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
	C4504	A. BUILDING: _____ B. WING _____	04/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALABAMA WOMEN'S CENTER FOR REPRODUCTIVE	4831 SPARKMAN DRIVE HUNTSVILLE, AL 35810

(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 4/27/16, with the following deficiencies cited.	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-.03 Patient Care. (f) Anti-Rh immune globulin therapy with required laboratory procedures shall be given to all Rh negative abortion patients within 72 hours of completion of the termination procedure when, in the professional judgment of the physician performing the abortion, lack of such treatment will have an adverse effect on the patient's future childbearing potential. If the treating physician does not consider the treatment necessary, a signed statement to this effect shall be entered in the patient's medical record. Women seeking abortions, if Rh negative, shall be counseled about the necessity or likely necessity of obtaining such therapy, the likely consequences of refusing such therapy, and the cost of such therapy, prior to undergoing the abortion procedure. If for any reason a patient refuses the administration of such treatment when recommended by the physician, the refusal shall be entered in the clinical record, documented and supported by the patient's signature on an appropriate release or waiver form.	L 100		

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

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L 100	Continued From page 1 Based on review of medical records (MR), standing orders and interview it was determined in 1 of 5 records reviewed requiring a Rhogam injection, the clinic failed to ensure the patient received the injection. This affected MR # 11 and had the potential to affect all patients served by this clinic. Standing orders: " 1. PRN (as needed) Peri-operative medications unless contraindicated. A. Rhogam 50 mg (milligram) IM (Intramuscular) for those patients determined to be RH negative who are up to 12 weeks gestation. B. Rhogam 300 mg IM for those patients determined to be RH negative who are greater than 12 weeks 1 day gestation." 1. MR # 11 presented to the facility for a surgical abortion procedure 2/5/16. The first visit to the clinic 1/14/16 it was determined MR # 11 had Rh negative blood and required a Rhogam injection after the procedure. A review of the medical record failed to show any documentation that MR # 11 received the Rhogam injection as ordered. In an interview on 4/27/16 at 11:00 AM with Employee Identifier (EI) # 2, Registered Nurse and EI # 3, the Physician, it was confirmed the record failed to have any documentation the	L 100		

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L 100	Continued From page 2 patient received the Rhogam injection. 420-5-1-.03 (8) Infection Control. 2. There shall be procedures to govern the use of sterile and aseptic techniques in all areas of the facility. Based on observations of staff and clinic policy, the clinic failed to assure all staff followed the policy for hand washing. This had the potential to affect all patients served. Findings include: During observations on 4/26/16 from 11:55 AM to 12:10 PM in the sterilization area the following was observed: Employee Identifier (EI) # 1, Administrator, entered the area with post procedure used equipment. EI # 1 removed gloves, washed hands in the clean sink and turned off the water faucet with clean hand and then dried hands with a paper towel. EI # 5, Clinic Associate, was observed to remove soiled gloves and don a new pair of gloves without washing hands or using an approved hand sanitizer. Facility Policy 2.2 Hand Washing All staff must observe good personal hygiene, which includes hand washing. Staff should wash hands before and after each patient contact; before donning and after removing gloves or other personal protective equipment; before preparing and after administering medications or	L 100		

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L 100	Continued From page 3 injections; after handling objects contaminated with blood or other potentially infectious materials; after using the toilet, blowing your nose, or covering a sneeze or cough; and before eating, drinking, or handling food. Facility Policy 2.2.1 Hand-Washing Facilities Note: Proper hand washing is the single most important means of preventing the spread of infection. Procedure: 6. Use paper towels to turn off the faucet. 7. If hands are not soiled with organic debris, use an instant hand sanitizer with at least 60% alcohol. Staff failed to wash hands after removing gloves and before donning a new pair of gloves. Staff also failed to follow the procedure to use a paper towel to turn off the faucet after washing hands.	L 100		
L 200	ALABAMA LICENSURE DEFICIENCIES This Rule is not met as evidenced by: 420-5-1-.03 (6) 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	L 200		

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L 200	Continued From page 4 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. Based on review of the monthly inventory checklist the clinic failed to document an examination of the clinic inventory for the month of February 2016. This had the potential to affect all patients served. Findings include: On 4/27/16 at 7:55 AM the clinic monthly checklist log was reviewed for calendar year 2016. During the review there were entries for January and March, but no documentation an examination of medications and supplies had been completed for the month of February. Employee Indentifer (EI) # 1, Administrator, was shown the log and confirmed no entry for the month of February was documented. There were no expired medications or supplies identified during the survey.	L 200		
L 300	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-.03 Patient Care	L 300		

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L 300	Continued From page 5 (1) "All patient care must be rendered in accordance with all applicable federal, state, and local laws, theses rules, and current standards of care, including all professional standards of practice..." Based on review of medical records (MR) and facility policy it was determined clinic staff failed to document the time intravenous (IV) catheters were inserted, IV catheter sizes, how the patient tolerated the procedure, the time the IV catheter was removed and if the catheter tip was intact after removal. In addition, clinic staff failed to document the size of the foley catheter inserted, the amount of solution instilled in the bulb of the catheter, how the patient tolerated the procedure, and the time the foley catheter was removed. This affected 11 of 22 medical records reviewed and had the potential to affect all patients served. Findings include: Anesthesia Policies and Procedures: "When IV access is required, this will be documented on the PreOperative Report form. If intravenous analgesics are administered, IV access will be maintained until recovery period is complete. The time, site and person obtaining IV access should be notated. Intravenous analgesics are to be administered by the Registered Nurse (RN) or Attending Physician... Pre Procedure: If patients select intravenous analgesics an IV will be started. Intravenous access will be maintained until the recovery period is complete."	L 300		

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L 300	Continued From page 6 Foley Insertion Protocol: "Any patient that presents to ... for elective termination of pregnancy that is greater than 17 weeks gestational age will be evaluated for the possible use of catheter insertion versus laminaria use to assist with the dilatation process on the day of the procedure...If deemed to be a candidate the attending physician will insert catheter into cervix via sterile technique. The foley catheter will be inflated with 40 ml (milliliter) of sterile water and held in place with stat lock." Medical Record Reviews A review of 11 medical records, for patients with IVs, during the survey revealed that clinic staff failed to document in the patient's medical record the time IV catheters were inserted, IV catheter sizes, how the patient tolerated the procedure, and the time the IV catheter was removed and if the catheter tip was intact after removal. A review of 8 medical records, for patients with Foley catheters, during the survey revealed that clinic staff failed to document in the patient's medical record the size of the Foley catheter inserted, the amount of solution instilled in the bulb of the catheter, how the patient tolerated the procedure, and the time the catheter was removed. In an interview with Employee Identifier (EI) # 2, Registered Nurse, on 4/27/16 at 9:00 AM, she confirmed the IV stayed in from when started until the procedure was over and was discontinued prior to discharge. EI # 2 stated that she failed to document the size of the IV device and when it was discontinued and by whom.	L 300		

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