	Texas De	partment of State Hea	Ith Services			l <u> </u>			
Γ	STATEMEN'	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SI	IRVEY	
Ē	AND PLAN	of Correction	DENTIFICATION NUMBER:	A BURDING:	4		COMPLETED		
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			ral (OAG) for possible fraud.	1 1			1		
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			State Survey Agency (SA)						
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			of the initial survey were	4	REVIE	WED	l		1
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		questions.	politically distantial	<b>*</b>	MAR O	5 2018	<u> </u>		
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		Initial licensure is reco	ommended.		ev. h min	A 11 VAC	in I'll	5	
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l			as held with the Clinic	1 1					
			ning of 1-30-18. Preliminary				Î		
•		opportunity given for	were discussed, and an						
	į	opportunity great for a	queauona.	.			Í	Ĭ	
	K 446	TAO 400 40/4\ Da	rmai Dallalaa	A 142			þ		:
	A 142	TAC 139.43(1) Person	mei Policies	M 142					
	i	The licensee shall de	valon implement and	1				ļ	
1			r shall govern all personnel	] }			]		
			Ising the following minimum	] ]			.[.	Į.	j
	į	criteria:	named with removed the second	1			ļ		;
			ncluding qualifications for all	1			. }	}	
	4		frect or indirect patient care;		,		<b>k</b>		
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			not met as evidenced by:	<b>†</b>			Ì	ļ	
		Based on a review of	documentation and alled to ensure that facility	1 1			1		1
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Texas Department of State Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **DENTIFICATION NUMBER:** COMPLETED A BUILDING B. WING 140012 01/30/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD NORTH PARK MEDICAL GROUP **DALLAS, TX 75231** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION TEACH CORRECTIVE ACTION SHOULD BE (X4) ID (XS) COMPLETE TENCH DEFICIENCY MAIST DE PRECEDED DY FLAL PREFIX REGISLATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 142 A 142 Continued From page 1 TAC 139.43(1) Personnel Policies 02-18-18 developed, implemented and enforced policies The Clinic Administrator has developed, which shall govern all personnel staffed by the implemented and will enforce policies facility using the following minimum criteria: lob addressing job descriptions, including descriptions, including qualifications for all qualifications for all personnel providing personnel providing direct or indirect patient care. direct or indirect patient care. Policy and Procedure will be implemented and placed Findings included: in Policy and Procedure Manual for all Review of the facility based policy and procedure staff positions. See enclosed attachments. book revealed there were no policies addressing job descriptions, including qualifications for all The Clinic Administrator will personnel providing direct or indirect patient care. be responsible for the plan of ensuring policies are current in an interview on 01/30/18, staff member #5 for staff job descriptions for confirmed that facility did not have any policies areas of work. addressing staff job descriptions... The plan is to ensure that the Policy and Procedure Manual A 158 TAC 139.45(1)(2) Personnel Records A 158 will have current job descriptions and will be An individual personnel record shall be changed as needed. maintained on each person employed by the The plan will be implemented licensed abortion facility which shall include, but upon review of Policy and not be limited to, the following: Procedure Manual. (1) current job description for the employee, Ongoing compliance will be which is reviewed and revised as needed; monitored periodically. (2) verification of current license and certification of personnel required to have a license and or certification: This Requirement is not met as evidenced by: Based on a review of documentation and interview, the facility falled to ensure that Individual personnel records were maintained on each person employed by the ficensed abortion facility which included a current job description for the employee, which is reviewed and revised as

