Reviewed 1-11-19
S Jimmerson

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FORM APPROVED

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130121	A. BUILDING: _____ B. WING _____	12/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF GREATER TX SURGICA	201 EAST BEN WHITE BLVD AUSTIN, TX 78704

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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 entrance conference was held with the facility Vice President of Medical Compliance on the morning of 12/18/18. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions. Continued licensure is recommended, with an approved plan of correction. An exit conference was held with the Vice President of Medical Compliance and other administrative staff on the evening of 12/19/18. Preliminary findings of the survey were discussed, and an opportunity given for questions	T 000		
T 125	135.4(l) ASC OPERATION (l) An ASC that performs abortions shall adopt, implement and enforce a policy to ensure compliance with Health and Safety Code, Chapters 245 and 171, Subchapters A and B (relating to Abortion and Informed Consent). This Requirement is not met as evidenced by: The Texas Health and Safety Code, Chapter 171, Subchapter A, Section 171.0031., stated in part, "REQUIREMENTS OF PHYSICIAN; OFFENSE.	T 125	The Vice President of Risk, Quality Management and Training will clarify with staff in a staff meeting that patients must identify the hospital closest to their home/ residence even if the patient is staying at another location following their abortion. The patient must sign the document identifying the closest hospital to their residence and this document is scanned into the medical record. Ongoing compliance will be monitored by the RQM department who will complete an annual audit of this requirement.	1/10/2019 Q1 2019

[redacted] PRESENTATIVE'S SIGNATURE — TITLE: VP Risk Quality Mgmt & Training — (X6) DATE: 1/10/2019

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T 125	Continued From page 1 (a) A physician performing or inducing an abortion:... (2) shall provide the pregnant woman with:... (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." Based on a review of documentation and staff interview, the licensee failed to provide a patient 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. Findings include: In 3 out of 20 clinical records patients were not provided the name and telephone number of the nearest hospital to their home: * Patient #S2's residence was listed in Abilene,Texas and the facility provided the patient with the name and telephone number to a hospital located in Round Rock, Texas. * Patient #M5's residence was listed in Carrollton, Texas and the facility provided the patient with the name and telephone number to a hospital located in Austin, Texas. * Patient #S5's residence was listed in San Antonio, Texas and the facility provided the patient with the name and telephone number to a hospital located in Austin, Texas. The information provided to the above patients was not the nearest hospital to the home of the patients' residence. The Texas Health and Safety Code, Chapter 171, Subchapter B, Sec. 171.063. DISTRIBUTION	T 125		

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T 125	Continued From page 2 OF ABORTION-INDUCING DRUG. part, Sec. 171.063. DISTRIBUTION OF ABORTION-INDUCING DRUG., stated in part, " (a) A person may not knowingly give, sell, dispense, administer, provide, or prescribe an abortion-inducing drug to a pregnant woman for the purpose of inducing an abortion in the pregnant woman or enabling another person to induce an abortion in the pregnant woman unless: (1) the person who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug is a physician; and... (e) The physician who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, must schedule a follow-up visit for the woman to occur not more than 14 days after the administration or use of the drug. At the follow-up visit, the physician must:..." Based on a review of documentation, the physician failed to ensure that patients given abortion-inducing drugs were scheduled a follow-up appointment within 14 days. Findings were: The clinical records for medication patients that had received abortion-inducing drugs were reviewed. The medical records for Patients # M2, M3, M4, and M5 revealed there was no documentation that reflected the follow up appointment dates for these patients. It could not be determined in the medical record that the facility had scheduled a follow-up appointment within 14 days. The above findings were confirmed in an	T 125	In a staff meeting, the Vice President of Risk, Quality Management and Training will designate and demonstrate the location in the medical record for staff to document the date of the scheduled follow up visit. Ongoing compliance will be monitored by the RQM department who will complete an annual audit of this requirement.	1/10/2019 Q1 2019

