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 C6301 10/28/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 535 JACK WARNER PARKWAY, SUITE I WEST ALABAMA WOMEN'S CENTER, INC TUSCALOOSA, AL 35404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 000 **INITIAL COMMENTS** L 000 420-5-1-.03(7)(b) Pharmaceutical Services Administering, Dispensing, and Prescribing Drugs and Medicines. Only physicians and properly credentialed nurse practitioners and physician assistants may prescribe or order medications. Nurse practitioners and physician assistants may prescribe only those medications described in their individual collaborative agreements. Except for standing orders as permitted below. medications shall be prescribed for patients of the facility by patient name after an appropriate medical evaluation. Oral and telephone orders shall be received only by a physician, nurse practitioner, physician assistant, registered professional nurse, licensed practical nurse, or a pharmacist. Oral and telephone orders shall be immediately documented in writing by the individual receiving the order. 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. Abortifacient medications shall be prescribed only by a physician. Abortifacient medications shall be administered only by a physician or by a nurse practitioner, physician assistant, registered professional nurse or licensed practical nurse, under the direct supervision of a physician. For the purposes of this subsection, a physician is directly supervising the administration of an abortifacient medication when he [or she] is in the building and the administration is performed within the physician 's sight or pursuant to the physician 's written instructions concerning a specific patient given Health Care Facilities

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

6899

TITLE

(X6) DATE

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB	IBER: A. BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 10/28/2010			
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L 000	after the examination Based on review of n with the Registered N determined in 5 of 5 Abortifacient medicat have documented ph documentation of wh medication. This had patients served by th Patient Identifier(PI) Findings include: 1. PI # 1 was seen for clinic on 5/15/10. PI # medical abortion. A progress note in th 5/22/10 documented (milligrams) po(by me below this document 5/23. There was no s wrote the information the pill by mouth or w medication. The last documented, " Pelvic (intrauterine pregnan 2. PI # 2 was seen for clinic on 2/18/10. PI # medical abortion. A progress note in th 2/23/10 documented (milligrams) po(by me below this document 2. PI # 2 was seen for clinic on 2/18/10. PI # medical abortion.	a of the patient. nedical records and interview of the patients who received of the patients who received of the potential to affect are facility and did affect are facility and break and the potential to affect are facility and break are facility and the affect are facility and the affect are facility and break are facility are for any facility are facilit	was pral led to l the all portion r a l try al) o took portion r a l y al) o took	L 000					

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STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING C6301 10/28/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 535 JACK WARNER PARKWAY, SUITE I WEST ALABAMA WOMEN'S CENTER, INC TUSCALOOSA, AL 35404 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 000 L 000 Continued From page 2 medication. The last entry on the form documented, " Pelvic 9 wk (week) IUP (intrauterine pregnancy)." 3. PI # 3 was seen for the first visit at an abortion clinic(out of state) on 4/6/10. PI # 3 presented to the abortion clinic 4/16/10 for a medical abortion. A progress note in the medical record dated 4/16/10 documented Mifeprex 200 mg (milligrams) po(by mouth) 2:20 and the entry below this documented 800 mg per v(vaginal) 4/18. There was no signature to indicate who wrote the information, if the patient actually took the pill by mouth or who administered the medication. The last entry on the form documented, " Pelvic 6 wk (week) IUP (intrauterine pregnancy)." 4. PI # 4 was seen for the first visit at an abortion clinic on 9/4/10. PI # 4 presented to the abortion clinic 9/11/10 for a medical abortion. A progress note in the medical record dated 9/11/10 documented Mifeprex 200 mg (milligrams) po(by mouth) 9:50 and the entry below this documented 800 mg per v(vaginal) 9/13. There was no signature to indicate who wrote the information, if the patient actually took the pill by mouth or who administered the medication. The last entry on the form documented, " Pelvic 9 wk (week) IUP (intrauterine pregnancy)." 5. PI # 5 was seen for the first visit at an abortion clinic on 1/4/10. PI # 4 presented to the abortion clinic 1/12/10 for a medical abortion. A progress note in the medical record dated 1/12/10 documented Mifeprex 200 mg Health Care Facilities

STATE FORM

Alabama Department of Public Health

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Operation Operation Operation Operation NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZP COOL SS JACK WARKEP PARKWAY, SUTE I COUNT AND IS IN PROVIDER OF CONSCIPTING INFORMATION PRETX PREVALTORY OR LSC DENTIFYING INFORMATION PARK WARKEP PARKWAY, SUTE I COUNT AND IS IN PROVIDER OF CONSCIPTING INFORMATION COUNT AND IS INFORMATION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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