STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	C6301	A. BUILDING: _____ B. WING _____	11/12/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST ALABAMA WOMEN'S CENTER, INC	535 JACK WARNER PARKWAY, SUITE I TUSCALOOSA, AL 35404

(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	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-.03(8)(a) Infection Control. (a) Infection Control Committee. 1. 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. 2. There shall be procedures to govern the use of sterile and aseptic techniques in all areas of the facility. 3. There shall be continuing education provided to all staff on causes, effects, transmission, prevention, and elimination of infection at least annually. Based on review of policy and procedures, interview and review of the infection control manual it was determined the clinic failed to have an active infection control committee responsible for investigating infections. This had the potential to affect all patients served. Findings include: Clinic Policy: Infection Control Program and Committee Responsibilities Policy: West Alabama Women's Center shall have an organized Infection Control Program... Procedures will be implemented to prevent, identify and control potential infection producing situations and to investigate for the source of infection...	L 100		

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L 100	Continued From page 1 Responsibility for monitoring the Infection Control Program shall be the Medical Director and Executive Director. The Directors will meet as required or at least quarterly to review infection control reports. The Executive Director (ED) was asked during an interview 11/11/09 at 2: 25 PM for the Infection Control Committee meeting minutes and documentation regarding the infection control committee actions for 2009. She responded that she did not have any documentation for the infection control book and she took total responsibility for letting it fall behind. The last committee meeting minutes she had was for 4/21/09 related to 2008 data. ******* 420-5-1-.03(8)(d) Infection Control (d) Investigation of Infections. 1. Reports of infections observed during any follow-up or return visit of the patient shall be made and kept as a 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 judgment, do not warrant being recorded in the logbook. The logbook shall in all events contain documentation of the following: (i) Any report by a patient of severe cramps; (ii) Any report by a patient of passage of a blood	L 100		

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L 100	Continued From page 2 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. Based on review of the Problem Patient Logbook and interview it was determined the medical director failed to review it at least quarterly. This had the potential to affect all patients served. Findings include: The page from the Problem Patient Logbook for signatures by the medical director was signed 12/23/08, 2/28/09, and 5/30/09. There were no other signatures on the page. The Executive Director was asked by the surveyors 11/11/09 at 2:25 PM if the book had been reviewed since 5/09. She stated that he(the physician) was bad about not documenting and signing. ********** 420-5-1-.04(5)(d) Supplies Medications and supplies which have deteriorated or reached their expiration dates shall not be	L 100		

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L 100	Continued From page 3	L 100		

used for any reason. All expired or deteriorated items shall be disposed of promptly and properly. Each facility shall examine all stored medications and supplies no less frequently than once a month and shall remove from its inventory all deteriorated items and all items for which the expiration date has been reached. The facility shall maintain a log recording each such examination, and a description of each item or group of items removed from inventory and the reason for such removal.

Based on observation and interview, it was determined the facility failed to remove from inventory supplies which had expired. This had the potential to affect all patients served.

Findings include:

During a tour of the exam room # 1 on 11/11/09 at 1:30 PM the surveyors observed 10 disposable plastic # 16 suction tip/curettes. Of the ten, 2 expired on 8/2008 and 8 expired on 1/2009.

During a tour of the exam room # 2 on 11/11/09 at 1:40 PM the surveyors observed 9 disposable plastic # 16 suction tip/curettes which expired on 1/2009, 2 disposable plastic # 16 suction tip/curettes which expired on 8/2008.

During a tour of the exam room # 2 on 11/11/09 at 1:40 PM the surveyors observed 8 disposable plastic # 7 suction tip/curettes which expired on 2/2009, 3 disposable plastic # 7 suction tip/curettes which expired on 6/2008, and 1 disposable plastic # 7 which expired 7/2009.

The Executive Director was asked 11/11/09 regarding the expired supplies not being removed

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L 100	Continued From page 4 and she stated that it had not been done properly.	L 100		