Alabama	Department of Public I	Health		-			
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB		(X2) MULTIP A. BUILDING B. WING		(X3) DATE SU COMPLET	ΈD
		C4910				10/1	9/2006
	OVIDER OR SUPPLIER			RESS, CITY, STA SAGE AVEN 36606			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEEDED BY FI LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
L 100	CORRECTION. This Rule is not met 420-5-102 Administr (1) Governing Author (a) Responsibility. Th persons responsible for control, and operation appointment of perso staffing requirements ensure that the facility staffed and administer adequate care for each Based on a licensure facility, it was determind did not properly mana causing violations of the reproductive health co assistants giving med counseling done by in documentation by the viability of the fetus, in stayed on the premess ready for discharge a control committee.	RE LICENSURE REQUIRE A PLAN OF as evidenced by: ration ity. e governing authority is for the management, n of the facility, including ns to fill the minimum . The governing body s y is organized, equippe ered in a manner to pro- ch patient admitted. survey conducted at the ined the Governing Aut age this facility, thereby rules governing abortion enters, including: medic lication to patients, nedical assistants, no e physicians regarding not assuring the physici sis until all patients were nd not having an infect	a the g hall d, vide hority n or cal an e	L 100			
	file for each employed	here shall be a person e which shall include:	nel				
Health Care Fa	acilities		-		TITLE		(X6) DATE

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

6899

STATEMENT	Department of Public OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 			
	ROVIDER OR SUPPLIER	C4910	328 SOUTH S	T ADDRESS, CITY, STATE, ZIP CODE OUTH SAGE AVENUE #100 LE, AL 36606					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
L 100	<ol> <li>Job Description</li> <li>Application</li> <li>Orientation</li> <li>This regulation is not</li> <li>Based on the review interview with the add determined the agen Registered Nurses' p a job description, app</li> <li>Findings include:</li> <li>Review of RN# 1's pe current Nursing licen the CPR license expl was no documentation application, and orier</li> <li>An interview was corr administrator on Octor requested the job desoription, application, application the nurse was an age description, application available for review.</li> <li>***********</li> <li>420-5-103 Patient O (1) Patient Care Polic Care Policies and Pri- developed, reviewed</li> </ol>	met as evidenced by: of personnel records at ministrator, it was cy failed to ensure that personnel records conta plication, and orientation ersonnel record reveale se and documentation f ired in August of 2006. To on of a job description, ntation. nducted with the ober 18,2006. The surve scription, application, at inistrator then replied th ency nurse and no job on, or orientation was Care cies and Procedures. Pa	nd 1 of 2 ined n. ed a that There eyor nd nat	_ 100					