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A BUSLDING:	E CONSTRUCTION	(X3) DATE	
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A 158			A 168	TAC 139.45(1)(2) Per	sonnel Records	02-19-18
	needed.	`	}.	The Clinic Administra	tor will appure	
	Findings included:		1	each employee has cu		
	rinerigs indiced.	^	(	description(s) that will	be reviewed	
	Review of the person	nel files for office personnel		and revised as needed.	All employees	
		fice personnel did not have		required to have a lice		İ I
	Job descriptions include	led in their file. 5, 6, 7, and 8 did not have		certification will be ver	filled and placed in	
	job descriptions in the			possosaioi nio.		
		30/18 staff member #5		The Clinic Admir	istrator will	
1		staff members dld not have		be responsible for		
	ido descriptions in Alex	personnel des.		ensuring employe		
A 107	TAC 400 40(4)(A) fil	alasi 6 Emphanusantal	A 197	descriptions for an work.	eas of	
A 197	TAC 139.48(1)(A) Phy Requirements	aicai a Environmentai	V ISI	The plan is to ens	ure once	3.50
	, roden etterine	1	1	employee has been		
		ronmental requirements for	1	specific area, emp		ļ,   <b>1</b>
	a licensed abortion fac	dility are as follows.		have a signed cop		
	(1) A facility shall: (A) have a safe and s	anizav envionnent.		descriptions place employee file.	a in	
	properly constructed,	equipped, and maintained	Ì	The plan will be		
		nd safety of patients and		implemented upor	review of	1
	staff at all times;	•		employee file.		
				On going complia		.
	-	•		monitored at the p period, yearly revi		
				needed.	THE US	
, de		of met as evidenced by: facility and an interview	The state of the s			
		alled to maintain a safe and				
	sanitary environment,	properly constructed,				
	equipped, and maintal and safety of patients	ned to protect the health and staff at all times,				
1	Findings were:					
	During a low of the fa following was noted:	citity on 1-30-18, the				

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Texas De	epartment of State Hea	ılth Services			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DESCRIBICATION NUMBER:	(X2) MULTIPL A. BUILDING	£	(X3) DATE SURVEY COMPLETED
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A 197	Continued From page	∍3	A 197	TAC 139.48(1)(A) Physical & Environmental Requirements	92-81-18
;	In the ultrasound room;			The Clinic Administrator had a	
	P .	hine bore no inspection	<b>6</b>	scheduled date for the equipment to be inspected on Thursday	\$ l:
	I .	if it had been inspected and	Ĭ	February 01, 2018. Legacy	į.
	found to be in working	g order.		BioMedical inspected the ultrasound	1
	In procedure room #1	l:		machine, suction machine, patient lam oral suction machine, hand-held	ip,
	 		<b>S</b>	pulse oximeter, mechanical procedure	a (
	· ·	bore an inspection sticker		table, the AED, the Hemocue machin	
	that stated the equipr	nent was due to be	ł	Rh View Box, the refrigerator in lab,	
	Inspected 12-2017.	e an inspection afficier that	4	equipment was found to be satisfactor	
Ĭ		was due to be inspected	•	The ultrasound machine was new	1
	12-2017.		1	and had not yet inspected. The AED	1
ļ		chine bore an inspection		has been checked daily since 01/31/20	18
i	sticker that stated the	ed of eup saw framquips	1	and documented on a daily basis. The	
'	Inspected 12-2017.			battery pack and pads will be checked	
		oximeter bore an inspection	}	monthly for expiration dates. Pads wil	
;	inspected 12-2017.	equipment was due to be	- 1.24	replaced as needed and after each use,	
·	"The mechanical pro-		}		
		t stated the equipment was	Į	The Clinic Administrator	
	due to be inspected 1	d external defibrillator) model		will be responsible for	
		hecklist indicated only that	(	scheduling of the yearly	[
		or the defibrillator pads and	•	equipment inspection and	
		checked on a regular basis.	1	servicing.	1
	No other routine chec		d d	The plan will be to ensure	,
	According to the oper	aling guide for the AED, the		the inspection to be	•
	ASI (active status Ind	icator) should be checked	1	performed yearly.	{
		indition of the unit and	1	The plan will be implemented	
	dates should be ched	pad/battery pack explration ixed monthly. The ASI,		as needed for inspection, repairs and servicing of	
		and accessories, a manually	1	equipment.	į
		pad replacement should all	1	Ongoing compliance will be	{
'	be performed after ea	ach use.	<b>*</b>	monitored by Clinic	<b>1</b>
	le the lebenship	· .	ŧ	Administrator.	Ī
	In the laboratory area	<b>;</b>	· ·	1	[

