

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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	<p>INITIAL COMMENTS</p> <p>On 1/17/14 at 8:20 AM, Department surveyors went on-site to conduct a complaint survey and investigate reports that Planned Parenthood of Alabama, Inc. (the clinic), located at 1211 27th Place South, Birmingham, AL, was closed. While on-site on 1/17/14 Department surveyors identified the door to the clinic was locked, no cars were in the parking lot, and there was no answer to the door when the bell was rung. Department surveyors identified a sign posted on the main entrance to the building printed on Planned Parenthood Southeast (PPSE) letter head. The sign read, "We apologize for the inconvenience, but this health center is temporarily closed." A telephone number was listed on the sign for the public to call for more information about other Planned Parenthood health centers or to seek a referral.</p> <p>On 1/21/14 Department surveyors were on-site to conduct the complaint survey and investigate reports that the clinic was closed. The PPSE Director of Quality Management, Employee Identifier (EI) # 2, the clinic Interim Administrator, EI # 1, and PPSE Vice President of External Affairs, EI # 3, were in the building and allowed survey staff entrance into the clinic.</p> <p>The following deficiencies are cited as a result of the investigation into reports that the clinic was closed and a plan of correction is required.</p> <p>420-5-1-.01 General. (2) Definitions</p> <p>(c) "Abortion Clinic", "Clinic", "Abortion Facility", or "Facility" means Abortion or Reproductive Health Center.</p>	L 000		

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: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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	<p>Continued From page 1</p> <p>(e) "Abortion or Reproductive Health Center" means any health care facility, institution , physicians office, or place where 10 or more abortions are performed during any month, or where 100 or more abortions are performed in any calendar year, or that holds itself out to the public as an abortion provider by advertising by some public means, such as a newspaper, telephone directory, magazine, or electronic media, that it performs abortions. This term does not include a health care facility licensed a hospital pursuant to Chapter 420-5-7, Ala. Admin. Code.</p> <p>This rule is not met as evidenced by:</p> <p>Based on observations and interviews it was determined the clinic failed to maintain active operations pursuant to its license. This failure had the potential to affect all patients that wished to access abortion or reproductive health services from the clinic.</p> <p>Findings include:</p> <p>On 1/17/14 at 8:20 AM, Department surveyors went on-site to conduct a complaint survey and investigate reports that the clinic was closed. While on-site on 1/17/14 Department surveyors identified the door to the clinic was locked, no cars were in the parking lot, and there was no answer to the door when the bell was rung. Department surveyors identified a sign posted on the main entrance to the building printed on PPSE letter head. The sign read, "We apologize for the inconvenience, but this health center is temporarily closed." A telephone number was listed on the sign for the public to call for more information about other Planned Parenthood</p>	L 000		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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	<p>Continued From page 2</p> <p>health centers or to seek a referral.</p> <p>On 1/21/14 at 4:42 PM, in an interview with Employee Identifier (EI) # 1, the clinic Interim Administrator, survey staff asked when was the last date that procedures were performed at the clinic. EI # 1 stated the last day for procedures was 1/10/14. When EI # 1 was asked why the clinic stopped operating EI # 1 replied, "We temporarily slowed services to re-hire and re-train staff." EI # 1 was asked how long the clinic would be closed and responded they anticipated starting services back in six to eight weeks. EI # 1 stated the clinic was not closed. EI # 1 stated once the clinic recruits, hires and trains new staff it will re-start its services.</p> <p>On 1/21/14 at 5:30 PM, in an interview with Employee Identifier (EI) # 2, PPSE Director of Quality Management, survey staff asked when was the last date procedures were performed at the clinic. EI # 2 stated the last day surgical procedures were performed at the clinic was on Friday, 1/10/14. EI # 2 was asked why the clinic stopped operating and EI # 2 stated, "We let most of the staff go. We had one resignation the week before." EI # 2 went on to say the new Chief Executive Officer (CEO) of PPSE had high standards and the staff at the clinic did not meet those standards. EI # 2 was asked how long the clinic would be closed and EI # 2 responded six to eight weeks.