D PLAN OF C	deficiencies draection	(X1) PROMOENKUPPLININCLIA IDENTITICATION NUMBER:	A. BUILDING:	CONSTRUCTION	COMPLET	
		007804	R. WHG		10/04	2017
ME OF PROV	nger or Supplier	हतायदा श	DAESS, CITY, STATI	L, '21° G00L		
.LTOP ₩0	MENS REPRODUCTI	VE CLIMIC	T SCHUSTER BUI TX 70902	LDIŅG B		
A41 IO REFTX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LEG IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTIVE PEACH CORRECTIVE ACTION SHOULD ERDSS-REFERENCES TO THE APPROVIDERS OF THE APPROVING OF THE APPROVIDERS OF THE APPROVING OF THE A	J 30 C	DAD L
A 000 T/	AC 139 Initial Com	nonts	A 000	,		
de uii ca si	ocument. All inform nchanged except to praction, correction pace. Any discrept tation(s) will be refi exas Attorney Gunt information is inad moider/supplier, the hould be notified in a entrance confere uninferrator in the unpose and proces are discussed, and questions.	or entering the plan of a dotoe, and the xignature and the xignature and in the original deficiency area to the Office of the area (OAG) for possible troud, wortently changed by the a State Survey Agency (SA)		REVIEWED NOV 01 2017 BY: What will	i noa	n
, , , , , , , , , , , , , , , , , , ,	Administrator the of Preliminary findings	rection. was held with the facility ternoon of 10-4-17. of the Survey were apportunity given for		139.8(d)(5)(6)(7) - A Assurance Meeting w 10/20/17 at 10:30 a.m. Henceforth on a quarte	vas held	10/20/17
	(d) Minimum responsibilities (5) address medics (6) address the intermedical equipment (7) address service	(7) Quality Azzurance insibilities. The QA committee tion therapy practices; goty of surgical instruments, and patient supplies; and a performed in the facility as ephateness of diagnosis and	A 037	the minutes of quality a meeting shall be revi ensure that medication practices, integrity, su instruments, patient services performed in they relate to appropand treatment is being and recorded.	ssurance ewed to i therapy orgical supplies, facility as oriateness	
	This Requirement	to not met as evidenced by: /		1)		ļ
O - State For				The Augustian	æDn	(HE) DATE 10

1		infection control policies:				
 	not limited to, the fo	nderstands, at a minimum but bllowing: d treatment of patient care;				
1 ^1	Orientation/Training	/Demonstrated Competency	~			
) 	SEQN #2 ON THE BILET TAC 139,44(b)(3)(A		A 149			
	The above was con staff #2 on the after	firmed in an interview with				
:	facility as they relate diagnosis and treat	e to appropriateness of mont.				Ì
	patient supplies and	i, medical aquipment, and i services performed in the				
,		had been no discussion of practices, the integrity of		<u> </u>		
	In an interview with	stnff #2 on 10-4-17, staff #2			•	
· 		diagnosis and treatment were				
	equipment, and pati	ant supplies and services dity as they relate to.				
		medication therapy practices, call instruments, medical				
		maetings consined	1	ı		\
		for 2017 were reviewed. on 1-31-17, 4-19-17 and				
•	Findings wors:					
İ	partormed in the faci appropriateness of d	lity of they relate to lagnosis and treatment.				
