PRINTED: 02/22/2013 FORM APPROVED

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
	C3703			B. WING		01/09/2013		
			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1 017	00/2010	
PLANNED PARENTHOOD OF ALABAMA, INC				1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO			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: 420-5-102 Administration.			L 100				
	 (6) Fire Evacuation Plan. (a) Written Evacuation Plan. A written fire control and evacuation plan shall be maintained by each facility. In addition, instructions and fire evacuation routes shall be posted in conspicuous places in the facility and shall be kept current. 		each					
	Plan drawings and ar Identifier (EI) # 1, Me determined the facility evacuation plan draw throughout the clinic	y failed to ensure the fir rings that were posted were up to date. This haively affect all patients,	ee re ad					
	conducted. This tour interior waiting room near the "Work Room Evacuation Plan draw documented as the R	ving revealed this was	ng					
	revealed there were f		the					

Health Care Facilities

TITLE (X6) DATE

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

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	C3703			B. WING		01/09/2013	
			STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PLANNED	PARENTHOOD OF AL	ABAMA, INC		PLACE SOUT AM, AL 35205			
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
L 100	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		fest 60 PM aints bith, sted d in the was ion of s tients	L 100	DETICIENCY)		
	PM, the State of Ala	of the clinic on 1/9/13 a bama complaint hotline erved in the lobby or wa					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLII IDENTIFICATION NU C3703		
C3703 B. WING 01/09/201			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			
PLANNED PARENTHOOD OF ALABAMA, INC 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	EFIX (EACH DEFIC		
L 100 Continued From page 2 area of the clinic. A review of the discharge instructions on 1/9/13 revealed the State of Alabama complaint hotline number was not listed in the discharge instructions for the patients receiving a medical procedure. El # 3, Registered Nurse was interviewed on 1/9/13 at 3:55 PM and she was asked if the medical procedure patients were given any other instructions to take home with them. El # 3 stated the discharge instruction forms were the only written instructions given to the medical procedure patients. 420-5-103 Patient Care. (6) Infection Control. (e) Environment. The abortion facility shall provide a safe and sanitary environment, and shall be properly constructed, equipped, and maintained to protect the health and safety of patients and staff. Based on observations and interviews with facility staff, it was determined the examination table in Exam Room # 1 was not in good repair, so as to reduce the potential for infection. This had the potential to negatively affect all patients served by this facility. Findings include: On 1/8/13 at 12:55 PM a tour of the facility was conducted. The surveyor observed the examination table top, located in Exam Room # 1, had cracks and worn areas in the vinyl.	area of the clinic. A review of the direvealed the Stat number was not I instructions for the procedure. EI # 3, Registered 1/9/13 at 3:55 PM medical procedur instructions to take the discharge inserviten instruction procedure patient 420-5-103 Patied (8) Infection Confusion (e) Environment, provide a safe and environment, and equipped, and mand safety of patients and safety of patie		

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AND PLAN OF CORRECTION IDENTIFICATION NU		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
				A. BUILDING			OOMI EETEB	
		C3703		B. WING			/09/2013	
NAME OF BE	IOVIDED OD SUDDUED	03/03	STREET AND	RESS, CITY, STA	TE ZIP CODE	<u> </u>	/09/2013	
NAME OF PR	OVIDER OR SUPPLIER							
PLANNED	PARENTHOOD OF ALA	ABAMA, INC		1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205				
(X4) ID	SUMMARY ST		ID	PROVIDER'S PLAN O		(X5)		
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE	
L 100	An interview was conducted on 1/9/13 at 4:30 PM with EI # 1, Medical Director, who stated the clinic was in the process of obtaining new exam tables. 420-5-104 Physical Environment. (4) Treatment Facilities. (c) Recovery Room. One or more recovery rooms containing sufficient beds for recovering patients shall be provided. Reclining type vinyl upholstered chairs may be substituted in lieu of beds. Other items for the patients' comfort may be provided in the room. Based on observations and interviews with facility staff, it was determined the facility failed to ensure 2 of 3 reclining chairs located in the recovery room could be maintained in a full upright position when not occupied. Findings include:			L 100				
	12:55 PM with EI # 2 surveyor observed to Room, three reclining position. The chairs position. Two of the be repositioned back having been reclined. During the tour, on 1	/8/13 at 12:55 PM, EI # rs were not able to be	ning e to after					

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