

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2014
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
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(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	INITIAL COMMENTS An onsite survey was conducted at Planned Parenthood of Alabama, Inc on August 20, 2014. The following licensure deficiency was written and a Plan of Correction is required.	L 000		
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 Physical Environment (5) Equipment and Supplies (d) 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 each month and shall remove from its inventory all deteriorated items and all items for which the expiration date has been reached. The facility shall maintain a log recording each such examination with its date, time, the person conducting the examination, and a description of each item or group of items removed from inventory and the reason for such removal. This rule is not met as evidenced by: Based on observations the clinic failed to assure all disposable currettes were not expired. This affected 1 of 3 exam rooms and the supply room. Findings include:	L 100		

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

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L 100	<p>Continued From page 1</p> <p>On 8/20/14 at 8:15 AM, Department surveyors conducted a tour of the clinic with Employee Identifiers (EI) #1, Chief Operating Officer, EI # 2, Director of Compliance, Risk and Quality Management, and EI # 3, Director of Patient Services/Health Center Manager. During the tour surveyors observed the following expired curettes in Exam Room 3: Size 14 millimeter (mm) - 9 expired 7/2014 Size 6 mm - 9 expired 3/2014</p> <p>On 8/20/14 at 8:45 AM, Department surveyors continued the tour with EI # 2 and EI # 3. In the clinic supply room the surveyors observed the following expired curettes: Size 6 mm - 6 expired 3/2014.</p> <p>CAROL WILLIAMS, REGISTERED NURSE CARTER SIMS, REGISTERED NURSE</p>	L 100		