

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/26/2011
NAME OF PROVIDER OR SUPPLIER WEST ALABAMA WOMEN'S CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 535 JACK WARNER PARKWAY, SUITE I TUSCALOOSA, AL 35404		
(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: Alabama Administrative Code</p> <p>420-5-1-.03 Patient Care (1) Patient Care. All patient care must be rendered in accordance with all applicable federal, state, and local laws, these rules, and current standards of care, including all professional standards of practice...</p> <p>(2) Policies and Procedures. The facility shall develop and follow detailed written policies and procedures that are consistent with all applicable federal, state, and local laws, these rules, and current standards of care, including all professional standards of practice. A comprehensive review of these policies and procedures shall be made annually, or whenever it appears that either a comprehensive or limited review is necessary to meet current legal requirements or standards of care. All necessary revisions shall be made and implemented promptly.</p> <p>The requirements of this rule were not met as evidenced by:</p> <p>Based on medical record and policy review, observations and interview with administrative staff the facility failed to follow their policy for gestation age limitations. This had the potential to affect all patients.</p> <p>The policy titled "West Alabama Women's Center, Inc. Manual of Medical Standards and</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> <p>Guidelines included, "Abortion services from 4-20 weeks gestation will be provided on the site by....physician. Any terminations will be decided on an individual basis at the discretion of the physician."</p> <p>Medical Record # 11-1927 was admitted for a surgical procedure on 7/26/11. A review of the "Lab Sheet/Ultrasound Results" dated 7/25/11 revealed the physician had documented the gestational age to be 20.1. A review of the written information to patients seeking abortion services at least twenty-four hours before an abortion is performed, dated 7/25/11, included, ".....3. The probable gestation of the fetus is 20.1 (weeks) and 6.3 - 163 ounces (weight and size) as of the date the abortion is to be performed."</p> <p>Observations of the post procedure care of the contents of the product of conception revealed the two bags were labeled with a gestational age of 20.1 weeks.</p> <p>An interview conducted on 7/27/11 at 1:30 PM with Employee Identifier # 1, Facility Administrator, confirmed the policy gestational age limitation was not followed.</p>	L 100		