

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2015
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NAME OF PROVIDER OR SUPPLIER SUBURBAN WOMENS CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098
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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
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A 000	<p>TAC 139 Initial Comments</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 unannounced visit was made on the morning of 9/29/2015 to conduct a Re-licensure Survey to determine compliance with 25 TAC Chapter 139 State Licensing Rules for Abortion Facility.</p> <p>An entrance conference was conducted with the Medical Director. The purpose of the visit and procedure for the survey was discussed.</p> <p>An exit conference was conducted on the afternoon of 9/29/2015 with the Medical Director. Deficiencies were cited. The facility's personnel was given an opportunity to provide additional information and ask questions.</p> <p>Information to complete and submit an acceptable plan of correction was given verbally and in writing.</p>	A 000	<p>REVIEW POC'S</p> <p>REVIEWED <u>MER 12/22/2015</u></p> <p><u>accepted</u></p> <p>Rec'd</p> <p>DEC 21 2015</p> <p>HFC - Houston</p>	
A 143	<p>TAC 139.43(2)(3)(4)(5) Personnel Policies</p> <p>(2) a requirement for orientation of all employees, volunteers, students and contractors to the policies and objectives of the facility and participation by all personnel in employee training specific to their job;</p> <p>(3) job-related training for each position;</p>	A 143		

SOP - State Form



TITLE
MEDICAL DIRECTOR

(X6) DATE
12/15/2015

Texas Department of State Health Services

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A 143 Continued From page 1

(4) a requirement for an annual evaluation of employee performance;

(5) in-service and continuing education requirements;

This Requirement is not met as evidenced by:
Based on record review and interview the facility failed to provide documentation that a new direct care staff had orientation to the facility's policy and protocols and their job responsibilities. This failed practice had the potential to adversely affect patients seeking care at the facility. Citing one of three staff.

Findings:

Review of personnel record for Staff (G) Registered Nurse revealed the nurse was hired at the facility 4/20/2015. There was no documentation that the Staff had orientation to the facility's policy/procedure to include patients rights information.

During an interview on 9/29/2015 at 11:15 am with the facility's Medical Director he stated he gave the staff the required information it just did not make it to her personnel file.

A 143



12/31/15

A 146 TAC 139.43(8) Personnel Policies

(8) a requirement that all personnel complete a training program developed jointly by the department and the Department of Family and Protective Services (DFPS) concerning their individual duties to report child abuse, how to identify and recognize abuse, and the jurisdiction

A 146

POC reviewed and accepted MGR 10/22/15

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A 146	<p>Continued From page 2</p> <p>of DFPS and local law enforcement over child abuse.</p> <p>This Requirement is not met as evidenced by: Based on record review and interview the facility failed to provide documentation that a new direct care staff had training on Child Abuse identification and reporting procedures. This failed practice had the potential to adversely affect patients seeking care at the facility. Citing one of three staff.(G)</p> <p>Findings:</p> <p>Review of personnel record for Staff (G) Registered Nurse revealed the nurse was hired at the facility 4/20/2015. There was no documentation that the Staff had the required training for Child abuse identification and reporting responsibilities .</p> <p>During an interview on 9/29/2015 at 11:15 am with the facility's Medical Director he stated he gave the staff the required information it just did not make it to her personnel file.</p>	A 146	I, The Medical Director will be responsible for documenting all required training by all employees of the facility.	12/31/15
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