

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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 The survey conducted on April 17,2006 through May 12, 2006 was for the investigation of complaint # AL00007680.	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(4)(a) State Board of Health Rule requires, "Only physicians duly licensed in the State of Alabama, shall order diagnostic work or medications or perform abortions." Code of Alabama(1975) Section 26-23A-7 requires, "Only a physician may perform an abortion." Based on review of medical records and interviews, it was determined that 4 of 10 sampled patients who received medications for medical abortion did not have the physician present in the facility at the time the medication was dispensed or administered. Only a physician licensed in the State of Alabama may order medication to perform an abortion. Findings include: 1. Patient #1 presented to the facility on February 16, 2006. Patient #1 was given a urine pregnancy test at the facility on February 20, 2006, which was positive (medical record obtained from Summit Medical Center). On Monday, February 20, 2006, she had an ultrasound performed by a facility staff member who was not a physician (interview with the Medical Director by telephone on April 20, 2006, at 2:30 P.M.). The printed ultrasound image dated February 20, 2006, documented a	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: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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 pregnancy of six weeks (Summit Medical Center record). There was no physician present when the ultrasound procedure was performed (interview with physician; interview with staff). The patient was told by staff who was not a physician that she was six weeks pregnant and was eligible for a medical abortion (non-surgical abortion) using the drug regimen of Mifeprex (RU 486) together with Misoprostol (interview with patient). These medications were not prescribed by a physician, not administered by a physician, and not dispensed by a physician (interview with physician). The staff who performed the ultrasound and prescribed and dispensed the medication were not physicians (interview with staff and interview with physician). Both the printed ultrasound image and the record of medication administration were signed by a physician days after Patient #1's visit to the facility, making it appear that a physician had performed and interpreted the ultrasound and prescribed and administered the medication even though that physician was not at the facility on February 20, 2006 (Summit Medical Center record). Additionally, the facility document titled "Notice to all Patients" which the patient signed on February 16, 2006, informed the patient that a physician would perform the abortion. This did not occur (Summit Medical Center record). This misrepresentation also violated 420-5-1-.03(3)(f) (2). On February 26, 2006, six days after her visit to Summit Medical Center, and four days after the date on which the patient was to take the Misoprostol, Patient #1 presented at the emergency department of a local hospital with the head of a baby protruding. While at the hospital	L 100			

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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>Continued From page 2</p> <p>Patient #1 delivered a stillborn, macerated, foul smelling, six pound, four ounce baby (hospital record).</p> <p>The following patients with a positive urine pregnancy test were given the medication Mifeprex (RU 486) together with Misoprostol, which constituted performance of a medical abortion, without the signing physician being present at the facility.</p> <p>2. Patient #2, with a documented pregnancy of 6 weeks 4 days, received Mifeprex on March 13, 2006, and Misoprostol instructions for use and aftercare.</p> <p>3. Patient #7, with a documented pregnancy of 6 weeks 5 days, received Mifeprex on January 30, 2006, and Misoprostol instructions for use and aftercare.</p> <p>4. Patient #20, with a documented pregnancy of 7 weeks 2 days, received Mifeprex on March 27, 2006, and Misoprostol instructions for use and aftercare.</p> <p>An interview conducted by telephone on April 20, 2006, at 2:30 P.M., with the Medical Director who signed as the physician, confirmed that she was not present. The physician was asked, "Are you present when the RU 486 is given?" She replied, "No." The physician was asked, "Do you review the ultrasound before the medication is given?" She replied, "I review everything when I come but the nurse practitioner is qualified to do the ultrasound and dispense RU 486."</p> <p>A second interview was conducted with the Medical Director on May 11, 2006, at 10:50 A.M., at the facility. The Medical Director was asked if</p>	L 100			

