

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C5103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER REPRODUCTIVE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 811 SOUTH PERRY STREET MONTGOMERY, AL 36104
---	---

(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: 420-5-1-.03 (4)(c)</p> <p>(4) Admission and Examination Procedures.</p> <p>(c) History and Physical Examination. Prior to the abortion, a medical history shall be obtained and recorded. The patient shall be given an appropriate physical examination, as determined by the physician, which may include testing for sexually transmitted diseases, as indicated below. The facility shall report positive test results for sexually transmitted diseases to the Department of Public Health. Provided that if such results are reported within two business days after receipt to the Department of Public Health, then the Department, and not the abortion clinic, shall be responsible for follow-up and counseling of patients with test results which are positive for sexually transmitted diseases.</p> <p>The requirements of this rule were not met as evidenced by:</p> <p>Based on review of medical records and interview it was determined the medical history obtained and recorded by the patients who identified themselves as having a sexually transmitted disease was not followed up on by the clinic Registered Nurse (RN) or the physician. This had the potential to serve all patients served by this clinic.</p> <p>Findings include:</p>	L 100		
-------	---	-------	--	--

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: C5103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER REPRODUCTIVE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 811 SOUTH PERRY STREET MONTGOMERY, AL 36104
---	---

(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>Continued From page 1</p> <p>1. Medical record # 673 was first seen in the clinic for counseling on 9/10/14 and a surgical abortion was performed on 9/18/14.</p> <p>This minor patient completed the medical history form with a joint signature by her mother on 9/10/14. The form included a section , " Have you ever had any of the following: Please indicate yes or no."</p> <p>The area for sexually transmitted diseases was marked, " yes".</p> <p>The form was reviewed by Employee Identifier (EI) # 1, the Clinic Administrator, Registered Nurse (RN) who circled the yes answer.</p> <p>In an interview 11/13/14 at 12:05 PM with EI # 1, stated that she did not follow up with the patient regarding the sexually transmitted disease and did not bring it to the physician's attention. EI # 1 went on to say that all patients are treated with antibiotics.</p> <p>2. Medical record # 819 was first seen in the clinic for counseling on 11/7/14 and a surgical abortion was performed on 11/12/14.</p> <p>The patient completed the medical history form 11/7/14. The form included a section , " Have you ever had any of the following: Please indicate yes or no."</p> <p>The area for sexually transmitted diseases was marked, " yes".</p> <p>The form was reviewed by EI # 1, the Clinic Administrator, Registered Nurse (RN) who circled</p>	L 100		
-------	--	-------	--	--

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C5103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER REPRODUCTIVE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 811 SOUTH PERRY STREET MONTGOMERY, AL 36104
---	---

(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>Continued From page 2</p> <p>the yes answer.</p> <p>In an interview 11/13/14 at 12:05 PM with EI # 1, stated that she did not follow up with the patient regarding the sexually transmitted disease and did not bring it to the physician's attention. EI # 1 went on to say that all patients are treated with antibiotics.</p> <p>EI # 1 failed to identify the type of sexually transmitted disease the patients had and failed to counsel the patients regarding transmission of sexually transmitted diseases. EI # 1 failed to identify if the patients had a reportable disease that would require notification of the Alabama Department of Public Health.</p>	L 100		
-------	---	-------	--	--