</p> <p>Survey staff asked EI # 2 if the temporary suspension of services and termination of staff was related to a patient care issue. EI # 2 responded the clinic had an ongoing internal investigation being conducted by an attorney in Birmingham. Survey staff asked EI # 1 if the temporary suspension of the services and</p>	L 000		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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	<p>Continued From page 3</p> <p>termination of staff was related to a patient care issue and EI # 1 responded there was an internal investigation being conducted and the Clinic would notify proper authorities if needed. Physician # 1, the clinic's Medical Director, was asked the same question as EI # 1 and EI # 2. Physician # 1 responded the terminations were related to patient issues, multiple small things that added up to their feeling the clinic was not providing the best care to patients. Physician # 1 stated she spoke with senior level PPSE administration and they felt it was a systemic issue with staff and better to start over with all new staff.</p> <p>Department surveyors and staff met with the Chief Executive Officer (CEO), Human Resources Director and Attorney from Planned Parenthood Southeast (PPSE) on 2/05/14, and at that time those persons disclosed that PPSE had received allegation that two employees had sold an abortion inducing drug to a patient in the clinic's parking lot on 12/02/13. PPSE conducted investigation through attorney, Administrator resigned, all staff was terminated, and clinic closed. The two employees alleged to have sold drug to patient had been reported to the Alabama Board of Nursing.</p> <p>The clinic failed to maintain an active and functioning business open to the public to provide the care and services for which it was granted a license. The clinic also failed to provide notice to the Department of its closure or suspension of services and failed to provide information to Department surveyors while on-site related to the investigation into patient care issues surrounding the suspension of clinic services.</p>	L 000		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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	Continued From page 4	L 100		
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-.02 Administration</p> <p>(2) Policies and Procedures (b) Method to ensure compliance with all relevant federal, state and local laws that govern operations of the facility;</p> <p>Refer to:</p> <p>Alabama Code Section 22-21-29. Inspection of hospitals.</p> <p>(a) Every hospital licensed under this article shall be open to inspection to the extent authorized in this section by employees and agents of the State Board of Health, under rules as shall be promulgated by the board with the advice and consent of the advisory board.</p> <p>This rule is not met as evidenced by:</p> <p>Based on the on-site visit conducted by Department staff on 1/17/13 and signage posted on the main entrance to the building, the clinic failed to be open for inspection by survey staff.</p> <p>Findings include:</p> <p>On the morning of 1/17/13 an unannounced on-site complaint survey visit was attempted by Department survey staff. On arrival to the clinic</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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 5</p> <p>survey staff noted signage posted on the main entrance into the clinic that read, "We apologize for the inconvenience, but this health center is temporarily closed." The survey staff contacted their supervisor via telephone to report they were unable to gain access the clinic to complete their work assignment.</p> <p>The Licensure and Certification Coordinator and another surveyor made multiple attempts to reach the clinic Interim Administrator and PPSE Chief Executive Officer by telephone from 11:28 AM until 1:44 PM, on 1/17/14 and were unsuccessful. On 1/17/14 at 2:25 PM, a return phone call from PPSE Director of Quality Management, Employee Identifier (EI) # 2 was received. EI # 2 reported the clinic had "suspended" its services temporarily to deep clean and reported there had been turn over in non-physician staff. EI # 2 reported the clinic last served patients on 1/10/14 and the last day staff were on-site was 1/16/14.</p> <p>On 1/21/14 Department surveyors were on-site to conduct a complaint survey and investigate reports that the clinic was closed. During this on-site visit surveyors asked why the clinic was closed and if the closure was related to a patient incident. The clinic interim Administrator, Employee Identifier (EI) # 1, and PPSE Director of Quality Management, EI # 2 would not disclose the reason for the closure, only that the clinic was conducting an internal investigation through legal counsel.</p> <p>On 1/27/14 Department surveyors attempted to conduct telephone interviews with the staff members that were terminated from the clinic. Of the 7 staff members contacted only 4 answered their telephones. Of the 4 staff members that answered 2 refused to speak with Department</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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>surveyors. One of the former employees stated he/she could not tell us about the clinic closure because, "We (staff) went in and they had legal counsel and told us not to talk to anyone about this."