


Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/25/2016
NAME OF PROVIDER OR SUPPLIER  REPRODUCTIVE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1511 EAST MISSOURI EL PASO, TX 79902		
(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
A 000	TAC 139 initial Comments  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. An entrance conference was held with the facility Administrator in the morning of 05/24/16. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.  Continued licensure is recommended, with an approved plan of correction.  An exit conference was held with the facility Administrator and physician on the afternoon of 05/25/16. Preliminary findings of the survey were discussed, and an opportunity given for questions.	A 000	REVIEWED  JUN 14 2016  BY: Wanda Wilson, PhD <i>WJW</i>	
A 006		A 008		


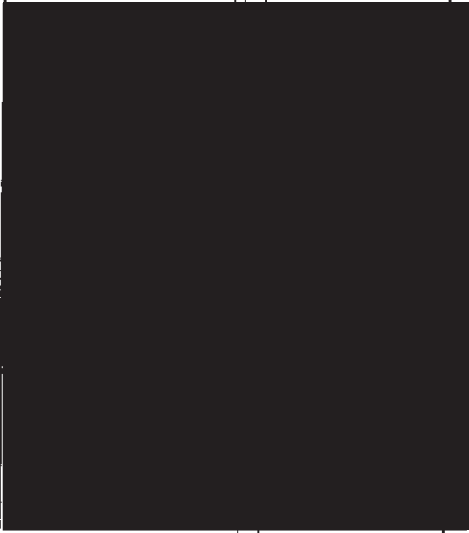
SOD - State Form

IDENTITATIVE'S SIGNATURE

TITLE  
ADMINISTRATOR

(X6) DATE  
6/13/16

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  05/25/2016
NAME OF PROVIDER OR SUPPLIER  REPRODUCTIVE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1511 EAST MISSOURI EL PASO, TX 79902			
(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	
A008	Continued From page 1 	A008			
		A006		6/25/16	

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/25/2016
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  REPRODUCTIVE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 EAST MISSOURI EL PASO, TX, 79902
---	---

(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
A 201	Continued From page 2:	A 201		
A 201	<p>TAC 139.48(1)(E)(F) Physical &amp; Environmental Requirements:</p> <p>The physical and environmental requirements for a licensed abortion facility are as follows:</p> <p>(1) A facility shall:</p> <p>(E) store hazardous cleaning solutions and compounds in a secure manner and label substances;</p> <p>(F) have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings. If other food is provided by the facility, it shall be subject to the requirements of §§229.161 - 229.171 of this title (relating to Texas Food Establishments);</p> <p>This Requirement is not met as evidenced by: Based on a tour of the facility and an interview with staff, the facility failed to store hazardous cleaning solutions and compounds in a secure manner.</p> <p>Findings were:</p> <p>During a tour of the facility on 5-25-16, an unlocked and unsecured room was found to contain, among other hazardous items, glass cleaner, toilet bowl cleaner, furniture polish and abrasive powdered cleaner.</p> <p>In an interview with staff #6 on 5-25-16, staff #6 confirmed that the door was not locked and the products were not secured.</p> <p>The above was confirmed in an interview with the Facility Administrator and Medical Director on the afternoon of 5-25-16 in the facility counseling room.</p>	A 201	<p>On May 27, 2016, the door into the room holding hazardous cleaning solutions and components was repaired and locked securely. The door will be locked when patients are in the facility. Reinforced training and spot checks by the Administrator will assure in the future that it is kept locked at all times when patients are in the facility.</p>	5/27/16

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/25/2016
NAME OF PROVIDER OR SUPPLIER  REPRODUCTIVE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1611 EAST MISSOURI EL PASO, TX 79902		
(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
A243	<p>TAC 139.49(d)(5)(E)(i)(ii) Infection Control Standards</p> <p>(E) External chemical indicators. (i) External chemical indicators, also known as sterilization process indicators, shall be used on each package to be sterilized, including items being flash sterilized to indicate that items have been exposed to the sterilization process. (ii) The indicator results shall be interpreted according to the manufacturer's written instructions and indicator reaction specifications.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview, the facility failed to ensure that external chemical indicators, also known as sterilization process indicators, were used on each package to be sterilized, including items being flash-sterilized to indicate that items have been exposed to the sterilization process.</p> <p>Findings included:</p> <p>The manufacturer manual for the facility sterilizer stated in part, "Recommended Steam Sterilization Monitoring Program... Process monitors, such as biological indicators and chemical indicators, should be included in each sterilization cycle. The process monitors detect whether the cycle parameters were delivered..."</p> <p>Review of the "3M Attest Rapid read Biological Indicator" log revealed that chemical indicator results were not documented on the following dates: 12/22/15, 02/08/16, 03/01/16, 04/05/16, 04/27/16, 05/03/16, and 05/11/16, and 05/17/16.</p>	A243		
		A243	<p>Lab staff attended the called Staff meeting held 6/25/16 on May 26, 2016, when thorough documentation was fully discussed again. All lab staff agreed to exercise more caution, document properly and act as better back-up to each other. It was clarified that the responsibility of the person reading the A test is to assure the time in and out have been recorded and correctly documented. If not, the Administrator is to be notified and corrective action will be taken. To assure ongoing appropriate documentation, the Administrator will monitor the Sterilization and 3M Indicator logs weekly for one month, then 2 times monthly for two months. If all remains in order as planned, she will then monitor the logs monthly to assure Staff compliance.</p>	