Health Care Facilities STATE FORM

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB	ER: A. BUI	IULTIPLE CONSTRUCTION ILDING	- (X3) DATE S COMPL	
AME OF PF	OVIDER OR SUPPLIER		STREET ADDRESS, CIT	Y, STATE, ZIP CODE	· · · · ·	
ENTER F	FOR CHOICE		328 SOUTH SAGE A MOBILE, AL 36606			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY F LSC IDENTIFYING INFORMAT			ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLET DATE
L 100	Based on record revi determined the agen Alabama Board of Nu Standards of Nursing patients 610-X-603 Practice (2) Competence in th registered nurse shal to:	ng staff. met as evidenced by: ew and interview, it was cy failed to follow the ursing Chapter 610-X-6 practice in 13 of 18 of Professional Nursing the practice of nursing by Il include, but is not limi	-, 9 / a ted			
	others in accordance demonstrated compe- delegated to unlicens not require the exerc judgement or interver functions that may no are not limited to per sterile procedure or a	ected nursing functions with the education and stence of the persons. T sed assistive personnel ise of independent nurs intion. Selected nursing of be delegated include formance of invasive or administration of medica in Rule 610-X-606 and	i asks shall bing but			
	June 27, 2006 for pre Review of the form e dated June 28, 2006 Assistant administere (mg) by mouth to the	vas seen at the facility of e-abortion counseling. ntitled, "Medical Abortio revealed the Medical ed Mifeprex 200 milligra patient at 3:24.	on"			
	27,2006 for a surgica medical abortion. Re	Il procedure due to a fa view of the Pre Operation y 27, 2006 revealed the	ve			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE	R: A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPL			
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STA 328 SOUTH SAGE AVEN MOBILE, AL 36606					
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE		
L 100	<ul> <li>Medical Assisstant a Sodium 500 mg and mg. at 7:35 AM.</li> <li>Patient # 06-524 v July 12, 2006. Revie entitled, "Medical Aborevealed the Medical Mifeprex 200 mg by pm.</li> <li>Patient # 06-552 v July 26, 2006. Revie entitled, "Medical Aborevealed the Medical Mifeprex 200 mg by pm.</li> <li>Patient # 06-544 v July 19, 2006. Revie revealed the Medical Mifeprex 200 mg by pm.</li> <li>Patient # 06-544 v July 19, 2006. Revie revealed the Medical "Meclizine per S.O.(S There was no docum was administered, no of the date or time in administered.</li> <li>An interview with the 19th, 2006 at 1:20 Pl Assistant administered #06-544 on the day of 2006 prior to the provi- 5. Patient # 06-580 v August 2, 2006 for a of the Pre-operative Medical Assistant administered</li> </ul>	dministered Naproxen Hydroxyzine Pamoate 50 vas seen at the facility or wo f the form ortion" dated July 12, 200 I Assistant administered mouth to the patient at 3 vas seen at the facility or wo f the form ortion" dated July 26, 200 I Assistant administered mouth to the patient at 3 vas seen at the facility or wo f the medical record I Assistant administered Standing Order) for nause nentation of the dosage the or was there documentat which this medication w	n D6 :09 n D6 :13 n ea." hat ion as er nt ', n iew t a					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB	ER: A. BUI	IULTIPLE CONSTRUCTION LDING NG	- (X3) DATE SURVEY COMPLETED 10/19/2006	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CIT 328 SOUTH SAGE A MOBILE, AL 36606			13/2000
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ULL PREFI		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLET DATE
L 100	<ol> <li>6. Patient # 06-628 w August 24, 2006 for a of the Pre-operative i Medical Assistant ad Sodium 500 mg and at 8:07.</li> <li>7. Patient # 06-667 w September 7, 2006 for Review of the Pre-op that a Medical Assist Sodium 500 mg and at 9:50.</li> <li>8. Patient # 06-741 w October 12, 2006 for Review of the Pre-op that a Medical Assist Sodium 500 mg and at 8:48.</li> <li>9. Patient # 06-714 w September 28, 2006 Review of the Pre-op that a Medical Assist Sodium 500 mg and at 8:48.</li> <li>9. Patient # 06-714 w September 28, 2006 Review of the Pre-op that a Medical Assist Sodium 500 mg and at 7:43.</li> <li>10. Patient # 06-545 July 18, 2006 for a su the Pre-operative info Medical Assistant ad Sodium 500 mg and at 1:40 P.M.</li> <li>11. Patient # 06-674 September 15, 2006 Review of the Pre-op that a Medical Assist</li> </ol>	vas seen in the facility of a surgical procedure. Re- information revealed that ministered Naproxen Hydroxyzine Pamoate & vas seen in the facility of or a surgical procedure. perative information reve- ant administered Napro Hydroxyzine Pamoate & vas seen in the facility of a surgical procedure. perative information reve- ant administered Napro Hydroxyzine Pamoate & vas seen in the facility of for a surgical procedure. was seen in the facility of for a surgical procedure & vas seen in the facility of a surgical procedure & was seen in the facility of ant administered Napro Hydroxyzine Pamoate & was seen in the facility of ant administered Napro Hydroxyzine Pamoate &	eview at a 50 mg 50 mg m ealed exen 50 mg m e. ealed exen 50 mg on e. ealed exen 50 mg on e. ealed eal			