	equipment, and patio	ent supplies and services				
	address medication t integrity of surplical in	therapy proctices, the	1			1
		f documentation and an he QA committee falled to]
A 037	Continued From pag		A 037			
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	NOMENS REPRODUCTI	WE CLINIC EL PASO WITHHERT OF DRIFFICIENCIES	TX 79902	PROVIDERS PLAN OF C	-	1
NAME OF PROMORE OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B						
		007804	B. World		10	104/2017
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	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDENSUM-LIGITICUA IDENTIFICATION NUMBER:	(NO) MULTIPLE A BUILDING:_ B. WING	CONSTRUCTION	(X3) DATE SI COMPLE	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST. HILLTOP WOMEN'S REPRODUCTIVE CLINIC EL PASO, TX 79902			T SCHUSTER BL	JILDING B		112017
(XA) ID PREFIX TAG	(EACH DÉHCIENS	TATEMENT OF DEPIOIENCIES IY MUST BE PRECEDED BY FULL LCC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROMOCITS IT AN OF CORRECTION (FACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	P BE	(XS) COMPLETE DATE
A 14D	(D) informed consent to Requirement is Based on a review or manylaw, the facility orientation included employee understar limited to, the follow treatment of patient infection control policity advantation/informatic education/informatic profiles and Domortin part, "2. Employees will be elements prior to the sorvices: 3. The employee id limited to the follow a, coordination and b, starilization and it, patient education d, informed consent, as botton technique, care of the patient abortion procedure.	t policies; In not met as evidenced by: If documentation and foiled to ensure the facility documentation that the days at a minimum but not ing; coordination and cars; sterilization and cars; and pattent in; informed consent policies. I entitled, "Orientation, istrated Competency" stated as oriented to the following a provision of care and/or oriented, at minimum but not ing; treatment of patient care infection control policies whitemation t policies as at the facility t before, during, and after an	A 149	139.44(b)(3)(A)(B)(C)(L Orientation/Train Demonstrated Competer Employees have gone t "Orientation, Training Demonstrated Competer meeting. Orientation of coordination and treatment care, sterilization infection control policies. Proper document verification above material has recorded in employees. Will monitor on a sembasis.	hrough g and etency" covered nent of on and es. ying the files.	10/23/1
ļ	procedure 1, prevention of info	•				
_		onnel files for claff mombers those amployees did not have				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(XX) MULTIPLE C	ONSTRUCTION	(X3) DATE SUR	
CONTRACTOR	t Annuer und	IDENTIFICATION NUMBER:	A BUILDING;		COMPLET	<u>"</u> ا
		j	ļ			- 1
	<u></u>	007804	8. WNG		10/04/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, DITY, STATE, DF CODE						
		Ang Pass	SCHUSTER BUI			, j
HILLTOP V	YOMENS REPRODUCT	VE CLINIC EL PASO	TX 79802			
(X4) ID		ATEMENT OF DECIDIONCIES	ID .	PHOMOBRE PLAN OF CORRECTION	N	(24.5)
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			1 "-	DEFICIENCY)		
A 149	Continued From pag	e 3	A 149			
ŀ	opcumented priental	ion in the areas of	1		. 1	
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ſ		nmation, informed consumt				
		iniques at the facility, care of	1 [į	
		uring, and after on obortion	1 6		!	
		complications of the aborton	1 1		1	
- 1	disenses.	prevention of infectious			Ì	
	урандноп.		1			
1	in an interview with:	staff member #2 on 10/04/17	1 1)	
		re facility documents training	1		į	
		and informed consont. This	l i	,	•	
		they ask new hires about experiences and discussed	1 1			
		ives, it was also confirmed	i 1		1	
		ol complete orientation	1 1		ì	
		ees to documented the	j i			
,		in their own policy and	1		i	
	required by this regr	Janon.	1			
A 154	TAC 139.44(b)(3)(E	VEVGVHVIV	A 155	139.44(b)(3)(E)(F)(C	CDCH)(f	
		//Demonstrated Competency		Orientation/Tra	ining/	10/23/1
	· ·	•	į			
		nderstands, at a minimum but		Demonstrated Compete	etich.	
	not limited to, the fo		i i	Clinic has conduc	ted an	
		pues provided at that facility; ant before, during, and after an	1	orientation with emplo		1
	abortion procedure:		ţ	onentation with embio	yoos.	1
	(G) patient rights;	•	l l			\
		cations of the abortion	ĺ	1		[
ł	procedure; and	A)				
	(I) prevention of inf	actions disagnes.				
	This Saguienes	is not met as evidenced by:				
i		of documentation and	ļ.			
