Alabama Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	C3703 B. WING			03/04/2014	
NAME OF D	DOVIDED OD CUDDUED	CTDEET AD	DRESS, CITY, STAT	TE 710 000E	
NAME OF PI	ROVIDER OR SUPPLIER		, ,	•	
PLANNED	PARENTHOOD OF ALA	BAMA. INC	I PLACE SOUTH HAM, AL 35205	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
L 000	INITIAL COMMENTS		L 000		
	went on-site to conduinvestigate reports that Alabama, Inc. (the clin Place South, Birmingly on-site on 1/17/14 Deidentified the door to to cars were in the parking answer to the door who pepartment surveyors the main entrance to the Planned Parenthood Shead. The sign read, inconvenience, but the temporarily closed."	the clinic was locked, no ng lot, and there was no men the bell was rung. It is identified a sign posted on the building printed on Southeast (PPSE) letter "We apologize for the is health center is A telephone number was the public to call for more er Planned Parenthood			
	On 1/21/14 Department surveyors were on-site to conduct the complaint survey and investigate reports that the clinic was closed. The PPSE Director of Quality Management, Employee Identifier (EI) # 2, the clinic Interim Administrator, EI # 1, and PPSE Vice President of External Affairs, EI # 3, were in the building and allowed survey staff entrance into the clinic. The following deficiencies are cited as a result of the investigation into reports that the clinic was closed and a plan of correction is required. 420-5-101 General. (2) Definitions				
		Clinic", "Abortion Facility", or tion or Reproductive Health			

Health Care Facilities

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		C3703	B. WING		03	/04/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E. ZIP CODE	·	
			TH PLACE SOUTH	-,		
PLANNED	PARENTHOOD OF ALA	BAMA. INC	GHAM, AL 35205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
L 000	Continued From page	e 1	L 000			
	means any health can physicians office, or pabortions are perform where 100 or more all any calendar year, or public as an abortion some public means, stelephone directory, redia, that it perform not include a health of	place where 10 or more med during any month, or bortions are performed in that holds itself out to the provider by advertising by such as a newspaper, magazine, or electronic is abortions. This term does				
	This rule is not met as evidenced by: Based on observations and interviews it was determined the clinic failed to maintain active operations pursuant to its license. This failure had the potential to affect all patients that wished to access abortion or reproductive health services from the clinic.					
	went on-site to conduinvestigate reports the While on-site on 1/17 identified the door to cars were in the parking answer to the door will be partment surveyor the main entrance to PPSE letter head. The for the inconvenience temporarily closed."	M, Department surveyors act a complaint survey and at the clinic was closed. /14 Department surveyors the clinic was locked, no ing lot, and there was no hen the bell was rung. Is identified a sign posted on the building printed on the building printed on the sign read, "We apologize the but this health center is a telephone number was the public to call for more ter Planned Parenthood				

Health Care Facilities
STATE FORM

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Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		C3703	B. WING		03	8/04/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
PLANNE	PARENTHOOD OF ALA	BAMA. INC	TH PLACE SOUTH SHAM, AL 35205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
L 000	Employee Identifier (I Administrator, survey last date that proceduclinic. EI # 1 stated the was 1/10/14. When Eclinic stopped operating temporarily slowed sets staff." EI # 1 was asked be closed and responservices back in six to the clinic was not closed clinic recruits, hires a re-start its services. On 1/21/14 at 5:30 P Employee Identifier (I Quality Management was the last date protection. EI # 2 state procedures were performed friday, 1/10/14. EI # stopped operating and of the staff go. We have before." EI # 2 went Executive Officer (CE standards and the staff those standards. EI is clinic would be closed to eight weeks. Survey staff asked EI suspension of services was related to a patie responded the clinic linvestigation being controlled.	M, in an interview with EI) # 1, the clinic Interim staff asked when was the ares were performed at the he last day for procedures II # 1 was asked why the ng EI # 1 replied, "We ervices to re-hire and re-train ked how long the clinic would add they anticipated starting to eight weeks. EI # 1 stated sed. EI # 1 stated once the nd trains new staff it will M, in an interview with EI) # 2, PPSE Director of a survey staff asked when cedures were performed at the last day surgical formed at the clinic was on 2 was asked why the clinic decedures were performed at ed the last day surgical formed at the clinic was on 2 was asked why the clinic decedures were performed at ed the last day surgical formed at the clinic did not meek each one resignation the week on to say the new Chief EO) of PPSE had high aff at the clinic did not meet # 2 was asked how long the did and EI # 2 responded six # 2 if the temporary es and termination of staff ent care issue. EI # 2 and an ongoing internal onducted by an attorney in staff asked EI # 1 if the	L 000	DEFICIEN		

