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PLANNED PARENTHOOD OF ALABAMA, INC	1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205

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L 000	INITIAL COMMENTS An onsite licensure survey was conducted 9/23/16 deficiencies were cited and a plan of correction is required.	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-.02(5) Personnel. (a) Each abortion clinic shall utilize personnel to provide services who have appropriate training and qualifications for the services that they provide. (b) Personnel Files. There shall be a personnel file for each employee which shall include: 1. Job Description. A written job description that describes the duties and responsibilities, position title, authority, and qualifications for each employee. 2. Application. The licensee shall obtain written applications for employment from all employees. The licensee shall obtain and verify information on the application as to education, training, experience, and appropriate licensure, if applicable. 3. Orientation. There shall be a written orientation program to familiarize each new staff member with the facility and its policies and procedures, to include at a minimum, fire and disaster safety, medical emergencies, infection control, and patient confidentiality. There shall be documentation of completion of this orientation maintained in the personnel file. This rule is not met as evidenced by:	L 100		

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L 100	Continued From page 1 Based on review of clinic policies, review of personnel files and interview it was determined the clinic failed to have documentation of Tuberculosis (TB) screening, Hepatitis B screening, job descriptions, orientation and date of hire available in the employee personnel files. This affected 5 of 5 personnel files reviewed and had the potential to affect all patients served in this clinic. Findings include: Policy: Exposure To Blood: What Healthcare Personnel Need to Know Introduction 1. Occupational Exposures to Blood " Healthcare personnel are at risk for occupational exposure to blood borne pathogens, including hepatitis B virus (HBV)...exposures occur through needlestick's or cuts from other sharp instruments contaminated with an infected patient's blood or through contact of the eye, nose, mouth or skin with a patient's blood... 3. Risk of infection after exposure HBV- healthcare personnel who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection..." 1. Employee Identifier(EI) # 1, Health Center Manager hired 4/2014 as a Health Care Associate failed to have a job description in the personnel folder for the Health Center Manager. 2. EI # 2, Nurse Practitioner hired 2/2016 failed to have a record of TB or Hepatitis B screening in the personnel file. 3. EI # 5, Health Care Associate/ Receptionist	L 100		

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L 100	Continued From page 2 failed to have a date of hire, job description, orientation, TB or Hepatitis B screening in the personnel file. 4. EI # 6, Health Care Associate failed to have a date of hire, TB or Hepatitis B screening in the personnel file. 5. EI # 7, Registered Nurse failed to have TB or Hepatitis B screening in the personnel file. In an interview on 9/23/16 at 9:40 AM, EI # 1 was provided a list of items missing from the personnel information provided to the surveyor. EI # 1 contacted the corporate office to provide the information. No further information was received as of 9/26/16. *** 420-5-1-.02(5)(d) Physician Qualifications. 1. Only a physician may perform an abortion. Only a physician may give, sell, dispense, administer, or otherwise prescribe an abortion-inducing drug. All physicians performing abortions at the facility shall be qualified through training and experience in performing abortions and recognizing and managing complications. 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: (i) proof of licensure in Alabama and all other states in which the physician is or has ever been licensed, (ii) a record of any adverse actions ever taken	L 100		

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L 100	Continued From page 3 against the physician ' s license in Alabama or any other state, (iii) a current resume, (iv) a record of staff privileges at any accredited hospital in the United States, (v) a report from the National Practitioner Databank and (vi) proof of the nature of the physician ' s training and experience. 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 it was determined that 2 of 2 physician's files reviewed failed to have an initial and yearly review documented by the medical director. This had the potential to affect all patients served in this clinic. Findings include: A review of Employee Identifier (EI) # 3, Physician's credentialing file and personnel information revealed documentation of a Clinician Performance Evaluation which was blank, a Chart Review form which was blank and a one page Clinician Performance Evaluation form: Safety/OSHA (Occupational Safety and Health Administration) Assessment which was blank. EI # 3 did not have a hire date in the personnel information reviewed.	L 100		

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L 100	Continued From page 4 A review of Employee Identifier (EI) # 4, Physician's credentialing file and personnel information failed to reveal an initial and annual review of the clinical skills of the physician. EI # 4 did not have a hire date in the personnel information reviewed. The clinic Medical Director failed to document an initial and annual review for EI # 3 and # 4 to evaluate the clinical skills of the physician. In an interview 9/23/16 at 9:30 AM with EI # 1, Health Center Manager confirmed there was no documentation of a review and she notified the Corporate office to send the information. No additional information was received from the clinic as of 9/26/16. *** 420-5-1-.02 Administration. (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. This rule is not met as evidenced by: Based on an interview and review of medical records (MR) the clinic staff failed to completely document care and services provided to patients in 13 of 22 records reviewed. This had the potential to affect all patients served.	L 100		