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A 197  The Hermous used to store equipment was due to be inspected 12-2017. The refrigerator used to store equipment was due to be inspected 22-2017. The refrigerator used due to be inspected at the proper frequency.  A 201  TAC 139.48(1)(E)(F) Physical & Environmental Requirements for a Received and environmental requirements (E) substantial and environmental requirements for a Received food to patients in Individual servings.  The physical and environmental requirements for a Received food to patients in Individual servings.  The physical and environmental requirements for a Received food to patients in Individual servings.  The fractility are set Signature.  The physical and environmental requirements for a Received food to patients in Individual servings.  The fractility are vivide commercially packaged food to patients in Individual servings.  This Requirement is not met as evidenced by: Based on a tour of the facility and an Interview with staff the facility and staff the facility and staff the facility and staff the fa	OINFINE	Department of State He	(X1) PROVIDER/SUPPLIER/CLIA	<del></del>	!		FORM AP	(OA)
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A 197  Continued From page 4  The Hemocuse machine bore an inspection stoker that stated the equipment was due to be inspected 12-2017.  The RV View Box bore an inspection stoker that stated the equipment was due to be inspected 12-2017.  The refrigerator used to store equipment controls, Rhogam and Piboch bore an inspection stoker that stated the equipment was due to be inspected 12-2017.  In an interview with staff #5 on 1-30-18, staff #5 confissed that the adultment was due to be inspected 12-2017.  In an interview with staff #5 on 1-30-18, staff #5 confissed that the stable above sometic equipment was overable for inspection and that the AED was not being checked at the proper frequency.  A 201  TAC 139-48(1)(E)(F) Physical & Environmental Requirements for a Received AED was not being checked at the proper frequency.  A 201  The physical and environmental requirements for a Received AED was not compounds in a secure manner and label substances;  (F) neve the capacity to provide patients with liquids. The facility and servings if other food is periodically in the facility, it shall be substances;  (F) neve the capacity to provide patients with liquids. The facility in all servings if other food is periodically in the facility in the individual servings. If other food is periodical by the sacility, it shall be substances;  This Requirement is not met as evidenced by: Based on a tour of the facility and an interview with staff, the facility and to store hazardous cleaning solutions and compounds in a secure manner.	(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCE		PROVIDER'S R	AN OF STATE		
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A 201	Continued From page	. E	A 201	The second and the se		
AZUI	Communed From hage		7201	TAC 139.48(1)(E)(F) Physical &	{	02-01-18
		•		Environmental Requirements	}	02-01-10
	Findings were:		}	•	}	
*			1	The Clinic Administrator will ensu	re l	
	During a tour of the fa		ļ	staff is placing all cleaning solution		
		at at the end of the patient	3	and compounds in a secure manner		į
j		h items as Windex glass		the supply closet. The door to the		
	cleaner, furniture poli			closet will remain locked. Employe	es will	
į	detergent, Lysol spray	y, toilet bowl deaner and		unlock as needed. All solutions la		
i	insect spray.			contents. This will not be stored in		
,			}	care areas.	Parent	
		aff #5 on 1-30-18, staff #5	1	out out	į	
'		to the closet was usually				
		were in the building. She		The Clinic Administrator	Ì	
;	stated that it was not			will be responsible for	1	i
	regularly mistook the	closet door for the exit door.		ensuring staff locks the	1	
	 			Supply Closet door at all	1	
	, .,	med in an interview with	1	times.	j	
1	staff #5 on the evenin	g of 1-30-18.		The plan will be to secure all	1	
			1	cleaning solutions from	1	
				patient reach.	1	
				The plan will be invilonment	4	
			•	uning monthly in common	1	
				a reminder to staff to learn	i i	
				upor nocked	•	
				Ongoing compliance will be	į	,
				uomiored the Clinic	1	
				Administrator randomly	1	
			1	checking for the door to be	4	
				locked, and to ensure staff is	Š	4
				Hot keeping any cleaning	1	
				solutions around patients. All	[	
				Statt IS aware that there were		
				Witten up for leaving	}	,
				solutions out, and/or door		
				unlocked.	1	
				<u> </u>	į.	1
				<u>.</u>	}	
					1	
					1	