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STATE FORM

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Alabama Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		C3703	B. WING		03/04/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
PLANNED	PARENTHOOD OF ALA	BAMA. INC	TH PLACE SOUTH SHAM, AL 35205	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
L 000	issue and EI # 1 resp investigation being co would notify proper at Physician # 1, the clir asked the same ques Physician # 1 respondated to patient issuadded up to their feel providing the best car stated she spoke with administration and the issue with staff and be new staff.	as related to a patient care conded there was an internal conducted and the Clinic athorities if needed. sic's Medical Director, was tion as EI # 1 and EI # 2. It ded the terminations were es, multiple small things that ing the clinic was not be to patients. Physician # 1 in senior level PPSE ey felt it was a systemic etter to start over with all	L 000		
	Chief Executive Officer (CEO), Human Resources Director and Attorney from Planned Parenthood Southeast (PPSE) on 2/05/14, and at that time those persons disclosed that PPSE had received allegation that two employees had sold an abortion inducing drug to a patient in the clinic's parking lot on 12/02/13. PPSE conducted investigation through attorney, Administrator resigned, all staff was terminated, and clinic closed. The two employees alleged to have sold drug to patient had been reported to the Alabama Board of Nursing. The clinic failed to maintain an active and functioning business open to the public to provide the care and services for which it was granted a license. The clinic also failed to provide notice to the Department of its closure or suspension of services and failed to provide information to Department surveyors while on-site related to the investigation into patient care issues surrounding the suspension of clinic services.				

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	C3703		B. WING		02/04/2044
		C3703			03/04/2014
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
PLANNED	PARENTHOOD OF ALA	BAMA. INC	TH PLACE SOUT GHAM, AL 35205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
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L 100	ALABAMA LICENSUR	RE DEFICIENCIES	L 100		
	THE FOLLOWING AF DEFICIENCIES AND CORRECTION.	RE LICENSURE REQUIRE A PLAN OF			
	This Rule is not met a 420-5-102 Administr				
	(2) Policies and Procedures(b) Method to ensure compliance with all relevant federal, state and local laws that govern operations of the facility;				
	Refer to:				
	Alabama Code Section hospitals.	on 22-21-29. Inspection of			
	(a) Every hospital licensed under this article shall be open to inspection to the extent authorized in this section by employees and agents of the State Board of Health, under rules as shall be promulgated by the board with the advice and consent of the advisory board.				
	This rule is not met as	s evidenced by:			
	on the main entrance	visit conducted by /17/13 and signage posted to the building, the clinic respection by survey staff.			
	Findings include:				
	on-site complaint surv	7/13 an unannounced vey visit was attempted by aff. On arrival to the clinic			

Health Care Facilities STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		C3703	B. WING		03/	04/2014
NAME OF PRO	VIDER OR SUPPLIER		ADDRESS, CITY, STA	,		
PLANNED P	ARENTHOOD OF ALA	BAMA. INC	7TH PLACE SOUT NGHAM, AL 35205			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
s e fi to	entrance into the clinical or the inconvenience emporarily closed." heir supervisor via te unable to gain access work assignment. The Licensure and Conother surveyor mache clinic Interim Admit Executive Officer by the until 1:44 PM, on 1/17 PPSE Director of Quadentifier (EI) # 2 was he clinic had "susper emporarily to deep closen turn over in non eported the clinic last and the last day staff on 1/21/14 Department on site visit surveyors closed and if the closen conduct a complaint seports that the clinic interpolated in the closen conduct in the closen conducting an internation of Quality Management in the product telephone in the product telephone in the product telephones. Of the conduct telephones. Of the conduct telephones.	nage posted on the main of that read, "We apologize hout this health center is The survey staff contacted dephone to report they were the clinic to complete their ertification Coordinator and de multiple attempts to reach inistrator and PPSE Chief elephone from 11:28 AM 7/14 and were unsuccessful. M, a return phone call from ality Management, Employee received. El # 2 reported inded" its services ean and reported there had physician staff. El # 2 to served patients on 1/10/14 were on-site was 1/16/14.	L 100			

