

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>C3703</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF ALABAMA, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205</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-.03 Patient Care</p> <p>(7) Pharmaceutical Services.</p> <p>(e) Records. Records shall be kept of all stock controlled substances giving an account of all items received and administered. Records shall be kept in a manner which allows accurate reconciliation.</p> <p>Based on interview and observation, it was determined the clinic failed to assure the accountability of all narcotics within the clinic.</p> <p>Findings include:</p> <p>On observation of the controlled substance stock and the log book, it was noted the facility had Valium injectable in the locked box. A review of the narcotic log revealed no log was in place to show how much Valium was in the clinic.</p> <p>An interview with the recovery nurse on 8/28/07 at 1:00 P.M. verified the clinic does not keep an accurate count of the Valium.</p> <p>(8) Infection Control</p> <p>(a) Infection control committee</p> <p>1. There shall be an infection control committee composed of a physician and registered professional nurse who shall be responsible for</p>	L 100		

Health Care Facilities

TITLE

(X6) DATE

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

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>C3703</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/28/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF ALABAMA, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205</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	Continued From page 1  investigating, controlling, and preventing infections in the facility.  Based on a review of the infection control committee minutes, and interview, it was determined the clinic failed to assure the committee was comprised of the required members.  A review of the last infection control committee meeting revealed the date of the last meeting was October 2, 2006. The list of participants did not include a physician.  An interview with the clinic administrator on 8/28/07 at 1:00 P.M. revealed the committee meets annually, and does not include a physician.	L 100			