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L 100	Continued From page 5 Findings include: 1. MR # 2 presented to the clinic 3/4/16 for a medical abortion procedure. The Mifepristone Follow up form dated 3/10/15 documented an ultrasound dated 3/10/16 with another patient's name on the ultrasound, not MR # 2, and with the wrong year of the visit. In an interview on 9/23/16 at 9:30 AM with the Health Center Manager, Employee Identifier (EI) # 1, confirmed the documentation was incorrect. 2. MR # 20 presented to the clinic 2/24/16 for a surgical abortion procedure. The pre-op medication administered documented Misoprostol 400 mcg (micrograms) at 12:15 PM. The form includes the medication and in bold print beside the name is (Buccal, Vag [vaginal] or SL [Sublingual]) the nurse failed to mark the route used to administer the medication. In an interview on 9/23/16 at 9:30 AM with EI # 1, confirmed the documentation was incomplete. 3. MR # 21 presented to the clinic 9/22/16 for a surgical abortion procedure. The procedure documentation completed by the physician failed to include Fetal viability outside of uterus- non-viable or viable. The physician failed to mark the form. In an interview on 9/23/16 at 9:30 AM with the EI # 1, confirmed the documentation was incomplete. 4. MR # 22 presented to the clinic 9/22/16 for a	L 100		

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L 100	Continued From page 6 surgical abortion procedure. The procedure documentation completed by the physician failed to include Fetal viability outside of uterus- non-viable or viable. The physician failed to mark the form. In an interview on 9/23/16 at 9:30 AM with EI # 1, confirmed the documentation was incomplete. 5. MR # 17 presented to the clinic 7/18/16 for a surgical abortion procedure. The pre-op medication administered documented Misoprostol 400 mcg at 1:25 PM. The form includes the medication and in bold print beside the name is (Buccal, Vag [vaginal] or SL [Sublingual]) the nurse failed to mark the route used to administer the medication. The procedure documentation completed by the physician 7/18/16 at 3:25 PM failed to include the size of the uterus in weeks. In an interview on 9/23/16 at 9:30 AM with EI # 1, confirmed the documentation was incomplete. 6. MR # 15 presented to the clinic 8/11/16 for a medical abortion. The Appendix A form "certification of opportunity to view ultrasound" was not signed, dated or marked by the patient regarding reviewing or rejecting the opportunity to view the ultrasound before the abortion. In an interview on 9/23/16 at 9:45 AM with EI # 1, confirmed the documentation was incomplete. 7. MR # 14 presented to the clinic 6/23/16 for a	L 100		

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L 100	Continued From page 7 medical abortion. The procedure documentation completed by the physician failed to include Fetal viability outside of uterus- non-viable or viable. The physician failed to mark the form. In an interview on 9/23/16 at 9:45 AM with EI # 1, confirmed the documentation was incomplete. 8. MR # 19 presented to the clinic 2/11/16 for a surgical abortion procedure. The pre-op medication administered documented Misoprostol 400 mcg. (No time of adminstration was documented.) The form includes the medication and in bold print beside the name is (Buccal, Vag [vaginal] or SL [Sublingual]) the nurse failed to mark the route used to administer the medication. The procedure documentation completed by the physician failed to include Fetal viability outside of uterus- non-viable or viable. The physician failed to mark the form. In an interview on 9/23/16 at 9:45 AM with EI # 1, confirmed the documentation was incomplete. 9. MR # 3 presented to the clinic on 3/24/16 for a surgical abortion procedure. A review of the medical record revealed there was no physician signature on the intra-operative note. A review of the ultrasound image in the chart listed a different patient name, but the correct clinic medical record number. On 9/23/16 at 9:23 AM, in an interview with EI # 1, the above findings were confirmed.	L 100		