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205 (X4] ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG SUCH STAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) L 100 Continued From page 6 surveyors. One of the former employees stated he/she could not tell us about the clinic closure because, "We (staff) went in and they had legal counsel and told us not to talk to anyone about this." The clinic failed to provide notice to the Department of its closure and was not open to inspection by Department staff. 420-5-102 Administration. (5) Personnel. (d) Physician Qualifications. 2. Before a physician performs any procedure at the facility, the Medical Director shall credential each physician on the basis of his or her qualifications, and a file shall be kept at the facility detailing the qualifications and experience of each physician. This file must, at a minimum, include: (vi) Proof of the nature of the physician's training and experience.	
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC BIRMINGHAM, AL 35205 CAL ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	
PLANNED PARENTHOOD OF ALABAMA, INC 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205 10 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX T	04/2014
CALIBOT SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCIES CALIBOT PREFIX TAG L 100 Continued From page 6 L 100 Surveyors. One of the former employees stated he/she could not tell us about the clinic closure because, "We (staff) went in and they had legal counsel and told us not to talk to anyone about this." The clinic failed to provide notice to the Department of its closure and was not open to inspection by Department staff. 420-5-102 Administration. (5) Personnel. (d) Physician Qualifications. 2. Before a physician performs any procedure at the facility, the Medical Director shall credential each physician on the basis of his or her qualifications, and a file shall be kept at the facility detailing the qualifications and experience of each physician. This file must, at a minimum, include: (vi) Proof of the nature of the physician's training PREFIX TAG PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORSECTION PREFIX TAG PROVIDER'S PLAN OF CORSECTION PREFIX TAG PROVIDER'S PLAN OF CORSECTION PROVIDER'S PLA	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) L 100 Continued From page 6 surveyors. One of the former employees stated he/she could not tell us about the clinic closure because, "We (staff) went in and they had legal counsel and told us not to talk to anyone about this." The clinic failed to provide notice to the Department of its closure and was not open to inspection by Department staff. 420-5-102 Administration. (5) Personnel. (d) Physician Qualifications. 2. Before a physician performs any procedure at the facility, the Medical Director shall credential each physician on the basis of his or her qualifications, and a file shall be kept at the facility detailing the qualifications and experience of each physician. This file must, at a minimum, include: (vi) Proof of the nature of the physician's training	
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This file shall be kept current. The medical director shall review the physician's qualifications at the time the physician is hired and at least yearly thereafter. This review shall include direct observation of the physician's clinical skills, and the results of this review shall be placed in the physician's file. This rule is not met as evidenced by: Based on review of physician credentialing files and an interview it was determined Physician # 1, the Medical Director, had failed to document an annual review of a physician's qualifications for the years 2011, 2012 and 2013. This had the potential to affect all patients served	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	C3703				03/04/2014
NAME OF D	ROVIDER OR SUPPLIER	ÉTDEE.	r address, city, sta	TE ZID CODE	, , , , , , , , , , , , , , , , , , , ,
INAIVIE OF P	ROVIDER OR SUPPLIER		7TH PLACE SOUT	,	
PLANNED	PARENTHOOD OF ALA	BAMA. INC	NGHAM, AL 35205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
L 100	Continued From page	2 7	L 100		
	in this clinic.				
	Findings include:				
	personnel information a form labeled PPSE included documentati observation of two Me Surgical Abortions an Check-up. The observation	edical Abortions, five			
	A review of Physician # 2's credentialing file and personnel information also revealed documentation from 12/14/11 which included a Clinician Performance Evaluation and a Chart Review of 12 medical records completed by Physician # 1, the Medical Director.				
	provided to the surve	1/14 at 4:42 PM, with 1, the Interim Administrator,			
	Information received PPSE Director of Qua included a Clinician P dated 1/1/12 to 12/31 form was not signed b A second Physician F received 1/24/14 from Management, EI # 2 to	1/24/14 via e-mail from ality Management, EI # 2 Performance Evaluation form 1/12 for Physician # 2. The pay an evaluating physician. Performance Evaluation form 1/12 Performance Evaluation form 1/14 Performance Evaluation form 1/14 Performance Evaluation for Physician # 2 failed to present the evaluation			

Health Care Facilities

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
	C3703		B. WING		03/04/2014
					03/04/2014
NAME OF PR	OVIDER OR SUPPLIER		DRESS, CITY, STAT		
PLANNED	PARENTHOOD OF ALAI	BAMA. INC	H PLACE SOUTH HAM, AL 35205		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
L 100	Continued From page	8	L 100		
	and the form was not documented the follow	complete. The form			
	(Not Applicable): 2. Specimen Collectio 3. Sexually Transmitte 4. Specific Birth Contr Use of Implants- N/A Injection of DMPA (Do Acetate)- N/A 5. GYN Services- N/A 6. Provision of Service N/A 7. Men's Health Service 10. Proficiency Testing The clinic failed to prodirect observation of F in the physician file. *** 420-5-102 Administr (8) Records and Repo (a) Medical Records to facility shall keep ade procedure schedules, examinations, nurses' performed, a copy of r	following sections as N/A n- N/A ed Infections (STI)- N/A ol Methods- N/A epot Medroxprogesterone es Related to Pregnancy- ces- N/A g- N/A." evide documentation of Physician #2's clinical skills ation. orts. o be kept. An abortion quate records, including			
	required by law. This rule is not met as				
		medical records, policy and ew it was determined the			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	C3703		B. WING		03/04/2014
NAME OF D		CTDEET A	DDDECC CITY CTA	TE ZID CODE	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		
PLANNED	PARENTHOOD OF ALA	BAMA. INC	TH PLACE SOUTI SHAM, AL 35205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
L 100	Continued From page	9	L 100		
	care for patients recei	ons related to post abortion iving services 1/9/14 and ng operations at the clinic on			
	Document referrals providers.	s to other health care			
	3. Document transfer providers.	of medical records to other			
	4. Complete forms to include physician signatures, dates and assure that all dates documented were accurate.				
	Findings include:				
	A review of the patient log for procedures that were performed on 1/09/14 and 1/10/14 revealed a total of 15 surgical abortions were completed at the clinic. There was no documentation in any of the 15 medical records that the clinic would not be open and that patients were given instructions on where to go for follow up care after 1/10/14.				
	went on-site to conduinvestigate reports that While on-site on 1/17 identified the door to cars were in the parkianswer to the door will be partment surveyors the main entrance to PPSE letter head. The for the inconvenience	M, Department surveyors ct a complaint survey and at the clinic was closed. /14 Department surveyors the clinic was locked, no ng lot, and there was no nen the bell was rung. s identified a sign posted on the building printed on ne sign read, "We apologize , but this health center is			
	listed on the sign for t	A telephone number was he public to call for more er Planned Parenthood eek a referral.			