J		ly failed to ensure the	į	1]
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIENCLIA	(22) MULTIPLE	CONSTRUCTION	(X3) DATE D	
AND PLAN O	F CORRECTION	DENTIFICATION NUMBER:	A. BUILDING		COMPLE	TED
		<u> </u>	}			,
		007904	ti, vang		10/0	4/2017
NAME OF IT	ROMDEK OR SUPPLIER	STREET AD	ORGSS, CITY, STA	NYE, ZIP GODE		
		500 EAST	SCHUSTER OF	UILDING B		,
HILLTOP V	YOMENS REPRODUCTI	AG CETHIO	TX 79902			
(X4) ID PREMX TAG	Froh Devicienc	AYBMENT OF DEFICIENCIES IY MUAT BE PIECEDED BY FULL LGC IDENTIFYING INFORMATION)	PREFIX TAG	PHOYADER'S PLAN OF CONNEUTIN (EACH CORRECTIVE ACTION SHOUL CHOSS-REFERENCED TO THE APPROX OCHICIENCY)	DBb	(Dia) COMPLETE DATE
A 150	Continued From page	0 4	A 155			
<u> </u>	implementation of an	orientation and training	}	139.44(b)(3)(E)(F)(G)(I	I)(I)	
		i and trained each employee		continued from page 4		10/23/17
		manavaled competency.	}	20mmin - Mann F. Ba		
		tood the following: abortion	1	Employees (incoming s	taff)	ļ
	wcholques provided	at that facility; care of the	1	have been orientated on	the	ŀ
	patient balons, during	g, and after an abortion		"Orientation Training a		
		ants; possible complications				ľ
		dure; and prevention of	ì	Demonstrated Compete	ncy.	l
1	(ಗಡಿದುರಿಂತ ರಚಿತ್ರವಾಚಕ್ಷ		1	policy. Orientation cov	ered	
	Findings included:			issues as described on is	ssue #3	
	ringings included;		ł	a-1,-E-I and orientation]
	Facility based policy	entitled, "Orientation,	j	•	ща	
		systed Competency" stated	}	been documented in		}
	in part		.	employees charts.		i
	"2. Employees will be	g oriented to the following	1			1
-	elements prior to the	provision of core and/or		All incoming employee	s will	1
	zervicex;			have orientation and tra	ining	ì
	7	priented, at minimum but not		to meet requirements as		
	limited to the follows:		ļ	outlined in clinics police		1
		reatment of patient care rection control policies	•		y	
	o, patient oducation/		Į.	manual.		1
	d. informed consent			D 1		1
	e, abotion technique		\	Employees charts will		1
}		before, during, and after an		reviewed for compliant		
	abortion procedure		Į.	clinics policy manual o	ŊА	1
}	h, possible complica	rtions of the abortion	-	semi annual basis.		1
1	procedure		Į	Company of the control of the contro		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1	i, prevention of infoc	tions diseases"				
Į		nnol files for staff members				1.
1	#3 and 4 revealed th	hese employees did not trave	1			
ĺ		tion in the areas of abolion)	1	}		1
1	techniques at the la	cility, care of the patient		1		
		after an abortion procedure.		}		1
) ·		ons of the abortion procedure,	1	}		
	and the prevention	of infectious diseases.	- [1
	in an interview with	staff member #2 on 10/04/17				1

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STATEMENT	DRIMEN OF STATE MAR OF DEFICIENCIES OF CORRECTION	(X1) PROWDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A SUILDING: B. WING		(X3) DATE SUR COMPLET	CO .
