

NAME OF PROVIDER OR SUPPLIER WEST ALABAMA WOMEN'S CENTER, INC	B. WING C6301	STREET ADDRESS, CITY, STATE, ZIP CODE 535 JACK WARNER PARKWAY, SUITE 1 TUSCALOOSA, AL 35404
(X4) ID PREFIX TAG L 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
L 000	<p>INITIAL COMMENTS</p> <p>An abbreviated onsite survey was conducted at West Alabama Women's Center on 6/21/22 to 6/22/22 to investigate complaint number AL00041842. The complaint was substantiated and deficiencies were cited for Rules of Alabama State Board of Health, Chapter 420-5-1 Abortion or Reproductive Health Centers. A plan of correction is required.</p>	<p>The improper notification of schedule change was caused by an unforeseen emergency for our primary provider and uncertainty whether a backup provider could be found and if so what days that provider would be available. Front desk staff has been retrained to ensure that any changes to monthly schedule are immediately updated and provided to the Department of Health. The clinic is also no longer providing abortion, which means that there will no longer be procedure days.</p>
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>(1) Governing Authority.</p> <p>...(4) Clinic Schedule. A schedule listing the days during which the clinic will perform procedures shall be furnished to the Alabama Department of Public Health, Division of Health Care Facilities. Any changes to the schedule or cancellation of procedure days shall be reported to the Division prior to the schedule change taking effect.</p> <p>Based on review of the calendar of procedures, dated June 2022, provided to the state by clinic personnel, and interviews with staff, it was determined the clinic failed to notify the state agency of changes in the procedure calendar. This had the potential to affect all persons served by the clinic.</p> <p>Findings include:</p>	<p>L 000</p> <p>L 100</p>

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Robin Marty
TITLE *Dir Operations*
DATE *8/09/22*

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 C 06/22/2022
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L 100	<p>Continued From page 1</p> <p>During the entrance conference conducted on 6/21/22 at 9:15 AM, Employee Identifier (EI) # 2, Clinic Director, stated there were no procedures scheduled for 6/20/22, 6/21/22, 6/22/22, or 6/24/22. On 6/23/22, medical procedures were scheduled, but no surgical procedures would be performed. EI # 2 further stated EI # 5, Deputy Medical Director, who was scheduled to perform procedures, experienced a family emergency on 6/16/22.</p> <p>Review of the June 2022 calendar provided to the state by EI # 3, Client Services Manager, via email on 6/1/22 at 11:44 AM, revealed procedures were scheduled for every day the week of 6/20/22 to 6/24/22.</p> <p>An interview was conducted on 6/21/22 at 10:30 AM with EI # 1, Director of Operations, who confirmed the office was open for patient visits on 6/17/22 and 6/20/22, and staff failed to notify the state of changes in the clinic's procedure schedule.</p> <p>*****</p> <p>420-5-1- .02 Administration</p> <p>...(8) Records and Reports.</p> <p>(a) Medical Records to be Kept. An abortion facility shall keep adequate records, including... histories, results of examinations, nurses' notes, records of tests performed...</p> <p>...(e) Title to Records. Records of patients are the physical property of the licensee and responsibility for control and maintenance shall rest with the governing authority...</p>	L 100	<p>Private patient information was thrown into trash cans and subsequently collected and put in a dumpster that had its lock broken off and was not secure. This was in violation of our protocol that states all private and confidential patient identifying materials must be shredded prior to disposal. Training held on July 11 reminding staff that all patient identifying materials must be shredded and that all trash cans must be checked for materials for shredding prior to daily trash bagging and disposal [See Attached]. Clinic Director will evaluate personal front desk, office, lobby and exam room trash receptacles daily prior to final disposal for 30 days. Should no issues be found, that will change to weekly checks for two months, followed by periodic random semi-monthly checks thereafter (see sheet attached)</p>	

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L 100	<p>Continued From page 2</p> <p>(g) Records shall be Confidential. Records and information regarding patients shall be confidential...</p> <p>Based on review of medical records, policy and procedure, Annual HIPAA Meeting Minutes, photos received via email by the complainant, and interviews with staff, it was determined the clinic failed to maintain control of records, and keep all patient names and information confidential.</p> <p>This had the potential to affect all persons served by the clinic, and did affect 8 of 9 records reviewed, including Patient Identifier (PI) # 1, PI # 5, PI # 6, PI # 7, PI # 2, PI # 3, PI # 4, and PI # 9, and 1 of 1 names identified without record review, PI # 8.</p> <p>Findings include:</p> <p>Clinic Policy: Patient Privacy Policy number: None listed Date revised: 01/15</p> <p>The need for information and trust in health care information systems encompasses two fundamental goals: confidentiality and integrity.</p> <p>Principle:</p> <p>The right to privacy is a basic right of every patient. The confidentiality of the patient shall be of the utmost concern. The identity of the patient should be revealed only when a mandate has been established by statutory law.</p> <p>...Patient privacy is assured by HIPAA [HIPAA] (Health Insurance Portability and Accountability Act) compliance, and violation of policy and</p>	L 100		