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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 she did the ultrasound on Patient #1 prior to the medication being administered. She responded, "No." "Did you give the medication to this patient?" She responded, "No." "Were you present on February 20, 2006, when Patient #1 received the medication and the ultrasound was performed?" She responded, "I usually sign charts once a week and I know I wasn't here on a Monday. I have never worked on a Monday." ***** 420-5-1-.03(3) (c) State Board of Health Rule requires, "Prior to the abortion, a medical history shall be obtained and recorded. The patient is to be given an appropriate physical examination...." Based on medical record review and interview, it was determined the facility failed to recognize and take appropriate medical action for a patient who presented with an urgent, and potentially life threatening, medical condition. Findings include: 1. Patient #1 presented to the facility on February 20, 2006, for an abortion procedure. A review of the medical record revealed documentation on the Medical Abortion Record sheet that the patient's blood pressure was 182/129. When requested by the surveyor, no documentation could be located or produced that the blood pressure had been rechecked by the staff. No documentation could be located that the nurse had acknowledged the blood pressure elevation, nor that the nurse had notified the physician (interview with the Administrator on May 11, 2006, at 11:30 A.M.). A review of the medical record revealed the	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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>Continued From page 4</p> <p>patient's blood pressure was not rechecked. There was no documentation that a physician was contacted regarding the dangerously elevated blood pressure. There was no documentation that the patient had been instructed on the dangers of this elevated blood pressure. The patient had not been given any instructions on the signs and symptoms of a hypertensive crisis, no instructions to follow-up with her primary physician, and no instructions to seek care at an emergency department if needed.</p> <p>*****</p> <p>420-5-1-.03(4)(c) State Board of Health Rule requires, "Before a physician performs an abortion, the physician shall examine the fetus by use of ultrasound and by such other techniques as to produce a reasonably accurate method of determining the gestational age and viability of the fetus. After such examination, the physician shall enter into the patient's medical record the tests or examinations performed, and his findings regarding viability."</p> <p>Based on record review it was determined the facility incorrectly informed Patient #1 that her unborn child was less than 19 weeks in gestational age and therefore unlikely to be viable. In addition the facility severely underestimated the gestational age of the fetus.</p> <p>Findings include:</p> <p>1. Patient #1 presented to the facility on February 16, 2006. The medical abortion record form area that documents the patient's LMP (last menstrual period) was blank. The facility document titled,</p>	L 100			

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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>Continued From page 5</p> <p>"Certification of Voluntary and Informed Consent for Abortion" states that on February 16, 2006, a facility staff member informed Patient #1 that her unborn child had a gestational age of less than 19 weeks and was not likely to be viable. However an ultrasound to determine the gestational age and potential viability was not performed until February 20, 2006. Patient #1's medical abortion record documents that the February 20, 2006, ultrasound documented fetal cardiac activity. An interview with the Administrator on May 12, 2006, at 9:30 A.M. was conducted. The Administrator was asked if she did the ultrasound on Patient #1? She responded, "I guess I did. I can't prove I did it but I was the only one here." The surveyor verified the ultrasound technician was out on sick leave and the Medical Director had already confirmed she was not present on February 20, 2006. Although there had been no written determination of fetal viability by a physician, the facility nevertheless performed a medical abortion on Patient #1. The patient presented at a local hospital six days later with the head of a term-appearing infant protruding. This baby was delivered stillborn.</p> <p>Additionally the medical record for five sampled patients failed to document whether the fetus was viable.</p> <p>1. Patient #8 presented to the facility on April 12, 2006, for a second trimester surgical abortion. A printed ultrasound image dated April 12, 2006, documented a pregnancy of 21w6d (twenty-one weeks and six days). The form for Laminaria insertion was dated April 12, 2006, and the section labeled, "Fetus Viable ___yes___no," was left blank.</p>	L 100			

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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 6 2. Patient #9 presented to the facility on February 22, 2006, for a second trimester surgical abortion. A printed ultrasound image dated February 22, 2006, documented a pregnancy of 21w3d (twenty-one weeks and three days). The form for Laminaria insertion was dated February 22, 2006, and the section labeled, "Fetus Viable ___yes___ no," was left blank. The physician's signature was not present on the form. 3. Patient #10 presented to the facility on February 06, 2006, for a second trimester surgical abortion. A printed ultrasound image dated February 06, 2006, documented a pregnancy of 19w5d (nineteen weeks and five days). The form for Laminaria insertion was dated February 06, 2006, and the section labeled, "Fetus Viable ___yes___ no," was left blank. The physician's signature was present on the form. 4. Patient # 4 presented to the facility on March 22, 2006, for a second trimester surgical abortion. A printed ultrasound image dated March 20, 2006, documented a pregnancy of 21w6d (twenty-one weeks and six days). The form for Laminaria insertion was dated March 22, 2006, and the section labeled, "Fetus Viable ___yes___ no," was left blank. 5. Patient #15 presented to the facility on March 15, 2006, for a second trimester surgical abortion. A printed ultrasound image dated March 15, 2006, documented a pregnancy of 21w1d (twenty-one weeks and one day). The form for Laminaria insertion was dated March 15, 2006, and the section labeled, "Fetus Viable ___yes___ no," was left blank.	L 100			