NAME OF P	AME OF PROMOBER OR BUPPLIER STREET ADDRESS, CITY, STATE, 21P CODE					
HILLTOP	NOMENS REPRODUCTI	VECLUNIC :	T SCHUSTER BUI C, TX 19802	ILDING B		
(X4) 10 PRCFIX TAC	(EACH DÉFICIENC	atement of deficiencies y must be preceded by full Lisc identifying information)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (CACH CORRECTIVE ACTION SHOUL CROUS-REPERENCED TO THE APPRO DEFICIENCY)	CHE	(Xb) COMPLETE DATE
A 155	tor infaction control a staff member stated provious health care the need to wear glo that the facility did no checklist for employe	n facility documents training and informed consent. This they ask new hires about experiences and discussed yea, it was also confirmed at complete orientation in their own policy and	A 155			
A 19	Requirements. The physical and en a licensed aborden (-(1)-A facility shall: (A) have a sale and properly constructed	vironmental requirements for activity are as follows: sanitary environment, equipped, and maintained and safety of patients and	A 107	sterilization of instrum documentation has bee	een re- proper ents and	10/19/17
	Bosed on tour and it creates a safe and a maintained to prote petients and steff at Findings included: During a lour of the following observation in the laboratory towel dispenser. Spaper towel dispenser.	facility on 10/04/17 the		employee file. Administrator will en such is followed as s of clinical supplies arr clinic. The medical supply remain locked and supply remains rema	hipments ive to the coom will oply room	

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RECORDINATION STREET COST 17

Texas De	partment of State He	alth Services			,	M APPROVED
STATEMENT	of ogficiencies	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	DUS DATÉ SURVEY COMPLETED	
AND PUAN C	P CONTECTION	IDENTIFICATION NUMBER:	a building:		COM	-66160
	, .	007804	0. WMG		10/04/2017	
UNIT OF B				7/B DOOF		
		EM GAS	DORESS, CITY, STATE T SCHUSTER BUIL			
HILLTOP \	NOMENS REPRODUC	TIVE CLINIC	D. TX. 79802	LD1114 B		
(X4) 10		STATEMENT OF DEFICIENCIES	(b)	PROMOCR'S PLAN OF CORRU		(20)
PREPUX TAG		icy must of preceded by full rescioentifying information]	. PALENIA TAG	(CACH COHRECTIVE ACTION SE GHOSS-REFFRENCED TO THE AP OUT!CIENCY)		COMPLETE
A 197	Continued From pa	Qu 6	A 197		·	
	l potentisi enny noini	for dust, debris, and insects	[[1
	into the laboratory a					
		11 to pack of instruments	1 1			}
		rcops which were observed in	- } i			\
		When instruments are	1 1			Į.
	closed, the sterilizar	ng agent cannot penetrate all	1 1			(
	surfaces to ansure	lie to noticalitate atolomos	1			ļ.
	surfaces of the inst	ruments. According to the	\			- {
	Contests for Digease	a Control and Prevention	}			l l
	, ,	DELINE FOR DISINFECTION	1			}
		ON IN HEALTHCARE	!!			ł
		by William A. Rutele, Ph.D.,	1 1			\
		cbor, M.D., M.P.H., and the	ì			(
		n Control Practices Advisory	1 1			1
	Committee (HICPA		- 1 1			}
		/ncidod/dhqp/pdt/guldelines/0i]
		08.pdf, states on page 74 that	1 1			
		and instruments that close during the process of	1 1			I
	sterilization.	duning the process of	J J			ì
		bly room, approximately 4			•	ı
		no bevisado eraw monietos				1
		nod patient care items.				1
		ontainers are exposed to a	1			
	number of environ	montal contaminants en route	. }	1		ì
	to their final destin	ation and are considered dirty				{
	lams. According	to APIC: "Supplies must be:		ł		\ \
		pping cartons or cardboard		(- {
		age to provent contamination		ļ		1
		it was po ou coulous "'Os dos	1	1		}
		ng boxes in Clinical amas (due		1 .		\ \
		rents! contamination)."	}	}		\
		on in Ambulatory Care, Winter	l l			1
	2011/2012; availa		<u>,</u>	1		1
		source_/TinyMcaFlleManager/E ng-)nf-in-Amb-Care-Winter2012	1	ì]
	-FINAL POF.	IIIA-IIIA IIIA IIIA IIIA IIIA IIIA IIIA	ļ.			
	1		Ì	1		}
,	The above finding with staff member	were confirmed in an interview - #2 on 10/04/17.				

