PRINTED: 09/20/2006 FORM APPROVED Alabama Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING C3703 08/01/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1211 27TH PLACE SOUTH PLANNED PARENTHOOD OF ALABAMA, INC BIRMINGHAM, AL 35205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 100 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(3)(d)1. Patient Care. Admission and Examination Procedures. Laboratory Tests. The following laboratory tests are required prior to an abortion procedure: hematocrit or hemoglobin, Rh typing, urinalysis as directed by the treating physician, and pregnancy test. A syphilis test, neisseria gonorrhea culture, and HIV test shall be performed if such STD tests are properly consented to by the patient. Based on interview and record review the facility failed to provide required laboratory testing prior to the abortion procedure for nine of ten records. Findings include: Record review for the dates of 1/26/06, 3/02/06, 3/07/06, 4/20/06, 6/08/06, 6/14/06 and 7/03/06 revealed nine of ten records failed to have a pregnancy test prior to the abortion procedure. 420-5-1-.03(7)(a)2 Patient Care

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TITLE (X6) DATE

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

The policy titled "General Clinic Cleaning"

Infection Control. There shall be procedures to govern the use of sterile and aseptic techniques

Based on review of policies, observations and interview the facility failed to ensure aseptic

in all areas of the facility.

practices were provided.

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Alabama Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING C3703 08/01/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1211 27TH PLACE SOUTH PLANNED PARENTHOOD OF ALABAMA, INC BIRMINGHAM, AL 35205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 100 Continued From page 1 L 100 included. "Clinic Areas-examination rooms-wipe exam tables, sinks, chairs with 1:10 bleach mixture....recovery room-wipe chairs with 1:10 bleach mixture..." Findings include: 1. During the survey on 8/1/06 at 11:10 AM an observation of the post procedure cleaning of examination room number two revealed the use of an unlabeled spray bottle of solution. Interview with management staff on 8/1/06 at 12:00 PM revealed the bottle should have been labeled a 1:10 bleach mixture. 2. During the survey on 8/1/06 from 11:15 AM to 11:45 AM observations revealed no cleaning of the recliner chairs between patients. ***** 420-5-1-.04(4)(h) Physical Environment Preventive Maintenance. There shall be a schedule of preventive maintenance developed for all equipment in the facility to assure satisfactory operation. This equipment shall be checked and tested in accordance with manufacturer's specifications at periodic intervals, not less than annually, to insure proper operation and a state of good repair. Based on observations and interviews the facility failed to ensure equipment was checked and tested prior to use. Findings include:

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During the survey on 8/1/06 at 1:00 PM

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FORM APPROVED Alabama Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING C3703 08/01/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1211 27TH PLACE SOUTH PLANNED PARENTHOOD OF ALABAMA, INC BIRMINGHAM, AL 35205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 100 L 100 Continued From page 2 observations of two procedure rooms revealed an ultrasound machine and two suction machines without a bio-medical label to indicate the machines had been inspected and approved for use. No documentation of testing for these machines were available for review. An interview with management staff on 8/1/06 at 4:30 PM confirmed the suction machines were new and no record of testing, prior to use, was available for review. ***** 420-5-1-.04(4)(g) Physical Environment. Treatment Facilities. Refrigerator. A refrigerator shall be provided with provisions for safeguarding drugs. The refrigerator shall be capable of maintaining drugs at a temperature of 42 degrees Fahrenheit plus or minus 6 degrees Fahrenheit. If food or beverages are to be stored with drugs, they must be clearly labeled and precautions must be taken to prevent moisture produced by foods and beverages from contaminating drug container contents or defacing labels. Findings include: During the survey on 8/01/06 at 11:15 AM, an observation in the recovery room revealed a temperature of twenty seven degrees inside the refrigerator, six degrees lower than the temperature to be maintained. This refrigerator contained three different medications, Tuberculin solution, Hepatitis B solution and Methergine.

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