Health Care Facilities

STATE FORM 8899 3V0W11 If continuation sheet 10 of 20

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE S COMPLI		
		C3703	B. WING		03/0	4/2014
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 00.0	
PLANNED	PARENTHOOD OF ALA	BAMA, INC	PLACE SOUT			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETE DATE
L 100	Continued From page	e 10	L 100			
	conduct the complain reports that the clinic Director of Quality Ma interim Administrator, President of External	ent surveyors were on-site to t survey and investigate was closed. The PPSE anagement, EI # 2, the clinic EI # 1, and PPSE Vice Affairs, EI # 3, were in the survey staff entrance into				
	On 1/21/14 at 5:30 PM, in an interview with Employee Identifier (EI) # 2, PPSE Director of Quality Management, survey staff asked when was the last date procedures were performed at the clinic. EI # 2 stated the last day surgical procedures were performed at the clinic was on Friday, 1/10/14. On 1/22/14 at 3:00 PM, in an interview with EI # 2, survey staff asked if there was documentation in the medical record to show patients were informed on how and where they could receive follow up care for their abortion procedure. EI # 2 stated he did not see written documentation, but the surveyors needed to ask the clinic Medical Director.					
	Medical Director, was Physician # 1 stated fabortion the patient witheir own volition. Paprocedure are routed in during work hours faborated to a contact Physician surveyors asked about patients' medical recovere notified of where	M, Physician # 1, the clinic interviewed by telephone. For follow up to a surgical rould contact the clinic at tient calls related to the to her/him. If a call comes the call is sent to Physician # after hours the on-call nurse ian # 1, if needed. The at documentation in the ords to show where patients to go for follow up care and Physician # 1 stated a				

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Alabama Department of Public Health

