	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		C4504	B. WING		04/27/2016	
	ROVIDER OR SUPPLIER	R REPRODUCTIVE	DRESS, CITY, STA RKMAN DRIVE LLE, AL 35810	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
L 000	INITIAL COMMENTS		L 000			
	An onsite survey was following deficiencies	conducted 4/27/16, with the cited.				
L 100	ALABAMA LICENSUF	RE DEFICIENCIES	L 100			
	THE FOLLOWING AF DEFICIENCIES AND CORRECTION.	RE LICENSURE REQUIRE A PLAN OF				
	This Rule is not met a 420-5-103 Patient C	-				
	(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.					

Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			IPLETED
		C4504	B. WING		04	4/27/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
ALABAM	A WOMEN'S CENTER FO	R REPRODUCTIVE	ARKMAN DRIVE /ILLE, AL 35810			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
L 100	Continued From page	e 1	L 100			
	in 1 of 5 records revie injection, the clinic fai received the injection	nedical records (MR), nterview it was determined ewed requiring a Rhogam led to ensure the patient . This affected MR # 11 and ffect all patients served by				
	Standing orders:					
	" 1. PRN (as needed) unless contraindicate	Peri-operative medications d.				
	for those patients det who are up to 12 wee B. Rhogam 300 mg II	M for those patients negative who are greater				
	1. MR # 11 presented abortion procedure 2/	I to the facility for a surgical /5/16.				
		inic 1/14/16 it was had Rh negative blood and njection after the procedure.				
	A review of the medic documentation that M Rhogam injection as					
	Employee Identifier (I and EI # 3, the Physic	27/16 at 11:00 AM with EI) # 2, Registered Nurse cian, it was confirmed the any documentation the				

Health Care Facilities

STATE FORM SICG11 If continuation sheet 2 of 8

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED	
		C4504	B. WING		04	1/27/2016	
NAME OF D	DOMBED OD OMBRIJED	1		ZID OODE	1 0-	72172010	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
ALABAMA	A WOMEN'S CENTER FO	R REPRODUCTIVE	ARKMAN DRIVE ILLE, AL 35810				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
L 100	Continued From page	e 2	L 100				
	patient received the F	Rhogam injection.					
	420-5-103 (8) Infect	ion Control.					
		cedures to govern the use of chniques in all areas of the					
	the clinic failed to ass	ns of staff and clinic policy, sure all staff followed the ng. This had the potential to yed.					
	Findings include:						
		on 4/26/16 from 11:55 AM to ization area the following					
	hands in the clean sir						
	soiled gloves and dor	te, was observed to remove n a new pair of gloves ds or using an approved					
	Facility Policy 2.2 Ha	nd Washing					
	which includes hand hands before and after before donning and a other personal protect	e good personal hygiene, washing. Staff should wash er each patient contact; fter removing gloves or tive equipment; before dministering medications or					

Health Care Facilities

STATE FORM SICG11 If continuation sheet 3 of 8

OF CORRECTION	IDENTIFICATION NUMBER:	:	` '	CONSTRUCTION	(X3) DATE S	
	C4504		B. WING		04/2	7/2016
					1 04/2	112010
ROVIDER OR SUPPLIER			, ,	TE, ZIP CODE		
WOMEN'S CENTER FO	R REPRODUCTIVE					
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
Continued From page	e 3		L 100			
with blood or other po after using the toilet, be covering a sneeze or	otentially infectious materially infectious materially infectious or cough; and before eating					
Facility Policy 2.2.1 H	land-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.						
		se				
and before donning a also failed to follow th	new pair of gloves. Staff se procedure to use a pap	f er				
ALABAMA LICENSUI	RE DEFICIENCIES		L 200			
(d) Medications and s deteriorated or reaches shall not be used for a deteriorated items shall and properly. Each fa stored medications ar frequently than once of	ment and Supplies.  supplies which have ed their expiration dates any reason. All expired or all be disposed of promptl cility shall examine all nd supplies no less each month and shall	ly				
	SUMMARY STA (EACH DEFICIENC' REGULATORY OR I  Continued From page injections; after handl with blood or other po after using the toilet, I covering a sneeze or drinking, or handling for Facility Policy 2.2.1 H  Note: Proper hand wa important means of p infection.  Procedure: 6. Use paper towels t 7. If hands are not so an instant hand sanitial alcohol.  Staff failed to wash ha and before donning a also failed to follow th towel to turn off the fail ALABAMA LICENSUM  This Rule is not met 420-5-103 (6) Equip  (d) Medications and se deteriorated or reache shall not be used for a deteriorated items sha and properly. Each fa stored medications ar frequently than once remove from its invent	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  Continued From page 3 injections; after handling objects contaminated with blood or other potentially infectious materi 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, u an instant hand sanitizer with at least 60% alcohol.  Staff failed to wash hands after removing glove and before donning a new pair of gloves. Staff also failed to follow the procedure to use a pap towel to turn off the faucet after washing hands  ALABAMA LICENSURE DEFICIENCIES  This Rule is not met as evidenced by: 420-5-103 (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 prompti and properly. Each facility shall examine all stored medications and supplies no less frequently than once each month and shall	A WOMEN'S CENTER FOR REPRODUCTIVE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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.  ALABAMA LICENSURE DEFICIENCIES  This Rule is not met as evidenced by: 420-5-103 (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	ROVIDER OR SUPPLIER  A WOMEN'S CENTER FOR REPRODUCTIVE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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.  ALABAMA LICENSURE DEFICIENCIES  L 200  This Rule is not met as evidenced by: 420-5-103 (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	ROUDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4831 SPARKMAN DRIVE HUNTSVILLE, AL 35810  SUMMARY STATEMENT OF DEFICIENCES  [EACH OBFICEINCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 3  L 100  CROSS-REFERENCE TO THE APPROPE OF COME at 100 OF THE APPROPE OF CORDINARY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  L 100  L 100  CROSS-REFERENCE TO THE APPROPE OF COME at 100 OF THE APPROPE OF COME OF COME OF THE APPROPE OF COME OF THE APPROPE OF COME OF COME OF THE APPROPE OF COME OF C	CASON BETTER FOR REPRODUCTIVE  ### STREET ADDRESS, CITY, STATE, ZIP CODE  ### STREET ADDRESS, CITY, STATE, ZIP CODE  ### STARMAN DRIVE HUNTSVILLE, AL 35810    SUMMARY STATEMENT OF DEPICIENCIES   PROVIDERS PLAN OF CORRECTION