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L 100	<p>Continued From page 3</p> <p>procedure related to the issue is grounds for termination...</p> <p>Facility Meeting: West Alabama Women's Center Annual HIPAA Meeting Date: October 1, 2021</p> <p>Meeting was held to review HIPAA guidelines for the clinic to update present employees and to inform new employees of the purpose of the HIPAA law...</p> <p>Unneeded papers or forms containing confidential patient information are shredded immediately.</p> <p>Maintenance of HIPAA guidelines are of high priority at all times and should not be violated...</p> <p>1. The surveyors received photographed images of items found in a single garbage bag, in a residential area in Birmingham, Alabama, from the complainant on 6/15/22 at 9:20 AM. Review of the photographs revealed lists of names, payment receipts, ultrasound images, medical records, and pregnancy test results. A total of 17 names were identified in the photographs, as well as multiple return shipping labels bearing the clinic's name and address. The following information was confirmed:</p> <p>One name, PI # 1, was on a payment receipt bearing the clinic name, which also included the patient's date of birth, the patient's clinic identity number, the date and time the abortion was scheduled, and an Emergency Contraceptive Questionnaire with the name "Yellowhammer Fund" at the top.</p> <p>Three of the names were on ultrasound (U/S)</p>	L 100		

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L 100	<p>Continued From page 4</p> <p>images which also included the name, "West Alabama Women's Center," and dates, and included PI # 5, PI # 6, and PI # 7.</p> <p>The names of PI # 2, PI # 3, PI # 4, and PI # 9, were written on pieces of paper, and included medication received or pregnancy test results.</p> <p>One name, PI # 8, was on a letter to the patient, which included the patient's address and date. The letter was signed by Employee Identifier (EI) # 5, Deputy Medical Director.</p> <p>The photos also included multiple mailing labels with "West Alabama Women's Center" on the return label.</p> <p>The surveyors requested a list of all procedures performed in the past 6 months. The list received confirmed 8 of the 17 names were patients at the clinic between 1/13/22 and 1/28/22.</p> <p>In an interview conducted on 6/21/22 at 11:30 AM with EI # 3, Client Services Manager, it was confirmed an additional patient, EI # 8, had a medical abortion in October of 2021 at the clinic. A total of 9 patients were confirmed to have their confidential information discarded without first being shredded.</p>	L 100		
L 200	<p>ALABAMA LICENSURE DEFICIENCIES</p> <p>This Rule is not met as evidenced by: 420-5-1- .03 Patient Care.</p> <p>(1) Patient Care. All patient care must be rendered in accordance with all applicable</p>	L 200		

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L 200	<p>Continued From page 5</p> <p>federal, state, and local laws, these rules, and current standards of care...</p> <p>(2) Policies and Procedures. The facility shall develop and follow detailed written policies and procedures that are consistent with all applicable federal, state, and local laws, these rules, and current standards of care...</p> <p>(3) Patients' Rights.</p> <p>(a) The facility shall have written policies and procedures to ensure the patient the rights to dignity, privacy, and safety...</p> <p>(4) Admission and Examination Procedures.</p> <p>...(f) Informed Consent. Except in the case of a medical emergency, as defined in these rules, no abortion shall be performed or induced without the voluntary and informed consent of the woman upon whom the abortion is to be performed or induced. Except in the case of a medical emergency, as defined in these rules, consent to an abortion is voluntary and informed if and only if:</p> <p>...2. Prior to an abortion, the physician who is to perform the abortion, the referring physician, or a qualified counselor has informed the woman in person:</p> <p>(i) The name of the physician who will perform the abortion in writing or a business card.</p> <p>...6. Postoperative Procedures.</p> <p>...(b) Responsibility for Continuing Medical Care: The physician who performs an abortion procedure is responsible for ensuring that all</p>	L 200	<p>Lack of proper notification of who a patient would see for their abortion procedure was due to new templates that had been created for our Electronic Medical Records system that did not have all potential providers added to the selection menu. Informed consent paperwork template has been updated to add all WAWC physicians to ensure no patient receives paperwork depicting the name of a physician who is not providing abortion care. This will be monitored through a chart review system as well as our new EMR (effective August 1) that automatically inputs provider name based on which provider is logged into the system for each patient encounter. Chart review is conducted by supervising nurse, who will review 5 charts per day for 30 working days. Should accuracy be 100%, review will be decreased to 5 charts per week for a period of 8 weeks, then phased back to standard monthly review. (Note, we currently only see between 10-20 patients per week).</p>	

