

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WEST ALABAMA WOMEN'S CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 535 JACK WARNER PARKWAY, SUITE 1 TUSCALOOSA, AL 35404
---	---

(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 on-site survey was conducted 9/1/2020 to 9/2/2020, and a return visit was made on 9/29/2020 to 9/30/2020 to observe procedures.	L 000	Create and enforce a new protocol, "Protocol for Certifying Physicians to Provide Abortion Care" that requires the following:	
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: Chapter 420-5-1-.02 -Administration</p> <p>(5) Personnel.</p> <p>(c) Medical Director. Each abortion facility shall have a medical director who shall be responsible for supervising all clinical functions and ensuring that the facility meets the requirements of these rules and all professional standards of care... The medical director shall ensure that all clinical staff, including both facility and outside covering physicians associated with the facility, are competent as required by these rules and professional standards of care.</p> <p>(d) Physician Qualifications.</p> <p>1. Only a physician may perform an abortion... All physicians performing abortions at the facility shall be qualified through training and experience in performing abortions and recognizing and managing complications.</p> <p>2. Before a physician performs any procedure at the facility, the Medical Director shall credential each physician on the basis of his or her qualifications, and a file shall be kept at the facility</p>	L 100	<ul style="list-style-type: none"> • Signatures (electronic is acceptable) for the Medical Director, Clinic Administrator, and physician-under-evaluation that confirm the date and time of the certifying evaluation; • A copy of the chart of the patient participating in the certification, indicating the abortion care provided and the skills observed, shall be kept in the file; • Per communication from ADPH on 11/4/2020, the direct observation required by this protocol will be done in the physical presence of the Medical Director. 	

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

DocuSigned by:
Amanda Reyes
6214DBCFA98940F...

Clinic Administrator

11/09/2020

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OR SUPPLIER WEST ALABAMA WOMEN'S CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 535 JACK WARNER PARKWAY, SUITE 1 TUSCALOOSA, AL 35404		
(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>detailing the qualifications and experience of each physician...</p> <p>This file shall be kept current. The medical director shall review the physician's qualifications at the time the physician is hired and at least yearly thereafter. This review shall include direct observation of the physician's clinical skills, and the results of this review shall be placed in the physician's file...</p> <p>Based on review of the facility Employee List, Medical Records (MR), physician personnel files, Ring Central Video Meeting logs and interviews, it was determined the above Rule was not met. This had the potential to affect all patients served by the facility.</p> <p>Findings include:</p> <p>On 9/1/2020 at 9:30 AM, it was determined the facility had no physician on staff to provide abortion services. Employee Identifier (EI) # 1, Clinic Administrator, Informed the surveyors that EI # 2, Medical Director, was not currently performing procedures and the facility was "looking for a physician" to provide services. The survey team completed the survey with the exception of procedure observations and requested the surveyors be notified when procedures were scheduled. A schedule was provided on 9/10/2020, which indicated procedures were scheduled 2 days per week beginning 9/15/2020.</p> <p>On 9/29/2020, the surveyors returned to the facility to complete the survey.</p> <p>Review of the Employee List revealed EI # 4 as Medical Director (MD), with a hire date of</p>	L 100	<p>Create a revised version of the form "Physician Certification for Abortion Care" to include the following:</p> <ul style="list-style-type: none"> A copy of the chart of the patient participating in the certification will be kept in the employee chart so that investigators can know the type of care was performed during the certification process; The date and time of all signatures will be listed next to the signature itself for easier referral by investigators; <p>Physicians previously certified via videoconference will be re-certified according to the new protocol.</p> <p>All new physicians will be evaluated according to the accepted revised protocols.</p>	

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
--	---	---	--

NAME OF PROVIDER OR SUPPLIER WEST ALABAMA WOMEN'S CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 535 JACK WARNER PARKWAY, SUITE I TUSCALOOSA, AL 35404
--	---

