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
	C5432	A. BUILDING _____ B. WING _____	10/05/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALABAMA WOMEN'S CENTER FOR REP	612 MADISON STREET SOUTH HUNTSVILLE, AL 35801

(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-.02 Governing authority (2) Policies & Procedures. Policies and procedures for operation of the facility shall be formulated and reviewed annually by the governing authority. (3) 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. This regulation is not met as evidenced by: Based on interview and review of the facility's polices and procedures and medical records, it was determined the facility failed to implement their own Quality Improvement Program. Findings include: Facility Policy: Quality Improvement Program The Alabama Women's Center For Reproductive Alternatives will conduct a quality improvement program that will enable the facility to better serve its patients. Each patient will receive a follow-up survey at the time of her second appointment. Semi-annually, the administrator will compile the survey results. An annual report will then be generated to include any information regarding facility improvements and patient-employee interaction.	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 Review of 19 patient records revealed no documentation of a follow-up survey. An interview with the administrator on October 5, 2006 at 11:30 AM verified there was no documentation of a follow-up survey being completed and there was no documentation of Quality Improvement Program in place. ********** 420-5-1-.02 Governing Authority (5) Personnel (c) Medical Director. Each abortion or reproductive health center shall employ or shall have under contract a medical director who shall be responsible for overseeing the medical affairs of the facility. Physicians performing abortions in the facility shall not perform any medical procedure unless authorized by the medical director, who shall certify that each physician has sufficient training and experience to perform the procedure authorized. This regulation is not met as evidenced by: Based on interview and review of the personnel records of the 3 physician's who perform procedures at the facility and the medical director, it was determined the facility failed to ensure the medical director authorized the physicians and that each physician had sufficient training and experience to perform the procedure authorized. Findings include: Review of the personnel records of the 3	L 100		

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L 100	Continued From page 2 physician's who perform procedures at the facility revealed no documentation the medical director had given authorization for the physicians to perform procedures or each physician had the training and experience to perform the procedures. An interview with the administrator on October 5, 2006 at 11:30 AM verified there was no documentation the medical director had authorization the 3 physicians to perform procedures or each physician had the training and experience to perform the procedures. ********** 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. This regulation is not met as evidenced by: Based on chart review, facility policy/protocol review and interview, it was determined the facility failed to assure the patients were in recovery within the facility specified time frame in 16 of 16 records. Findings include: Agency Procedure:	L 100		

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L 100	Continued From page 3 After the Procedure Patient is to recover 20 minutes. Vital signs will be checked every 10 minutes. Bleeding will be checked every 10 minutes. 1. Patient # 03995 was seen in the facility for a medical procedure on July 11, 2006. A review of the facility procedure sheet revealed the patient received Valium 10 mg, Phenergan 25 mg and Demerol 50 mg IV at 10:05 and entered recovery at 11:30 PM when vital signs and bleeding were checked. The patient was discharged at 11:30 PM. There was no documented time for recovery. 2. Patient # 04303 was seen in the facility for a procedure on October 4, 2006. A review of the facility procedure sheet revealed the patient received Valium 10 mg, Phenergan 25 mg and Demerol 50 mg IV at 4:00 PM and entered recovery at 4:20 PM when vital signs and bleeding were checked. The patient was discharged at 4:20 PM. There was no documented time for recovery. 3. Patient # 03967 was seen in the facility for a procedure on July 1, 2006. A review of the facility procedure sheet revealed the patient received Valium 10 mg, Phenergan 25 mg and Demerol 50 mg IV at 10:30 and entered recovery at 11:10 AM when vital signs and bleeding were checked. The patient was discharged at 11:10 AM. There was no documented time for recovery. 4. Patient # 04020 was seen in the facility for a procedure on July 22, 2006. A review of the facility procedure sheet revealed the patient received Valium 10 mg, Phenergan 25 mg and Demerol 50 mg IV at 8:20 and entered recovery at 8:40 when vital signs and bleeding were checked. The patient was discharged at 8:40.	L 100		

