Alabama Department of Public Health

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 _____	12/05/2017

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 000	INITIAL COMMENTS Licensure deficiencies were cited as a result of the on-site licensure inspection conducted 12/05/17. 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-.03 Patient Care. (8) 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. This rule is not met as evidenced by: Based on the review of the facility policy, CDC (Centers for Disease Prevention and Control) Safe Practices for Medication Injections, observations and interviews, it was determined the facility failed to ensure the staff followed the guidelines for hand hygiene and medication administration. This affected 1 of 1 observations for a surgical	L 100		

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 _____	12/05/2017

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	Continued From page 1 abortion, which included Patient Identifier (PI) # 11 and had the potential to affect all patients served by this facility. Findings include: Facility Policy: Engineering and Work Practice Controls The following engineering and work practice controls are in place at this facility in order to minimize or eliminate employee exposure: A. Hand washing is required at this facility and employees have been instructed to wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment... Hand washing keeps you from transferring contamination from your hands to other areas of your body or other surfaces you may contact later. Hand washing facilities are located at the following locations: Exam room, laboratory, bathroom, sterilization rooms (cleaned and soiled). ********** CDC FAQ (Frequently Asked Questions): Medication Preparation Questions 1. How should I draw up medications? Parenteral medications should be accessed in an aseptic manner. This includes using a new sterile syringe and sterile needle to draw up medications...	L 100		

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 _____	12/05/2017

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	Continued From page 2 ********** CDC FAQ: Questions about Multi-dose vials 2. Can multi-dose vials be used for more than one patient? How? Multi-dose vials should be dedicated to a single patient whenever possible. If multi-dose must be used for more than one patient, they should be kept and accessed in a dedicated medication preparation area (e.g., nurse station) away from immediate patient treatment area... A tour of the procedure room was conducted on 12/4/17 at 9:45 AM. There were two open vials of 1 % Lidocaine sitting out on the counter that were labeled the date they were open (12/1/17). An observation of care was conducted on 12/4/17 at 9:54 AM with Employee Identifier (EI) # 1, Medical Doctor and EI # 2, Medical Assistant. EI # 1 was performing a surgical procedure in the procedure room. EI # 1 donned one glove on the right hand. EI # 1 performed a vaginal exam and removed the glove from the right hand. EI # 1 donned sterile gloves, prepped the area with betadine, obtained a needle with a syringe, obtained Lidocaine 1% from one vial and using the same needle and syringe entered into the second vial and obtained more 1 % Lidocaine with the assistance of EI # 2. EI # 2 placed the second vial of 1 % Lidocaine on the counter. The surveyor asked if that was going to be used on the next patient and the response was, "yes".	L 100		

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 _____	12/05/2017

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	Continued From page 3 The staff failed to ensure the medication was accessed in a dedicated medication preparation area, used a new needle and syringe to access a multi-dose vial and failed to ensure hand hygiene was performed after glove removal. An interview was conducted with EI # 3, Administrator on 12/5/17 at 12:45 AM. EI # 3 verified the staff were to perform hand hygiene after glove removal.	L 100		