MANE OF PROVIDER OR SUPPLIER PLANNED PARENTHODO OF ALABAMA, INC 1211 27TH PLACE SOUTH IRRIMOHAM, AL 32056 PROVIDER'S ICACH DEPOSITION OF STREET OF DEPOSITION OF STREET ADDRESS, CITY, STATE. ZIP CODE 1211 27TH PLACE SOUTH IRRIMOHAM, AL 32056 PROVIDER'S ILAND OF CONTRECTION STREET PRESED BY PLUI. REGULATORY OR LISC DICENTIFYING INFORMATION) L 100 Continued From page 11 discharge template is used for each patient and Physician # 1 and smale is listed on the discharge instructions. Physician # 1 confirmed the same standard written discharge instructions were given to the patients that had procedures on 1709/14 and 1710/14. Physician # 1 also stated the clinic attempted to call all of the patients from 109/14 and 1710/14 to inform them about the clinic temporarily cessing patient care services, but this information was not documented in any of the medical records reviewed by survey staff. Survey staff was informed that an arrangement with another licensed abortion clinic, Clinic # 2, had been established to provide any needed patient follow up care. Survey staff while on-site requested documentation of the arrangement, but none was available at the time of the request. Employee Identifier # 2, the Director of Quality Management, did provide a document that was signed only by the Clinic # 2 requested at direct telephone number to the clinic to obtain copies of patient records. On 2/27/14 the Department was contacted by telephone from the administrator of Clinic # 2. The administrator was requesting assistance in contacting the clinic for a medical record of a patient that had been seen by the clinic and was at Clinic # 2 for post abortion care. The Department staff contacted PPSE corporate staff in Atlanta, GA, and asked them to provide a telephone number to Clinic # 2 that was attempting to obtain a copy of the clinic's patient's medical record. A direct telephone number was	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		' '	E SURVEY PLETED	
PLANNED PARENTHOOD OF ALABAMA, INC 1211 27TH PLACE SOUTH BIRMINOHAM, AL 32056	C3703			B. WING		03	3/04/2014
Summary Statement of Deficiencies Deficiency August for Proceedings Deficiency August for Processing Processing Deficiency August for Processing Processing Deficiency August for Processing Processing Deficiency August for Processing Processing Processing Processing Processing Deficiency August for Processing Proces			1211 271		, ZIP CODE		
L 100 Continued From page 11 discharge template is used for each patient and Physician # 1's name is listed on the discharge instructions. Physician # 1's name is listed on the discharge instructions. Physician # 1's name is listed on the discharge instructions. Physician # 1's name is listed on the discharge instructions. Physician # 1's name is listed on the discharge instructions. Physician # 1's name is listed on the discharge instructions were given to the patients that had procedures on 1/09/14 and 1/10/14. Physician # 1 also stated the clinic attempted to call all of the patients from 1/09/14 and 1/10/14. Physician # 1 also stated the clinic temporarily ceasing patient care services, but this information was not documented in any of the medical records reviewed by survey staff. Survey staff was informed that an arrangement with another licensed abortion clinic, Clinic # 2, had been established to provide any needed patient follow up care. Survey staff while on-site requested documentation of the arrangement, but none was available at the time of the request. Employee Identifier # 2, the Director of Quality Management, did provide a document that was signed only by the Clinic # 2 administrator and Clinic # 2 physician after the survey exit dated 1/23/14. In this document Clinic # 2 requested a direct telephone number to the clinic to obtain copies of patient records. On 2/27/14 the Department was contacted by telephone from the administrator or acre. The Department staff contacted PPSE corporate staff in Atlanta, GA, and asked them to provide a telephone number to Clinic # 2 that was attempting to obtain a copy of the clinic's patient's medical record. A direct telephone number to Sinic patient's medical record. A direct telephone number to Sinic patient's medical record. A direct telephone number was			BIRMING	SHAM, AL 35205			
discharge template is used for each patient and Physician # 1's name is listed on the discharge instructions. Physician # 1 confirmed the same standard written discharge instructions were given to the patients that had procedures on 1/09/14 and 1/10/14. Physician # 1 also stated the clinic attempted to call all of the patients from 1/09/14 and 1/10/14. Physician # 1 also stated the clinic temporarily ceasing patient care services, but this information was not documented in any of the medical records reviewed by survey staff. Survey staff was informed that an arrangement with another licensed abortion clinic, Clinic # 2, had been established to provide any needed patient follow up care. Survey staff while on-site requested documentation of the arrangement, but none was available at the time of the request. Employee Identifier # 2, the Director of Quality Management, did provide a document that was signed only by the Clinic # 2 administrator and Clinic # 2 physician after the survey exit dated 1/23/14. In this document Clinic # 2 requested a direct telephone number to the clinic to obtain copies of patient records. On 2/27/14 the Department was contacted by telephone from the administrator of Clinic # 2. The administrator was requesting assistance in contacting the clinic for a medical record of a patient that had been seen by the clinic and was at Clinic # 2 for post abortion care. The Department staff contacted PPSE corporate staff in Atlanta, GA, and asked them to provide a telephone number to Clinic # 2 that was attempting to obtain a copy of the clinic's patient's medical record. A direct telephone number to Elinic # 2 that was attempting to obtain a copy of the clinic's patient's medical record. A direct telephone number to Batana and the clinic patient's medical record. A direct telephone number was	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE THE APPROPRIATE	COMPLETE
made available to Clinic # 2 after Department staff contacted the PPSE corporate staff.	L 100	discharge template is Physician # 1's name instructions. Physicia standard written discligiven to the patients of 1/09/14 and 1/10/14. The clinic attempted to 1/09/14 and 1/10/14 of clinic temporarily ceal but this information with another licensed had been established patient follow up care requested documents none was available a Employee Identifier # Management, did prosigned only by the Cl Clinic # 2 physician a 1/23/14. In this docudirect telephone num copies of patient record on 2/27/14 the Depatelephone from the act The administrator was contacting the clinic final patient that had been at Clinic # 2 for post a Department staff contin Atlanta, GA, and as telephone number to attempting to obtain a medical record. A diremade available to Climate in the continuation of the clinic final patient that had been at Clinic # 2 for post a Department staff continuation of the clinic final patient that had been at Clinic # 2 for post a Department staff continuation of the clinic final patient that had been at Clinic # 2 for post a Department staff continuation of the clinic final patient that had been at Clinic # 2 for post a Department staff continuation of the clinic final patient that had been at Clinic # 2 for post a Department staff continuation of the clinic final patient that had been at Clinic # 2 for post a Department staff continuation of the clinic final patient that had been at Clinic # 2 for post a Department staff continuation of the clinic final patient that had been at Clinic # 2 for post a Department staff continuation of the clinic final patient that had been at Clinic # 2 for post a Department staff continuation of the clinic final patient that had been at Clinic # 2 for post a Department staff continuation of the clinic final patient that had been at Clinic # 2 for post a Department staff continuation of the clinic final patient that had been at C	a used for each patient and is listed on the discharge an # 1 confirmed the same harge instructions were that had procedures on Physician # 1 also stated of call all of the patients from to inform them about the sing patient care services, ras not documented in any of eviewed by survey staff. The that an arrangement abortion clinic, Clinic # 2, I to provide any needed at the time of the request. The Director of Quality wide a document that was inic # 2 administrator and fiter the survey exit dated ment Clinic # 2 requested a ber to the clinic to obtain ords. The that an arrangement, but the time of the request. The survey exit dated ment Clinic # 2 requested a ber to the clinic to obtain ords. The tacted PPSE corporate staff sked them to provide a Clinic # 2 that was a copy of the clinic's patient's exit telephone number was nic # 2 after Department.	L 100	DEFICIEN	NCY)	