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L 100	Continued From page 4 There was no documented time for recovery. 5. Patient # 04248 was seen in the facility for a procedure on September 13, 2006. A review of the facility procedure sheet revealed the patient received Valium 10 mg, Phenergan 25 mg and Demerol 50 mg IV at 1:30 PM and entered recovery at 2:00 PM when vital signs and bleeding were checked. The patient was discharged at 2:00 PM. There was no documented time for recovery. 6. Patient # 04100 was seen in the facility for a procedure on August 5, 2006. A review of the facility procedure sheet revealed the patient received Valium 10 mg, Phenergan 25 mg and Demerol 50 mg IV at 1:10 and entered recovery at 1:30 PM when vital signs and bleeding were checked. The patient was discharged at 1:30 PM. There was no documented time for recovery. 7. Patient # 03992 was seen in the facility for a procedure on July 11, 2006. A review of the facility procedure sheet revealed the patient received Valium 10 mg, Phenergan 50 mg and Demerol 150 mg IM in divided doses at 8:00 PM and 8:45 PM and then entered recovery at 10 PM when vital signs and bleeding were checked. The patient was discharged at 10 PM. There was no documented time for recovery. 8. Patient # 03989 was seen in the facility for a procedure on July 11, 2006. A review of the facility procedure sheet revealed the patient received Valium 10 mg, Phenergan 25 mg and Demerol 50 mg IV at 7:20 PM and entered recovery at 7:40 PM when vital signs and bleeding were checked. The patient was discharged at 7:40 PM. There was no documented time for recovery.	L 100		

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L 100	Continued From page 5 9. Patient # 04110 was seen in the facility for a procedure on August 8, 2006. A review of the facility procedure sheet revealed the patient received Valium 10 mg, Phenergan 25 mg and Demerol 50 mg IV at 7:20 PM then entered recovery at 7:40 PM when vital signs and bleeding were checked. The patient was discharged at 7:40 PM. There was no documented time for recovery. 10. Patient # 04043 was seen in the facility for a procedure on July 25, 2006. A review of the facility procedure sheet revealed the patient received Valium 15 mg, Phenergan 25 mg and Demerol 75 mg IV at 8:55 PM then entered recovery at 10:30 PM when vital signs and bleeding were checked. The patient was discharged at 10:30 PM. There was no documented time for recovery. 11. Patient # 04101 was seen in the facility for a procedure on August 5, 2006. A review of the facility procedure sheet revealed the patient received Valium 10 mg, Phenergan 25 mg and Demerol 50 mg IV at 1:30 PM then entered recovery at 1:50 PM when vital signs and bleeding were checked. The patient was discharged at 1:50 PM. There was no documented time for recovery. 12. Patient # 04106 was seen in the facility for a procedure on August 8, 2006. A review of the facility procedure sheet revealed the patient received Valium 10 mg, Phenergan 25 mg and Demerol 50 mg IV at 6:55 PM then entered recovery at 7:10 PM when vital signs and bleeding were checked. The patient was discharged at 7:10 PM. There was no documented time for recovery.	L 100		

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L 100	Continued From page 6 13. Patient # 04123 was seen in the facility for a procedure on August 12, 2006. A review of the facility procedure sheet revealed the patient received Valium 10 mg, Phenergan 25 mg and Demerol 50 mg IV at 9:20 AM then entered recovery at 9:35 AM when vital signs and bleeding were checked. The patient was discharged at 9:35 AM. There was no documented time for recovery. 14. Patient # 04267 was seen in the facility for a procedure on September 20, 2006. A review of the facility procedure sheet revealed the patient received Valium 15 mg, Phenergan 25 mg and Demerol 75 mg IV at 4 PM then entered recovery at 4:30 PM when vital signs and bleeding were checked. The patient was discharged at 4:30 PM. There was no documented time for recovery. 15. Patient # 04290 was seen in the facility for a procedure on September 26, 2006. A review of the facility procedure sheet revealed the patient received Valium 15 mg, Phenergan 25 mg and Demerol 75 mg IV at 8:10 PM then entered recovery at 8:50 PM when vital signs and bleeding were checked. The patient was discharged at 8:50 PM. There was no documented time for recovery. 16. Patient # 04297 was seen in the facility for a procedure on September 27, 2006. A review of the facility procedure sheet revealed the patient received Valium 15 mg, Phenergan 25 mg and Demerol 75 mg IV at 4:20 PM then entered recovery at 5:00 PM when vital signs and bleeding were checked. The patient was discharged at 5:00 PM. There was no documented time for recovery.	L 100		

