Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130061	A. BUILDING: _____ B. WING _____	11/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD CENTER FOR CHOICE ASC	4600 GULF FREEWAY, SUITE 300 HOUSTON, TX 77023

(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	Ambulatory Surgery Centers 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 11/2/2017 to conduct a Re-Licensure and Complaint survey (TX 00271225) to determine compliance with 25 Texas Administrative Code (TAC), Chapter 135 State Regulatory Requirements for Ambulatory Surgical Centers. An entrance conference was held on 11/2/2017 with the facility's Administrator. The purpose of the visit was explained and an opportunity for questions and discussions was provided. An exit conference was held on the afternoon of 11/3/2017 with the Administrator. Findings of the survey were discussed. The facility was given an opportunity to provide additional information. Deficiencies were cited. The complaint allegations were unsubstantiated. Information to complete and submit and acceptable plan of correction was given verbally and in writing.	T 000	[Tag 112] The governing body will address full and complete oversight of the employment of all health care practitioners including delineation of privileges for all providers. An adhoc committee meeting will be scheduled for the governing body to assure all oversight is done. A scope of care document will be developed by the Administrator to include in the Anesthesia policies and procedures. The document will include the description of duties, the scope of practice, and the level of supervision to be provided by the Program Director. The delineation of privileging process has begun for the CRNA by the Administrator. To ensure that this oversight does not happen again in the future with any new Allied Health Professional, a checklist will be developed to ensure that the privileging process has been accurately completed along with the credentialing process. This checklist will be developed by the Administrator. The governing body will assure the above process is followed. The minutes of the credentialing process and associated documentation will be provided to the governing body for review and approval. The governing body minutes will reflect the details of all practitioners privileged and credentialed at the facility. The Administrator/Chair of the governing body will be responsible for implementing the plan of correction. The corrective action will be completed by January 2, 2018.	
T 112	135.4 (c)(11)(A-E) ASC OPERATION (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.	T 112		

SOD - State Form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [redacted] TITLE ADMINISTRATOR (X6) DATE 12/8/2017

STATE FORM 6899 VJC211 If continuation sheet 1 of 6

POC Reviewed
By: KBaker
Date: 12/8/2017

Received
DEC 08 2017
HFC-Houston

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T 112	135.4 (c)(11)(A-E) ASC OPERATION (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.	T 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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T 112	Continued From page 1 Governing body responsibilities include, but are not limited to: (11) approving all major contracts or arrangements affecting the medical care provided under its auspices, including, but not limited to, those concerning; (A) the employment of health care practitioners; (B) an effective procedure for the immediate transfer to a hospital of patients requiring emergency care beyond the capabilities of the ASC. The ASC shall have a written transfer agreement with a hospital or all physicians performing surgery at the ASC shall have admitting privileges at a local hospital; (C) the use of external laboratories; (D) an effective procedure for obtaining emergency laboratory, radiology, and pharmaceutical services if laboratory, X-ray, and pharmacy services are not provided on site; (E) the provision of education to students and postgraduate trainees if the ASC participates in such programs; This Requirement is not met as evidenced by: Based on record review and interview, the facility failed to have delineation of privileges for one of one nurse anesthetists on staff (ID# 68). Findings include: Review of credentialing file for nurse anesthetist (ID# 68) revealed no delineation of privileges or description of duties to be performed or signature	T 112	[Tag 259] The facility's infection prevention and sterilization policies and procedures will be reviewed and updated based on guidelines, standards, and recommendations of AORN, APIC and CDC. The Administrator will be responsible for completing this corrective action by January 11, 2018. A didactic review of these policies and procedures will be reviewed with all staff on how to properly package instruments for sterilization. There will also be a hands on training on the actual techniques of prepping and packaging instruments for sterilization. Documentation of this training will be placed in the personnel files of each staff who are involved in the sterilization process. The Director of Nursing will be responsible for implementing this corrective action by January 11, 2018. To ensure that improperly packaged instruments are not to be put in use, the process of inspecting instruments as they are removed from the autoclave and prior to moving the instruments into procedure rooms will explicitly include ensuring instruments were sterilized with hinges opened and arranged to present the least possible resistance for the passage of steam. The quarterly sterilization process audit will now include a specific item regarding the positioning of instruments in the sterilization processes. This will be implemented in the next quarter's audit in January 2018. The Infection Preventionist will be responsible for implementing the plan of correction.	