</p> <p>The clinic failed to provide notice to the Department of its closure and was not open to inspection by Department staff.</p> <p>420-5-1-.02 Administration. (5) Personnel. (d) Physician Qualifications. 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 detailing the qualifications and experience of each physician. This file must, at a minimum, include: (vi) Proof of the nature of the physician's training and experience. 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>This rule is not met as evidenced by:</p> <p>Based on review of physician credentialing files and an interview it was determined Physician # 1, the Medical Director, had failed to document an annual review of a physician's qualifications for the years 2011, 2012 and 2013.</p> <p>This had the potential to affect all patients served</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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>in this clinic.</p> <p>Findings include:</p> <p>A review of Physician # 2's credentialing file and personnel information revealed documentation of a form labeled PPSE Skills Review. The form included documentation from 9/16/10, observation of two Medical Abortions, five Surgical Abortions and one Post Abortion Check-up. The observation was conducted by Physician # 3, a former Physician Employee of PPSE.</p> <p>A review of Physician # 2's credentialing file and personnel information also revealed documentation from 12/14/11 which included a Clinician Performance Evaluation and a Chart Review of 12 medical records completed by Physician # 1, the Medical Director.</p> <p>This was the only PPSE Skills Review form provided to the surveyor for Physician # 2.</p> <p>In an interview on 1/21/14 at 4:42 PM, with Employee Identifier # 1, the Interim Administrator, confirmed the above information.</p> <p>Information received 1/24/14 via e-mail from PPSE Director of Quality Management, EI # 2 included a Clinician Performance Evaluation form dated 1/1/12 to 12/31/12 for Physician # 2. The form was not signed by an evaluating physician.</p> <p>A second Physician Performance Evaluation form received 1/24/14 from PPSE Director of Quality Management, EI # 2 for Physician # 2 failed to have any dates of coverage for the evaluation</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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 8</p> <p>and the form was not complete. The form documented the following:</p> <p>"Section II. Clinical Skills contained documentation of the following sections as N/A (Not Applicable):</p> <ol style="list-style-type: none"> 2. Specimen Collection- N/A 3. Sexually Transmitted Infections (STI)- N/A 4. Specific Birth Control Methods- N/A Use of Implants- N/A Injection of DMPA (Depot Medroxyprogesterone Acetate)- N/A 5. GYN Services- N/A 6. Provision of Services Related to Pregnancy- N/A 7. Men's Health Services- N/A 10. Proficiency Testing- N/A." <p>The clinic failed to provide documentation of direct observation of Physician #2's clinical skills in the physician file.</p> <p>***</p> <p>420-5-1-.02 Administration. (8) Records and Reports. (a) Medical Records to be kept. An abortion facility shall keep adequate records, including procedure schedules, histories, results of examinations, nurses' notes, records of tests performed, a copy of report of abortion made to the Center for Health Statistics, and all forms required by law.</p> <p>This rule is not met as evidenced by:</p> <p>Based on a review of medical records, policy and procedure and interview it was determined the clinic failed to:</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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 9</p> <ol style="list-style-type: none"> 1. Document instructions related to post abortion care for patients receiving services 1/9/14 and 1/10/14 prior to ceasing operations at the clinic on 1/16/14. 2. Document referrals to other health care providers. 3. Document transfer of medical records to other providers. 4. Complete forms to include physician signatures, dates and assure that all dates documented were accurate. <p>Findings include:</p> <p>A review of the patient log for procedures that were performed on 1/09/14 and 1/10/14 revealed a total of 15 surgical abortions were completed at the clinic. There was no documentation in any of the 15 medical records that the clinic would not be open and that patients were given instructions on where to go for follow up care after 1/10/14.</p> <p>On 1/17/14 at 8:20 AM, Department surveyors went on-site to conduct a complaint survey and investigate reports that the clinic was closed. While on-site on 1/17/14 Department surveyors identified the door to the clinic was locked, no cars were in the parking lot, and there was no answer to the door when the bell was rung. Department surveyors identified a sign posted on the main entrance to the building printed on PPSE letter head. The sign read, "We apologize for the inconvenience, but this health center is temporarily closed." A telephone number was listed on the sign for the public to call for more information about other Planned Parenthood health centers or to seek a referral.