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
	C4911	A. BUILDING _____ B. WING _____	08/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF ALABAMA, INC	717 W DOWNTOWER LOOP MOBILE, AL 36609

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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. (2) Policies and Procedures. The facility shall develop and follow detailed written policies and procedures that are consistent with all applicable federal, state, and local laws, these rules, and current standards of care, including all professional standards of practice. A comprehensive review of these policies and procedures shall be made annually, or whenever it appears that either a comprehensive or limited review is necessary to meet current legal requirements or standards of care. All necessary revisions shall be made and implemented promptly. This rule was not met as evidenced by: Based on review of the annual policy and procedure log and an interview the clinic failed to assure that the Medical Director, Employee Identifier (EI) # 1, conducted the annual policy review. This had the potential to affect all patients served. Findings include: On 8/01/11 the Health Surveyors requested documentation of where the Medical Director had conducted the annual policy and procedure review. The policy and procedure annual log sheet revealed the Medical Director, EI # 1 had not	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 conducted a review of the clinic policies since 7/08/10. In an interview on 8/02/11 at 9:50 AM, Employee Identifier # 2, the Clinic Administrator, was asked if EI # 1 had conducted the annual policy and procedure review and confirmed it had not been completed. 420-5-1-.03 Patient Care. (8) Infection Control. (d) Investigation of Infections. 1. 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. The facility's medical director may specify certain patient complaints, such as mild cramps, which, in his professional opinion and judgment, do not warrant being recorded in the logbook. The logbook shall in all events contain documentation of the following: (i) Any report by a patient of severe cramps; (ii) Any report by a patient of passage of a blood clot as large or larger than three centimeters, or one and one fourth inches, in diameter (the approximate size of a fifty cent piece); This rule is not met as evidenced by: Based on review of the surveillance log, medical record review and an interview the clinic failed to assure the medical record contained follow up	L 100		

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L 100	Continued From page 2 documentation for Patient Identifier (PI) # 167891 who contacted the on-call nurse with complaints of severe cramping and uncontrollable bleeding. This had the potential to affect all patients served. Findings include: Patient Identifier (PI) # 167891 had a medical abortion performed on 2/23/11. A review of the surveillance on call log documented PI # 167891 called the clinic on-call nurse on 3/03/11 at 9:11 PM, with complaints of, "severe cramping and uncontrollable bleeding." A review of the medical record problem list, progress notes, and nurse notes revealed no documentation of the patient's phone call reporting severe cramping and uncontrollable bleeding. There was no documentation of instructions given to address the patient's problems or follow up calls to assure the patient's problems had resolved. On 8/02/11 at 9:30 AM, Employee Identifier (EI) # 3, the Registered Nurse, was shown the medical record for PI # 167891 and verified there was no documentation in the record of instructions given or follow up. 420-5-1-.02 Administration. (8) Records and Reports. (a) Medical Records to be kept. An abortion facility shall keep adequate records, including procedure schedules, histories, results of examinations, nurses' notes, records of tests performed and all forms required by law.	L 100		

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L 100	Continued From page 3 This rule is not met as evidenced by: Based on medical record review and an interview the clinic failed to assure the surgical pathology laboratory results were filed in the patient's record. This had the potential to affect all surgical patients served. Findings include: On 5/25/11 Patient Identifier (PI) # 182264 had a surgical abortion performed. On 8/01/11 the Health Surveyor reviewed the medical record for PI # 182264 and there was no documentation of the surgical pathology report for the surgical abortion. On 8/02/11 at 9:35 AM, Employee Identifier (EI) # 2 and EI # 3 were shown the medical record and verified the surgical pathology results had not been filed. 420-5-1-.03 Patient Care. (f) Informed consent. (4) Admission and Examination Procedures. 3. The physician who is to perform the abortion or the referring physician is required to perform an ultrasound before the abortion. This rule is not met as evidenced by: Based on medical record review and an interview the clinic failed to have documentation the physician performing an abortion had completed an ultrasound before the abortion was performed. This had the potential to affect all patients served. Findings include:	L 100		

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L 100	Continued From page 4 The Health Surveyors reviewed 24 medical records during the 8/2011 on-site visit. The medical record reviews revealed there was no documentation the physician who performed the abortions had performed an ultrasound prior to the procedure in 17 of 24 records. On 8/02/11 Employee Identifiers (EI) # 2 and # 3 were shown the medical records. EI # 2 verified she performed the ultrasounds prior to the abortions. EI # 2 also verified the forms had been updated and there was no place for the physician to document their performance of an ultrasound. 420-5-1-.03 Patient Care. (7) Pharmaceutical Services. (g) Emergency Kit or Emergency Drugs. 2. The kit or medicine shall be stored in such a manner as to be inaccessible to unauthorized personnel while allowing quick retrieval by authorized personnel. 3. Each emergency kit or stock supply of drugs shall contain a written list of its contents, approved by the medical director, including the name and strength of each drug (with generic equivalents, where appropriate), and amounts to be maintained. This rule is not met as evidenced by: Based on observation and an interview the clinic failed to assure all medications listed on the emergency kit contents list were available and failed to maintain the emergency kit in a manner to prevent access to the kit from unauthorized staff. This had the potential to affect all patients served.	L 100		