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If continuation shoot 7 of 17

	of Duficiencies Foorsiection	(X1) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A. BUILDING: _ D. WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		007804	D, WING		10/04/2017
NAME OF FR	OVIDER OR SUPPLIER		IDRESS, CITY, STAT	· ·	
HILLTOP V	VOMENS REPRODUCT	IVF CLINIC	SCHUSTER BU TX 79902	HLDING D	
(X4) ID PRIGENX TAG	(EACH DEFICIEN	TATEMENT OF DEPICIENCIES BY MURT DE PRECEDED BY FULL LEC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S ITAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD CHOUS-MESEMENCED TO THE APPROVI DEMOSENCY)	DE DOMPLET
A 201	Requirements The physical and en a licensed abortion i (1) A facility shok: (2) store hazardous compounds in a sec substances; (if) have the capacit figuids. The facility in packaged food to pit other food is provisubject to the requisible to th	tectity on 10/04/17 the set contained items including at cleaner, WU-40, Speed laner, spray air freshener, hand sanitizer. If immed in an interview with 7. If infoction Control Standards intenance, Proventive	A 201	139.48 (1)(E)(F) All hazardous cle solutions and compound been removed from r supply room and have moved to cleaning supply Medical supply closet inspected on a quarterly ensure no hazardous so or compounds are being in medical supply clo rather in the cleaning closet.	medical e been y room. will be basis to blutions g stored eset but
SOO - State	according to indivi	sterilizers shall be performed dual policy on a schoduled			

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Texas De	partment of State Hos	Ith Services				
	OF DEFICIONCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/SUA IDENTIFIC/GTON NUMBER:	(XZ) MULTIPLE A. DUILOING:	CONSTRUCTION	(X3) DATE SU COMPLE	
		007804	B. WN9		10/04	1/2017
•	ROMDER OR SUPPLIER NOMENS REPRODUCTI	STREET A	DOREES, CITY, STAT T SCHUSTER BU			
		BL PASO	, TX 79802			
(X4) ID PREFIX TAG	(SACH ORFIGIENC	iatement of deficiencies Ly must be preceded by full Lyc Ioun) Eying Information	PREFIX TAG	PAGMOERS HAM OF COARECTIC (EACH COARECTIVE ACTION SHOUL) CHOSSEREFRENCED TO THE APPROF DEHCHMOY)) OF	COMPLETS THATP
A 250	manufacturer's serving preventive maintenar ma	reannet, using the sturilizer comanual as a reference. A new record shall be sterilizer. These records east two years and shall be to the facility within two hours partment. In net met as evidenced by: If documentation and falled to ensure that a nee record shall be sterilizer and that these and delicat two years and review to the facility within	A 259	139.49 (d)(5)(M) A preventive maint record has been updat implemented. The maintenance record has updated and such record kept in sterilization are record will also be retain kept by the clinic admin. Sterilizer was cleaned month of October 2017 be cleaned as per stemanual recommendation recorded properly.	ed and current is been will be a and a med and istrator. for the . It will erilizers	10/19/17
	maintenance by a q technician in accord recommendations. D, All preventative in current and on file v. The facility was una maintenance record interview on 10/04/confined that a blor preference maintenance record in the confined that a blor preference maintenance maintenance in the confined that a blor preference maintenance is a stoker form was a stoker form.	d in in parl, have scheduled preventative usalfied Blo-Medical larice to manufacturer's maintenance records are with the facility Administrator." whete provide a preventative of for the the starflizer, In an 17 with starf member #2 they nedical technician came an ance on the machine in the evidence of this maintenance the biomedical technician on lizer stating the next		Sterilization maintenant be conducted by standard to be a conducted by standard to be a configuration and a quarterly basis be administrator.	aff and	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE ((X3) DATE SURVEY COMPLETED	
		•			ļ		
	007804		IL WING		10/	04/2017 ~	
IAME OF PI	ROMPER OR EUPPLIGR	STREETA	ADDRESS, CITY, STATE	ಗಿಳಿ COOE		ļ	
ILLTOP V	NOMENS REPRODUCT	TVE CLINIC	ST SCHUSTER BUIL	DING B		1	
		TATEMENT OF DEFICIENCIES	O. TX 79901	PROMDER'S PLAN OF COI	nere and		
(X4) 10 PRIZITIX YAG	(EACH OCTICIEN	i r2g idénilejing imedunation) Cantile hatgeded el lint Ivi purit de matgeded el lint	PREFIX TAG	(EACH COMPLETIVE ACTION CROSS-REFERENCED TO THE DIFFICIENCY)	SHOULD BE	(OU) COMPLETA DATE	
A 250	Continued From pag)c 9	A 259				
	Staff member # 2 ac	infirmed that the facility does					
	not have a preventing at lease	e maintenance record that	•}			1	
	402 IOMINEO W 1675	t two years.				<u> </u>	
70 - 5 tole	Ferm.						