FORM APPROVED

	partment of State Hea	· — · — · · · · · · · · · · · · · · · ·			<del></del>	
	of deficiencies of correction	(X1) PROVIDER/GUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A BUILDING:	E CONSTRUCTION .	(X3) DATE	SURVEY PLETED
		·	A BUILDING	<del></del>		
		140012	B. WING		61	/30/2018
NAME OF PE	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	ATE, ZIP CODE		
NORTH PA	ARK MEDICAL GROUP		ADOW ROAD			
		<del></del>	, TX 75231	anoviacaje bi	AN OF COURSESSION	<del></del>
(X4) ID FREFIX	(EACH DEFICIENC	Atement of Deficiencies Y Must be preceded by Full	PREFIX	EACH CORRECT!	AN OF CORRECTION TEACTION SHOULD BE ED TO THE APPROPRIATE	COMPLETE DATE
EAG	HEGGEARGER CE	SC DENTIFYING THEORIGATION)	TAG		IOIENGY)	LAIE
A 355	TAC 139,56(a)(2)(A)(	B) Emergency Services	A 355			
	accessible written pro emergencies and the requiring further one. The facility shall ensu practice at the facility	rgency care to a hospital. The that the physicians who				
SOD - State FO STATE FORM			Simila Simila	195811	if contin	uation sheet 7 of 16

Texas De	epartment of State Hea	Ith Services	····			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (	CONSTRUCTION	(X3) DATE (	
		140012	B. WING		01/3	30/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		
MARTICA	ARY BENDOM ADDIES	8363 MI	EADOW ROAD			:
NURTH	ARK MEDICAL GROUP	DALLAS	9, TX 76231			
(X4) ID PREFIX TAG	FEACH DEFICIENC	atement of deficiencies Y wust he preceded by flal Schemify his decorration)	ID FREFX TAG	EFEX (EACH COHRECTIVE ACTION SHIELD SE		
A 355	Continued From page	7	A 355			
	(2) provide the pregna	ant woman with:				
		er by which the pregnant		•		
		physician, or other health		·		
		yed by the physician or the				<b>}</b>
		enformed or				
		o the woman's relevant				
	medical records, 24 h					
		mplications that arise from duction of the abortion of	1.	•		
,	ask health-related que				•	
	abortion; and	samotta talananta nta	1			
'	(B) the name and tele	phone number of the				
	nearesthospital to the woman at which an e	thome of the pregnant mergency arising from the	in distribution of the state of			
	abortion would be trea	æd.				
		not met as evidenced by;				
,	Based on a review of					
		alled to ensure that the ce at the facility provide the				
		a telephone number by				
i	which the pregnant w					
	physician, or other he			•	· ·	
		lician or the facility at which		•		
	the abortion was perfe	ormed or induced with				-
		s relevant medical records,		1		
j		uest assistance for any				
ŝ		se from the performance or				
	questions regarding ti	on or ask health-related ne abortion.		,		
	Findings included:					
	Daview of the medica	i records revealed that 29 of	1			
į		calve a telephone number				
		t woman may reach the	l l		•	į.
4	physician, or other he	alth care personnel	1			
j	employed by the phys	licien or the facility at which			i	