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L 100	Continued From page 7 An interview with the Administrator on October 5, 2006 at 11:00 AM verified the facility policy had not been followed regarding recovery time. ********** 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. This 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 19 of 19 medical records reviewed. 1. Patient # 03967 had a medical procedure at the facility on July 1, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 2. Patient # 04188 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. 3. Patient # 04020 had a medical procedure at the facility on July 22, 2006. A review of the medical record revealed no documentation by the	L 100		

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L 100	Continued From page 8 physician regarding viability of the fetus. 4. Patient # 04248 had a medical procedure at the facility on September 13, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 5. Patient # 04100 had a medical procedure at the facility on August 5, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 6. Patient # 04189 had a medical procedure at the facility on July 18, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 7. Patient # 03995 had a medical procedure at the facility on July 11, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 8. Patient # 03992 had a medical procedure at the facility on July 11, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 9. Patient # 03989 had a medical procedure at the facility on July 11, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 10. Patient # 04110 had a medical procedure at the facility on August 8, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 11. Patient # 04043 had a medical procedure at the facility on July 25, 2006. A review of the medical record revealed no documentation by the	L 100		

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L 100	Continued From page 9 physician regarding viability of the fetus. 12. Patient # 04101 had a medical procedure at the facility on August 5, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 13. Patient # 04102 had a medical procedure at the facility on August 8, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 14. Patient # 04106 had a medical procedure at the facility on August 8, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 15. Patient # 04123 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. 16. Patient # 04267 had a medical procedure at the facility on September 20, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 17. Patient # 04297 had a medical procedure at the facility on September 27, 2006. A review of the medical record revealed no documentation by the physician regarding viability of the fetus. 18. Patient # 04186 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. 19. Patient # 04290 had a medical procedure at the facility on September 26, 2006. A review of the medical record revealed no documentation by	L 100		

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L 100	Continued From page 10 the physician regarding viability of the fetus. An interview with the Administrator of the facility on October 5, 2006 at 11:00 AM verified there was no documentation by the physician regarding viability. ********** 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 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. This regulation is not met as evidenced by: Based on facility call logs and interview, it was determined the facility failed to assure calls from patients after hours were handled by a professional. Findings include: 1. Patient # 040201 was seen in the facility for a medical procedure on July 22, 2006. Documentation in the surveillance log revealed a phone call from the patient on July 28, 2006 with complaints of heavy vaginal bleeding. The person receiving the call was not a professional staff	L 100		

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L 100	Continued From page 11 member. An interview with the administrator on October 5, 2006 at 10:00 AM verified the facility's phone lines were rolled over to the administrator's personal phone and if the administrator was unavailable then the office manager would take all after hour calls. 420-5-1-.03(7)(a) State Board of Health requires there shall be an infection control committee composed of a physician and registered professional nurse who shall be responsible for investigating, controlling, and preventing infections in the facility. The regulation is not met as evidenced by: Based on interview with the facility Administrator, it was determined that the facility failed to have an infection control committee. Findings include: Agency Policy: INFECTION CONTROL COMMITTEE The infection control committee of the Alabama Women's Center For Reproductive Alternatives shall consist of the facility administrator, medical director, and nurse. The committee will ensure that the facility abides by the standards of housekeeping and sterilization techniques as stated in the policies and procedures. Review of the agency's infection control documentation revealed no documentation of an Infection Control Committee.	L 100		