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	DVIDER OR SUPPLIER OR CHOICE			ADDRESS, CITY, STATE, ZIP CODE UTH SAGE AVENUE #100				
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L 100	October 3, 2006 for a of the Pre-operative Medical Assistant ad Sodium 500 mg and at 8:47. 13. Patient # 06-468 June 29, 2006 for a s of the Pre-operative Medical Assistant ad Sodium 500 mg and at 8:00 A.M. ***********************************	was seen in the facility of a surgical procedure. Re information revealed tha ministered Naproxen Hydroxyzine Pamoate 5 was seen in the facility of surgical procedure. Revisi information revealed tha ministered Naproxen Hydroxyzine Pamoate 5 Care xamination Procedures. rtion, the physician who , the referring physician, ias informed the woman t met as evidenced by: iew and interview, it was to failed to provided a n 18 of 18 records. vas seen at the facility of e-abortion counseling. form entitled "Counseling.	view t a 50 mg on ew t a 50 mg is to or a in n n n n g was					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		A. BUILDING		(X3) DATE SURVEY COMPLETED 10/19/2006			
	ROVIDER OR SUPPLIER			EET ADDRESS, CITY, STATE, ZIP CODE					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY F LSC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLE D THE APPROPRIATE DATE			
L 100	Condition: Stable." R "Informed Consent to Performance of Othe also revealed the Me document as the "Co procedure was done A surgical abortion w 2006 after a failed m 2006. No documenta was present for the s 2. Patient # 06-544 w July 19, 2006. Review "Counseling" dated J counseling was perfor Assistant. This "Cour documented the follo Assessment of Emot surgical abortion pro- 2006. 3. Patient # 06-524 w July 12, 2006. Review "Counseling" dated J counseling was perfor Assistant. This "Cour documented the follo Assessment of Emot surgical abortion was 4. Patient # 06-552 w July 26, 2006. Review "Counseling" dated J counseling was perfor Assistant. This "Cour documented the follo Assessment of Emot medical abortion was	eview of the form entitle o Voluntary Abortion and r Related Medical Serve edical Assistant signed to on June 28, 2006. Assistant signed to assist abortion on June edical abortion on June tion of additional couns surgical abortion proced was seen at the facility of wo of the form entitled luly 19, 2006 revealed to ormed by a Medical neeling" form also owing: "Counselor Notes ional Condition: Stable. cedure was done on June was seen at the facility of wo of the form entitled luly 5, 2006 revealed th ormed by a Medical neeling" form also owing: "Counselor Notes ional Condition: Stable. s done on July 12, 2006 was seen at the facility of wo of the form entitled luly 25, 2006 revealed to ormed by a Medical	d The ices" the ortion 7, 28, seling ture. on he s and "A ly 19, on e s and "A b, on he s and "A c, on he	L 100					

Health Care Facilities STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUME C4910		A. BUILDING		(X3) DATE SURVEY COMPLETED 10/19/2006		
	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE JTH SAGE AVENUE #100				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE	
L 100	<ol> <li>5. Patient # 06-714 w September 28, 2006.</li> <li>"Counseling" dated S the counseling was p Assistant. The surgic September 28, 2006.</li> <li>6. Patient # 06-742 w October 12, 2006. Re "Counseling" dated C counseling was perfor Assistant. This "Courd documented the follo Assessment of Emot medical abortion was</li> <li>7. Patient # 06-744 w October 19, 2006. Re "Counseling" dated C the counseling was perfor Assistant. A medical October 19, 2006. Re "Counseling" dated C the counseling was perfor Assistant. A medical October 19, 2006.</li> <li>8. Patient # 06-512 w July 5 and 6, 2006. F "Counseling" dated J counseling was perfor Assistant. This "Courd documented the follo Assessment of Emot medical abortion was</li> <li>9. Patient # 06-741 w October 10 and 12, 2 entitled "Counseling" revealed the counsel</li> </ol>	vas seen at the facility of Review of the form en September 26, 2006 rev- berformed by a Medical cal abortion was done of vas seen at the facility of eview of the form entitle Detober 3, 2006 revealed ormed by a Medical nseling" form also owing: "Counselor Note ional Condition: Stable is done on October 12, 12 vas seen at the facility of eview of the form entitle Detober 17, 2006 revealed abortion was done on was seen at the facility of eview of the form entitle Detober 17, 2006 revealed the form entitle Detober 17, 2006 revealed abortion was done on was seen at the facility of eview of the form entitle investigned by a Medical abortion was done on was seen at the facility of eview of the form entitle borned by a Medical neeling" form also owing: "Counselor Note ional Condition: Stable is done on July 6, 2006. was seen at the facility of 2006. Review of the for dated October 10, 200 ing was performed by a medical abortion was of	titled vealed in on ed ed the s and ." A 2006. on ed led e s and ." A on m on f a	L 100				