6899

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
			-							
		C3703	B. WING		03/04/2014					
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE						
		1211 27TI	H PLACE SOUTI							
PLANNED	PLANNED PARENTHOOD OF ALABAMA, INC BIRMINGHAM, AL 35205									
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE					
L 100	Continued From page	: 12	L 100							
	A Referral Policy was as follows: " III. Outside Referrals Notification 1. A referral is advice management of any semergency, life threat life threatening condit 2. Lists of the various updated at least annumated at least annumated at least annumated and signed by the proper referral form # 501 is and signed by the proper referral is made by phareferral form should be the clients signature as mailing the referral to white copy is given to respective referral form has medical records to Pfindings are sent backsource. 4. The second copy (a client's medical record is put in the tickler bin month the referral followers and the client when needed to be a compared to the client's medical record is put in the tickler bin month the referral followers and the client who has accessed to the client who	to obtain a consult, test, or suspected acute, tening, serious, or potentially ion. referral facilities are sally. deemed necessary, a filled out (triplicate form) vider and client. If the sone (not in person) the e mailed to client, obtaining should not be a barrier to the client. The original, the client to take to the sility. PPSE staff will assist an Authorization to release PSE consent to ensure to PPSE from the referral vellow copy) is placed in the cl. The third copy (pink copy) der and filed under the ow-up is due unless it's an ferral, which would go under ab. rral is generated, a gold in the client's chart to alert ess to the chart."								
	The follow up procedu	are form falled to document								

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		C3703	B. WING		03/04/2014
		63703			03/04/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
PLANNED	PARENTHOOD OF ALA	BAMA. INC	TH PLACE SOUT IGHAM, AL 35205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
L 100	Continued From page		L 100		
	the date of the visit, vital signs, who completed the form and no signature on the Ultrasound picture or an indication of which individual performed the ultrasound.				
	In an interview on 1/2 Identifier (EI) # 2, Dire Management, stated incomplete.	-			
		to the clinic for her first visit ent was referred to another			
	There was no documentation of when the patient was referred and no documentation the medical record information was copied or sent to the referred provider.				
	PPSE Director of Qua that the patient transp 1, the interim Adminis	2/14 at 2:35 PM, with EI # 2, ality Management, stated corted her own records. EI # trator, confirmed there was the records being sent with			
	I	to the clinic for her first visit eceived counseling, lab tests ere signed 12/9/13.			
	There was no other derection record as to what hap	ocumentation in the medical pened to the patient.			
	PPSE Director of Qua	2/14 at 2:35 PM, EI # 2, ality Management, stated at come back to the clinic.			
	1/9/14 and had copies	care from another provider s of her counseling with her. iintain documentation in the			