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L 100	Continued From page 12 An interview conducted with the Administrator on October 5, 2006 at 11:30 AM verified there was no Infection Control Committee in place at the facility. ********** 420-5-1-.03(1) Patient Care 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. This regulation is not met as evidenced by: Based on interview with the facility Administrator, it was determined the facility failed to assure the policies and procedures had been reviewed yearly, as no date of review or revision was available for review. Findings include: An interview with the administrator on October 5, 2006 at 11:30 AM verified that the policies and procedures had not been reviewed since 2001. ********** 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	L 100		

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L 100	Continued From page 13 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 observation, the facility failed to follow standards of practice by having pre-filled, unlabeled and undated syringes of a clear liquid substance unsecured. The Alabama Board of Nursing adopted the Council Recommendations, "Recommendations to Enhance Accuracy of Administration of Medications" Revised June 02, 2005, from the National Coordinating Council for Medication Error Reporting and Prevention. Recommendations: 8. .... health care professional administer only medications that are properly labeled ..... Findings: On a tour of the facility on October 4, 2006 at 1:25 PM, the surveyor found in a drawer in the the lab/clean utility area, eleven syringes containing 10 cc's of a clear liquid substance. No label was on any of the syringes.	L 100		

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L 100	Continued From page 14 An interview with the Administrator on October 4, 2006 at 1:30 PM revealed the syringes contained "Lidocaine. My nurse drew it up this morning." ********** 420-5-1-.03(6)(d) Records Records shall be kept of all stock controlled substance giving an account of all items received and administered. Records shall be kept in a manner which allows accurate reconciliation. Based on observation and interview, it was determined the facility failed to account for all controlled medications and was unable to reconcile the stock of controlled drugs. Findings include: Review of the Controlled Substance sign out form revealed a space for the patient. amount given, person who retrieved the medication, date and time. There was no documentation on the form to include the amount of the controlled substance before or after. A tour of the facility was conducted on October 4, 2006. Observation of the Controlled Drugs revealed 13 syringes pre-filled with Demerol 50mg, Valium 10 mg, and Phenergan 25 mg. There were 176 vials of Demerol 50 mg and 12 multi use bottles of 5mg/ml ml. bottles of Valium. 1. Patient # 03995 had a medical procedure done at the facility on July 11, 2006. Review of the Sedation I.V. (intravenous) Push revealed 10 mg (milligrams) of Valium and 50 mg of Demerol. Review of the Controlled Substance sign out form	L 100		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	C5432	A. BUILDING _____ B. WING _____	10/05/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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L 100	Continued From page 15 for July 11, 2006 revealed Valium 15 mg and Demerol 75 mg were signed out for this patient. 2. Patient # 03992 had a medical procedure done at the facility on July 11, 2006. Review of the documented Sedation I.V. Push revealed 10 mg of Valium and 150 mg of Demerol. Review of the Controlled Substance sign out form for July 11, 2006 revealed Valium 10 mg and Demerol 50 mg were signed out for this patient. An interview with the Administrator on October 5, 2006 at 11:50 AM verified the amount documented in the patient record did not match what was signed out for on this patient. The surveyor the asked what happen to the other 25mg. and the administrator stated that the nurse probably pulled it up in a syringe to be used for another patient. ********** 420-5-1-.03(7)(d) Investigation of Infections 1. Reports of infections observed during any follow-up or return visits of the patient shall be made and kept as 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 judgement, do not warrant being recorded in the logbook. The logbook shall in all events contain documentation	L 100		

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L 100	Continued From page 16 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); (iii) Any report by a patient that she has passed tissue; (iv) Any report by a patient of foul smelling discharge; (v) Any report by a patient that she has soaked two or more sanitary pads in one hour; (vi) Any report by a patient of a body temperature of 100 degrees Fahrenheit or more; (vii) Any diagnosis of perforation of the uterus; and (viii) Any hospitalization of a patient for adverse conditions resulting from a procedure performed at the facility. The regulation is not met as evidenced by: Refer to 420-5-1-.03(7)(a).	L 100		