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ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME C4910	BER: A. BUIL	JLTIPLE CONSTRUCTION DING G	- (X3) DATE S COMPL				
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ENTER FOR CHOICE		MOBILE, AL 36606						
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<ul> <li>entitled "Counselin revealed the couns Medical Assistant. on September 7, 24</li> <li>11. Patient # 06-74 October 17 and 19 entitled "Counselin revealed the couns Medical Assistant. on October 19, 200</li> <li>12. Patient # 06-62 August 22 and 24, entitled "Counselin revealed the couns Medical Assistant. on August 24, 2006</li> <li>13. Patient # 06-58 August 1 and 2, 20 "Counseling" dated counseling was per Assistant. A medica August 2, 2006.</li> <li>14. Patient # 06-46 June 20, 2006. Rev "Counseling" dated counseling was per Assistant. A medica 21, 2006 and a sur on June 29, 2006.</li> <li>15. Patient # 06-72</li> </ul>	<ul> <li>7, 2006. Review of the for g" dated September 5, 20 eling was performed by a A medical abortion was conditioned by a conditioned by a seen at the facility, 2006. Review of the form g" dated October 17, 200 eling was performed by a A medical abortion was conditioned by a conditioned by a conditioned by a seen at the facility 2006. Review of the form g" dated August 22, 2006 eling was performed by a A medical abortion was conditioned by a conditined by a</li></ul>	2006 a done on m 06 a done on n b a done on n b a done on n titled d the on the June med						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		A. BUILDING		(X3) DATE S COMPL	
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L 100	October 5, 2006. 16. Patient # 06-674 September 12, 2006. "Counseling" dated S the counseling was p Assistant. A surgical September 15, 2006. 17. Patient # 06-643 August 29, 2006. Rev "Counseling" dated A counseling was perfor Assistant. A medical August 30, 2006. 18. Patient # 06-545 July 18, 2006. Review "Counseling" dated J counseling was perfor Assistant. A surgical 19, 2006 ***********************************	was seen at the facilit Review of the form e September 12, 2006 re- berformed by a Medica abortion was done on was seen at the facilit view of the form entitle august 29, 2006 revea ormed by a Medical abortion was done on was seen at the facilit w of the form entitled uly 18, 2006 revealed ormed by a Medical abortion was done on	ntitled evealed al y on ed led the y on the July h, the f s to cy of ician the	L 100			
	This regulation is not	met as evidenced by					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB		A. BUILDING		(X3) DATE SURVEY COMPLETED 10/19/2006		
	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE JTH SAGE AVENUE #100				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CO			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
L 100	<ul> <li>Based on record reviagency staff, it was of to assure the viability documented by the precords reviewed.</li> <li>Findings include: <ol> <li>Patient # 06-580 v</li> <li>August 2, 2006 An u</li> <li>2006 revealed the eseleven weeks. There the record by the phythe fetus. The abortion August 2, 2006.</li> <li>Patient # 06-512 v</li> <li>July 6, 2006 An ultrar revealed the estimate weeks. There was no record by the physicifetus. The abortion p 6, 2006.</li> <li>Patient # 06-489 v</li> <li>June 28, 2006. An ul</li> </ol> </li> <li>2006 revealed the estimate weeks. There was no record by the physicifetus. The abortion p 6, 2006.</li> <li>Patient # 06-489 v</li> <li>June 28, 2006. An ul</li> <li>2006 revealed the esseven weeks. There record by the physicifetus. A medical abo</li> <li>June 28, 2006.</li> </ul>	iew and interview with determined the facility fa y of the fetus was oblysician in 11 of 18 me vas seen at the facility of ltrasound done on Augu stimated gestational age was no documentation ysician regarding viability on procedure was done vas seen at the facility of sound done on July 6, 2 ed gestational age as el o documentation in the ian regarding viability of procedure was done on July trasound done on July 6, was seen at the facility of procedure was done on of vas seen at the facility of trasound done on June stimated gestational age was no documentation ian regarding viability of rtion procedure was done to the clinic on July 20, ntment which revealed a est and an ultrasound w uterine Pregnancy was pund done on July 27, 2 ed gestational age was eks. There was no	edical on ust 2, e as in ty of on 2006 leven the July on 28, e as in the the ne on 2006 a faint thich	L 100				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME C4910		A. BUILDING		(X3) DATE SURVEY COMPLETED 10/19/2006			
AME OF PF	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STATE	, ZIP CODE	1			
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L 100	<ul> <li>physician regarding v surgical abortion was 2006.</li> <li>4. Patient # 06-544 w July 19, 2006. An ultr 2006 revealed the es nine weeks. There w record by the physici the fetus. The surgica done on July 19, 200</li> <li>5. Patient # 06-524 w July 12, 2006. An ultr 2006 revealed the es five weeks. There wa record by the physici the fetus. A medical a 12, 2006.</li> <li>6. Patient # 06-552 w July 26, 2006. An ultr 2006 revealed the es six weeks. There was record by the physici the fetus. A medical a 26, 2006.</li> <li>7. Patient # 06-714 w September 28, 2006.</li> <li>September 28, 2006</li> <li>gestational age as el</li> </ul>	viability of the fetus. A s performed on July 27, vas seen at the facility of rasound done on July 1 stimated gestational age as no documentation in an regarding the viabiliti al abortion procedure w	on 9, e as n the ty of vas on 2, e as the ty of luly on 26, e as the ty of luly on 10 con 20 con 21, e as the ty of vas	L 100	DEFICIEN				
	2006. 8. Patient # 06-468 w September 21, 2006	s done on September 2 vas seen at the facility of for a medical abortion 106 for a surgical aborti	on						