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI ALBURIONG:	E CONSTRUCTION	(X3) DATE COME	SURVEY PLETED	
-	;	140012	B. WING		01	30/2018	
NAME OF O	ROVIDER OR SUPPLIER		DDRESS, CITY, 817	ATT TIN PARK			
HARRIE OF F	MOVIDER OF SUPPLIER		ADOW ROAD	ne, ar code		Ì	
NORTH P	ARK MEDICAL GROUP		TX 75231				
	OUR DARWOOT		<del></del>	Page Appendix De	44 AF BARRASIA	7	
(X4) ID PREFIX XAG	(EACH DEFICIENCY	ntement of deficiencies I must be preceded by full SC dentifying information)	PREFIX TAG	-{EACH:CORRECT CROSS-REFERENC DE	AN OF CORRECTION VEACTION STATEMENT D TO THE APPROPRIATE ICIENCY)	COMPLE	TE
A 356	Continued From page	8	A 355	TAC 139.56(a)(2)( Services	A)(B) Emergency	92-01-1	8
	the abortion was perfo						
	\$	s relevant medical records,	*	The Medical Direc	or has concluded	}	1
	24 hours a day to requ	uest assistance for any		that	main as On Call Nurse	}	
		se from the performance or	ŀ		h Park Medical Group.	1	
		on orask health-related		has been em	ployed by Dr.	1	
,	questions regarding the				as also worked with	1. 1	
		aftercare Instructions that	1		North Park Medical		ļ
	stated in part, "WARN		}	Group. has	firect numbers for the	1	ļ
	10] (phone number pr	all Nurse [staff member #		physicians and	has access to		
	* Medical abortion pa		•		Administrator, who		ļ
		for Milepristone Abortion"	1		s to patients records		
	sizied in part.	tot ivilieprisione Abortion	<b>{</b>	in the event of a co		<b>\$</b>	
•	"Managing the Possib	le side Effects of	Ž.	might arise. Recor	ds can be faxed	}	1
	Misoprostol	ie sido Encoro di		to 24/7.		1.	
		and eat lightly the day before					
	on the day you take th		-	The Medical I	Director will be	1	
		e nausea, vomiting and	•	1 *VOLUMENTA	P OTHER STATE OF		
•	dlamhea, and fever, se	o you need fluids. Spicy or	İ	inergency ser	Vices profit 1.		
	fried foods worsen the	distress, it the vomiting	I	TOT PAUCIUS OF	Olhava had -	[	1
	and diamhee.are seve	ire, caff On caff-Nurse [staff		service provide	d at the	E .	
	member#10j (phone		<b>.</b>	lacility.	Į.	4	
		01/30/18, staff member #5	}	The plan will b	e Nurse	}	
		ember #10 does not work		Will still be On	Call for any		
		in Houston, therefore this	1	and all emerger	Car rows	1	
	staff member does no			I me plan will be	imploment	1	
	§	dical records, 24 hours a	1	1 CY LUC (VIENIAG)	Tito nd n		
	day.	nelients (#1-11) did not		Vogoing compli	grope 211 I	1	1.
	taceive es appropriet		Ţ	i mommeted by M	edical	1	
		portion patients (#1-11) did	4	Director.	1	†	
\$ . 1		riate telephone number.			¥		
	in an interview on 047	30/18 staff member #5	1				
1	confirmed the above f						
A 356	TAC 139.56(b)(c) Em	ergency Services	A 356				
	(b) The facility shall ha	ave the necessary			,		
OD - State F	0170		**************************************			بسود حيات	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140012	(X2) MULTIPLE OF A SERIEBING:	ONSTRUCTION	COM	SURVEY PLETED /30/2018
NAME OF P	ROVIDER OR SUPPLIER		DORESS, CITY, STATE	ZIP CODE		/30/2018
NOBTH B	ARK MEDICAL CROUD		ADOW ROAD			
NURINE	ARK MEDICAL GROUP	DALLAS	3, TX 75231	,		
(X4) ID FFRETIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID FFREFSK TAG	PROVIDER'S PLAN OF CORRECT PLAN OF CORRECT PROPERTY OF THE APPLICATION SHOWN DEFICIENCY)	haid me	(XS) COMPLETE DATE
A 356	Continued From page	9	A 356			
	resuscitation as desc (relating to Anesthesi (c) Personnel providir be currently certified American Heart Asso Cross, or the America	ng direct patient care shall in basic life support by the ciation, the American Red in Safety and Health ance with their individual requirements, and if				
2	Based on a review of interview, the facility is providing direct patter certified in basic life s. Heart Association, the the American Safety accordance with their	alled to ensure personnel at care shall be currently upport by the American e American Red Cross, or and Health Institute, or in individual professional is, and if required in their job				
	Findings included:	•				
	were competent in ca (CPR) as there was in hands on ekills practi assessment and dem This presents a risk ti	onstration of CPR skills.				
	National Safety Coun http://news.hsl.com/o "No major nationally i	nlineonlycpr reveals that, recognized training program ndorses certification without	All managements and the state of the state o			