Health Care Facilities

STATE FORM SICG11 If continuation sheet 4 of 8

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		C4504	В.	. WING		04/2	7/2016
NAME OF P	ROVIDER OR SUPPLIER		EET ADDRES	SS, CITY, STAT	E, ZIP CODE	1 0-11/2	172010
ALABAMA	A WOMEN'S CENTER FO	R REPRODUCTIVE	1 SPARKM				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	NTSVILLE,	ID ID	PROVIDER'S PLAN OF CORRECTION	J	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
L 200	Continued From page	e 4	L	200			
	recording each such of time, the person cond a description of each	cility shall maintain a log examination with its date, lucting the examination, and item or group of items bry and the reason for such	i				
			t				
	Findings include:						
	2016. During the revi	ewed for calendar year ew there were entries for out no documentation an ations and supplies had					
		EI) # 1, Administrator, was nfirmed no entry for the as documented.					
	There were no expire identified during the s	d medications or supplies urvey.					
L 300	Alabama Licensure D	eficiencies		300			
	THE FOLLOWING AF DEFICIENCIES AND CORRECTION.	RE LICENSURE REQUIRE A PLAN OF					
	This Rule is not met a 420-5-103 Patient C						

Health Care Facilities

STATE FORM SICG11 If continuation sheet 5 of 8

	Γ OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE S COMPLE	
		C4504	B. WING		04/2	7/2016
	ROVIDER OR SUPPLIER	OR REPRODUCTIVE 4831 SPA	DDRESS, CITY, STATE, ARKMAN DRIVE ILLE, AL 35810	ZIP CODE	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
L 300	(1) "All patient care n accordance with all a local laws, theses rul		L 300			
	facility policy it was do to document the time were inserted, IV cat tolerated the proceduwas removed and if the after removal. In add document the size of the amount of solution catheter, how the parand the time the foley. This affected 11 of 22	nedical records (MR) and etermined clinic staff failed intravenous (IV) catheters heter sizes, how the patient ure, the time the IV catheter he catheter tip was intact ition, clinic staff failed to the foley catheter inserted, in instilled in the bulb of the tient tolerated the procedure, y catheter was removed. 2 medical records reviewed to affect all patients served.				
	Findings include:					
	intravenous analgesi access will be mainta complete. The time, saccess should be not analgesics are to be Registered Nurse (R	equired, this will be PreOperative Report form. If cs are administered, IV ained until recovery period is site and person obtaining IV tated. Intravenous				

Health Care Facilities

STATE FORM SICG11 If continuation sheet 6 of 8

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		E SURVEY PLETED
		C4504	B. WING		04	1/27/2016
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	TE ZIP CODE	•	
		4831	SPARKMAN DRIVE			
ALABAMA	A WOMEN'S CENTER FO	R REPRODUCTIVE	TSVILLE, AL 35810			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
L 300	Continued From page	: 6	L 300			
	Foley Insertion Protoc	col:				
	weeks gestational age possible use of cather laminaria use to assist on the day of the proceandidate the attendirecatheter into cervix via foley catheter will be it of sterile water and he Medical Record Review A review of 11 medical IVs, during the survey failed to document in the time IV catheters	ncy that is greater than 17 e will be evaluated for the ter insertion versus at with the dilatation process redureIf deemed to be a rig physician will insert a sterile technique. The inflated with 40 ml (milliliter) and in place with stat lock."				
	•	theter was removed and if				
	Foley catheters, durin clinic staff failed to do medical record the siz inserted, the amount	records, for patients with g the survey revealed that cument in the patient's te of the Foley catheter of solution instilled in the now the patient tolerated the ne the catheter was				
	Registered Nurse, on confirmed the IV stay the procedure was ov prior to discharge. El	mployee Identifier (EI) # 2, 4/27/16 at 9:00 AM, she ed in from when started until er and was discontinued # 2 stated that she failed to the IV device and when it by whom.				

Health Care Facilities

STATE FORM SICG11 If continuation sheet 7 of 8

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	
		C4504	B. WING		04/27/2016
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	, , , , , , , , , , , , , , , , , , , ,
ALABAMA	A WOMEN'S CENTER FO	R REPRODUCTIVE	ARKMAN DRIVE		
(X4) ID	ı	ATEMENT OF DEFICIENCIES	/ILLE, AL 35810	PROVIDER'S PLAN OF CORR	ECTION (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SECROSS-REFERENCED TO THE APDEFICIENCY)	HOULD BE COMPLETE

Health Care Facilities

STATE FORM SICG11 If continuation sheet 8 of 8