PRINTED: 03/11/2015 FORM APPROVED

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			B. WING					
		C6301	B. WING		11/11/2014			
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA					
WEST ALABAMA WOMEN'S CENTER, INC 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE			
L 100	ALABAMA LICENSURE DEFICIENCIES THE FOLLOWING ARE LICENSURE DEFICIENCIES AND REQUIRE A PLAN OF		L 100					
	CORRECTION. This Rule is not met as evidenced by: 420-5-103 Patient Care.							
		ce with all ate, and local laws, these ndards of care, including all						
	composed of a physic and registered profes	nfection control committee sian sional nurse who shall be igating, controlling, and						
	Centers for Disease (CDC) Guidelines for American Journal of N Guidelines for Lysol I facility failed to ensure standards of practice and disinfection of the	Nursing and Manufactures C. , it was determined the						
	Findings include:							
	CDC Multidose Vial U	lse Guidelines						
	Section XI, Page 15							
	Section XI, Page 15							

Health Care Facilities

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

TITLE (X6) DATE

Alabama	Department of Public I	-lealth					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		C6301	B. WING		11/11/2014		
NAME OF P	E, ZIP CODE						
WEST AL	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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE		
L 100	Continued From page 1		L 100				
	E. If multidose vials are used						
	Cleanse the access diaphragm of multidose vials with 70% alcohol before inserting a device into the vial (23). Category IA						
	American Journal of N January 2001 Volume 101 Number pages 75						
	Is it important to use filter needles when administering medication reconstituted from a powdered form or when withdrawing medication from a glass ampule?						
		event the inadvertent Il glass fragments when n from a glass ampule					

	Lysol Brand I.C. Foan	ning Disinfectant Cleaner					
	Hospital Disinfectant						
	SURFACES: If surfactions fire	HARD NONPOROUS es are visibly dirty, follow st; then spray on surface ed with foam. Leave for 10 amp cloth or sponge.					
Health Care E	on 11/11/14 at 9:00 A Employee Indentifer (prepare a syringe of I # 1 inserted a needle without cleansing the	medication administration M, the surveyor observed EI) # 1, Medical Director Demerol and Phenergan. EI into the bottle two times access diaphragm of					

Health Care Facilities

STATE FORM 6899 If continuation sheet 2 of 3 WYQP11

PRINTED: 03/11/2015 FORM APPROVED

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		C6301	B. WING		11	/11/2014	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	TE, ZIP CODE				
WEST AL	ABAMA WOMEN'S CENT	ER. INC	(WARNER PARI OOSA, 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		(X5) COMPLETE DATE	
L 100	opened two amplues the contents into a syneedle. An interview was con on 11/11/14 at 9:30. Eneedle should have be ampule and cleansed with alcohol. An observation of a seconducted on 11/11/1 procedure, the survey area of blood directly Medical Assistant spron the exam table an paper towel. After Elitable and noted the bell # 3 spayed the aremore time and wiped. An interview was con of Nurses, who verifies	o% alcohol first. EI # 1 of Demerol and withdrew ringe without a filtered ducted with EI # 2, Director EI # 2 stated that a filtered een used for the Demerol the top of the multidose vial urgical procedure was 4 at 9:45 AM. After the vor noted a 5 centimeter on the exam table. EI # 3, ayed Lysol I.C. Disinfectant d directly wiped it up with a # 3 looked back at the exam lood stain was still present, a with the Lysol I.C. one it up with a paper towel. ducted with EI # 4, Director ed the staff should have let exam table for 10 minutes.	L 100				

6899

Health Care Facilities
STATE FORM

WYQP11 If continuation sheet 3 of 3