Renewed 1-11-19.

Texas Healt	in and Human Servi	ces Commission		JUNIOUN-		M APPROVED
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING	LÉ CONSTRUCTION		ESURVEY PLETED
š .		130121	B. WING		12	/19/2018
	MDER OR SUPPLIER ARENTHOOD OF GR	EATER TX SURGICA 201 EAS	ADDRESS, CITY, 8 BT BEN WHITE I, TX 78704			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED T DEFICIE	CTION SHOULD BE	(XS) COMPLETE DATE
N di ci si ci Tr	ocument. All Inform inchanged except fo orrection, correction pace. Any discrepa itation(s) will be refe exas Attorney Gene	n is an official, legal	T 000			
pi st Ai Vi m th op Ci sp Ai	rovider/supplier, the hould be notified im an entrance conferer for President of Me noming of 12/18/18. The licensure resurve poportunity given for continued licensure is proved plan of continued to medical dministrative staff or reliminary findings of columns of the president of Medical dministrative staff or reliminary findings of the continued finding	State Survey Agency (SA) mediately, need at the facility dical Compliance on the The purpose and process of y were discussed, and an questions. s recommended, with an ection. as held with the Vice. Compliance and other in the evening of 12/19/18.				
(i) im cc Ci (n	plement and enformation of the plement and enformation and the plement is a secure of the texas Health and the plement is a secure of the texas Health and the plement is a secure of the texas Health and the plement is a secure of the texas Health and the plement is a secure of the texas Health and the plement is a secure of the texas Health and the texas Health an	ms abortions shall adopt, to a policy to ensure the and Safety Code, 1, Subchapters A and B and Informed Consent). not met as evidenced by: d Safety Code, Chapter 171, in 171.0031., stated in part, F PHYSICIAN; OFFENSE.	T 125	The Vice President of R Management and Traini staff in a staff meeting tidentify the hospital clos residence even if the paranother location followin The patient must sign thidentifying the closest he residence and this document the medical record Ongoing compliance will the RQM department with annual audit of this requirement.	ng will clarify with hat patients must est to their home/ tient is staying at ig their abortion. e document espital to their ment is scanned be monitored by no will complete an	1/10/2019 Q1 2019

1/10/2019

RESENTATIVE'S SIGNATURE TITLE

VP RISK QUALLY MEMF & TRALLING

	alth and Human Servi					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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		130121	B. WING		12	/19/2018
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		204 EAS	T BEN WHITE BL			
LANNEI	PARENTHOOD OF GR	EATER TX SURGICA	, TX 78704			
(X4) ID	SUMMARYS	TATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC)DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE		COMPL
				DEFICIENCY		
T 125	Continued From page	e 1	T 125		, , , , , ,	
	(a) A physician perfo	ming or inducing an				
	abortion:					1
				•		1
		regnant woman with:				
		ephone number of the e home of the pregnant				1
1	woman at which an e	e nome of the pregnant mergency arising from the				1
	abortion would be tre					
1						
l		documentation and staff				
1	interview, the license	e falled to provide a patient				
1	with the name and tel	ephone number of the				
		e home of the pregnant				1
ŀ		mergency arising from the				1
ŀ	abortion would be tre	ated.				
I	Findings include:	• •				
l	In 3 out of 20 clinical	records patients were not				
	provided the name an	d telephone number of the				
	nearest hospital to the		1			
	 Patient #S2's resid 	Service Contract to the Contract of Management of the Contract				
		facility provided the patient		·		ľ
	with the name and tel					
ľ	hospital located in Ro * Patient #M5's resid	und Rock, Texas.				1
		the facility provided the				
	patient with the name	and telephone number to a				
	hospital located in Au	stin. Texas.			i	1
	* Patient #S5's reside	ence was listed in San				
	Antonio, Texas and the	e facility provided the				
		and telephone number to a	1			
	hospital located in Au					
		led to the above patients	1			
	was not the nearest no patients' residence.	ospital to the home of the				
1	Panolica losicolica.				į	
		Safety Code, Chapter 171,				
	Subchapter B, Sec. 17	1.063. DISTRIBUTION	1			

