

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>C4501</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/07/1999</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOMENS COMMUNITY HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>131 LONGWOOD DRIVE SOUTHWEST HUNTSVILLE, AL 35801</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(5)5 Infection Control</p> <p>Alabama licensure requires definitive written procedures governing sterilization techniques shall be developed. All equipment must be sterilized either by pressurized steam sterilization. Procedures are to include: Proper methods of preparation of items for sterilization (cleaning, wrapping and dating) and use of routine (at least monthly) bacteriological sterilizer culture controls.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview with clinic staff and observation, it was determined the clinic failed to follow their plan of correction, from the survey conducted on 3/24/99, for cleaning the suction tubing according to their policy and procedure. The clinic also failed to perform routine (at least monthly) bacteriological sterilizer culture controls.</p> <p>Findings include:</p> <p>1. On 7/7/99 at 10:30 a.m., the clinic Administrator was unable to assure surveyors what was being used to disinfect the tubing. The Administrator was asked to show surveyors what was used to disinfect the tubing. Metracide was the disinfectant shown to the surveyors. The Administrator stated he/she knew they were to be using Cidex Plus as per the clinic's policy and procedure. The clinic's policy and procedure, for "cleaning glass bottles, plastic tubing and metal adapters at end of clinic" states, "Immerse in Cidex Plus 28 day solution for 10 minutes. ..."</p>	L 100		

Health Care Facilities

TITLE

(X6) DATE

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

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L 100	Continued From page 1  Another clinic staff person told the Administrator that the Metracide was used as a fixative for the products of conception and the Cidex Plus was used to clean the tubing. The Cidex Plus was found on the storage shelf by the Administrator. The Administrator was then asked to demonstrate how the tubing was cleaned. The container designated for soaking the tubing was not large enough. A container was found that could accomodate the size of the tubing and two bottles of activated Cidex Plus were added to the container. The insert with the Cidex Plus indicated that the solution should be tested with Cidex Plus Solution Test Strip prior to each usage to insure that the apporprate concentration of glutaraldehyde is present. When the Administrator was asked about the test strip she/he said they did not have the strips to check the Cidex Plus.  2. Interview with the Administrator on 7/7/99 at 10:00 a.m. revealed the clinic is not performing routine bacteriological sterilizer culture controls.	L 100		