Texas De	epartment of State Hea	th Services					
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BLIEDING:	E CONSTRUCTION		(X3) DATE SURV COMPLETE	
		149012	B. WING			01/30/2	018
NAME OF P	RÖVIDER OR SUPPLIER	STREETAL	ODRESS, CITY, 67/	ATE, ZIP CODE		<del></del>	
			ADOW ROAD				
NORTH PA	ARK MEDICAL GROUP		TX 75231				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION VE ACTION SHOULD I ED TO THE APPROPRI FICIENCY)	XE 0	(X6) OMPLETE DATE
A 356	Continued From page According to the Occi	10 Ipational Safety and Health	A 356	TAC 139.56(b)(c) Services	Emergency	0	3-01-18
	Administration (OSHA not meet OSHA first a requirements." Furthe https://www.osha.gov	) online training alone does		The Clinic Administration at CPR of entire staff to particular all staff has current practice and In-perdemonstration of C	ass for the pate in to ensure hands on skills son assessment a	nd	
	direct care staff memi- CPR training through Provider Solutions.	ecords revealed 1 of 5 bers (staff member #8) had the National Health Care  abolic for National Health		held on Thursday I Unfortunately one to attend due to fam has scheduled a CF hands on skill asses demonstration. The	Farch 01, 2018. employee was un ily emergency. S R class to ensure sment and	able he	
,	https://nhcps.com/faq. "Does your program n Check? All of our exams are o do not require an ons		And the second s	will ensure her CPI National Safety Co criteria, CPR will t expiration dates.	R does meet the uncil recommend	lation	
	Series that is accessifing the correct procedures the consite clinical skill * This training does	ble within your account. ideos demonstrate in detail s that would be covered at		The Clinic Admin will be responsible ensuring all staff CPR. The plan will be to	le for has current o schedule		447
	and evaluation of han	de-on skills. ere confirmed on 01/30/18		renewal prior to e current CPR. The plan will be in	xpiration of		
	in an interview with st			by Clinic Adminis Ongoing complian	strator. ice will he		
A 399	TAC 139.60(I) Other S Compliance Rqmts	State and Federal	A 399	monitored reviews	ing of	} :	
	violation of the Health §431.021. Adulterated	nded drugs or devices in	(A) Angelon and An				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERISUPPLIERICLIA DENTIFICATION NUMBER: 140012	(X2) MULTIPLE C  A EXPLORES:  B. WING	ONSTRUCTION	(X3) DATE SURVEY. OCHAPLETED 01/30/2018	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	ZIP CODE		3012018
	ARK MEDICAL GROUP	8363 ME	ADOW ROAD TX 75231			,
(X4) ID PRESTIX TAG	(EACH DEPICIENCY	Dement of Deficiencies Must be preceded by All SC IDENTIFYING INFORMATION)	ID PREFEX TAG	PROVIDER'S PLAN OF CORK (EACH CORRECTIVE ACTION'S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULDBE	(X5) COMPLETE DATE
A 399	Continued From page	11	A 399			
	Misbranded drugs or Health and Safety Co	devices are described in de, §431.112.				
. ,	Based on a tour of the with staff, the facility u drugs or devices in vi Safety Code, §431.02	not met as evidenced by: facility and an interview sed adulterated/misbranded clation of the Health and 1. Adulterated drugs and in Health and Safety Code,	ad de la companye de			dicada i iki camanan manan
	Health and Safety Co.	te §431.111 states:				
	SUBCHAPTER E. DR	UGS AND DEVICES		`		
	adulterated:  (a)(1) if it consists in putrid, or decompose:  (2)(A) if it has been produced in the contaminated with the contaminated with the contaminated in the contaminated in the contaminated in the contaminated in the contaminated in the controls us processing, packing, or controls us processing, packing, or controls us processing, packing, or controls us processing, packing, or controls us processing, packing, or controls us processing, packing, or controls us processing, packing, or controls us processing, packing, or controls us processing, packing, or controls us the contaminate  whole or in part of any filthy, if substance; or epared, packed, or held litons whereby it may have the filth, or whereby it may jurious to health; or the methods used in, or the led for, its manufacture, or holding do not conform to					
***	with current good man assure that such drug this chapter as to safe strength, and meets the characteristics, which to possess; or (3) If its container is of part, of any poisonous	meets the requirements of ty and has the Identity and	er er er er er er er er er er er er er e			