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MANG OF PROMIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 1211 2771 PLACE SOUTH BIRMINGHAM, AL. 35205 PROMIDER'S ALM OF CORRECTION PREFIX TAG PROMIDER'S ALM OF CORRECTION (EACH CORRECTION SHOULD BE COMPLETED AND OF CORRECTION OR SHOULD BE COMPLETED AND OF CORRECTION OR SHOULD BE COMPLETE AND OF CORRECTION OR SHOULD BE COMPLETE. 1 A MIR # 4 presented to the clinic 12/9/13. The patient was referred to another provider. 5 MR # 8 presented to the clinic 12/9/13. The patient was referred to another provider. 5 MR # 8 presented to the clinic 12/9/13. The patient was referred to another provider. In an interview on 1/22/14 at 2:35 PM, El # 2, PPSE Director of Quality Management, confirmed the above information. 6 MR # 9 presented to the clinic 10/21/13. The patient was referred to another provider.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
PLANNED PARENTHOOD OF ALABAMA, INC CASID SUMMARY STATEMENT OF DEFICIENCIES PREFIX SUMMARY STATEMENT OF DEFICIENCIES PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE			C3703	B. WING		03	/04/2014
CAN D CAN	NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
Confined From page 14 Lind Preference Preference	PLANNED	PARENTHOOD OF ALA	BAMA. INC				
patient's record of how the information was released to the other provider. 4. MR # 4 presented to the clinic 12/9/13. The patient was referred to another clinic. The narrative information in the medical record indicated the patient asked to be transferred to Tuscalosas. The documentation stated the patient was referred to Huntsville; however the address of the provider choice form was Tuscalosas. There was no documentation in the medical record of any patient medical record information that had been transferred to another provider. In an interview on 1/22/14 at 2:20 PM, El # 2, PPSE Director of Quality Management, confirmed there was no documentation present in the medical record of the patient's medical information being transferred to another provider. 5. MR # 8 presented to the clinic 12/9/13. The patient was referred to another provider. There was no documentation in the medical record of the patient's medical information being transferred to another provider. In an interview on 1/22/14 at 2:35 PM, El # 2, PPSE Director of Quality Management, confirmed the above information. 6. MR # 9 presented to the clinic 10/21/13.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETE
There was no documentation in the medical record of the patient's medical information being	L 100	patient's record of hor released to the other. 4. MR # 4 presented patient was referred to the narrative information indicated the patient at Tuscaloosa. The document was referred to address of the provide Tuscaloosa. There was no document and the patient was referred to another was no document that had been transfered in an interview on 1/2 PPSE Director of Quathere was no document was referred to another was no document was referred to another was no document was referred to another was no document of the patient was no document of the patient was no	w the information was provider. to the clinic 12/9/13. The o another clinic. Ition in the medical record asked to be transferred to umentation stated the o Huntsville; however the er choice form was entation in the medical medical record information rred to another provider. In the medical medical medical record information rred to another provider. In the medical medical medical medical resentation present in the patient's medical insferred to another provider. In the clinic 12/9/13. In the clinic 12/9/13. In the medical information being a provider. In the clinic 10/21/13. In the medical m	L 100			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING		
		C3703	B. WING		03/04/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
PLANNED	PARENTHOOD OF ALA	BAMA. INC	H PLACE SOUTI HAM, AL 35205		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
L 100	Continued From page	: 15	L 100		
	transferred to another	provider.			
		2/14 at 2:35 PM, EI # 2, ality Management, confirmed			
	7. MR # 10 presented patient was referred to	to the clinic 11/4/13. The panother provider.			
		entation in the medical medical provider.			
		2/14 at 2:35 PM, EI # 2, ality Management, confirmed			
	8. MR # 12 presented	to the clinic 12/16/13.			
	The patient was refer	red to another provider.			
		entation in the medical medical provider.			
	PPSE Vice President that she was present was copied and given confirmed that there v medical record indica	2/14 at 3:00 PM, EI # 3, of External Affairs, stated and knows the information to the patient. EI # 3 was no documentation in the ting the patient's medical and sent to the other			
	clinic on 12/06/13 to s procedure. The medi on 12/13/13. A review	IR) # 15 first visited the schedule a medical abortion cal abortion was performed v of the medical record on follow-up form, Form 420,			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED						
		C3703	B. WING		03/04/2014					
NAME OF D	POVIDED OD SLIDDI IED	STDEET /	DDDESS CITY STA	TE ZIR CODE						
NAME OF T	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH									
PLANNED	PLANNED PARENTHOOD OF ALABAMA, INC BIRMINGHAM, AL 35205									
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED (ENCY)	ULD BE COMPLETE					
L 100	Continued From page		L 100							
	1/03/14 at 10:55 (ther the medical record to PM) to report she was room. MR # 15 repor "on/off" since her pro were "unbearable at Nurse documented the instructed the patient room.	R #15 called the clinic on re was no documentation in indicate if this was AM or is going to the emergency ted she had been bleeding ocedure and the cramps this point." A Registered re physician was notified and to go to the emergency								
	signed and dated by t	w-up form had only been the Registered Nurse. The te for the physician signature								
	On 1/22/14 at 2:30 PM, in an interview with the PPSE Director of Quality Management, Employee Identifier (EI) # 2, it was confirmed the physician should have signed the form.									
	12/03/13 to schedule procedure. The medi on 12/13/13. A reviev revealed the abbrevia	# 16 first visited the clinic on a medical abortion cal abortion was performed w of the medical record ated medical history form, we a date by the clinician								
		M, in an interview with EI # e physician did not date the								
	performed on 12/13/1 revealed a "Missed A Form 145, which was date of the procedure 12/18/13, not 12/13/1	had her medical abortion 3. The medical record Appointment Reminder", completed on 1/08/14. The listed on the form was 3. The medical record ealed envelope addressed to								