7 - Omia				Ul 1=544		mustion shout 10 of	

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STATEMENT	PARTMENT OF State Hear FOR DEFICIENCIES OF CORRECTION	Ith Services (A1) PROVIDENSUPPLICACION IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	(X3) DAILE SURVEY COMPLETED	
		007804	E. WANG		10/04/2017 ^	
NAME OF F	NAME OF FRONDER OR SUPPLIES STREET ADDRESS, CITY, STATE, ZIP GOOD					
HILLTOP WOMENS REPRODUCTIVE CLINIC SUD EAST SCHUSTER BUILDING B						
		EL PASO	TX 7990Z		****	
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	OX1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BURLOWG:		(X3) DATE SURVEY COMPLETED		
007804		B. WING		10/04/2017		
NAME OF PROVIDER OR SUPPLIES GENERAL GENERAL STREET ADDRESD, CITY, STATE, 21P CODE						
OMENS REPRODUC	TIVE CLINIC		B DNIC.			
(Each Deficies	ICY MUST BE PRECEDED BY FULL	PREFIX (CACH CORRECTIVE ACY TAG CROSS-REFERENCED TO 1		TON SHOULD BE COMP THE APPROPRIATE DA		
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			•			
House Bill 2 Medic		A 315				
with: a) a telephor	proyider the pregnant woman ne number by which the					
	House Bill 2 Media A physician must j with: a) a telephor	OMBIN ON SUMPLIEN JOMENS REPRODUCTIVE CLINIC SOU EAS EL PASS DUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY NUTS OF PRECEDED BY FULL RESULTORY OR LISC IDENTIFYING INFORMATION) HOUSE BIR 2 Medical and Clinical Services	MOMENS REPRODUCTIVE CLINIC SON EAST SCHUSTER BUILD EL PASO, TX 79902 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST DE PRECEDED BY FULL RESULATORY OR LISE IDENTIFYING RECAMATION) HOUSE BIR 2 Medical and Clinical Services A physician must provider the pregnant woman with: a) a telephone number by which the	House Bill 2 Medical and Clinical Services A physician must provider the pregnant woman with: a) a telephone chapter by which the	OMENS REPRODUCTIVE CLINIC SO EAST SCHUSTER BUILDING B EL PASO, TX 78902 DIAMARY STATEMENT OF DEPTICIENCES ID FROMBERS PLAN OF CORRECTION (CACH COTRRECTIVE AND SHOULD BE CAND ARROWN OF LOCAL CORRECTION CACH COTRRECTIVE AND SHOULD BE CAND ARROWN OF LOCAL CORRECTION SHOULD BE CAND ARROWN OF LOCAL CORRECTION OF CACHD COTRRECTIVE AND SHOULD BE CAND ARROWN OF LOCAL CORRECTION OF CACHD COTRRECTIVE AND SHOULD BE CAND ARROWN OF LOCAL CORRECTION OF CACHD COTRRECTIVE AND SHOULD BE CAND ARROWN OF LOCAL CORRECTION OF CACHD COTRRECTION OF CACHD CORRECTION OF CACHD CORREC	

	pnitment of State Hea					APPROVED
	of Deficiencies of Correction	(A1) PROMOBIUS UPPLIENCLIA IDEATIFICATION NUMBER:	4. Building:	CONSTRUCTION	(X3) DATE SI	
		007804	N, MNG	<u> </u>	10/0	1/2017
NAME OF PE	OMORR OR SUPPLIER	STALLETAL	DORESS, CITY, STA	TC, ZIP CODE		
нісстфр у	VOMERS REPRODUCTI	VE CLINIC	FSCHUSTER BU , TX 79902	ILDING B		
DI (PX) PREFIX QAT	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES LY MUST DE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROMOFER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD GROSS-HEFENENCED TO THE APPROPRIET OF THE	366	(/ta) COMPLETE DATE
A 316	hexith-related quests and b) the name one necrest hospital to the	ist assistance for any ise from the abortion or ask one regarding the abortion; i telephane number of the ne home of the pregnant emergency ansing from the	A 315	House Bill 2 Medical Clinical Services A list of hospitals is provided to all patients the correct phone number nearest emergency room	being listing or of the	10/17/17
	Based on a review of physician talled to proper and telephone hospital to the home.	s not met as evidenced by: if documentation, the ravide the patient with the c number of the nearest of the pregnant woman at y affising from the abortion		of an emergency related procedure. Copied from citing the shall be placed in the p chart, and a copy will provided to patient as w	above patients also be	
i	16 patients listed he Tx (a city with 2 hos name and telephone Paso, Tx.	al records for 16 patients, 1 of ir home address as Midfand, spitals) but was given the e number for a hospital in El firmed in an interview with		Before patient is dis- staff will review all par- to ensure that the pati- given such information. Patients charts to be mo- by assistant administration.	perwork ent was onitored	
-{A 327	stail #2 on the after House Bill 2 Madica	noon of 10-4-17. at and Clinicat Services	A 327	weekly basis.		
