

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 01/09/2013
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>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>(6) Fire Evacuation Plan. (a) Written Evacuation Plan. A written fire control and evacuation plan shall be maintained by each facility. In addition, instructions and fire evacuation routes shall be posted in conspicuous places in the facility and shall be kept current.</p> <p>Based on observations, review of the Evacuation Plan drawings and an interview with Employee Identifier (EI) # 1, Medical Director, it was determined the facility failed to ensure the fire evacuation plan drawings that were posted throughout the clinic were up to date. This had the potential to negatively affect all patients, staff and visitors at this facility.</p> <p>Findings include:</p> <p>On 1/8/13 at 12:55 PM a tour of the facility was conducted. This tour revealed there was an interior waiting room at the front of the building near the "Work Room". A review of the Evacuation Plan drawing revealed this was documented as the Recovery area which included an exit door to the front of the building.</p> <p>Further review of the Evacuation Plan drawing revealed there were five exam rooms toward the back of the building past the "Work Room". The tour on 1/8/13 at 12:55 PM revealed the "Recovery Room" was located in an area</p>	L 100		

Health Care Facilities

TITLE

(X6) DATE

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

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L 100	<p>Continued From page 1</p> <p>designated as an exam room.</p> <p>A review of the Evacuation Plan revealed no documentation of the emergency exits or safest route for exiting the building in the case of emergency.</p> <p>An interview was conducted on 1/9/13 at 4:30 PM with Employee Identifier (EI) # 1, Medical Director, who verified the Evacuation Plan drawing was not up to date.</p> <p>420-5-1-.03 Patient Care. (3) Patients' Rights. (b) The telephone number to register complaints with the Alabama Department of Public Health, Division of Health Care Facilities shall be posted in a prominent location and shall be included in the written material given to the patient upon discharge.</p> <p>Based on observations, review of discharge instructions and interview with facility staff, it was determined the facility failed to ensure the Alabama Department of Public Health, Division of Health Care Facilities telephone number was posted in a prominent location and was not included on the written materials given to patients who have medical procedures. This had the potential to affect all patients who have medical procedures.</p> <p>Findings include:</p> <p>During observations of the clinic on 1/9/13 at 3:40 PM, the State of Alabama complaint hotline number was not observed in the lobby or waiting</p>	L 100			

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L 100	<p>Continued From page 2</p> <p>area of the clinic.</p> <p>A review of the discharge instructions on 1/9/13 revealed the State of Alabama complaint hotline number was not listed in the discharge instructions for the patients receiving a medical procedure.</p> <p>EI # 3, Registered Nurse was interviewed on 1/9/13 at 3:55 PM and she was asked if the medical procedure patients were given any other instructions to take home with them. EI # 3 stated the discharge instruction forms were the only written instructions given to the medical procedure patients.</p> <p>420-5-1-.03 Patient Care. (8) Infection Control.</p> <p>(e) Environment. The abortion facility shall provide a safe and sanitary environment, and shall be properly constructed, equipped, and maintained to protect the health and safety of patients and staff.</p> <p>Based on observations and interviews with facility staff, it was determined the examination table in Exam Room # 1 was not in good repair, so as to reduce the potential for infection. This had the potential to negatively affect all patients served by this facility.</p> <p>Findings include:</p> <p>On 1/8/13 at 12:55 PM a tour of the facility was conducted. The surveyor observed the examination table top, located in Exam Room # 1, had cracks and worn areas in the vinyl.</p>	L 100			

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L 100	<p>Continued From page 3</p> <p>An interview was conducted on 1/9/13 at 4:30 PM with EI # 1, Medical Director, who stated the clinic was in the process of obtaining new exam tables.</p> <p>420-5-1-.04 Physical Environment. (4) Treatment Facilities. (c) Recovery Room. One or more recovery rooms containing sufficient beds for recovering patients shall be provided. Reclining type vinyl upholstered chairs may be substituted in lieu of beds. Other items for the patients' comfort may be provided in the room.</p> <p>Based on observations and interviews with facility staff, it was determined the facility failed to ensure 2 of 3 reclining chairs located in the recovery room could be maintained in a full upright position when not occupied.</p> <p>Findings include:</p> <p>A tour of the facility was conducted on 1/8/13 at 12:55 PM with EI # 2, Clinic Manager. The surveyor observed located in the Recovery Room, three reclining chairs in the upright position. The chairs were placed in the reclining position. Two of the three chairs were unable to be repositioned back in the upright position after having been reclined.</p> <p>During the tour, on 1/8/13 at 12:55 PM, EI # 2 verified the two chairs were not able to be repositioned in an upright position.</p>	L 100		