Health Care Facilities

STATE FORM 8899 3V0W11 If continuation sheet 17 of 20

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
	C3703	B. WING		03/04/2014				
OVIDER OR SUPPLIER	STREET A	ADDRESS CITY STA	TE ZIP CODE					
	1211 27 ⁻							
PLANNED PARENTHOOD OF ALABAMA, INC BIRMINGHAM, AL 35205								
(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE				
Continued From page	: 17	L 100						
with EI # 2 it was conf be used to mail the m	firmed the envelope was to issed appointment notice to							
ALABAMA LICENSUF	RE DEFICIENCIES	L 200						
420-5-104 Physical (5) Equipment and Su (b) Preventive Mainte schedule of preventive for all equipment in th care to assure satisfa schedule shall cover a equipment: 1. Ultrasound: All ultratested and calibrated technician in accordance recommendations. In	Environment. upplies. nance. There shall be a e maintenance developed e facility integral to patient ctory operation thereof. This at least the following asound machines must be by a trained, qualified nce with the manufacturer's no event shall testing and							
Based on observation images in two medica with the PPSE Director Employee Identifier (E that the clinic failed to the patient's ultrasour This affected 2 of 19 rand had the potential	n, review of ultrasound all records and an interview or of Quality Management, EI) # 2, it was determined assure the date printed on and image was accurate. medical records reviewed							
	of the clinic on 1/21/14 at							
	PARENTHOOD OF ALA SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page MR # 16. On 1/22/14 with EI # 2 it was contibe used to mail the m MR # 16 and that the out. ALABAMA LICENSUI This Rule is not met at 420-5-104 Physical (5) Equipment and Sta (b) Preventive Mainte schedule of preventive for all equipment in the care to assure satisfate schedule shall cover at equipment: 1. Ultrasound: All ultratested and calibrated technician in accordate recommendations. In calibration be done leter the patient's ultrasour images in two medicates with the PPSE Director images in two medicates with the patient's ultrasour This affected 2 of 19 in and had the potential findings include:	PARENTHOOD OF ALABAMA, INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 MR # 16. On 1/22/14 at 2:35 PM, in an interview with El # 2 it was confirmed the envelope was to be used to mail the missed appointment notice to MR # 16 and that the notice had not been mailed out. ALABAMA LICENSURE DEFICIENCIES This Rule is not met as evidenced by: 420-5-104 Physical Environment. (5) Equipment and Supplies. (b) Preventive Maintenance. There shall be a schedule of preventive maintenance developed for all equipment in the facility integral to patient care to assure satisfactory operation thereof. This schedule shall cover at least the following equipment: 1. Ultrasound: All ultrasound machines must be tested and calibrated by a trained, qualified technician in accordance with the manufacturer's recommendations. In no event shall testing and calibration be done less than annually. This rule is not met as evidenced by: Based on observation, review of ultrasound images in two medical records and an interview with the PPSE Director of Quality Management, Employee Identifier (El) # 2, it was determined that the clinic failed to assure the date printed on the patient's ultrasound image was accurate. This affected 2 of 19 medical records reviewed and had the potential to affect all patients served.	C3703 B. WING	C3703 B WING C3703 B WING STREET ADDRESS, CITY, STATE, 2IP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205 SUMMARY STATEMENT OF DEPICIENCES (EACH CORRECTIVE ACTION STRUMENT BY PROCEEDED BY PLUL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 17 MR # 16. On 1/22/14 at 2:35 PM, in an interview with El # 2 it was confirmed the envelope was to be used to mail the missed appointment notice to MR # 16 and that the notice had not been mailed out. ALABAMA LICENSURE DEFICIENCIES L 200 This Rule is not met as evidenced by: 420-5-104 Physical Environment. (5) Equipment and Supplies. (b) Preventive Maintenance. There shall be a schedule of preventive maintenance developed for all equipment in the facility integral to patient care to assure satisfactory operation thereof. This schedule shall cover at least the following equipment: 1. Ultrasound: All ultrasound machines must be tested and calibrated by a trained, qualified technician in accordance with the manufacture's recommendations. In no event shall testing and calibration be done less than annually. This rule is not met as evidenced by: Based on observation, review of ultrasound images in two medical records and an interview with the PSE Director of Quality Management, Employee Identifier (El) # 2, it was determined that the clinic failed to assure the date printed on the patient's ultrasound image was accurate. This affected 2 of 19 medical records reviewed and had the potential to affect all patients served. Findings include:				

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		C3703	B. WING		03	/04/2014
NAME OF P	ROVIDER OR SUPPLIER	STREE	Γ ADDRESS, CITY, STATE	, ZIP CODE		
PLANNED	PARENTHOOD OF ALA	ABAMA. INC	7TH PLACE SOUTH			
0(4) ID	STIMMADA 8.	TATEMENT OF DEFICIENCIES	NGHAM, AL 35205	PROVIDER'S PLAN OF	COPPECTION	(V5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
L 200	Continued From pag	e 18	L 200			
	maintenance labels of machines available f	f observed preventative on all of the ultrasound or patient care. The next ative maintenance was				
	1. Medical Record (MR) # 14 first visited the clinic on 6/24/13 and had her medical abortion performed on 6/28/13. The patient had her follow up visit completed on 7/26/13. At the time of MR # 14's follow up visit it was determined a surgical procedure was needed to evacuate her uterus. The surgical procedure was completed on 8/02/13.					
	visit, day of the medi the surgical procedur printed on the ultraso same dates the patie clinic. The ultrasoun out the date of 01/01 for 6/28/13 printed or	sound images for the first cal procedure, and day of re was reviewed. The dates bund images were not the ent received services at the d image for 6/24/13 printed /70. The ultrasound image ut the date of 11/30/99. The 8/02/13 printed out the date				
	2, PPSE Director of	PM, Employee Identifier (EI) # Quality Management, on the ultrasound images				
	7/30/13 and had her performed on 8/02/13 second surgical abor performed on 9/06/13 images in the medica date printed on all of not the same dates t	first visited the clinic on first surgical abortion The patient required a tion and that procedure was A review of the ultrasound al record was reviewed. The the ultrasound images were he patient received services rasound image for 7/30/13				

Alabama Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED			
			A. BUILDING.						
		C3703	B. WING		03/	04/2014			
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
PLANNED	PARENTHOOD OF ALA	BAMA.INC	I PLACE SOUT IAM, AL 35205						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE			
L 200	Continued From page	e 19	L 200						
	printed out the date o	f 11/30/99.							
	On 1/22/14 at 3:00 Pl 2, PPSE Director of C	M, Employee Identifier (EI) #							

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