

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>C4903</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/20/2001</b>
NAME OF PROVIDER OR SUPPLIER  <b>LADIES CENTER OF MOBILE, INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>717 DOWNTOWNER LOOP, WEST MOBILE, AL 36609</b>		
(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	<p><b>ALABAMA LICENSURE DEFICIENCIES</b></p> <p>THE FOLLOWING ARE LICENSURE DEFICIENCIES AND REQUIRE A PLAN OF CORRECTION.</p> <p>This Rule is not met as evidenced by: 420-5-1-.02 Administration (1) Governing Authority (a) Responsibility. The governing authority is the person or persons responsible for the management, control, and operation of the facility, including the appointment of persons to fill the minimum staffing requirements.</p> <p>The Governing body failed to assure the agency had up to date policies and procedures, and also failed to assure the ultrasound equipment was properly functioning. Refer to 420-5-1-.02 (5) (a)</p> <p>After a review of the policy and procedure manual, it was determined the facility failed to have up to date policies and procedures.</p> <p>Findings include:</p> <p>The policy manual had no date as to when the policies were effective or updated. The pages were yellowing and the plastic coverings were cracking. There were policies within the book that were outdated. The policy for the Medical Director job description read: "Available twenty four hours a day for emergencies." The Medical Director for this facility lives out of state, and only flies in to perform procedures, then flies out again. This information was gathered from the facility administrator.</p> <p>In the general policy it said, under no uncertain terms will procedures be performed for pregnancies over twelve weeks. After review of</p>	L 100		

Health Care Facilities

TITLE

(X6) DATE

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

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L 100	<p>Continued From page 1</p> <p>charts, it was noted that procedures had been performed on five of twenty-one patients MR #'s 36620, 37630, 37678, 36921, and 37979 who were documented, by ultrasound, as being more than twelve weeks gestation.</p> <p>*****</p> <p>420-5-1-.02 Administration (5) 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, social service records, records of test performed.</p> <p>On review of the medical records, it was determined the facility was not consistent with documentation of examinations as some charts did not contain results of ultra sounds, making it impossible to determine if an ultra sound was performed at all.</p> <p>Findings include:</p> <p>During an interview with staff (Administrator, RN, and Lab technicians) on 12/20/01 at 11:30 A.M. the question was asked by surveyor, since there were no ultrasound results on some charts, "How is the gestational age determined." All stated, "We do ultrasounds on everyone."</p> <p>In review of five of twenty-one medical records, MR #'s 38041, 37651, 37029, 37258, and 37366, there was no documentation that an ultra sound was done. There was no picture and no documentation available as to why the ultra sound was not done.</p> <p>During a review of medical records, it was</p>	L 100		

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L 100	<p>Continued From page 2</p> <p>determined the facility failed to assure properly functioning equipment to produce a reliable and accurate method of determining the gestational age of the fetus.</p> <p>Findings include:</p> <p>In review of sixteen of twenty-one charts, MR (Medical Record) #37942, 37678, 37669, 37630, 37979, 38075, 36620, 36613, 37941, 37686, 38034, 37709, 38092, 37184, 37335, 36606, the ultra sound pictures that were located in the patient's charts were of poor quality, making visualization difficult.</p> <p>On 12/20/01, the surveyor requested a test picture printed from the ultrasound machine. The technician printed one, which had the pre-printed date 09/03/00.</p> <p>The pre-printed dates on the ultra sound pictures did not match the date of the procedure in seven of twenty-one charts, MR #'s 37942, 37979, 38075, 36921 (ultrasound dated 10/04/00 procedure done 02/15/01), 37686 (ultrasound dated 08/22/00 procedure done 08/03/01), 38034 (ultrasound date 04/27/00, procedure done 11/16/01), and 38092 ultrasound date 04/28/00 procedure done 12/06/01), making it impossible to determine the actual date the ultrasound was performed.</p> <p>*****</p> <p>(5) Records and Reports (b)Authentication of Records. All records shall be written, dated and signed in an indelible manner and made a part of the patient's permanent record.</p> <p>On review of the medical record, it was</p>	L 100		

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L 100	<p>Continued From page 3</p> <p>determined the facility failed to assure that all records were signed in such a manner as to tell to whom the signature belonged.</p> <p>Findings include:</p> <p>During an interview with the staff on 12/20/01 at 11:30 A.M., the surveyor asked, "Who performs the ultrasound procedure?" All replied, "The doctor."</p> <p>On review of twenty-one medical records, MR #'s 37942, 37678, 37669, 37630, 37979, 38075, 36620, 36613, 38041, 37941, 37686, 37651, 38034, 37709, 38092, 37029, 37184, 37366, 37335, 37258, and 36606, it was determined on all twenty-one records that the initials of the sonogram technician (who is reportedly the same physician who performs the procedure) and the signature of the physician were difficult to read, and did not appear to have been made by the same person.</p> <p>*****</p> <p>(5) Records and Reports (j) Operative Consent. Written consent for the performance of an induced abortion must be obtained as required by law prior to performing said medical procedure.</p> <p>During a review of medical records, it was determined the facility failed to obtain parental consent for the abortion procedure on one of three patients who were underage.</p> <p>As quoted from The Alabama Code : 26-21-3 (c), " The person who shall perform the abortion or his agent shall obtain or be provided with the written consent from either parent or legal</p>	L 100		

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L 100	Continued From page 4  guardian, stating the names of the minor, parent or legal guardian, that he or she is informed that the minor desires an abortion and does consent to the abortion, the date, and shall be signed by either parent or legal guardian."  Findings include:  Medical record # 38041, who was under the age of eighteen years, did not contain evidence of parental consent as required by law.  These deficiencies were cited as a result of the investigation of complaint # 01-00020.	L 100		