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STATEMENT	partition of order flea Of Deficiencies Of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BURDING:	CONSTRUCTION .	(X3) DATE	SURVEY LETED
		140012	B. WING		01/	30/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STAT	E, ZIP CODE		
NORTH PA	ARK MEDICAL GROUP		ADOW ROAD			
		DALLAS	TX 76231			
(X4) ID PREPIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MAST BE PRECEDED BY FULL  REGULATORY OR LSC (DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS NET ENENCED DEFICI	action excled be to the appropriate	(X6) COMPLETE DATE
A 399	Continued From page	12	A 390			}
A 399	(A) bears or contains only, a color additive it 431.161(a); or (B) is a color additive in or or drugs or deviation or or drugs or deviation of the factor of	that is unsafe under Section  that is unsafe under Section  the Intended use of which the first purposes of the insafe under Section  all drug that is unsafe under teral Act; or is represented as a drug, recognized in an official strength differs from, or its strength differs from, or its strength differs from, or its strength differs from, or its strength differs from, or its strength differs from, or its strength differs from, or its strength differs from, or its strength differs from or purity shall be made in the strength or in the absence to the strength or in the absence to the strength or in the absence the under the authority of the defined in an official deemed to be adulterated because it differs from the the quality, or purity therefor the differs from the the unity from such standards is bel. Whenever a drug is lited States Pharmacopela mulary (USP-NF), it shall be ments of the USP-NF; to Subsection to call the unity falls uports or is represented to any substance has been: therewith so as to reduce its	A A			
	quality or strength; or (2) substituted wholly or in part therefor; (e) If it is, or purports to be or is represented as,		er installe	·		
	a device that is subject	ot to a performance under Section 514 of the				

Texas Department of State Health Services STATEMENT OF DEFICIENCIES ()(1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUTEDINGS: 140012 01/30/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8363 MEADOW ROAD NORTH PARK MEDICAL GROUP DALLAS, TX 75231 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (DCS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL FREFIX YEACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 399 Continued From page 13 A 399 federal Act, unless the device is in all respects in conformity with the standard; (f)(1) if it is a class iff device: (A)(i) that is required by a regulation edopted under Section 515(b) of the federal Act to have an approval under that section of an application for premarket approval and that is not exempt from Section 515 as provided by Section 520(g) of the federal Act; and (li)(l) for which an application for premarket approval or a notice of completion of a product development protocol was not filed with the United States Food end-libror Administration by the 90th day after the date of adoption of the regulation; or (II) for which that application was filed and approval was denied or withdrawn, for which that notice was filed and was declared incomplete, or for which approval of the device under the protocol was withdrawn; (B) that was classified under Section 513(f) of the federal Act into class III, which under Section 515(a) of the federal Act is required to have in effect an approved application for premarket approval, that is not exempt from Section 515 as provided by Section 520(g) of the federal Act, and that does not have the application in effect; or (C) that was classified under Section 520(I) of the federal Act into class III, which under that section is required to have in effect an approved application under Section 515 of the federal Act, and that does not have the application in effect, except that: (2)(A) in the case of a device classified under Section 513(f) of the federal Act into class ill and Intended solely for investigational use, Subdivision (1)(B) does not apply to the device during the period ending on the 90th day after the date of adoption of the regulations prescribing the procedures and conditions required by Section

