

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>C5432</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/23/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALABAMA WOMEN'S CENTER FOR REP</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>612 MADISON STREET SOUTH 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 000	<p><b>INITIAL COMMENTS</b></p> <p>420-5-1-.03 Patient Care</p> <p>(7) Pharmaceutical Services</p> <p>(c) Standing Orders...Standing Orders may not be used to prescribe controlled substances or abortifacient medications.</p> <p>Based on a review of standing orders and medical records, it was determined the facility failed to assure narcotics were not listed as a standing order.</p> <p>Findings include:</p> <p>A review of the facility standing orders revealed:</p> <p>2. Routine peri operative medications unless contraindicated.</p> <p>    A. Demerol 50 mg (milligrams)</p> <p>    B. Phenergan 25 mg</p> <p>    C. Valium 10 mg</p> <p>All given IVP (intravenous push) or deep IM (intramuscular) if unable to obtain venous access...</p> <p>Review of the pre printed procedure forms revealed the following:</p> <p>Sedation I.V. push: 10 mg Valium, 25 mg Phenergan, 50 mg Demerol.</p> <p>Review of 16 medical records revealed 13 of 16 patients received the I.V. push medication pre operatively as a standing order. Those receiving IV push medications were medical record numbers: 04798, 03431, 05694, 05817, 05942, 05167, 05219, 05132, 05065, 05843, 05973, 03422, and 05496.</p>	L 000		

Health Care Facilities

TITLE

(X6) DATE

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