(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>9/11/2020; EI # 2 (former Medical Director) as Clinical Services Administrator, with a hire date of 8/11/2020; and EI # 5, Physician A, with a hire date of 9/15/2020.</p> <p>Review of the personnel file for EI # 4 revealed a document entitled Interim Medical Director that was electronically signed by EI # 4 on 9/23/2020 at 11:40 AM PDT (Pacific Daylight Time).</p> <p>1. Review of the personnel file for EI # 5, Physician A, revealed a form entitled Physician Certification for Abortion Care, which stated, " Dr. (Medical Director name), has observed (EI # 5 physician name), perform abortion care on this date 9/15/2020 / 11:36 AM PDT during regular clinic hours and certifies that (EI # 5 name) has satisfactory skills to provide abortion care..." The document was electronically signed by EI # 5, EI # 4 Medical Director, and EI # 1 Clinic Administrator, with no dates of signatures. There was no documentation regarding what skills were observed or what abortion care was provided.</p> <p>An interview was conducted 9/30/2020 at 11:30 AM with EI # 1 and EI # 2, who verified the new Medical Director had not been on site. When asked to describe how the MD observed the clinical skills of physicians performing abortions, EI # 1 stated the Medical Director was on a Zoom call and observed the first procedure of the day for EI # 5 and EI # 6, Physician B. The surveyors requested documentation of the observations.</p> <p>EI # 1 provided a printout of a Ring Central Video meeting with Topic/Meeting identified as name of EI # 5, Physician A, dated 9/15/2020 at 11:25 AM and length of call 00:40 (40 seconds).</p> <p>The surveyor asked to see the MR of the patient</p>	L 100	<p>Enforcement on new protocols will be in the following form: Policy for Providing Abortion Services," Personnel B.1 (original attached) shall be rewritten to include ADPH desired consistency among certification evaluation records as follows: "Physicians who are appropriately trained and experienced in the provision of abortion procedures. They must have a current professional license and be allowed by state law to provide medical or surgical abortions. Each physician's certification to perform abortion care at this clinic must be complete, according to written protocol, before they see patients at our facility."</p>	

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WEST ALABAMA WOMEN'S CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 535 JACK WARNER PARKWAY, SUITE I TUSCALOOSA, AL 35404
---	---

(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 3</p> <p>that was observed by EI # 4, Medical Director, on 9/15/2020. Review of the MR (unsampled patient 1) revealed EI # 5 administered Mifeprex (an oral medication to end pregnancy) 200 mg (milligrams) at 11:35 AM.</p> <p>A phone interview conducted on 10/13/2020 with EI # 4, Medical Director, at 2:00 PM confirmed he/she agreed to be the Interim Medical Director on 9/14/2020 and confirmed the observation of EI # 5 on 9/15/2020 was via Zoom call and the procedure observed was a medical abortion, not a surgical abortion.</p> <p>2. Review of the personnel file for EI # 6, Physician B, revealed a form entitled Physician Certification for Abortion Care, which stated, " Dr. (Medical Director name), has observed (EI # 6 physician name), perform abortion care on this date 9/23/2020 / 5:59 AM PDT during regular clinic hours and certifies that (EI # 6 name) has satisfactory skills to provide abortion care..." The document was electronically signed by EI # 6, EI # 4 Medical Director and EI # 1, Clinic Administrator, with no dates of signatures. There was no documentation regarding what skills were observed or what abortion care was provided. The surveyors requested documentation of the observations.</p> <p>EI # 1 provided a printout of a Ring Central Video meeting with Topic/Meeting identified as EI # 6 Credentialing, dated 9/22/2020 (not 9/23/2020) at 9:11 AM and length of call 7:17 (7 minutes, 17 seconds).</p> <p>The surveyor asked to see the MR of the patient that was observed by the EI # 4, Medical Director, on 9/22/2020. Review of the MR (unsampled patient 2) revealed EI # 6 administered Mifeprex</p>	L 100	<p>Enforcement on addressing physician re-certification will be as follows: All physicians certified via videoconference will be re-certified via an observation in the physical presence of the medical director.</p>	

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OR SUPPLIER WEST ALABAMA WOMEN'S CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 535 JACK WARNER PARKWAY, SUITE 1 TUSCALOOSA, AL 36404	
(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)
L 100	<p>Continued From page 4</p> <p>(an oral medication to end pregnancy) 200 mg (milligrams) on 9/22/2020 at 9:30 AM. The physician certification form had the observation date as 9/23/2020 and not 9/22/2020.</p> <p>A phone interview conducted on 10/13/2020 with EI # 4 at 2:00 PM confirmed the observation of EI # 6 was conducted on 9/22/2020 via Zoom call and the procedure observed was a medical abortion, not a surgical abortion.</p> <p>Chapter 420-5-1-.03 Patient Care</p> <p>(1) Patient Care. All patient care must be rendered in accordance with all applicable federal, state, and local laws, these rules, and current standards of care, including all professional standards of practice...</p> <p>(8) Infection Control.</p> <p>1. There shall be an infection control committee composed of a physician and registered professional nurse who shall be responsible for investigating, controlling, and preventing infections in the facility.</p> <p>2. There shall be procedures to govern the use of sterile and aseptic techniques in all areas of the facility.</p> <p>...(b) -Sterilization. Definitive written procedures governing sterilization techniques shall be developed. All equipment must be sterilized either by pressurized steam sterilization or gas sterilization. Procedures are to include:</p> <p>1. Technique to be used for a particular instrument or group of instruments.</p>	L 100	<p>Sterilization technicians will be retrained using the National Abortion Federation's two-part online course on infection prevention ("Principles of Infection" and "Instrument Processing"). Both units include content assessments that sterilization technicians will be required to pass before being able to continue work in this area.</p> <p>Completed by Sterilization Technician and Clinic Resource Manager (all sterilization employees) on 10/26/2020 (see "NAF Infection Prevention Certifications" attached)</p>

