

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000030	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/13/2016
NAME OF PROVIDER OR SUPPLIER WHOLE WOMAN'S HEALTH OF MCALLEN LP			STREET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH MAIN STREET MC ALLEN, TX 78501		
(X4) ID PREFIX TAC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAC	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 unannounced visit was made on the morning of 9/13/2016 to conduct a Re-licensure Survey to determine compliance with 25 TAC Chapter 139 State Licensing Rules for Abortion Facility. An entrance conference was conducted with the Clinic Manager. The purpose of the visit and procedure for the survey was discussed. An exit conference was conducted on 9/13/16 with the Clinic Manager. Violations were cited. The preliminary findings of the survey and the next steps in the survey process were explained. An opportunity was provided for facility to provide evidence of compliance with those requirements for which non-compliance had been found.	A 000	Acceptable 10/14/16		
A 197	TAC 139.48(1)(A) Physical & Environmental Requirements The physical and environmental requirements for a licensed abortion facility are as follows. (1) A facility shall: (A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times.	A 197			

SOS - State Laboratory

STATE FORM



TITLE: LYN, CLINIC MANAGER
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 008036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/13/2016
NAME OF PROVIDER OR SUPPLIER WHOLE WOMANS HEALTH OF MCALLEN LP		STREET ADDRESS, CITY, STATE, ZIP CODE 802 SOUTH MAIN STREET MC ALLEN, TX 78501		
(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 197	Continued From page 1 This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to provide a clean and sanitary environment to protect the health and safety of patients and minimize the transmission of infections. The findings included: Observations on 9/15/14 at 10:00 a.m. of the facility's pathology room, revealed the laminate counter top was warped and bowed away from the particle board based, exposing the particle board. The counter top was no longer a wipeable surface which could harbor bacteria and infectious matter. This room was also used to clean and pack surgical instruments. Interview with the facility clinical coordinator confirmed the above finding.	A 197	A 197 The Clinic Manager will be responsible for ensuring that our facility maintains a safe and sanitary environment, property constructed and equipped to protect the health and safety of patients and staff at all times. During the survey on 09/13/2016, the surveyor noted that the laminate countertop in the pathology room was warped and bowed away from the particle board exposing the particle board material. The Clinic Manager will hire a contractor to remove and replace damaged countertop in Pathology Room. In order to ensure that the facility maintains a healthy and safe environment for patients and staff, the Clinic Manager will complete a physical walk through of the facilities while completing the Quarterly Clinic Reports. Any needed repairs will be included in the above reports and repairs scheduled immediately.	10/30/2016