</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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 10</p> <p>On 1/21/14 Department surveyors were on-site to conduct the complaint survey and investigate reports that the clinic was closed. The PPSE Director of Quality Management, EI # 2, the clinic interim Administrator, EI # 1, and PPSE Vice President of External Affairs, EI # 3, were in the building and allowed survey staff entrance into the clinic.</p> <p>On 1/21/14 at 5:30 PM, in an interview with Employee Identifier (EI) # 2, PPSE Director of Quality Management, survey staff asked when was the last date procedures were performed at the clinic. EI # 2 stated the last day surgical procedures were performed at the clinic was on Friday, 1/10/14.</p> <p>On 1/22/14 at 3:00 PM, in an interview with EI # 2, survey staff asked if there was documentation in the medical record to show patients were informed on how and where they could receive follow up care for their abortion procedure. EI # 2 stated he did not see written documentation, but the surveyors needed to ask the clinic Medical Director.</p> <p>On 1/22/14 at 3:40 PM, Physician # 1, the clinic Medical Director, was interviewed by telephone. Physician # 1 stated for follow up to a surgical abortion the patient would contact the clinic at their own volition. Patient calls related to the procedure are routed to her/him. If a call comes in during work hours the call is sent to Physician # 1. If a call comes in after hours the on-call nurse would contact Physician # 1, if needed. The surveyors asked about documentation in the patients' medical records to show where patients were notified of where to go for follow up care after the clinic closed and Physician # 1 stated a</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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 11</p> <p>discharge template is used for each patient and Physician # 1's name is listed on the discharge instructions. Physician # 1 confirmed the same standard written discharge instructions were given to the patients that had procedures on 1/09/14 and 1/10/14. Physician # 1 also stated the clinic attempted to call all of the patients from 1/09/14 and 1/10/14 to inform them about the clinic temporarily ceasing patient care services, but this information was not documented in any of the medical records reviewed by survey staff.</p> <p>Survey staff was informed that an arrangement with another licensed abortion clinic, Clinic # 2, had been established to provide any needed patient follow up care. Survey staff while on-site requested documentation of the arrangement, but none was available at the time of the request. Employee Identifier # 2, the Director of Quality Management, did provide a document that was signed only by the Clinic # 2 administrator and Clinic # 2 physician after the survey exit dated 1/23/14. In this document Clinic # 2 requested a direct telephone number to the clinic to obtain copies of patient records.</p> <p>On 2/27/14 the Department was contacted by telephone from the administrator of Clinic # 2. The administrator was requesting assistance in contacting the clinic for a medical record of a patient that had been seen by the clinic and was at Clinic # 2 for post abortion care. The Department staff contacted PPSE corporate staff in Atlanta, GA, and asked them to provide a telephone number to Clinic # 2 that was attempting to obtain a copy of the clinic's patient's medical record. A direct telephone number was made available to Clinic # 2 after Department staff contacted the PPSE corporate staff.</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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 12</p> <p>A Referral Policy was received 1/24/14 via e-mail as follows: " III. Outside Referrals Notification 1. A referral is advice to obtain a consult, test, or management of any suspected acute, emergency, life threatening, serious, or potentially life threatening condition. 2. Lists of the various referral facilities are updated at least annually. 3. When a referral is deemed necessary, a referral form # 501 is filled out (triplicate form) and signed by the provider and client. If the referral is made by phone (not in person) the referral form should be mailed to client, obtaining the clients signature should not be a barrier to mailing the referral to the client. The original, white copy is given to the client to take to the respective referral facility. PPSE staff will assist the client when needed in making appointments. The referral form has an Authorization to release medical records to PPSE consent to ensure findings are sent back to PPSE from the referral source. 