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OR SUPPLIER WEST ALABAMA WOMEN'S CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 535 JACK WARNER PARKWAY, SUITE I TUSCALOOSA, AL 35404		
(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)	(X6) COMPLETE DATE
L 100	Continued From page 5 2. Length of time to accomplish sterilization. ...4. Temperature, time and pressure for steam sterilization. 5. Proper methods of preparation of items for sterilization (cleaning, wrapping and dating). 6. Shelf storage time for sterile items. 7. Use of sterilizer indicators... Based on review of facility policy and procedure, guidelines, Sterilization Technician Job Description, observations, and interviews, it was determined the above rules were not met. This had the potential to affect all patients served by the facility. Findings include: Policy: Sterilization Protocol Date Revised: 4/04 Date Signed by Medical Director: 9/22/11 Policy Statement: Sterilization is the process by which all forms of microorganisms are destroyed... Purpose: To insure sterility of instruments and any other supplies processed in all steam sterilization cycles. Procedure: Cleaning:	L 100	Completion of the NAF online course in infection prevention will become part of the initial training protocol for all sterilization technicians and documentation of successful completion of this course will be kept in the employee file of all staff working in instrument sterilization. Completed 10/26/2020; see "Sterilization technician checklist" and "Sterilization technician evaluation" attached Sterilization protocol in Policy and Procedure Manual shall reflect that protocol used which had, at the time, appeared in the CLIA Manual. From time of complete revision and henceforth, this policy can be found in West Alabama Women's Center's CLIA Manual. Completed 10/30/2020; see "Sterilization Protocol" attached	

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WEST ALABAMA WOMEN'S CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 635 JACK WARNER PARKWAY, SUITE I TUSCALOOSA, AL 35404
---	---

(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 6</p> <p>...Completely air dry and then double wrap the instruments in approved wrap or pouch. Number and configuration of instruments should be in accordance with established tray listings. Indicator sterile strips are placed in each tray and wraps are secured with autoclave tape.</p> <p>Protective wrapping is intended to prevent environmental contamination after sterilization, during storage, and until the sterile instrument is used.</p> <p>Sterility of Package:</p> <p>Autoclave tape used on the outside of the package will change colors... Indicator strips placed inside the package will also change colors to indicate instruments are sterile. To insure (ensure) quality control the date of sterilization should be documented on the strip.</p> <p>...Storage:</p> <p>...The date of sterilization should be documented on the package and a sterile inventory should be rotated using the practice of using the oldest first...</p> <p>Sterilizer Maintenance:</p> <p>...Monthly Maintenance:</p> <p>...In addition to the chemical indicator strips added to each package, a biological indicator for spores is performed each month...</p> <p>Name: Guidelines for Maintaining Sterile Field Date Revised: None Listed Date Signed by Medical Director: 8/1/2020</p>	L 100	<p>All damaged and spoiled instruments were all thrown away by end of day 9/29/2020</p>	
-------	--	-------	--	--

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WEST ALABAMA WOMEN'S CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 535 JACK WARNER PARKWAY, SUITE I TUSCALOOSA, AL 35404
---	---

(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 7</p> <p>Event Related Sterility (ERS) has become a well-accepted standard in the processing of sterile healthcare devices and supplies since the early 1990's. The idea behind ERS is that if a sterile item (packaged according to protocols) and its packaging has not been compromised, the item is considered to be sterile and safe for use...</p> <p>Opening Sterile Items</p> <p>Before presentation to the sterile field, all sterile items should be inspected for proper packaging, processing, seal, package integrity, and the sterilization indicator strip, and the tape indicates tray has been properly sterilized.</p> <p>Name of Form: Sterilization Technician Job Description Date Revised: 4/04 Date Signed by Medical Director: 11/7/11 Date Signed by EI # 3, Clinic Resource Manager: 10/20/11</p> <p>...Principal Duties and Responsibilities:</p> <p>...Assembly:</p> <p>Inspects all instruments for cleanliness, proper function, and breakage by viewing the instruments before assembly.</p> <p>Assembles surgical tray and equipment following established tray assembly listings.</p> <p>...Sterilization:</p> <p>Challenges the sterilization process by using internal and biological monitoring systems appropriately.</p>	L 100	<p>After sterilization technicians have been retrained, adherence to proper sterilization protocol will be checked by the Clinic Services Administrator or the Medical Director and documented on the following schedule:</p> <p>Two weeks following re-training; Six weeks following re-training; Nine weeks following re-training;</p> <p>Documented assessment shall include results of the observation, all deficiencies in the sterilization process, and corrective actions taken to address deficiencies. Assessments shall be kept in the employee file of each sterilization technician. If sterilization technicians do not satisfactorily meet expectations after the three-month assessment, they will be reassigned or terminated. Report of successful re-training or re-assignment or termination can be sent to ADPH upon request.</p>	