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L 200	<p>Continued From page 6</p> <p>patients receive adequate follow-up care...</p> <p>(h) Reports to the Center for Health Statistics... All reports shall be in a format prescribed by the State Registrar...</p> <p>Based on review of medical records (MR), policies and procedures, information received via complainant, and interviews, it was determined the clinic failed to ensure:</p> <ol style="list-style-type: none"> 1. Patients' right to privacy was maintained. 2. Informed consent contained the name of the physician performing the abortion. 3. Follow-up care was completed per policy. 4. Reports to the Center for Health Statistics contained accurate information. <p>This affected 8 of 8 MR's reviewed, and did affect Patient Identifier (PI) # 1, PI # 5, PI # 6, PI # 7, PI # 2, PI # 3, PI # 4, and PI # 9, and 1 of 1 patients listed without a MR review, PI # 8, and had the potential to affect all patients served by the clinic.</p> <p>Findings include:</p> <p>Clinic Policy: Patient Privacy Policy number: None listed Date revised: 01/15</p> <p>The need for information and trust in health care information systems encompasses two fundamental goals: confidentiality and integrity.</p> <p>Principle:</p> <p>The right to privacy is a basic right of every</p>	L 200		

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L 200	<p>Continued From page 7</p> <p>patient. The confidentiality of the patient shall be of the utmost concern. The identity of the patient should be revealed only when a mandate has been established by statutory law.</p> <p>...Patient privacy is assured by HIPPA [HIPAA] (Health Insurance Portability and Accountability Act) compliance, and violation of policy and procedure related to the issue is grounds for termination...</p> <p>Clinic Policy: Patient Rights and Responsibilities Policy number: None listed Date Revised: 01/15</p> <p>A Patient Has The Right To:</p> <p>...Expect all communication and medical records to be treated confidentially...</p> <p>Clinic Procedure: Medication Abortion: Procedure Procedure number: None listed Date Revised: 4/2021</p> <p>West Alabama Women's Center, Inc. (Incorporated) offers medication abortion utilizing the evidence-based regimen of mifepristone (Mifeprex) and misoprostol. Patients who meet selective criteria may opt for this regimen... Our clinic adheres to guidelines and evidence-based practices...</p> <p>...Follow-Up:</p> <p>Success of the medication abortion must be assessed either in person, by telephone, or by electronic communication. Follow-up evaluation includes one or more of the following: ultrasonography, hCG (human chorionic gonadotropin) testing, or clinical evaluation in the</p>	L 200		

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L 200	<p>Continued From page 8</p> <p>office. Follow-up evaluation should be scheduled within 14 to 28 days after starting medication abortion...</p> <p>1. The surveyors received photographed images of items found in a single garbage bag, in a residential area in Birmingham, Alabama, from the complainant on 6/15/22 at 9:20 AM. Review of the photographs revealed lists of names, payment receipts, ultrasound images, medical records, and pregnancy test results. A total of 17 names were identified in the photographs, as well as multiple return shipping labels bearing the clinic's name and address. The following information was confirmed:</p> <p>One name, PI # 1, was on a payment receipt bearing the clinic name, which also included the patient's date of birth, the patient's clinic identity number, the date and time the abortion was scheduled, and an Emergency Contraceptive Questionnaire with the name "Yellowhammer Fund" at the top.</p> <p>Three of the names were on ultrasound (U/S) images which also included the name, "West Alabama Women's Center," and dates, and included PI # 5, PI # 6, and PI # 7.</p> <p>The names of PI # 2, PI # 3, PI # 4, and PI # 9, were written on pieces of paper, and included medication received or pregnancy test results.</p> <p>One name, PI # 8, was on a letter to the patient, which included the patient's address and date. The letter was signed by Employee Identifier (EI) # 5, Deputy Medical Director.</p> <p>The photos also included multiple mailing labels with "West Alabama Women's Center" on the</p>	L 200		

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L 200	<p>Continued From page 9</p> <p>return label.</p> <p>The surveyors requested a list of all procedures performed in the past 6 months. The list received confirmed 8 of the 17 names were patients at the clinic between 1/13/22 and 1/28/22.</p> <p>In an interview conducted on 6/21/22 at 11:30 AM with EI # 3, Client Services Manager, it was confirmed an additional patient, EI # 8, had a medical abortion in October of 2021 at the clinic. A total of 9 patients were confirmed to have their confidential information discarded without first being shredded.</p> <p>2. PI # 1 was admitted to the clinic on 1/25/22 for a medical abortion.</p> <p>Review of the MR revealed the abortion was performed on 1/25/22 by EI # 6, Medical Director.</p> <p>Review of the consent form signed by the patient on 1/20/22 revealed the following statement, "The abortion will be performed by [Name] (EI # 5, Deputy Medical Director)," and not EI # 6. Staff failed to list the correct physician on the consent form.</p> <p>Further review of the MR revealed the following patient instructions: "After Care Instructions: ...Follow up: You will have a visit or phone call with us in about 4 weeks to make sure that the abortion is complete. Ensuring the abortion is complete is necessary for your safety." There was no documentation of follow-up contact with the patient per policy.</p> <p>Review of the State of Alabama Report of Induced Termination of Pregnancy form, dated 1/25/22, revealed EI # 5 was the attending</p>	L 200		