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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>Continued From page 7</p> <p>An interview was conducted by telephone April 20, 2006, at 2:30 P.M. with the Medical Director. When asked about the viability of the fetus, she responded, "I guess we don't technically discuss it, none are viable."</p> <p>*****</p> <p>420-5-1-.03(3)(f) State Board of Health Rule requires, "Except in the case of a medical emergency, as defined in these rules, no abortion shall be performed or induced without the voluntary and informed consent of the woman upon whom the abortion is to be performed or induced. Except in the case of a medical emergency, as defined in these rules, consent to an abortion is voluntary and informed if and only if:</p> <p>... 3. The physician who is to perform the abortion or the referring physician is required to perform an ultrasound before the abortion."</p> <p>Based on record review and interviews, it was determined the facility failed to obtain a patient's voluntary and informed consent because a physician did not perform an ultrasound prior to the abortion.</p> <p>Findings include:</p> <p>1. Patient #1 presented to the facility on February 20, 2006. A review of the medical record showed that the Certification of Voluntary and Informed Consent for Abortion sheet had the statement: "The abortion will be performed by," followed by a blank space, -- (physician's last name) had been hand written in on the blank line.</p> <p>As a result of the review of the medical record, and interviews, it was determined the named</p>	L 100			

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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>Continued From page 8</p> <p>physician was not present when the patient's ultrasound was performed.</p> <p>In an interview conducted with the Medical Director at the facility on May 11, 2006, at 10:50 A.M., the Medical Director was asked if she did the ultrasound on Patient #1 prior to the medication being administered. She responded, "No." The Medical Director was further asked, "Did you give the medication to this patient?" She responded, "No." Were you present on February 20, 2006, a Monday, when Patient #1 received the medication and the ultrasound was performed?" The Medical Director responded, "I usually sign charts once a week and I know I wasn't here on a Monday. I have never worked on a Monday."</p> <p>*****</p> <p>420-5-1-.02(8)(a) State Board of Health Rule requires, "An abortion facility shall keep adequate records, including procedure schedules, histories, results of examinations, nurse's notes, records of tests performed and all forms required by law."</p> <p>Based on facility records and interview it was determined the facility failed to maintain accurate and complete records.</p> <p>Findings include:</p> <p>1. According to the facility's schedule, procedure days are Tuesday through Friday. When requested, the facility could provide no logs for scheduled procedures on the following dates: Wednesday, 1/4/06, Wednesday, 1/11/06, Wednesday, 1/18/06, Wednesday, 1/25/06, Wednesday, 2/1/06, Wednesday, 2/8/06, Wednesday, 2/15/06, Thursday, 2/16/06,</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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>Continued From page 9</p> <p>Wednesday, 3/1/06, Wednesday, 3/29/06, Tuesday, 4/4/06, Wednesday, 4/12/06, and Friday, 4/14/06.</p> <p>No procedure logs were available for patients who received Laminaria insertion, emergency contraception or RU 486, as the Administrator reported they did not keep logs of those procedures.</p> <p>In an interview, on April 19, 2006, at 10:00 A.M., the Administrator verified there were no procedure logs of those medical abortions or medication treatment or Laminaria insertion procedures.</p> <p>2. Patient #1 presented to the facility on February 20, 2006, for a procedure. According to the inaccurate documentation signed by the physician and dated February 20, 2006, the patient had an ultrasound and received a medical abortion performed by the physician on February 20, 2006.</p> <p>An interview conducted by telephone April 20, 2006, at 2:30 P.M. with the Medical Director who signed as the performing physician, confirmed that she was not present. The physician was asked, "Are you present when the RU 486 is given?" She replied, "No." The physician was asked, "Do you review the ultrasound before the medication is given?" She replied, "I review everything when I come but the nurse practitioner is qualified to do the ultrasound and dispense RU 486."</p> <p>A second interview was conducted with the Medical Director at the facility on May 11, 2006, at 10:50 A.M. The Medical Director was asked if she performed the ultrasound on Patient #1 prior</p>	L 100			

