

Alabama Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C5432 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/09/2008 |
|--|--|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER ALABAMA WOMEN'S CENTER FOR REP | STREET ADDRESS, CITY, STATE, ZIP CODE 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 000 | <p>INITIAL COMMENTS</p> <p>An onsite visit was conducted at Alabama Women's Center for Reproductive Alternatives on 01/09/08 to investigate Complaint # AL00013684. The complaint was unsubstantiated. A deficiency was cited in medical records.</p> <p>420-5-1-.03(2) Patient Care</p> <p>Patient Care Policies and Procedures.</p> <p>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>Based on review of a medical record, review of policy and procedure and interview, it was determined the agency failed to assure the nurse followed the agency policy to document emergency care provided.</p> <p>Agency Policy: Medical Emergencies</p> <p>Injuries:</p> <ol style="list-style-type: none"> 1. Implement immediate first aide, i.e. stop bleeding, prevent shock etc. 2. Depending on severity of injury call 911. 3. Assure that the responsibility for injured person is passed on to the appropriate personnel. | L 000 | | |

| | | |
|---|-------|-----------|
| Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|

Alabama Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C5432 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/09/2008 |
|--|--|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER ALABAMA WOMEN'S CENTER FOR REP | STREET ADDRESS, CITY, STATE, ZIP CODE 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 000 | <p>Continued From page 1</p> <p>4. Document incident as appropriate.</p> <p>1. MR # 1 made her visit to the clinic 12/05/07 at which time she received counseling regarding her pregnancy and signed the consent forms for an abortion which was scheduled for 12/08/07. The patient's consent forms and counseling forms were signed appropriately by the patient which included information regarding potential complications which might include: death, hemorrhage, shock, cardiac arrest, perforation of the uterus and infection.</p> <p>The ultrasound performed 12/05/07 revealed a 19 week 6 day fetus.</p> <p>Upon review of this medical record, it was noted the patient had given birth on 5/6/07, which was only 28 weeks from 12/5/07 when the ultrasound showed an approximate 20 week fetus.</p> <p>The physician notes and documentation was as follows:</p> <p>"Start time of procedure: 12:25 P.M. Condition of pregnancy at the time of termination: non-viable Estimated duration of pregnancy based on size of uterus: 19 weeks Visual description of uterine contents: other- fetal tissue not obtained Operation: D&E (dilation and evacuation) Specimen obtained: no Anesthesia: Paracervical Block 10cc Lidocaine Estimated blood loss: 100 cc's Post op condition: Satisfactory Comments: Suspect bowel injury/uterine perforation.</p> <p>Discharge Notes from the clinic: Pt transferred to</p> | L 000 | | |

Alabama Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C5432 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/09/2008 |
|--|--|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER ALABAMA WOMEN'S CENTER FOR REP | STREET ADDRESS, CITY, STATE, ZIP CODE 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 000 | <p>Continued From page 2</p> <p>hospital via ambulance for exploratory laparotomy. Signed by the physician performing the procedure.</p> <p>The clinic recovery room report documentation included: Time entered 2:00 P.M. Condition Stable Nurses notes: 12/08/07 at 1:43 P.M. Demerol 50mg and Phenergan 25mg IVP (intravenous push), at 2:00 P.M. EMS notified ambulance needed. Discharged 2:15 P.M."</p> <p>The patient was triaged at the hospital emergency room at 1429 (2:29 P.M.). The patient was transported to surgery at 1500 (3:00 P.M.).</p> <p>An interview was conducted with the physician at 1:45 P.M. on 01/08/08 regarding the incident. When asked by the surveyor "What happened during the procedure," the physician stated, " I realized something was wrong almost immediately because I couldn't get to the uterine products with the instrument. I called the hospital to set up for the surgery. Then I called the General Surgeon to meet us at the hospital. I thought we might need the surgeon depending on what was involved. I suspected a bowel and uterine perforation."</p> <p>Based on prior knowledge and direct observation of procedures by the surveyor, this physician completes the procedures in the clinic under direct visual fluoroscopy.</p> <p>An interview conducted 01/08/08 with the clinic nurse at 2:20 P.M. When asked about the care</p> | L 000 | | |

Alabama Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C5432 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/09/2008 |
|--|--|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER ALABAMA WOMEN'S CENTER FOR REP | STREET ADDRESS, CITY, STATE, ZIP CODE 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 000 | Continued From page 3 provided to this patient between the procedure time and transfer time, the nurse stated the vital signs were checked and an intravenous infusion was started, but there was no documentation in the medical record by the nurse that verified this. | L 000 | | |