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/13/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WEST ALABAMA WOMEN'S CENTER, INC**535 JACK WARNER PARKWAY, SUITE I
TUSCALOOSA, AL 35404**

(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)	(X6) COMPLETE DATE
L 100	<p>Continued From page 8</p> <p>Monitors all functions of autoclave to insure proper function.</p> <p>Sterilizes instruments and trays by following policy and procedure.</p> <p>Distribution:</p> <p>...Uses "first in, first out" procedure.</p> <p>Name of Form: Sterilization Technician Date Revised: None Listed Date Signed: None Listed</p> <p>I have been thoroughly trained in the following duties and feel comfortable performing them. (Check all which apply)</p> <p>...2. Sterilization Instruments (wrapping, dating, packing, and signature). ...10. Instructed in all areas of Sterilization.</p> <p>...Have thoroughly read and understand Sterilization Procedure Manual.</p> <p>The above form was signed by Employee Identifier (EI) # 3, Clinic Resource Manager, and EI # 7, Supervising Employee, no dates were listed.</p> <p>During a tour of the facility on 9/1/2020 at 9:45 AM with EI # 3, the surveyors observed multiple instruments on a tray by the packing area in the sterilization room. EI # 3 explained these instruments were clean and were placed there to finish drying before packing for sterilization. The surveyors observed brown rust on multiple metal dilators. EI # 3 confirmed the presence of rust and then threw them in the garbage, stating, "...</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WEST ALABAMA WOMEN'S CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 535 JACK WARNER PARKWAY, SUITE I TUSCALOOSA, AL 35404
---	---

(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)	(X6) COMPLETE DATE
L 100	<p>Continued From page 9</p> <p>we have plenty of those."</p> <p>Following the observation of a surgical abortion on 9/29/2020 at 12:35 PM, the surveyor accompanied EI # 3 to the sterilization room to observe tissue processing and the cleaning of instruments. After the instruments were cleaned, the surveyor asked EI # 3 where the sterile packs were stored. EI # 3 opened an upper cabinet where blue packs were stacked. The surveyor selected a pack to open to view contents. There was no date on the outside of the pack, and there was no indicator strip inside the pack. Two of the dilators in the pack had brown rust on them. The surveyor asked EI # 3 if there should be an indicator strip in the pack, and she/he stated "Yes, sometimes I get in a hurry and forget to put one in." EI # 3 confirmed the presence of rust and threw the two dilators in the trash. The surveyor then selected another pack to open. There was no date on the outside of the pack, and there was no indicator strip inside the pack. Two of the dilators and 1 hemostat in the pack had brown rust on them, which EI # 3 confirmed. She/he then threw the instruments in the trash. The surveyor asked EI # 3 if any of the packs in the cabinet had indicator strips, and she/he stated, "No." The surveyor asked how she/he knew when any of the packs were sterilized with no date on the outside or dated strips inside. EI # 3 stated once the packs come out of autoclave, they are sterile until opened. The surveyor asked to see a pack of indicator strips, which EI # 3 produced. The surveyor stated to EI # 3, that during medical record reviews, the surveyors had made note of dated indicator strips taped inside the front covers. EI # 3 then stated, "To be honest, I just run some strips through the autoclave to put in the chart, because the ones in the pack will get blood on them and you can't put those in the</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/13/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WEST ALABAMA WOMEN'S CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 636 JACK WARNER PARKWAY, SUITE I TUSCALOOSA, AL 35404
---	---

(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)	(X6) COMPLETE DATE
L 100	<p>Continued From page 10</p> <p>chart." EI # 3 then opened a drawer located beneath the autoclave and stated, "I'm sure there are some packs with strips in here somewhere." There were 6 packs of dilators in clear plastic and paper pouches; 5 were sealed closed and one was opened. None of the 6 packs were dated or had indicator strips inside.</p> <p>An interview was conducted on 9/29/2020 at 1:15 PM with EI # 3, who confirmed she/he failed to follow policy and procedure for dating packs and placing indicator strips in each pack, prior to steam sterilization. EI # 3 also failed to inspect instruments for damage, according to policy.</p> <p>An interview was conducted 9/30/2020 at 11:30 AM with EI # 1, Administrator, and EI # 2, Clinical Services Administrator, who verified the instrument packs should each have an indicator strip inside and that the instruments should all be intact and without rust.</p> <p>A phone interview conducted on 10/13/2020 with EI # 4 MD at 2:00 PM, confirmed all instrument packs should contain an indicator strip and that he/she was not aware of rusty instruments at the facility.</p>	L 100		