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM C4910			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLI	(X3) DATE SURVEY COMPLETED 10/19/2006		
JAME OF PROVIDER OR SUPPLIER STREET AD				DDRESS, CITY, STATE, ZIP CODE				
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L 100	An ultrasound done of revealed the estimate to eight weeks. There the record by the phy of the fetus. 9. Patient # 06-727 w October 5, 2006. An 3, 2006 revealed the as ten to eleven wee documentation in the regarding the viability abortion was done of 10. Patient # 06-674 September 12, 2006 gestational age as te was no documentation physician regarding t surgical abortion was 2006. 11. Patient # 06-545 July 11, 2006. An ultr 2006 revealed the es eleven to twelve wee documentation in the regarding the viability abortion was done of ********** 420-5-103 Patient ( (6) Pharmaceuticals (b) Administering, Dis Drugs and Medication orders for medication	on September 20, 2006 ed gestational age as a e was no documentation ysician regarding the vi- vas seen at the facility ultrasound done on Oo estimated gestational ks. There was no e record by the physician y of the fetus. The surgen n October 5, 2006. was seen at the facility . An ultrasound done on revealed the estimated on in the record by the the viability of the fetus s done on September 10 was seen at the facility rasound done on July estimated gestational age ks. There was no e record by the physician y of the fetus. The surgen n July 19, 2006. Care	seven on in jability on ctober age an jical y on n d ere 5, The 15, y on 11, e as an jical	L 100				

Health Care Facilities STATE FORM

Alabama	Department of Public	Health							
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIF A. BUILDING B. WING		(X3) DATE SUF COMPLET			
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE				
CENTER FOR CHOICE				328 SOUTH SAGE AVENUE #100 MOBILE, AL 36606					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEEDED BY F		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE		
L 100	licensed practical nurse, or a registered pharmacist and shall be reduced to writing on the physician's order reflecting the prescribing physician and the name and title of the person who wrote the orderDrugs and medications shall not be dispensed, except by or under the supervision of a physician or pharmacist. Any patient requiring medications outside the facility shall be given a written prescription permitting her to obtain the medication from a licensed pharmacy. The regulation is not met as evidenced by: Based on record review and interview with the staff, it was determined that the agency failed to ensure there was a physician's order for meclizine prior to the administration in 1 of 2 patient who received Meclizine. Findings include: 1. Patient # 06-743 was seen in the facility on October 19, 2006 for a medical procedure. Review of the Diagnostic Evaluation revealed the Medical Assistant administered Meclizine 25 mg chewable tablets on October 19, 2006 for vomiting. There was no documentation of a physician's order for the administration of Meclizine 25 mg. An interview with the administrator on October 19, 2006 at 10:25 AM verified there was no documentation of a physician's order to administer the Meclizine 25 mg. ********			L 100					
Health Care F			-						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEI IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		- (X3) DATE SURVEY COMPLETED 10/19/2006			
IAME OF PROVIDER OR SUPPLIER STREET AD				DDRESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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	requires, "1. There shall be an composed of a physi who shall be respons controlling, and preve facility." Based on an intervie Administrator, it was to assure there was committee or meeting control committee in An interview with the 2:00 P.M. revealed th minutes from the infe Administrator stated infections." 420-5-103(5)(c) Sta Post Operative Proce physician must rema patients are stable, a A physician must sig Based on observatio of procedures perform was determined the the premises until all for discharge. Findings include: 1. The last surgical p the recovery room at of 4 patients in the recovery room at	infection control comm cian and registered nur sible for investigating, enting infections in the w with the facility determined the facility fan infection control g minutes from the infect place. Administrator on 10/19 here were no meeting ection control committee :"We don't have any """"""""""""""""""""""""""""""""""""	failed ction 0/06 at e. The e, l all arge. eview it on ady	L 100				