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L 200	<p>Continued From page 10</p> <p>physician, and not EI # 6, who performed the abortion.</p> <p>An interview was conducted on 6/22/22 at 10:40 AM with EI # 2, Clinic Director, who confirmed the physician listed on the consent form and State reporting form was incorrect, and further confirmed there was no documentation of contact with the patient post procedure, per policy.</p> <p>3. PI # 3 was admitted to the clinic on 1/26/22 for a medical abortion.</p> <p>Review of the MR revealed the abortion was performed on 1/26/22 by EI # 6.</p> <p>Review of the consent form signed by the patient on 1/17/22 revealed the following statement, "The abortion will be performed by [Name] (EI # 5)," and not EI # 6. Staff failed to list the correct physician on the consent form.</p> <p>Review of the State of Alabama Report of Induced Termination of Pregnancy form, dated 1/26/22, revealed EI # 5 was the attending physician, and not EI # 6, who performed the abortion.</p> <p>An interview was conducted on 6/22/22 at 10:40 AM with EI # 2, who confirmed the physician listed on the consent form and State reporting form was incorrect.</p> <p>4. PI # 7 was admitted to the clinic on 1/31/22 for a medical abortion.</p> <p>Review of the medical record revealed no documentation of contact with PI # 7 following the medical abortion, per policy.</p>	L 200	<p>Effective August 1, our new EMR system has a reminder feature. We will utilize this feature to set a reminder 4 weeks post-medication date or 2 weeks post surgical to remind clinic staff to follow up with patient should there be no record of follow-up already in patient chart.</p> <p>Patient follow-up will be overseen by nursing supervisor.</p> <p>Should abortion resume, patient charts will be reviewed at random with 5 charts per week evaluated to ensure follow-up contact was attempted. After a period of 12 weeks, random monitoring can be reduced to 5 per month if prior charts have no issues.</p> <p>State of Alabama Report of Induced Termination form has been reformatted for our new EMR (effective August 1)</p> <p>This new form automatically inputs the name of the physician attending the patient, eliminating potential mistakes over attending physician.</p> <p>Review will be conducted by front desk supervisor, who will review 5 charts per day for 30 working days. Should accuracy be 100%, review will be decreased to 5 charts per week for a period of 8 weeks, then phased back to standard monthly review.</p>	

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L 200	<p>Continued From page 11</p> <p>An interview was conducted on 6/22/22 at 10:40 AM with EI # 2, who confirmed staff failed to follow-up with the patient, per policy.</p> <p>5. PI # 2 was admitted to the clinic on 1/26/22 for a medical abortion.</p> <p>Review of the MR revealed the abortion was performed on 1/26/22 by EI # 6.</p> <p>Review of the consent form signed by the patient on 1/20/22 revealed the following statement, "The abortion will be performed by [Name] (EI # 5)" and not EI # 6, who performed the abortion.</p> <p>Review of the State of Alabama Report of Induced Termination of Pregnancy form, dated 1/26/22, revealed EI # 5 was the attending physician, and not EI # 6, who performed the abortion.</p> <p>An interview was conducted on 6/22/22 at 10:50 AM with EI # 2, who confirmed the physician listed on the consent form and State reporting form was incorrect.</p> <p>6. PI # 4 was admitted to the clinic on 1/25/22 for a medical abortion.</p> <p>Review of the MR revealed the abortion was performed on 1/25/22 by EI # 6.</p> <p>Review of the consent form signed by the patient on 1/19/22 revealed the following statement, "The abortion will be performed by [Name] (EI # 5)", not EI # 6 who performed the abortion.</p> <p>Further review of the MR revealed the following Patient Instructions: "After Care Instructions: ...Follow up: You will have a visit or phone call</p>	L 200		

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 C 06/22/2022
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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
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(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 12</p> <p>with us in about 4 weeks to make sure that the abortion is complete. Ensuring the abortion is complete is necessary for your safety." There was no documentation of follow-up contact with the patient per policy.</p> <p>Review of the State of Alabama Report of Induced Termination of Pregnancy form, dated 1/25/22, revealed EI # 5 was the attending physician, and not EI # 6, who performed the abortion.</p> <p>An interview was conducted on 6/22/22 at 10:46 AM with EI # 2, who confirmed the physician listed on the consent form and State reporting form was incorrect, and further confirmed there was no documentation of contact with the patient post procedure, per policy.</p>	L 200		