	drugs are used acc require the women for each of the two well as for a follow- days. The physicia	sure that abortion-inducing ording to FDA regulations that to visit the physician in person doses of the abortion pill, as up appointment within 14 in must provide the woman inal printed label of the rug.				

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STATEMENT	OF DEFICIENCIES I CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(XX) MULTIPLE A BUILDING:	CONSTRUCTION	COMPLE		
		007804	6. WING		_ 10/0	0/04/2017	
NAME OF PR	OMDER OR SUPPLIER	STREET M	DOREGR CITY, STA	THE, EUP COINE			
нштор у	YOMENS REPRODUCT	A/E CLINIC	T SCHUSTER BU . TX 79902	ULDING B			
	ECHANANY 23	NYTHIENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION		0(5)	
(X4) 10 PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PRETIX	(EACH CORRECTIVE ACTION SHOULD CROSS-HEFERENCED TO THE APPROP DISTICLENCY)	78€ Ì	GOMPLETS DATE	
A 327	Continued From pag	• 13	A 327				
	, 						
	Sased on a review of physician failed to e abortion-inducing or fellow-up appointment Findings were:	•		House bill 2 Medical & C Services Medical director and administrator have beg process of reviewing cale set a follow-up appoidate that is to be condu	nurse un the endar to intment	10/17/1	
	patients #1 through abortion-inducing di patients (medication	7 patients (medication from that had received rugs were reviewed, 6 of the 7 n patients #1, #3 = #7) had not blow-up appointment within		two weeks after the p visit to the clinic at abortion pill or s procedure.	ter a		
	follow-up appointme 1-23-17, 17 days at	•		To ensure follow up da two weeks' nurse admir will give two-week fo	ustrator llow-up		
	Her fellow-up appoi 2-1-17, 19 days off	•		appointment date to st will be reviewing patient for proper compliance.		1	
		en Mifepristone on 1-14-17, introdnt was acheduled for ar the procedure.					
SOO - State		on Mifopristono on 3-17-17.		<u> </u>		<u> </u>	
STATE FOR			C ESTRA	KUN711	# continu	Rion sheet 14 :	

PRINTED: 10/06/2017 FORM APPROVED Texas Department of State Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDENSUPPLIENCLIA (X2) MULTIPLE CONSTRUCTION (A3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: _ B. MNG. 10/04/2017 HAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 79902 SUMMARY STATEMENT OF DEFICIENCIES (CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSD IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION
((CACH CORRECTIVE ACTION SHOULD BE (KB) COMPLETE DATL PREFUE TAG TAG CROSS-REFERENCED TO THE APPHORMATE Continued From page 14 A 327 A 327 Her fellow-up appointment was scheduled for 4-15-17, 29 days after the procedure. -Patient #8 was given Milconistone on 1-27-17. Her follow-up appointment was acteduled for 2-20-17, 24 days after the procedure. -Patient #7 was given Mitephatone on 4-29-17. Her follow-up appointment was scheduled for 5-15-17, 16 days after the procedure. The above was confirmed in an interview with staff #2 on the afternoon of 10-4-17. 10/20/17 139.56 (b)(c) Emergency Services A 358 A 35th TAC 139,56(b)(c) Emergency Services Faculty will ensure that all staff (5) The facility shall have the necessary is CPR competent. Nurse equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title administrator has issued a deadline of compliance of (relating to Annathusia Servicus). (a) Personnal providing direct patient care shall be currently certified in basic life support by the October 31, 2017 to all staff. American Heart Association, the American Red Please see email from or corrected response to THC 139.5(LbXC) Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities. This Requirement is not met as evidenced by: Based on review of personnel files and an intorview with staff, the facility failed to ensure that staff were competent in cardio-pulmonary resuscitation (CPR) as there was no documented evidence of hands-on skills practice and in-parson assessment and demonstration of CPR skills. This presents a risk that stoff may not be

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competent to respond in a modical emorgancy.