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L 100	Continued From page 8 10. MR # 12 presented to the clinic on 2/24/16 for a medical abortion procedure. A review of the medical record revealed Appendix A - page 1, certification of opportunity to view ultrasound, was not signed or dated by the patient. On 9/23/16 at 9:22 AM, in an interview with EI # 1, the above findings were confirmed. 11. MR # 18 presented to the clinic on 6/23/16 for a medical abortion procedure. A review of the medical record revealed the clinic physician failed to document if the fetus was viable or not. On 9/23/16 at 9:25 AM, in an interview with EI # 1, the above findings were confirmed. 12. MR # 4 presented to the clinic on 8/19/16 for a surgical abortion procedure. A review of the medical record revealed the physician failed to document the type of vacuum used (manual or electric) during the procedure and the estimated blood loss on the intra-operative note. On 9/23/16 at 9:20 AM, in an interview with EI # 1, the above findings were confirmed. 13. Medical Record (MR) # 8 presented to the facility 3/1/16 for the first appointment. The laboratory findings indicate MR # 8 has Rh negative blood and will require a Rhogam injection. MR # 8 presented to the facility for a surgical procedure 3/10/16. The nurse documented at 12:10 PM she administered an injection to the right deltoid but failed to circle whether a Rhogam Micro/full dose was administered.	L 100		

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L 100	Continued From page 9 In an interview 9/23/16 with Employee Identifier (EI) # 1, Health Center Manager confirmed the nurse failed to document the dose administered.	L 100		
L 200	ALABAMA LICENSURE DEFICIENCIES This Rule is not met as evidenced by: 420-5-1-.03(6) Postoperative Procedures. (a) Postoperative Observation. After an abortion procedure, patients shall be observed until a determination can be made whether any immediate postoperative complications are present. Patients shall either be discharged within 12 hours of admission in an ambulatory condition without need for further observation or acute care, or shall be offered transportation to a local hospital for further treatment. During and after an abortion procedure performed at an abortion or reproductive health center, a physician shall remain on the premises until all patients are discharged. The discharge order must be signed by the physician. Prior to discharge from the facility, the patient shall be provided with the name and telephone number of the physician who will provide care in the event of complications, and the name of the medications given at the abortion clinic. (g) Postoperative Instructions. Written instructions shall be issued to all patients upon discharge and shall include at least: 5. The name and telephone number of the physician who will provide care in the event of complications, and the name of the medications given at the abortion clinic.	L 200		

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L 200	Continued From page 10 This rule is not met as evidenced by: Based on review of medical records, discharge paperwork provided to the patients and interview it was determined in 17 of 22 surgical procedure records reviewed that the facility failed to provide each patient with the name and telephone number of the physician who would provide care in an event of an emergency call and the name of all medications the patient received in the facility. This had the potential to affect all patients served. Findings included: The surveyors reviewed 17 medical records of patients who completed a surgical abortion procedure and failed to receive the name of the physician who would respond to an emergency complication and the name of the medications received at the clinic on their discharge paperwork. The surveyor received on 9/23/16 at 10:05 AM a copy of the discharge instructions for medical and surgical patients that they receive prior to leaving the clinic according to Employee Identifier (EI) # 1, Health Center Manager. A review of the Medical Procedure discharge paperwork fails to include medications taken at the clinic, medications to take at home, and the name of the physician who will provide care in the event of a complication. In an interview 9/23/16 at 10:15 AM with EI # 1, stated that they were providing the information to the patients on discharge but failed to keep a copy in their records.	L 200		

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L 200	Continued From page 11 *** 420-5-1-.03 (8) Infection Control. 2. There shall be procedures to govern the use of sterile and aseptic techniques in all areas of the facility. This rule is not met as evidenced by: Based on observations of staff and clinic policy, the clinic failed to assure all staff followed the policy for hand washing, cleaning equipment between patient use and cleaning recovery room chairs. This had the potential to affect all patients served. Findings include: Policy: Classifications of Articles for Disinfection " Non-critical items: Low level disinfection- Item: Instruments that touch intact skin- blood pressure cuffs and machines, scales, exam tables, exam lights and pulse oximeters. Solution/modality- Wipe down with approved disinfectant daily or as needed if visibly soiled." Recommendations for Application of Standard Precautions for the Care of all Patients in all Healthcare Settings: " Activity- Handwashing Recommendations- Perform before patient contact, before aseptic task, after body fluid exposure risk, after patient contact, after removing gloves." General Hand Hygiene Guidelines:	L 200		

