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
	C3703	A. BUILDING _____ B. WING _____	10/09/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF ALABAMA, INC	1211 27TH PLACE 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 000	INITIAL COMMENTS 420-5-1-.02(3) Administration There shall be a facility-wide quality improvement program to evaluate patient care and facility services. The program shall be ongoing, have statistical summaries and a written plan of implementation. Based on interview and review of a form presented as the quality assurance information it was determined the facility failed to have a documented quality improvement program. The form given to the surveyor by the Director of Operations was a Management Meeting dated 09/09/08. The form included topics discussed which were as follows: Mission Client Services Strategic Plan Accreditation. An interview with the Director of Operations 10/09/08 at 10:30 AM confirmed this form was the quality meeting information discussed. *** 420-5-1-.03(7)(c) Standing Orders ... Prescriptions or medication orders called or faxed to a pharmacy pursuant to a standing order shall be immediately documented by the ..., registered professional nurse or licensed practical nurse, in the same manner required for oral or telephone orders. All oral orders, telephone orders, and records of prescriptions called or faxed pursuant to standing orders shall be verified by the prescribing physician's signature within 48 hours.	L 000		

Health Care Facilities

TITLE (X6) DATE

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

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L 000	Continued From page 1 Based on a review of patient records and a review of the telephone log, it was determined the facility failed to have an order for medications called in to pharmacies by the on call RN in 4 of 4 patients who called in with complaints of nausea. Findings include: 1. Patient # 124582 had a procedure performed on 7/22/08. A review of the telephone log revealed a phone call from the patient to the registered nurse (RN) on 7/23/08 with complaints of nausea. The RN documented a phone call to the pharmacy to order the patient Phenergan. There was no documentation of an order from the physician and no physician signature for the phenergan. 2. Patient # 133046 had a procedure performed on 5/19/08. A review of the telephone log revealed a phone call from the patient to the registered nurse (RN) on 5/22/08 with complaints of nausea. The RN documented a phone call to the pharmacy to order the patient Phenergan. There was no documentation of an order from the physician and no physician signature for the phenergan. 3. Patient # 133047 had a procedure performed on 5/19/08. A review of the telephone log revealed a phone call from the patient to the registered nurse (RN) on 5/20/08 with complaints of nausea. The RN documented a phone call to the pharmacy to order the patient Phenergan. There was no documentation of an order from the physician and no physician signature for the phenergan. 4. Patient # 132801 had a procedure performed	L 000		

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L 000	Continued From page 2 on 3/10/08. A review of the telephone log revealed a phone call from the patient to the registered nurse (RN) on 3/11/08 with complaints of nausea. The RN documented a phone call to the pharmacy to order the patient Phenergan. There was no documentation of an order from the physician and no physician signature for the phenergan. *** 420-5-1-.03(8)(d)1 Infection Control- Investigation of Infections Reports of infections observed during any follow-up or return visit of the patient shall be made and kept as a part of the patient's medical record. Each facility shall maintain a surveillance logbook recording all follow-up visits and telephone inquiries in which infections or other complaints are reported or observed. This logbook shall be reviewed at least quarterly by the facility's medical director. Based on interview, review of policy and procedures and a review of the Infection Investigation Log it was determined the facility failed to ensure the medical director reviewed the log at least quarterly. Finding include: Agency Policy: Reports of infections observed during any follow-up or return visit of an abortion patient shall be made and kept as a part of the patient's medical record. Each Facility shall maintain a surveillance logbook recording all follow-up visits and telephone inquiries in which infections or other complaints are reported or observed.	L 000		

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L 000	Continued From page 3 Agency Procedure: Each... surgical site shall keep an Infection Investigation Log... The Patient Services Director will review the Infection Investigation Sheet and maintain a copy in her All-site Infection Investigation Log. The medical director will review the All-site Infection Investigation Log quarterly and discuss its contents at semi annual Infection Control Committee Meetings. A review of the All-site Infection Investigation Log book revealed a cover sheet dated 08/25/08 by the medical director which stated, " I have read and reviewed the ... All-site Infection Investigation Log. " The log book contained Infection Investigation Log forms dated from 01/25/08 through 05/16/08 all of which were signed off by the Medical Director 08/25/08. An interview with the Director of Operations at 11:00 AM on 10/09/08 regarding the infection control committee confirmed they met annually. The facility procedure states they meet semi annually.	L 000		