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Texas De	partment of State Hea	Ith Services			
	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDE/USUPPLIER/OLIA IDENTIFICATION NUMBER:	(X2) MULTIPUE CONSTRUCTION A BUILDING:		COMPLETES
		007804	P. WANG		16/04/2017
HAME OF PI	ROVIDER OR SUPPLIER		ORNSIL CITY, STATE		
HILLTOP	WOMENS REPRODUCTI	VE CLINIC	TX 79902	LDING B	
(NA) 10 PREFUC TAG	(GACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION;	ID PROVIDER'S PLAN OF CORRECTION PRICEIN (BACH CORRECTIVE ACTION SHOULD BE CONTAG. CROSS-REPERENCED TO THE APPROPRIATE OF OBSTICION(SY)		
A 356	Continued From page	c 15	A 356		
•	Findings were:				
		ersonnol Sies for 8 clinic staff.			
	basic life steps and he	rt módt requirements for the American Hoart			
	Association, the Ame	rican Red Cross, or the Health Institute,			
		no documentation of basic on in their personnel fles, to			
	an Interview with sta-	ff #2, staff #≥ stated that claff			ł
	obtained CPR cartific	employees and had not yet cation.]]		l
		current CPR conflication			
		ertification card stated "This of individual has successfully	}		
		nal Cognitive Evaluation in	1 1		
	i '	Trainings Curriculum and the sciation® guidelines."			
		& Safety Institute and the			
	National Safety Cou	ncil wobsite found at onlineenlycor reveals that,	1 1		
		recognized training program	4		Ì
		endorses certification without ion of hands-on skills.			1
	1	cuputional Safety and I-lealth			
		tA) online training alone does	\ \ \\		
		aid and CPR training for guidance can be found at	1 1		
	https://www.oshe.go	v/pls/oshaweb/owadisp.show			ł
	_document?p_table 28541,	≠INTERPRETATION9&p_ld=			1
		staff #2 on 10-4-17, staff #2			
		staff #1 and #2 performed a stration for thoir CPR			
		2 answered "To nobody".	<u> </u>		
SOO - Stale					Combination mass 10 of

STAYEMENT AND PLAN C	OF DÉFICIENCIES OF CORRECTION	(X1) PROMORNSÚPPLIGRACLIA IDENTIFICATION NUMBER:	A BUILDING; B. WING:		(X3) DATE SURVEY COMPLETED 10/04/2017	
NAME OF P	ROVIDER DA SUPFLIÉA	\$TREET#	DORESE, CITY, STATE	ZIP CODE		
HILLTOP 1	womens reproducti	VE CLINIC	ST SCHUSTER BUIL O, TX 79902	DING B		
(X4) ID PREFIX TAG	leach dehiciend	ATEMENT OF DEFICIENCIES Y MUST REPRECEDED BY FULL LSG IDENTIFYING INFORMATION)	ID PRILIX TAG	PHOVIDERS PLAN OF (BACH CONRECTIVE ACT CROSS-REPERENCED TO DESIGIENT	THE APPROPRIATE	CONFERENCE DATE
A 356	Continued From page. The above was confi- staff #2 on the aftern	med in an interview with	A 386			
SOD - Skato						·