4. The second copy (yellow copy) is placed in the client's medical record. The third copy (pink copy) is put in the tickler binder and filed under the month the referral follow-up is due unless it's an Emergent or Acute referral, which would go under the Acute/Emergent tab. 5. At the time the referral is generated, a gold tickler form is placed in the client's chart to alert anyone who has access to the chart."</p> <p>Medical Record findings:</p> <p>1. Medical Record (MR) # 1 presented to the clinic 12/13/13 for a Medical Abortion.</p> <p>The follow up procedure form failed to document</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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 13</p> <p>the date of the visit, vital signs, who completed the form and no signature on the Ultrasound picture or an indication of which individual performed the ultrasound.</p> <p>In an interview on 1/22/14 at 2:35 PM, Employee Identifier (EI) # 2, Director of Quality Management, stated that the form was incomplete.</p> <p>2. MR # 2 presented to the clinic for her first visit on 10/14/13. The patient was referred to another clinic.</p> <p>There was no documentation of when the patient was referred and no documentation the medical record information was copied or sent to the referred provider.</p> <p>In an interview on 1/22/14 at 2:35 PM, with EI # 2, PPSE Director of Quality Management, stated that the patient transported her own records. EI # 1, the interim Administrator, confirmed there was no documentation of the records being sent with the patient.</p> <p>3. MR # 3 presented to the clinic for her first visit on 12/9/13. MR # 3 received counseling, lab tests and multiple forms were signed 12/9/13.</p> <p>There was no other documentation in the medical record as to what happened to the patient.</p> <p>In an interview on 1/22/14 at 2:35 PM, EI # 2, PPSE Director of Quality Management, stated that the patient did not come back to the clinic.</p> <p>This patient received care from another provider 1/9/14 and had copies of her counseling with her. The clinic failed to maintain documentation in the</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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 14</p> <p>patient's record of how the information was released to the other provider.</p> <p>4. MR # 4 presented to the clinic 12/9/13. The patient was referred to another clinic.</p> <p>The narrative information in the medical record indicated the patient asked to be transferred to Tuscaloosa. The documentation stated the patient was referred to Huntsville; however the address of the provider choice form was Tuscaloosa.</p> <p>There was no documentation in the medical record of any patient medical record information that had been transferred to another provider.</p> <p>In an interview on 1/22/14 at 2:20 PM, EI # 2, PPSE Director of Quality Management, confirmed there was no documentation present in the medical record of the patient's medical information being transferred to another provider.</p> <p>5. MR # 8 presented to the clinic 12/9/13.</p> <p>The patient was referred to another provider. There was no documentation in the medical record of the patient's medical information being transferred to another provider.</p> <p>In an interview on 1/22/14 at 2:35 PM, EI # 2, PPSE Director of Quality Management, confirmed the above information.</p> <p>6. MR # 9 presented to the clinic 10/21/13.</p> <p>The patient was referred to another provider.</p> <p>There was no documentation in the medical record of the patient's medical information being</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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 15</p> <p>transferred to another provider.</p> <p>In an interview on 1/22/14 at 2:35 PM, EI # 2, PPSE Director of Quality Management, confirmed the above information.</p> <p>7. MR # 10 presented to the clinic 11/4/13. The patient was referred to another provider.</p> <p>There was no documentation in the medical record of the patient's medical information being transferred to another provider.</p> <p>In an interview on 1/22/14 at 2:35 PM, EI # 2, PPSE Director of Quality Management, confirmed the above information.</p> <p>8. MR # 12 presented to the clinic 12/16/13.</p> <p>The patient was referred to another provider.</p> <p>There was no documentation in the medical record of the patient's medical information being transferred to another provider.</p> <p>In an interview on 1/22/14 at 3:00 PM, EI # 3, PPSE Vice President of External Affairs, stated that she was present and knows the information was copied and given to the patient. EI # 3 confirmed that there was no documentation in the medical record indicating the patient's medical information was copied and sent to the other provider.</p> <p>9. Medical Record (MR) # 15 first visited the clinic on 12/06/13 to schedule a medical abortion procedure. The medical abortion was performed on 12/13/13. A review of the medical record revealed a consultation follow-up form, Form 420,</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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 16</p> <p>which documented MR #15 called the clinic on 1/03/14 at 10:55 (there was no documentation in the medical record to indicate if this was AM or PM) to report she was going to the emergency room. MR # 15 reported she had been bleeding "on/off " since her procedure and the cramps were "unbearable at this point." A Registered Nurse documented the physician was notified and instructed the patient to go to the emergency room.