Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	C5432	A. BUILDING _____ B. WING _____	01/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALABAMA WOMEN'S CENTER FOR REP	612 MADISON STREET SOUTH HUNTSVILLE, AL 35801

(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	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-.04(5)(b) Equipment and Supplies (b) Preventive Maintenance. There shall be a schedule of preventive maintenance developed for all equipment in the facility integral to patient care to assure satisfactory operation thereof. This schedule shall cover at least the following equipment: 1. Ultrasound: All ultrasound machines must be tested and calibrated by a trained, qualified technician in accordance with the manufacturer's recommendations. In no event shall testing and calibration be done less than annually. The requirements of this rule were not met as evidenced by: Based on record review and interview it was determined the center's Ultrasound machine was documenting the incorrect time on each ultrasound completed. This had the potential to affect all patients served by this center. 1. Patient Identifier (PI) # 2 was seen in the center for counseling on 12/21/12 with a sign in time of 10:39 AM. Review of the ultrasound picture dated 12/21/12 revealed a time of 04:59 AM. Review of the Physician's Notes dated 12/22/12 revealed a procedure time of 1:38 PM. The	L 100		

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L 100	Continued From page 1 procedure Day ultrasound documented a time of 11:47 AM. 2. PI # 3 was seen in the center for counseling on 12/11/12 with a sign in time of 3:35 PM. Review of the ultrasound picture dated 12/11/12 revealed a time of 05:56 AM. Review of the Physician's Notes dated 12/12/12 revealed a procedure time of 3:55 PM. The procedure Day ultrasound documented a time of 3:23 AM. An interview was conducted with Employee Identifier (EI) # 1, Administrator on 1/8/13 at 3:20 PM. The surveyor asked if the time documented on the ultrasound pictures was the correct time. EI # 1 went downstairs to check the time on the ultrasound machine. EI # 1 came back to the surveyor and stated that the time on the ultrasound machine was wrong. Review of the Preventive Maintenance information documented the Ultrasound machine was conducted on 5/2/12. ********** 420-5-1-.04(5)(d) Supplies Medications and supplies which have deteriorated or reached their expiration dates shall not be used for any reason. All expired or deteriorated items shall be disposed of promptly and properly. Each facility shall examine all stored medications and supplies no less frequently than once a month and shall remove from its inventory all deteriorated items and all items for which the	L 100		

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L 100	Continued From page 2 expiration date has been reached. The facility shall maintain a log recording each such examination, and a description of each item or group of items removed from inventory and the reason for such removal. The requirements of this rule were not met as evidenced by: Based on observation and interview, it was determined that the Center failed to remove medication which had expired from inventory and assure two opened bottles of Lidocaine were still safe for patient use. This had the potential to affect all patients served. Findings include: On 1/08/13 at 11:05 AM, during the initial tour of the clinic Health Survey staff found two open used bottles of Lidocaine HCl 1% 10 milligram/milliliters (ml), 50 ml vials that had no date when the vials were opened. During a tour of the Center on 1/9/13 at 9:00 AM, the surveyors observed 2 Clonidine 0.1 mg (milligrams) tablets in the Emergency Kit with an expiration date of 10/01/12. An interview was conducted with Employee Identifier # 1, Administrator who verified the above. ********** 420-5-1-.03 Patient Care. (4). Admission and Examination Procedures. 3. The physician who is to perform the abortion or	L 100		

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L 100	Continued From page 3 the referring physician is required to perform an ultrasound before the abortion. The woman has right to view the ultrasound before an abortion. The woman shall complete a required form to acknowledge that she either saw the ultrasound image or that she was offered the opportunity and rejected it. 4. She has the right to view a videotape prepared by the Department of Public Health and the ultrasound... (i). The patient shall complete and sign the form in Appendix A to these rules. The requirements of this rule were not met as evidenced by: Based on review of the medical records and interview, it was determined the center failed to ensure the patient was offered the opportunity to view the ultrasound in 1 of 20 records reviewed. Patient Identifier # 1 was seen in the center 8/27/12 and the procedure was performed 8/29/12. Review of the Certification of Opportunity to View Ultrasound did not document if the patient viewed or rejected to view the ultrasound. An interview was conducted on 1/8/13 at 3:00 PM with the Employee Identifier # 1, Administrator who verified the above. ********** (8) Infection Control. (e) Environment. The abortion facility shall	L 100		

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L 100	Continued From page 4 provide a safe and sanitary environment, and shall be properly constructed, equipped, and maintained to protect the health and safety of patients and staff. The requirements of this rule were not met as evidenced by: Based on observations, review of standards of practice, and interview it was determined the center failed to ensure medical equipment was cleaned between patients. This had the potential to negatively affect all patients served by this center. Centers for Disease Control and Prevention Precautions to Prevent the Spread of MRSA (Methicillin-resistant Staphylococcus aureus) in Healthcare Settings. Standard Precautions 5.)... Ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed... During observation of care was conducted on 1/9/13 between 4:05 PM to 4:43 PM. The surveyor observed the blood pressure cuff being used on 3 different patients without cleaning between each patient. The surveyor also observed the staff cleaning the procedure tables and not cleaning the bottom portion of the tables. An interview was conducted with Employee Identifier (EI) # 1 on 1/9/13 at 4:55 PM, who verified the blood pressure cuff and patient exam tables were not cleaned between patients.	L 100		