Alabama	Department	of Public	Health
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM C6301					(X3) DATE SURVEY COMPLETED		
			B. WING		01	/11/2013	
IAME OF PR	OVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
WEST ALA	ABAMA WOMEN'S CEN	TER, INC		K WARNER PARK DOSA, AL 35404	WAY, SUITE I		
(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 C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE	
L 100	ALABAMA LICENSU	IRE DEFICIENCIES		L 100			
	THE FOLLOWING A DEFICIENCIES AND CORRECTION.		DF				
	This Rule is not met (8) Infection Control.	as evidenced by:					
	(a) Infection Control	Committee.					
	composed of a physi	ssional nurse who sha tigating, controlling,					
	2. There shall be pro sterile and aseptic techniques in all area	-	e use of				
	provide a safe and sa shall be properly con	e abortion facility shal anitary environment, a structed, equipped, a t the health and safet	and nd				
	The requirements of evidenced by:	this rule were not me	t as				
	Based on review of the observations and inter- center did not follow practice for:	•					
	 Hand Washing Glove usage Cleaning of supplie Safe use of sharps 						
	cilities						

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

6899

(X5) COMPLETE DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301		(X2) MULTIF A. BUILDING B. WING		(X3) DATE S COMPL	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS. CITY. STA	ATE. ZIP CODE		////2010
WEST ALABAMA WOMEN'S CENTED INC				ARNER PAF	RKWAY, SUITE I		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X COMF DA
L 100	L 100 Continued From page 1			L 100			
	Center Policy: Policy Control	and Procedure for Infe	ction				
	priority and to accomp that all staff having pa exposure to blood boo (tuberculosis) will be infection and exposur	revention is and should be our first ad to accomplish this facility will require aff having patient care duties or to blood borne pathogens and TB basis) will be knowledgeable regarding and exposure control issues. This le base will be kept current. washing is the MOST important means ting the spread of infection. Soap, vater and friction are the three important nts of hand washing. If hand washing are not immediately available, antiseptic ansers may be utilized.					
	of preventing the spre running water and fric components of hand facilities are not imme						

	Center Policy: Methods of Control						
	intended to eliminate	ntify preventive measures inate or minimize the risk of posure to bloodborne pathogens.					
	Procedure:						
	isolating the hazard o	ols reduce employee blace by either removin r isolating the worker fi ering controls available	rom				

1. Handwashing facilities are readily accessible for use.

Alabama Department of Public Health

B. Workplace Practices alter the manner in which a task is performed in work areas where reasonable likelihood of occupational exposure

6899

MGM611

STATE FORM

Health Care Facilities

Alabama	Department of Public	Health				-	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/11/2013	
NAME OF PE	OVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	•	
WEST ALABAMA WOMEN'S CENTER, INC			535 JACK		RKWAY, SUITE I		
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
L 100	or as soon as feasible or other personal pro- contact with blood or material. 9. After use, contamin contaminated sharps immediately, or as so appropriate containent accessible to employ feasible to the area w reasonably be anticip must be maintained u allowed to fill more the routinely. ************************************	e Controls: sh their hands immedia e after the removal of g tective equipment or af other potentially infecti nated needles and that are disposable are bon as feasible, place in rs which are easily ees and located as close where sharps are used of bated to be found. Conta upright throughout use, han 2/3 full and are replated ekeeping t be wiped down with between each patient u hs and Universal r of West Alabama Won ersal precautions shall contact with blood or ot	loves ter ous se as or can ainers not aced se.	L 100			

MGM611

Alabama	Department of Public I	Health		<u> </u>			
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		- (X3) DATE SURVEY COMPLETED 01/11/2013	
	OVIDER OR SUPPLIER	00001	STREET ADD	RESS, CITY, STA		01/1	1/2010
WEST ALABAMA WOMEN'S CENTER, INC			535 JACK		RKWAY, SUITE I		
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L 100	 Women's Center Inc. visitors and to ensure (Occupational Safety Bloodborne Pathoger Safety and Prevention 2. Employees are requimmediately or as soor removal of personal personal personal of personal personal of personal personal personal of personal pers	he safety of West Alaba employees, patients, a compliance with OSH/ and Health Administrat is Standards and Need in Act. uired to wash their han on as possible after the protective equipment olving blood or other materials shall be perfor ninimize splashing, and generation of dropl eent and environmental be cleaned and contact with blood or of material as well as at the 10/13 at 10:30 AM in Ex- printed a sharps contain in needles on the floor b The soap dispenser by did not work so the wash her hands with so ducted with Employee on 1/10/13 at 10:45 Al ps container was more es were on the floor.	nd A A tion) lle ds rrmed ets of and other he cam hiner veside r the pap	L 100			
lealth Care F	-	meter) syringe with liqu	м.				

MGM611

	Alabama Department of Public H	Health
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		(X1) PROVIDER/SUPPLIER/(IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		C6301		B. WING		01/1	1/2013
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
WEST AL	ABAMA WOMEN'S CENT	ER, INC		WARNER PAF DSA, AL 3540	RKWAY, SUITE I 4		
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
L 100	Continued From page	2 4		L 100			
	and a needle 2- 3 cc syringes with I 3- 1 unit syringes with An interview with EI # Director was conducted and both stated it was On 1/10/13 at 2:40 PM # 2 perform a procedure 2 was observed giving in the right antecubita EI # 2 was also obser the above procedure examine Patient Ident change to sterile glove EI # 3, the nurse ass also changed gloves of without hand hygiene PI # 1 was transferred 1/10/13 at 2:51 PM. Precliner and feet prop Nurse, then administer shoulder without the u PI # 1 was discharged # 4 did not clean the brecliner. A tour was conducted exam Room # 2. The	liquid and a needle a liquid and a needle 1 and El # 2, Medical ed on 1/10/13 at 11:05 is used for Lidocaine. Whe surveyor observe ure in Exam Room # 2. g an injection intravenou I without the use of glo rved by the surveyor du use non sterile gloves f tifier (PI) # 1 and then es without hand hygien isting with the procedur during the above proce d to the Recovery Roon PI # 1 was seated in a ped up. El # 4, Registe ered Rhogam to PI # 1 use of gloves. d on 1/10/13 at 3:21 PM back and feet area of th I on 1/11/13 at 9:10 AM surveyor was unable to soap dispenser. El # 1	ed EI EI # usly ves. ring co e. re dure n on red right A. EI ne				

MGM611