

Texas Health and Human Services Commission

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007892 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/26/2019 |
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| NAME OF PROVIDER OR SUPPLIER AUSTIN WOMENS HEALTH CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 1902 SOUTH IH 35 AUSTIN, TX 78704 |
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| (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 |
|--------------------|--|---------------|---|--------------------|
| 6 000 | <p>TAC 139.1 Initial Comments</p> <p>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.</p> <p>(a) Purpose. The purpose of this chapter is to implement the Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245, which provides the Health and Human Services Commission with the authority to establish rules governing the licensing and regulation of abortion facilities and to establish annual reporting requirements for each abortion performed. This chapter also implements the Woman's Right to Know Act, Health and Safety Code, Chapter 171.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(A) A person may not establish or operate an abortion facility in Texas without a license issued under this chapter unless the person is exempt from licensing requirements.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p> | 6 000 | | |

SOD - State Form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Redacted Signature]

Admiral

TITLE

(X8) DATE

4/4/19

6899

9TK111

If continuation sheet 1 of 4

Texas Health and Human Services Commission

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007882 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/26/2019 |
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| 6 000 | <p>Continued From page 1</p> <p>under Health and Safety Code, Chapter 243; or</p> <p>(iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period.</p> <p>(2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed). An entrance conference was held with the facility Office Manager in the morning of 03/20/19. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility Administrator the afternoon of 03/21/19. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p> | 6 000 | | |
| 6 041 | <p>TAC 139.56 Emergency Services</p> <p>(a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:</p> <p>(1) have active admitting privileges at a hospital that provides obstetrical or gynecological health</p> | 6 041 | <p>6 041: The facility Administrator will be responsible for the plan. The facility Administrator will update the counseling protocols so that in the event a patient gives a PO box address or address that is different from where she verbally reports she is currently residing, the counselor will give the name, location, and phone number of the hospital nearest to both locations. The facility Administrator will notify all staff via memorandum of this change. The facility Administrator will review patient records on a monthly basis to ensure compliance with this protocol change. Any facility staff found to be in non-compliance will be subject to disciplinary action.</p> | 04/03/2019 |

SOD - State Form

STATE FORM

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If continuation sheet 2 of 4

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| 6 041 | <p>Continued From page 2</p> <p>care services and is located not further than 30 miles from the abortion facility;</p> <p>(2) provide the pregnant woman with:</p> <p>(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion; and</p> <p>(B) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.</p> <p>(b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services).</p> <p>(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red 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.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview the facility failed to ensure that the physicians who practice at the facility provide the</p> | 6 041 | | |

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| 6 041 | <p>Continued From page 3</p> <p>pregnant woman with: the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated.</p> <p>Findings included:</p> <p>Review of medical records revealed the following:</p> <ul style="list-style-type: none"> * 2 of 15 medical records did not have documentation that the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated was provided to the patient. * Patient #6's only photo identification did not include a physical address. The patient indicated on their information sheet that they lived in Eagle Pass, Texas. However on their discharge paperwork, they were provided with the name and phone number for a hospital in Austin, Texas. This would not be the name and telephone number of the nearest hospital to the home of the patient, which would be Eagle Pass Texas. * Patient #10 listed their home address in Point Blank, Texas. However on their discharge paperwork, they were provided with the name and phone number for a hospital in Lufkin, Texas. According to http://www.ushospitalfinder.com, this would not be the name and telephone number of the nearest hospital to the home of the patient. The nearest hospital to Point Blank would be in Livingston, Texas. <p>In an interview on 03/25/19 staff member # 8 confirmed the above findings.</p> | 6 041 | | |