## PRINTED: 02/26/2018 FORM APPROVED

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 01/26/2018	
		C5103				
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
EPRODU	CTIVE HEALTH SERVIC	CES	JTH PERRY STREE OMERY, AL 36104	г		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ACTION SHOULD BE CO TO THE APPROPRIATE	
L 000	Initial Comments		L 000			
		es were cited as a result of inspection conducted rection is required.				
L 001	420-5-1001(1)(a) Definitions		L 001			
	Definitions - (a list of selected terms often used in connection with these rules): (a) "AAC Rule" - Alabama Administrative Code Rule.					
	This Rule is not met 420-5-103 Patient 0	-				
	(9) Mandatory Repor	ting.				
		shall have in place a policy ain the following information:				
	requirements that may abortion or reproduct reported age of the fa greater than the age shall report the name and the father to both the county Department the pregnant minor of the name of the minor the Department of Ha of whether the father than the minor child. information by any m	other abuse reporting ay apply to the staff of an tive health center, if the ather is two or more years of the minor child, the facility es of the pregnant minor child in local law enforcement and ont of Human Resources. If hild is less than 14 years old, or child shall be reported to uman Resources, regardless is two or more years older The receipt of reportable ember of a facility staff shall ont for the facility to report				

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Alabama Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: C5103			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 01/26/2018	
		C5103				
IAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,			
REPRODU	JCTIVE HEALTH SERVIO	CES	JTH PERRY STREET OMERY, AL 36104	r		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	E ACTION SHOULD BE COM TO THE APPROPRIATE D	
L 001	Continued From page 1		L 001			
	interview, it was deter report a patient who Department of Huma records review of pa This affected Patient	of medical records and ermined the facility failed to was 13 years of age to the an Resources in 1 of 2 tients under the age of 14. dentifier (PI) # 2 and had t all patients under the age of				
	Findings include:					
	1/14/16 for counselir of Receipt of abortion Certification of Volum	e facility for a first visit on ng and to receive Certification n information and ntary and Inform Consent for by the Alabama State Law.				
	Review of the information completed by the patient revealed a birth date of 7/3/2000 and the age was 15. PI # 2 also documented being in the 9th grade.					
	Cards in the medical	s of the Mexican Identification record revealed no date of the parent or the				
	date of 03 De Julio E would have made PI was no documentatio	Certificate revealed a birth Del 2002 ( 03 July 2002). This # 2 13 years of age. There on in the medical record the 2 to the Department of				
	Identifier (EI) # 1, Dir 9:50 AM. EI # 1 verif # 1 stated the parent	nducted with Employee rector/Owner on 1/26/18 at ied the above information. El t did not speak English and te for the parent. Pl # 2 did				

STATE FORM

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Alabama Department of Public Health         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         C5103			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 01/26/2018	
		C5103				
		ADDRESS, CITY, STATE, ZIP CODE			1/20/2016	
		811 SOL	JTH PERRY STREET			
EPRODU	ICTIVE HEALTH SERVIO	MONTG	OMERY, AL 36104			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	ACTION SHOULD BE COMPLE TO THE APPROPRIATE DATE	
L 001	Continued From page 2		L 001			
	bring the birth Certificate in on the day of the procedure (1/28/16).					
	Further review of the medical record revealed PI # 2 had a second abortion in April 2017.					
	El # 1 called the Department of Human Resources on 1/26/18 at 10:00 AM and reported both abortions. The Department of Human Resources was provided with contact information for possible sexual abuse.					
	Department of Huma	alized no one called the In Resources, El # 1 called Ient on 1/26/18 at 10:00 AM .				

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