ATATE CARL

Texas Department of State Health Services								
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION ALL MOER:	(X2) MULTIPLE C	ONSTRUCTION		(X3) DATE SUR COMPLEX		
		140012	B. WING			01/30/	2018	
NAME OF PI	ROVIDER OR SUPPLIER							
				į				
NORTH PA	ARK MEDICAL GROUP							
(X4) ID IPREFIX TAG	PREFIX FRACH DEFICIENCY MUST BE PRECEDED BY PLACE		ID. PREFIX YAG	(EACH CORRECTIVE CROSS-REFERENCE	N OF CORRECTION E ACTION SHOWING BE D'TO THE APPROPRIATE CIENCY)		(X5) CXMPLE DATE	te
A 399	Continued From page	14	A 399					
	adopted under Section Subdivision (1) does a during the period endi- following dates occurs (i) the last day of the beginning after the ma- classification of the de- effective under Section (ii) the 90th day after regulation; (iii) the 90th day after regulation; (iiii) the 90th day after regulation; (iii) the 90th day after regulation; (iii) the 90th day after regulation; (iv) the 1st a device and the facilities or control packing, storage, or in conformity with applic Section 520(f)(1) of the applicable condition a under Section 520(f)(1) (iv) if it is a device for been granted under S Act for investigational was granted the exern who uses the device to comply with a required that section.	evice subject to a regulation in 515(b) of the federal Act, not apply to the device and on whichaver of the state; alter:  30-day calendar month anth in which the police into class ill became in 513 of the federal Act; or the date of adoption of the evice; at the methods used in, or a used for its manufacture, installations are not in able requirements under as prescribed by an order 2) of the federal Act; or which an exemption has ection 520(g) of the federal use and the person who aption or any investigator under the exemption falls to ment prescribed by or under ch. 678, Sec. 1, eff. Sept. 1.						
	1989. Amended by A 440, Sec. 2, eff. Sept. Amended by:	ds 1993, 73rd Leg., ch. 1, 1993.						
	3.0968, eff. April 2, 20 Findings were: During a lour of proce	date room #1 on 1-30-18, 2						
	bottles of Alivan were medication closet. On							

Texas Department of State Health Services

A. BUILDING.		
AND DEALEGE CORRECTIONS INCOMPANIENT INCOMPA	(X3) DATE SURVEY COMPLETED	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## NORTH PARK MEDICAL GROUP

8383 MEADOW ROAD DALLAS, TX 75231

(X4) ID SUMMARY STATEMENT OF DEFICIENC  PREFIX (EACH DEFICIENCY WIST BE PRECEDED I  TAG REGULATORY OR LSC DENTIFYING HIFOR	BY FUEL PREFEX	PROVIDER'S PLAN OF CORRECTION  [EACH CONTECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  OFFICIENCY)	(X5) CORPLETE BAGE
factory-labeled as 2 mg (milligram) table the other bottle was factory-labeled as 1 tablets. When the contents were examined bottle marked as containing 2 mg tablets contained whole tablets. The bottle marked as containing 2 mg tablets contained in marked as containing 2 mg tablets contained in marked as contained in marked containing 1 mg tablets contained in marked fragments. In an interview with staff #5 of 1-30-18, staff #5 stated that the tablet fragments will be in the labelet fragments were presented Ativan 2 mg tablets that had split in half with a pill cutter to make a 1 mfor patient use. The tablet fragments were imagular shape and size, did not represe guaranteed to each contain Ativan 1 mg.  No narcotic count sheet for either bottle of could be located by staff #4 or staff #5. A classified as a Schedule IV controlled surand its use and quantity should be close monitored.  The above was continued in an interview staff #5 on the evening of 1-30-18.	mg ed, the ed, as lar tablet in agments I been mg dose re of ent  Ativan Ativan is ibstance ly	TAC 139.60(i) Other State and Federal Compliance Report  The Clinic Administrator ordered Ativan 1 mg to dispense and will not split the Ativan 2 mg. The altered Ativan was disposed of to avoid administering wrong dosage. The Clinic Administrator along with the physician on staff will ensure narcotic count sheet for Ativan 1 mg and Ativan 2 mg. All Ativan will be given under the direction of the physician on staff.  The Clinic Administrator and Physician on staff will be responsible for narcotic count sheet and dispensing of medication to patients.  The plan will be to ensure patients are receiving proper medication dosage.  The plan will be implemented by Clinic Administrator and Physician on staff daily.  Ongoing compliance will be monitored by Clinic Administrator and Physician on staff.	02-20-16

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