Texas De	partment of State Hea						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		E SURVEY PLETED	
			B. WING				
007882					03/27/2018		1
NAME OF P	ROVIDER OR SUPPLIER						
AUSTIN W	VOMENS HEALTH CENT						
				<u> </u>			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE ENCY)	(X5 COMPL DAT	ETE.
A 000	A 000 Initial Comments					,	
	correction, correction space. Any discrepancitation(s) will be referenced from the continuation of the con	ation must remain or entering the plan of or dates, and the signature or dates, and the original deficiency or date to the Office of the oral (OAG) for possible fraud. Overtently changed by the or State Survey Agency (SA) or dately. Or date of the or date of the or discussed, and an or date of the or discussed, and an or date of the or discussed, with an or date of the or discussed, and an or date of the or discussed, and an or discussed, and an		REVIEWI MAY 02 BY: WWW	2018 2018		
	Requirements The physical and envaluence abortion factor (1) A facility shall: (A) have a safe and a properly constructed, to protect the health staff at all times;	eysical & Environmental vironmental requirements for acility are as follows. sanitary environment, equipped, and maintained and safety of patients and	A 197	The Executive Admiretained a contractor resurface the entire the top and the edge laminate. The contra his work by May 2, 2 have therefore addresurveyor's observational that the former surfawas out of compliance 139.48(1)(A). This conserved times a day Disinfectant Cleaner as appropriate for a surface, and it was out of survey.	to completely counter, on both s, with new ctor will complete 018. Although we seed the on, we do not agree of the counter e with 25 TAC unter is cleaned with Lysol Foaming and with bleach, wood or laminate	g	/18
30D - State F	om						

SENTATIVE'S SIGNATURE

Executive administrator 4/2//
NJ9H11 If continuation sheet 1 of 2

Texas Department of State Health Services					<u> </u>			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X'		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:				(3) DATE SURVEY COMPLETED	
		007882	B. WING			03/27/2018		
NAME OF P	ROVIDER OR SUPPLIER	ATE, ZIP CODE						
		1902 SOU						
AUSTIN W	OMENS HEALTH CENT	ER AUSTIN, 1						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED DEFIC	TO THE APPROPRIATE ENCY)		(X5) COMPLE DATE	ETE
A 197	Continued From page 1			The surveyor did not 25 TAC 139.48(1)(A				
		not met as evidenced by:		requiring a licensed				
	Based on observation			sanitary and safe. It				
		sanitary environment that	ľ	any specific requiren				
		ned to protect the health and		in which instruments				
	safety of patients and	l staff at all times.		unlike those applicat	U .	٠,		
			1					
	Findings were:			to an ambulatory sur "clean/assembly wor				
	During a tour of the fr	ecility on 2-27-18, the		1	1			
	During a tour of the facility on 3-27-18, the following was noted:			TAC 135.52 (d)(14)(1	
. ,	lonoming macriotoa.			Court has prohibited				
	The formica-type edd	ging on the countertop in the		imposing those amb				
	instrument sterilization area had peeled back in			facility regulations or				
}	some areas and was missing in other areas.			facilities, Whole Wor				
i		es a porous surface that		Hellerstedt, 136 S.C		- ,		
	cannot be cleaned or properly maintained and			TAC 139.48(1)(A), t	l -	1		
	provides an area for I	bacteria to grow.		require counter surfa				-
				the autoclave be ste	h -			
		med in an interview with the	Ì	covered with any pa			ľ	
	afternoon of 3-27-18.	he Facility Administrator the		material. Because in	1			
,	alternoon of 3-27-16.			sterilized inside the	1	I .		
				remain sterile within				
	,			until being made rea				
	1			no practical purpose			1	
	1			area outside the aut	oclave. And	in any		
				event, sterile instrun	ents are no	t placed		
		•		on this counter after	being remo	ved	İ	
				from the autoclave.				
	l	v.		non-sterile surface d			1	
-				safe and sanitary, ar				
				25 TAC 139.48(1)(A				
				resurfaced it.	,, 5,51. 5510			
							}	+
				_		1		
	'			_				