

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130241	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2015
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SOUTH TEXAS SUR	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD SAN ANTONIO, TX 78229
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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
T 000	<p>25 TAC 135 Ambulatory Surgery Centers</p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>An entrance conference was conducted with the facility Vice Chair of the ambulatory surgery center (ASC) on 11/17/15. The Vice Chair was informed the unannounced onsite visit was to conduct an initial licensure survey. An opportunity was provided for questions and discussion.</p> <p>A survey was conducted per 25 TAC 135.2 to determine the ambulatory surgery center's compliance with the requirements at 25 TAC 135 - Ambulatory Surgical Center Licensing Rules - using the applicable survey report form.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was conducted with the Vice chair of the ambulatory surgery center on 11/17/15. The preliminary findings of the survey and the next steps in the survey process were explained. An opportunity was provided for questions and discussion.</p>	T 000	<p><i>Accepted 12/17/15</i></p> <p>Following the exit survey the Director of Quality, ViceChair/Secretary, Phamacist-In-Charge, Senior Clinician, and General Manager/Director of Nursing reviewed and discussed the DSHS Exit Conference recommendations and developed the plan of correction based on the exit survey recommendations.</p> <p>The Vice Chair/Secretary instructed the General Manager/Director of Nursing to retrieve all keys to the Substance Controlled cabinet and reissue keys to licensed staff only.</p> <p>The Substance Control policy was updated to clearly state that only licensed staff are athorized to access the medication cabinet (see attached).</p> <p>The Director of Quality and Vice Chair/ Secretary met with all staff to review the revised section of the Substance Controlled section of the Pharmacy P&P manual (see attached). Staff were also informed that keys to the medication cabinet shall only be in possession of the licensed staff.</p>	<p>November 17, 2015</p> <p>November 17, 2015</p> <p>November 18, 2015</p> <p>November 18, 2015</p>
T 106	<p>135.4(c)(5) ASC OPERATION</p> <p>(c) The governing body shall address and is fully responsible, either directly or by appropriate professional delegation, for the operation and performance of the ASC.</p>	T 106	<p>The Pharmacist in-charge will continue to monitor on a weekly basis and consult with the Director of Quality as required to assure compliance.</p>	<p>On-going</p>

SOD - State Form

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

TITLE

(X6) DATE

STATE FORM

6899

WC8011

If continuation sheet 1 of 2

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T 106	<p>Continued From page 1</p> <p>Governing body responsibilities include, but are not limited to: (5) adopting policies or procedures necessary for the orderly conduct of the ASC;</p> <p>This Requirement is not met as evidenced by: Based on observation and interviews the facility failed to ensure that access to schedule III, I, and VI narcotic medications was restricted to those licensed staffs that dispensed such medications. The facility allowed unlicensed staff to have access to the keys to the narcotic cabinet.</p> <p>Findings included: Observations of the facility conducted on 11/17/15 between 12:00 p.m. and 1:30 p.m., revealed that the Registered Nurses (RN 's) in the pre-op/ PACU area did not have access to the keys to the medication cabinet containing narcotic medications.</p> <p>In an interview conducted at 12:30 p.m., the facility RN General Manager revealed that the facility medical assistant (MA) kept the keys to the narcotic cabinet, and that nurses had to have the MA open the cabinet if they needed to obtain medications.</p> <p>In an interview conducted on 11/17/15 at 2:15 p.m., the facility Vice Chair/ Secretary confirmed the above findings and stated that the MA did in fact hold the keys to the narcotic cabinet. She further revealed that the facility had put this practice in to place to prevent nursing staff from having total access to the narcotic medications.</p>	T 106		