

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C5103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2016
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NAME OF PROVIDER OR SUPPLIER REPRODUCTIVE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 811 SOUTH PERRY STREET MONTGOMERY, AL 36104
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(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 000	INITIAL COMMENTS A survey was conducted on 4/29/16 and the following deficiencies were cited.	L 000		
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-.04(3)(d) Physical Environment (d) Fire Extinguisher. An all-purpose fire extinguisher shall be provided at each exit, special hazard areas and located so that a person will not have to travel more than 75 feet from any point to reach the nearest extinguisher. Fire extinguishers shall be of a type approved by the local fire department or State Fire Marshal and shall be inspected in accordance with the manufacturer's specifications, but not less than monthly. An attached tag shall bear the initials or name of the inspector and date inspected. Maintenance on each extinguisher shall be performed by trained personnel at least annually. Maintenance tags showing the year, month, and name of the individual performing maintenance shall be attached to the extinguisher. Based on observation and interview it was determined that three of three fire extinguishers in the facility failed to have been inspected monthly. Findings Include: On 4/28/16 at 1:30 PM during a tour of the facility	L 100		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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L 100	<p>Continued From page 1</p> <p>the surveyors observed three separate fire extinguishers located in various areas of the clinic. All three had tags showing the year of maintenance and inspection but failed to have any monthly inspections conducted and signed by the clinic staff.</p> <p>In an interview 4/29/16 at 9:00 AM with Employee Identifier # 1, Director confirmed they had not been inspected monthly.</p> <p>***</p> <p>420-5-1-.01 (8) Infection Control. 3(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.</p> <p>The requirements of this rule were not met as evidenced by:</p> <p>Based on observation and interview it was determined the procedure room examination table upholstery was not in one continuous solid piece. The bottom of the table had tape covering torn exposed stuffing from the table top. This had the potential to affect all staff and patients.</p> <p>Findings include:</p> <p>During observation of a procedure at the clinic 4/28/16 at 10:30 AM the surveyor observed tape applied across the entire width of the procedure table. The area was covered with paper and a chux pad during the procedure. The blood soaked through the chux pad and had the</p>	L 100		

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L 100	<p>Continued From page 2</p> <p>potential to soil the stuffing inside the table which would present a potential for exposure to blood and body fluids.</p> <p>In an interview 4/29/16 at 9:30 AM EI # 1, Director confirmed the table was scheduled to be recovered/reupholstered.</p> <p>***</p> <p>420-5-1-.04(8) Records and Reports. (a) Medical Records to be kept. An abortion facility shall keep adequate records, including procedure schedules, histories, results of examinations, nurses' notes, records of tests performed, copy of report of abortion made to the Center for Health Statistics, and all forms required by law. (b) Authentication of Records. All records shall be legibly written, dated, and signed in an indelible manner with the identity of the writer indicated.</p> <p>The requirements of this rule were not met as evidenced by:</p> <p>Based on review of medical records and interview it was determined the clinic failed to ensure staff completed all areas of the clinic forms, procedure documentation and all records legibly and accurately. This affected 4 of 18 records reviewed. This affected Medical Record (MR) # 1, #14, #10 and #9 and had the potential to affect all patients served.</p> <p>Findings include:</p> <p>1. Medical Record (MR) # 1 presented to the clinic 7/30/15 for a surgical abortion.</p> <p>The physician failed to note on the procedure</p>	L 100		

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L 100	<p>Continued From page 3</p> <p>form under the section ultrasound done; whether the pregnancy was not viable and failed to sign the area of the form.</p> <p>2. Medical Record (MR) # 14 presented to the clinic for pre-op counseling on 1/05/16. A review of the procedure documentation revealed clinic staff failed to document the date of the procedure and have the admitting counselor sign the clinic's own form. Based on other documentation in the record the surgical abortion was completed on 1/22/16.</p> <p>3. MR # 10 first presented to the clinic on 1/14/16. A review of the operative report for suction curettage was completed on 1/28/16. The curette size that was documented by clinic staff was illegible as well as the oxygen saturation level.</p> <p>4. MR # 9 first presented to the clinic on 1/04/16. A review of the operative report for dilation of the cervix revealed the size of the Pratt dilator documented by staff was illegible.</p> <p>In an interview 4/29/16 at 9:30 AM, Employee Identifier (EI) # 1, Director, confirmed they had not fully completed the form.</p>	L 100		