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	ealth and Human Serv IT OF DEFICIENCIES					
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING	PLE CONSTRUCTION	(X3) DATE	SURVEY LETED
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!		130121	B. WING_		12/	19/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
	S DAGENTUAGO OF AF	201 EA	ST BEN WHITE	BLVD		
FLANNE	PARENTHOOD OF GR	CEATER IX SURGICA AUSTI	N, TX 78704			
Q(4) ID		TATEMENT OF DEFICIENCIES	ID ID		OF CORRECTION	(XS) COMPLETE
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	ACTION SHOULD BE TO THE APPROPRIATE	DATE
:				DEFIC	ENCY	
T 125	Continued From pag	je 2.	T 125	In a staff meeting, the		1/10/2019
	OF ABORTION-IND	LICING DRUG and		Risk, Quality Managen		
,	Sec. 171,063. DISTI		ŀ	designate and demons		
	and the state of the second section of the section of the second section of the	NG DRUG., stated in part,	1	the medical record for		
	H (a) A parron may r	ot knowingly give, sell,		date of the scheduled t		
	discourse administra	r, provide, or prescribe an		Ongoing compliance w		
	chortion inducing da	g to a pregnant woman for		the RQM department v	no will complete an	Q1.2019
:		ing an abortion in the		annual audit of this req	pirement.	
		enabling another person to	1			
		the pregnant woman				
	unless:	The program around			1	
	(1) the person who g	îvea, selîs, dispenses,				
: 1	administers, provide	s, or prescribes the				
!	apourou-inducing du	ıg is a physician; and,	1			
	(e) The physician wh	o gives, sells, dispenses,			"	
	administers, provides					
	abortion-inducing dru	ig, or the physician's agent,				
	must schedule a folio	w-up visit for the woman to		1		
	occur not more than		1			
1 1		of the drug. At the follow-up	ŀ			
	visit, the physician m					
!	Based on a review of	documentation, the	1			
1	physician failed to en	sure that patients given				
		igs were scheduled a	j			
ì	follow-up appointmen	it within 14 days.				
	Findings were:					
J.	The clinical course 6	or medication patients that				
. I		n-inducing drugs were	ľ	1		
		al records for Patients #M2.				
	M3, M4, and M5 reve					
	documentation that re					
		r these patients, it could not	1			
	be determined in the	medical record that the				
		l a follow-up appointment]		
	within 14 days.	•				
	The above findings w	ere confirmed in an				
- State For		,				
TE FORM			0648	829711	If continue	ition sheet 3 of 8

	alth and Human Servi					M APPROVE
	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING:	E CONSTRUCTION	(X3) DATE	SURVEY LETED
		130121	B. WING		12	19/2018
	ROVIDER OR SUPPLIER PARENTHOOD OF GR	EATER TX SURGICA 201 EA	ADDRESS, CITY, ST ST BEN WHITE E	• • • • • • • • • • • • • • • • • • • •		
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T 125	Continued From page	3:	T 125			
	interview with staff me afternoon of 12/19/18	ember #1 and 3 on the				
T 258	SVCS IN A LIC ASC	NESTHESIA & SURGICAL ant for treating surgical	T 258	A PPGT contractor will install weal stripping to both the interior and ex door to create an effective seal to	derior	By 2/17/2019
	patients, including add protect the patient from assured through the p equipment, and perso (A) Provisions shall be	equate safeguards to m cross-infection, shall be rovision of adequate space,		contamination of the surgical area. To ensure compliance, the Health Manager will visually inspect the A and document monthly.	Center	Monthly
	diseases. (B) All persons enterin properly attired. (C) Acceptable aseptic	g operating rooms shall be c techniques shall be used			•	
	the surgical area. (E) Suitable equipmen	ersons shall be allowed in at for rapid androutine				
	sterilization shall be an operating room materi (F) Environmental con to assure a safe and s	als are sterile. trois shall beimplemented				
ľ	(G) Operating rooms a cleaned before each o	hall beappropriately				
		ot met as evidenced by: ASC and staff interviews.			,	
	the ASC falled to ensu and properly maintaine patients from cross co	re that facilities were clean ed to protect staff and				
	Findings were:					
D - State For						

