

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C5432	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2011
NAME OF PROVIDER OR SUPPLIER ALABAMA WOMEN'S CENTER FOR REP		STREET ADDRESS, CITY, STATE, ZIP CODE 612 MADISON STREET SOUTH HUNTSVILLE, AL 35801		
(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: Alabama Administrative Code</p> <p>420-5-1-.03 Patient Care (1) Patient Care. All patient care must be rendered in accordance with all applicable federal, state, and local laws, these rules, and current standards of care, including all professional standards of practice...</p> <p>(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.</p> <p>The requirements of this rule were not met as evidenced by:</p> <p>Based on observation and interviews with Employee Identifier (EI) # 1, Facility Administrator and EI # 2, the Registered Nurse (RN), it was determined the facility failed to develop a policy for infection control measures, including the use of gloves and handwashing procedures. This had the potential to effect all patient's served at this</p>	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 facility. Observations of the treatment area were conducted on 7/27/11 from 2:50 PM to 5:00 PM. During this time, EI # 2 administered a Rhogam injection to a patient. EI # 2 did not wear gloves. An interview was conducted on 7/28/11 at 8:25 AM with EI # 1. During this interview, the surveyor asked if there was a policy concerning when to wear gloves. EI # 1 stated he/she did not think there was a policy. EI # 1 stated the RN would wear gloves with interaction with patients, such as, pregnancy testing and drawing blood. EI # 1 stated he/she wears gloves when cleaning equipment, potential exposure to blood/body fluids... An interview was conducted with EI # 2, concerning when to wear gloves. EI # 2 stated he/she wears gloves when any interaction with patients, such as pregnancy testing and drawing blood. The surveyor then asked, "What about giving injections?" EI # 2 replied, "yes".	L 100		