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L 100	Continued From page 5 Findings include: On 8/02/11 at 9:30 AM, the Health Surveyors were accompanied by Employee Identifier (EI) # 3, the Clinic Registered Nurse (RN) to the recovery room to view the contents of the emergency kit. The emergency kit was stored in the clinic staff office area that is accessible to all clinic staff. Review of the emergency kit contents revealed Atropine Sulfate 1 milligram (mg) injectable and Benadryl 50 mg injectable were to be in the kit. The Health Surveyor reviewed the contents of the emergency kit and there were no Atropine Sulfate or Benadryl injectables. In an interview on 8/02/11 at 9:30 AM, EI # 2, the Clinic Administrator, stated the medications had been ordered on 8/01/11 and should be in the clinic on 8/02/11. 420-5-1-.03 Patient Care. (7) Pharmaceutical Services. (b) Administering, Dispensing, and Prescribing Drugs and Medicines. Prescribing, dispensing, and administration of medications shall meet all standards required by law and by regulations of the State Board of Medical Examiners and the State Board of Pharmacy. This rule is not met as evidenced by: Based on medical record review and an interview the clinic failed to assure the Registered Nurse (RN) documented the time all medications were administered. This had the potential to affect all	L 100		

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L 100	Continued From page 6 patients served. Findings include: Refer to 420-5-1-.02(8)(a) Records and Reports Alabama Board of Nursing, Standards of Practice Chapter 610-X-6-.06 Documentation Standards (d)(iii) (d) Timely. (i) Charted at the time or after the care, including medications, is provided... Alabama Board of Nursing, Standards of Practice Chapter 610-X-6-.07 Medication Administration and Safety (1)(j) Safety precautions including but not limited to: (i) Right patient (ii) Right medication (iii) Right time (iv) Right dose (v) Right route (vi) Right reason (vii) Right documentation Medical Record: 1. Medical Record (MR) # 179999 had a surgical abortion performed on 4/22/11. A review of the recovery room documentation revealed a Micro Dose of Rhogram was administered, but there was no documentation of the time the drug was given. 2. MR # 183865 had a surgical abortion performed on 7/11/11. A review of the surgical abortion documentation revealed Misoprostol 800 micrograms (mcg) was administered, but there was no documentation of the time the drug was given.	L 100		

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L 100	Continued From page 7 3. MR # 182264 had a surgical abortion performed on 6/22/11. A review of the surgical abortion record revealed a full dose of Rhogram was administered, but there was no documentation of the time the drug was given. 4. MR # 181646 had a surgical abortion performed on 5/11/11. A review of the surgical abortion record revealed a micro dose of Rhogram was administered, but there was no documentation of the time the drug was given. In an interview on 8/02/11 at 9:35 AM, Employee Identifier (EI) # 3, the Registered Nurse, confirmed the time was not documented of when these medications were given. 420-5-1-.03 Patient Care (5) (f) Examination of Tissue Removed. Tissue removed during an abortion shall be examined by a pathologist certified, or deemed Board eligible, by the American Board of Pathology, in anatomical pathology and, if sent to a physician in Alabama, currently licensed to practice medicine and surgery in Alabama, or if sent to a physician in another state, currently licensed to practice medicine in such state. A report of the examination shall be placed in the patient's medical record. If the examination reveals that no fetal tissue was removed during the abortion, the patient shall be contacted by the facility and she shall be offered or referred for appropriate medical treatment. All medical waste, except such tissue as is sent to a pathologist and not returned to the facility, shall be disposed of in accordance with procedures set forth in the Rules of the Alabama Department of Environmental Management governing medical waste.	L 100		

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L 100	Continued From page 8 This rule was not met as evidenced by: Based on review of the medical record and an interview with Employee Identifier # 2 the clinic manager, it was determined the clinic failed to contact the patient in a timely manner to follow up on appropriate treatment. This had the potential to affect all patients served. Findings include: Patient Identifier # 180935 had a surgical procedure 4/27/11. On 5/4/11 at 11:30 AM, the consumer called the clinic with complaint of still being pregnant. The progress note included documentation, " She reported that she went to the emergency room because of abdominal pain and the physician performed an ultrasound and told her that she was still pregnant. She also reported that the physician said it was a continuing pregnancy." The surgical pathology report was showed the date collected as 4/27/11, date received as, 5/3/11 and date reported as, 5/4/11. The gross description was, " Specimen is received in a container labeled with the above patient information and consisting of soft, spongy, tan tissue fragments admixed with blood. No fetal tissue is identified grossly. Representative sections are submitted for microscopic examination." Microscopic description, " 1 or 2 structures consistent with chorionic villi identified, along with abundant decidua." Diagnosis: Rare chorionic villi.	L 100		

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L 100	Continued From page 9 The physician signed off on the report 5/11/11. There was indication the information was submitted to the physician prior to the date it was initialed by the physician. On 8/2/11 at 9:30 AM, during an interview with EI # 2, she was asked for a policy regarding review of the pathology report. EI # 2 stated that they did not have a policy, EI went on to say the physician reviewed the reports when she came to the clinic.	L 100		