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/25/2016
NAME OF PROVIDER OR SUPPLIER  REPRODUCTIVE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1511 EAST MISSOURI EL PASO, TX 79902		
(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
A243	Continued From page 4.  In an interview on 05/25/16, staff member #1 confirmed the chemical indicator results were not being consistently documented in the log.	A243		
A260	House Bill 15 Disclosure Requirements.  A physician must perform a sonogram on a woman seeking an abortion at least 24 hours prior to performing the abortion, unless the woman lives 100 miles from the closest abortion provider in which case the sonogram must be performed at least 2 hours prior to the abortion. A physician must provide a list of agencies offering sonograms at no cost to the pregnant woman. The physician who will be performing the abortion must a. Display the sonogram images to the pregnant woman; b. Provide a verbal explanation of the sonogram images, including descriptions of the fetus, its heart activity, and its internal organs; and c. Provide the heart auscultation of the fetus for the pregnant woman to hear as well as a verbal explanation of it. Abortion procedures are exempt from the sonogram provisions in the case of a medical emergency; and requires a physician, not later than the 30th day after the date the abortion is performed, to certify to DSHS the specific medical condition that constituted the emergency. The physician must provide the pregnant woman with information about paternity establishment and child support if she chooses not to have the abortion after having the sonogram.  This Requirement is not met as evidenced by: Based on a review of documentation and clinical records; the physician failed to wait at least 24 hours prior to performing the abortion on a patient	A260		



Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/26/2016
NAME OF PROVIDER OR SUPPLIER  REPRODUCTIVE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1511 EAST MISSOURI EL PASO, TX 79902		
(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
A 260	Continued From page 5  living less than 100 miles from the closest abortion provider.  Findings were:  During a review of clinical records, 6 patients ("distance" patients #1 through #6) claimed to live at least 100 miles from the closest abortion provider. An abortion was performed 2 hours after the sonogram on all 6 patients. Calculating distance from the patients to the facility using online map/direction websites www.google.com and www.bing.com revealed that 1 of the 6 patients ("distance" patient #6) lived 95 miles from the facility.  The above was confirmed in an interview with the Facility Administrator and Medical Director on the afternoon of 5-25-16 in the facility counseling room.	A 260	There was no intention to miscalculate the 100 mile location distance by five miles, as everyone in the Facility felt sure the patient's address was 100 miles away. Rather than rely on memory or take the patient's word for any distance stated to be 100 miles or more, on May 26, 2016 a policy was set to verify by Google the distance from the given address to the clinic. As documentation, the Google page will be placed in the patient's chart confirming she lives 100 miles or more from the clinic.  5/27/16	5/27/16
A 315	House Bill 2 Medical and Clinical Services  A physician must provide the pregnant woman with: a) a telephone number by which the pregnant woman may reach the physician; 24 hours a day to request assistance for any complications that arise from the abortion or ask health-related questions regarding the abortion; and b) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.  This Requirement is not met as evidenced by: Based on a review of clinical records, the physician failed to provide the patient with the	A 315		

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/25/2016
NAME OF PROVIDER OR SUPPLIER  REPRODUCTIVE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1511 EAST MISSOURI EL PASO, TX 79902		
(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
A 315	Continued From page 6  name and telephone number of the nearest hospital to her home at which an emergency arising from the abortion would be treated.  Findings were:  During a review of clinical records for 6 medical patients ("medical" patients #1 through #6) 1 of the 6 patients ("medical" patient #2) was not provided with the name and telephone number of the nearest hospital to her home at which an emergency arising from the abortion would be treated.  The above was confirmed in an interview with the Facility Administrator and the Medical Director on the afternoon of 5-25-16 in the facility counseling room.	A 315	A review of all medical records for the prior five months showed the lack of the nearest hospital's name and telephone number was an isolated incident. Once again, at the Staff meeting on May 26, 2016, the Administrator went over the requirement to complete the Discharge in its entirety prior to giving it to the patient. To avoid error and assure full written information is provided both verbally and in writing, there will be one final check by the Receptionist who will detain the patient and contact the appropriate staff to complete the record if incomplete. The Administrator is responsible for improvement in documentation and will be notified immediately if an incomplete record is found. She will perform periodic chart audits to assure compliance continues correctly.	6/25/16
A 338	[REDACTED]	A 338		

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  05/25/2016
NAME OF PROVIDER OR SUPPLIER  REPRODUCTIVE SERVICES:			STREET ADDRESS, CITY, STATE, ZIP CODE 1511 EAST MISSOURI EL PASO, TX 79902		
(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	
A 338	Continued From page 7 	A 338		5/26/16	