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T 112	Continued From page 2 of supervising physician. Record review of Medical Staff Bylaws amended March 2016 revealed the following information: 9.1 Allied Health Professionals shall be defined as non-physician healthcare workers. Allied Health Professionals practice under the direction of a physician and may be employed by the Center or a Medical Staff member. Allied Health Professionals include, but are not limited to, the following individuals: * Advance Practice Registered Nurses 9.2.2 The application shall be signed by the employing or supervising physician, as applicable, indicating the Physician's agreement to be fully responsible for the Allied Health Professional's actions in dealing with patients treated at the Center. 9.2.4 The scope of care form shall outline a description of duties the applicant desires to perform at the Center, the scope of practice, and the level of supervision to be provided by the physician. During an interview with Vice President of Clinical Services on 11/2/2017 at 9:43 AM she stated that a nurse anesthetist (CRNA) is utilized for patients that requite deep sedation with the use of propofol, fentanyl and versed (medications used for anesthesia and sedation). There is one CRNA (ID# 68) that works under the direction of the medical director of the facility.	T 112		
T 259	135.11(b)(12)(A-D) ANESTHESIA & SURGICAL SVCS IN A LIC ASC	T 259		

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T 259	Continued From page 3 (12) Written policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies shall be developed, implemented and enforced. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing, and sterilization of critical items (reusable items), as well as for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment. (A) Policies and procedures shall be developed following standards, guidelines, and recommendations issued by the Association of periOperative Registered Nurses (AORN), the Association for Professionals in Infection Control and Epidemiology (APIC), the Centers for Disease Control and Prevention (CDC) and, if applicable, the Society of Gastroenterology Nurses and Associates (SGNA). Standards, guidelines, and recommendations of these organizations are available for review at the Department of State Health Services, Exchange Building, 8407 Wall Street, Austin, Texas. Copies may also be obtained directly from each organization, as follows: AORN, 2170 South Parker Road, Suite 300, Denver Colorado, 80231, (800) 755-2676; APIC, 1275 K Street, Northwest, Suite 1000, Washington, District of Columbia, 20005-4006, (202)789-1890; CDC, 1600 Clifton Road, Atlanta, Georgia, 30333, (800) 311-3435; SGNA, 401 North Michigan Avenue, Chicago, Illinois, 60611-4267, (312) 321-5165. (B) Policies and procedures shall also address proper use of external chemical indicators and biological indicators. (C) Performance records for all sterilizers shall be maintained for a period of six months. (D) Preventive maintenance of all sterilizers shall	T 259		

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T 259	Continued From page 4 be completed according to manufacturer's recommendations on a scheduled basis. A preventive maintenance record shall be maintained for each sterilizer. These records shall be retained at least one year and shall be available for review to the facility within two hours of request by the department. This Requirement is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure proper packaging of six(6) of fifteen (15) sterile instruments in the instrument storage area (Clean utility room). Findings include: Observation of the clean utility room on 11/2/2017 at 10:44 AM revealed six (6) hinged surgical instruments that were packaged in the closed position. Interview with surgical assistant (ID# 57) at the time of observation stated that instruments should be packaged and sterilized in the open position. Record review of the facility's infection control manual stated the following instrumentation sterilization: * Packages must be loosely packed, yet secure. *Instruments should be arranged loosely to present the least possible resistance of the passage of steam through the load. Record review of AORN's (Association of periOperative Registered Nurses) Perioperative	T 259		

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T 259	Continued From page 5 Standards and Recommended Practices 2012 Edition page 522 revealed the following: "Recommendation XII Cleaned surgical instruments should be organized for packaging in a manner to allow the sterilant to contact all exposed surfaces .... XII.c. Instruments with hinges should be opened and those with removable parts should be disassembled when placed in trays designed for sterilization ...Sterilization occurs only on surfaces that have direct contact with the sterilant ... XII.c.1 Instruments should be kept in the open and unlocked position using instrument stringers, racks, or instrument pegs designed to contain instruments ...	T 259		