

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>C4911</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2005</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF ALABAMA, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>717 W DOWNTOWER LOOP 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>ALABAMA LICENSURE DEFICIENCIES</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 6)(a) Pharmaceutical Services 7)(e) Infection Control</p> <p>*****</p> <p>Licensure requires: Safety. Drug Rooms shall be provided with safeguards to prevent entrance of unauthorized persons, including bars on accessible windows and locks on doors. Controlled drugs and ethyl alcohol, if stocked shall be stored under double locks and in accordance with applicable Federal and State laws.</p> <p>Based on observations it was determined the clinic failed to ensure drug storage areas were kept locked.</p> <p>Findings include:</p> <p>On May 12, 2005 at 9:12 AM a tour of the building was conducted. The surveyors observed the cabinets housing the birth control medications. Each cabinet was fitted with a lock that could be secured with a matching key. However, at the time of the tour, each door was unlocked, allowing the surveyor to open each door to reveal the boxes of birth control medications, sterile copper IUD's, female condoms, and the lock box housing the controlled substances. According to the facility policy (located in the Manual of Medical Standards and Guidelines, Section 1-A-2, General Standards ) under Prescription Medications, Storage, it states the following:</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> <ol style="list-style-type: none"> <li>1. The bulk storage area must be secure and a policy available designating among the staff is to have access.</li> <li>2. Controlled substances must be under lock and in a secure area at all times</li> <li>3. Access to pharmaceuticals dispensed from areas within patient care units should be limited to health care providers responsible for dispensing these items.</li> </ol> <p>A memo dated May 1, 1999, entitled Inventory Controls for Pill Loss, under Oral Contraceptives and Depo Provera (pg 09) stated:</p> <p>Oral contraceptives and Depo Provera shall be kept under lock and key, and shall be the sole responsibility of the Clinic Coordinator. The Clinic Coordinator shall not allow access to these supplies to other staff with the rate exception of an emergency or in the event of the Clinic Coordinator's extended absence. The Clinic Coordinator shall be held accountable for discrepancies in these supplies.</p> <p>*****</p> <p>Licensure requires: Environment. 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 staff.</p> <p>Based on review of policies and procedures, observations and interviews with staff, the clinic failed to ensure a safe and sanitary environment was maintained.</p>	L 100		

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L 100	<p>Continued From page 2</p> <p>Findings include:</p> <p>1. Following a termination procedure observation on 5/12/05 at 11:20 AM the surveyors observed the physician to leave treatment room #1 and enter treatment room #2 without changing his plastic apron.</p> <p>The policy and procedure for "Personal Protective Equipment" (PPE) included, "All PPE shall be removed immediately upon leaving the work area or as soon as possible and placed in an appropriate laundry hamper or disposed of. Disposable lab coats and clothing protection will be discarded in the biohazardous materials bag after use."</p> <p>An interview with the clinic manager on 5/12/05 at 11:25 AM revealed staff is required to change aprons between patients.</p> <p>2. Observations of the recovery room patients on 5/12/05 at 11:55 AM revealed blankets and heating pads (with no disposable cover) are used for multiple patients.</p> <p>The policy and procedure for "Facility Cleaning" included, "Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbant paper must be used to cover equipment and environmental surfaces. Coverings will be removed and replaced as soon as feasible after contamination."</p> <p>In addition, the blankets, laundered on the premises, did not include the use of bleach. A review of the monthly washer temperature readings for 5/9/05, 4/7/05 and 3/1/05 revealed recordings of 159 degrees Fahrenheit (F).</p>	L 100		

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L 100	Continued From page 3  The policy for "Laundry" included, "Linens are to be washed with detergent in hot water of at least 71 degrees Centigrade (160 degrees F) for 15-25 minutes. If a lower temperature is used a chemical such as bleach must be added."  3. An interview with the medical assistant on 5/12/05 at 12:00 PM revealed the diluted bleach solution 1:10 (one part bleach to 10 parts water) she had prepared for the day was to be used again on the next procedure day in one week. The solution is used to clean equipment surfaces in the treatment rooms following termination procedures.  The policy and procedure for "Types of Disinfectants" included, "Diluted bleach will be made fresh daily."  4. During the initial tour of the clinic on 5/12/05 at 8:45 AM a storage room containing boxes of suction tubing, a portable generator and a one gallon plastic red gasoline container approximately half full of gasoline was observed.  An interview with the clinic manager on 5/12/05 at 8:45 AM confirmed the storage of the container of gasoline in the clinic was not safe.  *****  420-5-1-.04 Physical Environment (4)(h) Treatment Facilities  Licensure requires: Preventive Maintenance. There shall be a schedule of preventive maintenance developed for all equipment in the	L 100		

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L 100	Continued From page 4  facility to assure satisfactory operation. This equipment shall be checked and tested in accordance with manufacturer's specifications at periodic intervals, not less than annually, to insure proper operation and a state of good repair. After repairs or alterations are made to any equipment, the equipment shall be thoroughly tested for proper operation before returning it to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance.  Based on observations and interview with staff the clinic failed to ensure sterilizing equipment was in good repair and safe for use.  Observation of the autoclave in the clean work area on 5/12/05 revealed no bio-medical sticker or other identification of the equipment being checked.  An interview with the clinical manager on 5/12/05 at 9:00 AM confirmed no sticker was located on this equipment and no service or maintenance log was available for review when requested.	L 100			