</p> <p>The consultation follow-up form had only been signed and dated by the Registered Nurse. The signature line and date for the physician signature was blank.</p> <p>On 1/22/14 at 2:30 PM, in an interview with the PPSE Director of Quality Management, Employee Identifier (EI) # 2, it was confirmed the physician should have signed the form.</p> <p>10. Medical Record # 16 first visited the clinic on 12/03/13 to schedule a medical abortion procedure. The medical abortion was performed on 12/13/13. A review of the medical record revealed the abbreviated medical history form, Form 727, did not have a date by the clinician signature.</p> <p>On 1/22/14 at 2:35 PM, in an interview with EI # 2, it was confirmed the physician did not date the form when signed.</p> <p>Medical Record # 16 had her medical abortion performed on 12/13/13. The medical record revealed a "Missed Appointment Reminder", Form 145, which was completed on 1/08/14. The date of the procedure listed on the form was 12/18/13, not 12/13/13. The medical record revealed a white unsealed envelope addressed to</p>	L 100		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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	Continued From page 17 MR # 16. On 1/22/14 at 2:35 PM, in an interview with EI # 2 it was confirmed the envelope was to be used to mail the missed appointment notice to MR # 16 and that the notice had not been mailed out.	L 100		
L 200	ALABAMA LICENSURE DEFICIENCIES This Rule is not met as evidenced by: 420-5-1-.04 Physical Environment. (5) Equipment and Supplies. (b) Preventive Maintenance. There shall be a schedule of preventive maintenance developed for all equipment in the facility integral to patient care to assure satisfactory operation thereof. This schedule shall cover at least the following equipment: 1. Ultrasound: All ultrasound machines must be tested and calibrated by a trained, qualified technician in accordance with the manufacturer's recommendations. In no event shall testing and calibration be done less than annually. This rule is not met as evidenced by: Based on observation, review of ultrasound images in two medical records and an interview with the PPSE Director of Quality Management, Employee Identifier (EI) # 2, it was determined that the clinic failed to assure the date printed on the patient's ultrasound image was accurate. This affected 2 of 19 medical records reviewed and had the potential to affect all patients served. Findings include: During the initial tour of the clinic on 1/21/14 at	L 200		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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 200	<p>Continued From page 18</p> <p>2:20 PM, survey staff observed preventative maintenance labels on all of the ultrasound machines available for patient care. The next due date for preventative maintenance was March 2014.</p> <p>1. Medical Record (MR) # 14 first visited the clinic on 6/24/13 and had her medical abortion performed on 6/28/13. The patient had her follow up visit completed on 7/26/13. At the time of MR # 14's follow up visit it was determined a surgical procedure was needed to evacuate her uterus. The surgical procedure was completed on 8/02/13.</p> <p>A review of the ultrasound images for the first visit, day of the medical procedure, and day of the surgical procedure was reviewed. The dates printed on the ultrasound images were not the same dates the patient received services at the clinic. The ultrasound image for 6/24/13 printed out the date of 01/01/70. The ultrasound image for 6/28/13 printed out the date of 11/30/99. The ultrasound image for 8/02/13 printed out the date of 11/30/99.</p> <p>On 1/22/14 at 2:20 PM, Employee Identifier (EI) # 2, PPSE Director of Quality Management, confirmed the dates on the ultrasound images were not correct.</p> <p>2. Medical Record # 17 first visited the clinic on 7/30/13 and had her first surgical abortion performed on 8/02/13. The patient required a second surgical abortion and that procedure was performed on 9/06/13. A review of the ultrasound images in the medical record was reviewed. The date printed on all of the ultrasound images were not the same dates the patient received services at the clinic. The ultrasound image for 7/30/13</p>	L 200		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C3703	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF ALABAMA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205
---	--

(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 200	Continued From page 19 printed out the date of 11/30/99. On 1/22/14 at 3:00 PM, Employee Identifier (EI) # 2, PPSE Director of Quality Management, confirmed the date on the ultrasound image was not correct.	L 200		