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T 125	Continued From page 3 interview with staff member #1 and 3 on the afternoon of 12/19/18.	T 125		
T 258	135.11(b)(11)(A-G) ANESTHESIA & SURGICAL SVCS IN A LIC ASC (11) A safe environment for treating surgical patients, including adequate safeguards to protect the patient from cross-infection, shall be assured through the provision of adequate space, equipment, and personnel. (A) Provisions shall be made for the isolation or immediate transfer of patients with communicable diseases. (B) All persons entering operating rooms shall be properly attired. (C) Acceptable aseptic techniques shall be used by all persons in the surgical area. (D) Only authorized persons shall be allowed in the surgical area. (E) Suitable equipment for rapid and routine sterilization shall be available to assure that operating room materials are sterile. (F) Environmental controls shall be implemented to assure a safe and sanitary environment. (G) Operating rooms shall be appropriately cleaned before each operation. This Requirement is not met as evidenced by: Based on a tour of the ASC and staff interviews, the ASC failed to ensure that facilities were clean and properly maintained to protect staff and patients from cross contamination. Findings were:	T 258	A PPGT contractor will install weather stripping to both the interior and exterior door to create an effective seal to prevent contamination of the surgical area. To ensure compliance, the Health Center Manager will visually inspect the ASC doors and document monthly.	By 2/17/2019 Monthly

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T 258	Continued From page 4 *During a tour of the facility on the afternoon of 12/18/18 accompanied by staff member #3 the following was observed:* * The weather stripping for the lower right side of the external door in the receiving area was in need of replacement, as daylight was visible from inside the building. This external opening to the building presents a risk for cross contamination for dust, debris, and insects. * The secondary internal doors in the area providing access to the surgical area, also had and approximately 1/4 inch gap between the doors preventing an effective seal to prevent contamination of the surgical area. . The above findings presents a risk for cross contamination. The above findings were confirmed in an interview with staff member #1 and 3 on the afternoon of 12/19/18.	T 258		
T 259	135.11(b)(12)(A-D) ANESTHESIA & SURGICAL SVCS IN A LIC ASC (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	T 259	In a staff meeting, the Vice President of Risk, Quality Management and Training will review with staff the requirement to log all chemical indicator lot numbers and results for all sterilizer cycles. Ongoing compliance will be monitored by the Health Center Manager who will complete a monthly review of the logs and document this review.	1/10/2019 Monthly

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T 259	Continued From page 5 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 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 a review of documentation and interview the facility failed to ensure that policies and procedures addressing proper use of external chemical indicators were appropriately implemented.	T 259		

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T 259	Continued From page 6 Findings included: Facility based policy entitled, "Sterilization of Critical Items" stated in part, "B. Equipment Control... 4. Each sterilizer must be monitored during operation for pressure, temperature, and time at desired temperature and pressure. A record shall be maintained either manually or machine generated and will include: a. The sterilizer identification b. Sterilization date and time c. Load number d. Duration and temperature of exposure phase (if not provided on sterilizer recording charts) e. Identification of operator(s) f. Results of biological tests and dates performed g. Time-temperature recording charts from each sterilizer (if not provided on sterilizer recording charts)... D. Pack control... Procedure: 1. Use chemical integrators for pack control monitoring of all steam sterilization cycles. 2. Place a chemical integrator in each pack, peel pouch, and/or tray to be steam sterilized in the area(s) determined to be least accessible to steam penetration. For rigid containers, place two CIs in opposite corners of the inside basket. For multi-layer wrapped sets, place a CI in the center of each layer. For multi-layer rigid containers, place two CIs in opposite corners on each layer. 3. Process the load according to established procedures. 4. The person opening the pack should read the results of the internal chemical integrator/s. After processing, the dark color should have entered the SAFE window of the steam chemical integrator. The "accept" response of a CI does	T 259		

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T 259	Continued From page 7 not prove that the item monitored by the integrator is sterile but it indicates that specific exposure conditions in the pack have been met. Pack control is a companion to load control (below) with the results of load control superseding package control monitoring. 5. If the dark color has not entered the SAFE window, a REJECT result is indicated and the items in the pack, peel pouch, container system, or tray were not exposed to sufficient steam sterilization conditions and the contents of that pack cannot be used. A single nonresponsive or inconclusive CI does not mean the entire load did not achieve sterilization, but other packages from that load must be quarantined until the most recent Biological Indicator (BI) results are known (see "Load Control" directly below). 6. The CORM department must be immediately notified if a package has an internal chemical integrator with an unacceptable end point response so further investigation and/or action can occur..." Review of the facility sterilization log for October, November, and December 2018 revelaed the following dates had loads that the chemical indicator lot # and result were not documented: 10/03/18, 10/04/18, 10/05/18, 10/10/18, 11/14/18, 11/15/18, 11/29/18, 11/30/18, 12/07/18, and 12/12/18. The above findings were confirmed in an interview with staff member #1 and 3 on the afternoon of 12/19/18.	T 259		