (a) Responsibility. The governing authority is the person or persons responsible for the management, control, and operation of the facility, including the appointment of persons to fill the minimum staffing requirements. The governing authority shall ensure that the facility is organized, equipped, staffed and administered in a manner to provide adequate care for each patient admitted. This regulation is not met as evidenced by: Based on medication order record review and interview, it was determined the governing body failed to adequately monitor the actions of the Administrator, thereby allowing the Administrator to order and divert narcotics for their own	L 100		

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L 100	Continued From page 18 personal use. Findings include: An interview with a representative of the Alabama Board of Nursing on October 10, 2006 at 10:00 A.M. revealed the Administrator was a Licensed Practical Nurse whose license had been revoked for drug abuse. An interview by a representative of the Alabama Medical Board with the administrator on 9/25/06 revealed the medications Tylenol with Codeine and Hydrocodone had been ordered and received by the facility. No standing orders/protocols approved by the medical director could be located or produced for the use of these medications.	L 100		