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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>Continued From page 10</p> <p>to the medication being administered. She responded, "No." The Medical Director was then asked, "Did you give the medication to this patient?" She responded, "No." She was asked, "Were you present on February 20, 2006, when Patient #1 received the medication and ultrasound was performed?" The Medical Director responded, "I usually sign charts once a week and I know I wasn't here on a Monday. I have never worked on a Monday."</p> <p>3. On April 19, 2006, the surveyor asked for the monthly culture reports from the medical assistant who was responsible for the instrument sterilization in the facility. The medical assistant could not produce the records.</p> <p>On a tour of the facility on May 10, 2006, a notebook was in the sterilizer room titled "Autoclave testing." The information in the notebook was reviewed on May 10, 2006, and copies were made that date of the 3 sheets present in the book. The sheets included the following dates and information:</p> <p>"7/13/05 307 no growth" followed by the initials HR, "9/6/05 307 no growth" followed by the initials HR, "9/6/05 304 no growth" followed by the initials HR, "9/6/05 317 no growth" followed by the initials HR, "4/20/06 317 no growth" followed by the initials HD, "4/20/06 307 no growth" followed by the initials HD and "4/20/06 304 no growth" followed by the initials HD.</p> <p>According to the documents copied on May 10, 2006, there were no documented cultures on the autoclaves during the months, August, 2005,</p>	L 100			

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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 11 October through December, 2005, and January through March, 2006. On May 12, 2006, at 10:25 A.M., the Administrator brought the surveyor a notebook titled "Autoclave testing." The sheets in the notebook appeared to have been altered or substituted with no notation of late entry and now included the following dates and information: "7/13/05 307 no growth" followed by the initials HR, "8 /2/05 307 no growth" followed by the initials HR, "8/2/05 304 no growth" followed by the initials HR, "9/6/05 307 no growth" followed by the initials HR, "9/6/05 304 no growth" followed by the initials HR, "9/6/05 317 no growth" followed by the initials HR, "10/4/05 304 no growth" followed by the initials HR, "10/4/05 307 no growth" followed by the initials HR, "10/4/05 317 no growth" followed by the initials HR, "11/8/05 307 no growth" followed by the initials HD, "11/8/05 304 no growth" followed by the initials HD, "11/8/05 317 no growth" followed by the initials HD, "12/6/05 307 no growth" followed by the initials HD, "12/6/05 304 no growth" followed by the initials HD, "12/6/05 317 no growth" followed by the initials HD, "1/5/06 307 no growth" followed by the initials DW, "1/5/06 304 no growth" followed by the initials DW,	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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>Continued From page 12</p> <p>"1/5/06 317 no growth" followed by the initials DW, "2/8/06 307 no growth" followed by the initials HR, "2/8/06 304 no growth" followed by the initials HR, "2/8/06 317 no growth" followed by the initials HR, "3/6/06 304 no growth" followed by the initials HR, "3/6/06 307 no growth" followed by the initials HR, "3/6/06 317 no growth" followed by the initials HR, "4/20/06 304 no growth" followed by the initials HR, "4/20/06 317 no growth" followed by the initials HR, and "4/20/06 307 no growth" followed by the initials HR.</p> <p>During an interview with the Administrator on May 12, 2006, at 11:00 A.M. she was asked, "Why are the sterilization control records different?" She replied, "They had to re-do it. It was a mess." "When did they re-do them?" She replied, "I told them to fix them when I saw what a mess they were in."</p> <p>4. Based on a review of 20 medical records, it was determined on 12 medical records the only identification of the writer was by the use of initials, (patient numbers 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13) and on 9 medical records the signature was unidentifiable (patient numbers 3, 4, 7, 8, 9, 10, 11, 12, and 13).</p> <p>*****</p> <p>420-5-1-.03(5)(c) State Board of Health Rule, Post Operative Procedures, requires, "A physician must remain on the premises until all patients are stable, and are ready for discharge. A physician must sign the discharge order."</p> <p>Based on observation and medical record review</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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>Continued From page 13</p> <p>in 1 of 5 procedures performed April 18, 2006, it was determined that the physician failed to stay on the premises until all of the patients were ready for discharge.</p> <p>Findings include:</p> <p>Patient #13 entered the recovery room at 3:50 P.M. following the procedure performed by the physician. The physician was observed by the surveyor leaving the facility parking lot at 4:05 P.M. The recovery room notes documented the discharge time of the patient as 4:45 P.M.</p> <p>*****</p> <p>420-5-1-.03(7)(a) State Board of Health Rule requires,</p> <p>"1. There shall be an infection control committee composed of a physician and registered nurse who shall be responsible for investigating, controlling, and preventing infections in the facility."</p> <p>Based on an interview with the facility Administrator, it was determined the facility failed to assure there was an infection control committee or meeting minutes from the infection control committee in place.</p> <p>Findings include:</p> <p>The infection control committee minutes were requested from the Administrator on April 19, 2006, at 9:00 A.M., at 10:30 A.M. and again at 12 Noon. The Administrator could not provide the requested information.</p> <p>*****</p>	L 100			