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L 200	Continued From page 12 When hands are visibly dirty or soiled with blood or other body fluids, wash hands with water and soap ... Wash hands even prior to donning gloves... Waterless Hand Hygiene Products... Hand-rubs should be used before and after each patient just as gloves should be changed before and after each patient. Observations made by the surveyor 9/22/16 in the recovery area at 1:30 PM revealed Employee Identifier (EI) # 2, Nurse Practitioner cleaned the recovery chair seat only after MR # 22 left the area with an EZ Kill wipe. The arms of the reclining chair and the back of the chair where the patient was seated was not cleaned. The blood pressure cuff beside the chair which had been used to monitor MR # 22's vital signs was not cleaned. EI # 2 removed her gloves and failed to wash her hands. A second patient, MR # 21, was observed seated in the same chair at 1:47 PM having her blood pressure checked with the same blood pressure cuff used on MR # 22. The staff failed to clean the chair thoroughly, failed to clean the blood pressure cuff between patients and failed to perform hand hygiene between patients and after removal of gloves. (8) Infection Control. (b) Sterilization. Definitive written procedures governing sterilization techniques shall be developed. All equipment must be sterilized either by pressurized steam sterilization or gas sterilization. Procedures are to include:	L 200		

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L 200	Continued From page 13 5. Proper methods of preparation of items for sterilization (cleaning, wrapping and dating). This rule is not met as evidenced by: Based on observation, interview and review of clinic policy and procedure for instrument cleaning and sterilization, the facility failed to follow the correct procedure for mixing of the Liquinox solution (cleaning liquid detergent for medical instruments). This had the potential to affect all patients served. Findings include: On 9/22/16 at 1:10 PM, the surveyor conducted observations of Employee Identifier (EI) # 1, Health Center Manager, prepare the Liquinox solution to clean instruments used during surgical abortions prior to placing the instruments in the sterilizer for processing. EI # 1 was observed to place 2 tablespoons of the Liquinox solution in a white basin and then placed an unmeasured amount of tap water in the basin where used surgical instruments would be placed for cleaning prior to being wrapped and placed in the sterilizer. EI # 1 was asked how much water was to be added to the Liquinox solution to assure the proper concentration was obtained and stated there was suppose to be a line on the basin where the water level was to be. EI # 1 stated she just filled the pan half way with water and added the Liquinox. The above procedure was observed each time post surgical instruments were brought to the work room for cleaning. Policy review:	L 200		

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L 200	Continued From page 14 A review of the instrument cleaning and sterilization policy and procedure listed the following: Procedure for sterilizing instruments brought to dirty area of sterilizing room: 3. Make a fresh 1% solution of Liquinox and water (change between patients) right side of sink in basin (1 gallon of warm water add 2 1/2 tablespoons of Liquinox). EI # 1 did not assure 1 gallon of water was used to mix the Liquinox solution prior to cleaning the instruments for placement in the sterilizer and used 2 tablespoons of Liquinox instead of the 2 1/2 tablespoons required for a 1% solution of Liquinox. 420-5-1-.04 Physical Environment. (3) General. (c) Structural Soundness. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at intervals to be reasonably attractive inside and out. This rule is not met as evidenced by: Based on observation and interview the facility failed to assure the sheet rock in the work room where sterilization of instruments is done had no holes in the wall above the sink where washing of instruments takes place. This had the potential to affect all patients served. Findings include: During a tour of the facility on 9/22/16 at 9:32 AM,	L 200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	C3703	A. BUILDING: _____ B. WING _____	09/23/2016

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L 200	Continued From page 15 the surveyor observed in the work room a hole in the sheet rock above the sink and papertowel dispenser where the surgical instruments are cleaned prior to placing the instruments in the sterilizer. In an interview with Employee Identifier (EI) # 1, Health Center Manager, on 9/22/16 at 1:30 PM, she stated she did not know what happened to the wall and that the wall had been that way since she worked at the clinic, over a year.	L 200		
L 300	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-.02 Administration. (6) Fire Evacuation Plan. (b) Fire Drills. Fire drills shall be conducted at least semi-annually for the staff and written observations of the effectiveness of these rehearsals shall be filed and kept at least three years. This rule is not met as evidenced by: Based on review of the clinic fire/emergency evacuation drills and an interview the clinic failed to assure semi-annual fire drills were conducted for the year 2014. This had the potential to affect all patients, visitors and staff. Findings include: A review of the clinic fire/emergency evacuation drills was conducted on 9/23/16 by the surveyor.	L 300		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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L 300	Continued From page 16 The review of the documentation in the log book from 2013 to 2016 revealed there were no fire drills for the year 2014. On 9/23/16 at 9:35 AM, Employee Identifier (EI) # 1, Health Clinic Manager, stated she would look in the computer to see if any of the 2014 fire drills were stored there. No fire drills for the year 2014 were provided for review.	L 300		