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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 14 420-5-1-.03(7)(d) State Board of Health Rule requires, "Each facility shall maintain a surveillance logbook recording all follow-up visits and telephone inquiries in which infection or other complaints are reported or observed." Based on interviews, it was determined the facility failed to maintain an on call log book and any documentation of complaints or infections. Failure to maintain a log book also resulted in no information for review by the Medical Director to coordinate with the Quality Assurance program. Findings include: On arrival at the facility April 17, 2006, at 10:15 A.M., the surveyors requested the on-call log book from the Administrator. The Administrator stated that the calls were e-mailed from the agency who handled the calls and the sheet was put in the patient's chart. When questioned regarding how any complaints were documented the Administrator stated that she investigated any complaints herself but didn't have any thing documented to show the surveyor. On April 19, 2006, at 9:00 A.M. and 12:00 noon the surveyors requested the log book of any infections related to care received at the facility. The Administrator could not produce any record of infections. ***** 420-5-1-.03(7)(e) State Board of Health Rule requires, "The abortion facility shall provide a safe and sanitary environment, and shall be properly constructed, equipped, and maintained to protect the health and safety of patients and	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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>Continued From page 15 staff."</p> <p>Based on observation of the procedure room and the supply room, it was determined the facility failed to assure oxygen cannisters were safely stored.</p> <p>On April 18, 2006, at 1:20 P.M., in procedure room #1, it was observed that the oxygen cannister was not secured in a stand, and therefore could have easily been turned over.</p> <p>On April 18, 2006, at 1:22 P.M., in the storage area, it was observed that there were 3 oxygen cannisters were not secured in a stand, and therefore could have easily been turned over.</p> <p>*****</p> <p>420-5-1-.02(1)(a) State Board of Health Rule requires, "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. The governing authority shall ensure that the facility is organized, equipped, staffed, and administered in a manner to provide adequate care for each patient admitted."</p> <p>Based on a licensure and complaint survey conducted at this facility on May 12, 2006, it was determined that the Governing Authority did not properly manage the facility, thereby causing serious violations of the rules governing abortion or reproductive health center and egregious lapses in care, including non-physicians performing abortions, severely underestimating the gestational age of a fetus, failure to appropriately refer or treat a patient with a</p>	L 100			

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/12/2006
NAME OF PROVIDER OR SUPPLIER SUMMIT MEDICAL CENTER OF ALABAMA, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 14TH AVENUE SOUTH BIRMINGHAM, AL 35205		
(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 16 dangerously elevated blood pressure, and performing a medical abortion on a late term pregnancy. Further, the facility's records were inaccurate, incomplete, and misrepresented the actual occurrences within the facility.	L 100		