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE S		
!		130121	B. WING			40	19/2018
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1	The second secon	201 EAS	T BEN WHITE I				
ANNEC	PARENTHOOD OF GR	EATER TX SURGICA	, TX 78704				
X4) ID REFIX TAG	(EACH DEFICIENC	TATEMENT OF DEPICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRÈCTIVE / CROSS-REFERENCED T DEFICIE	CTION SHOULD I D THE APPROPR	BE	(XS) COMPLE DATE
T 258	Continued From pag	84 .	T 258				
	During a tour of the final part of the final part of the final part of the final part of the external door in the external door in the external door in the providing presents a final part of dust, debris, and in the secondary interproviding access to the providing acces	acility on the afternoon of ed by staff member #3 the ed: ping for the lower right side of he receiving area was in as daylight was visible from his external opening to the sk for cross contamination insects. email doors in the area he surgical area, also had 4 inch gap between the affective seal to prevent surgical area.			•		
1	and 3 on the afternoon 135.11(b)(12)(A-D) A SVCS IN A LIC ASC (12) Written policies a decontamination, disistorage of sterile supplemented and enfibut not be limited to, the decontaminating, disisterilization of critical well as for the assemble.	on of 12/19/18. NESTHESIA & SURGICAL and procedures for infection, sterilization, and piles shall be developed, broced. Policies shall include, the receiving, cleaning, infecting, preparing, and items (reusable items), as bly, wrapping, storage,		In a staff meeting, the V Risk, Quality Manageme review with staff the red chemical indicator lot no for all sterilizer cycles. Ongoing compliance will the Health Center Mana- complete a monthly revi document this review.	ent and Train uirement to I umbers and r I be monitore ger who will	ning will og all esuits ed by	1/10/20 Monthly
	distribution, and the n sterile items and equi (A) Policies and proce following standards, g recommendations iss periOperative Registe	nonitoring and control of prient. Edures shall be developed uidelines, and ued by the Association of the Nurses (AORN), the sionals in infection Control					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (X		(X3) DATE SURVEY COMPLETED	
		130121	B. WING		40,44	
AME OF P	ROVIDER OR SUPPLIER	STREET	NODRESS, CITY, STATE	-1	1 12	19/2018
LANNED	PARENTHOOD OF G	Realer IX Surgica	T BEN WHITE BLV . TX 78704	'D		
(X4) ID PREFIX TAG	(EACH DEFICIEN	BTATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULDBE	(XA) COMPLI DATE
T 259	Continued From pa	ge 5	T 259			
	applicable, the Social Nurses and Associal guidelines, and recoorganizations are as Department of State Building, 8407 Wall may also be obtained organization, as foliographication, as foliographicat	d Prevention (CDC) and, if ety of Gastroenterology tes (SGNA). Standards, ammendations of these railable for review at the Health Services, Exchange Street, Austin, Texas. Copies and directly from each pows: AORN, 2170 South				
	80231, (800) 755-26 Northwest, Suite 100 Columbia, 20005-40 1600 Clifton Road, A 311-3435; SGNA, 40 Chicago, Illinois, 606 (B) Policies and pro- proper use of extern biological indicators. (C) Performance rec- maintained for a peri (D) Preventive maint be completed accord	ords for all sterilizers shall be iod of six months. ienance of all sterilizers shall ting to manufacturer's n a scheduled basis. A				
	maintained for each shall be retained at I available for review t of request by the dep	sterilizer. These records east one year and shall be o the facility within two hours				
	Based on a review of interview the facility the and procedures additional procedures additional transfer of the and procedures and and procedures additional transfer of the and procedures additional transfer of the additional transfer of additional transfer of add	f documentation and falled to ensure that policies ressing proper use of dicators were appropriately				

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AUSTIN, TX 27704 PREPTY TAG SUMMARY STATEMENT OF DEPICIES/GISS DATA DEPICE AND STATEMENT OF DEPICIES/GISS GRAND GRICKING Y NUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY NO INFORMATION) T 259 Continued From page 6 Facility based policy entitled, "Sterilization of Critical items" stated in part, "B. Equipment Control. 4. Each sterilizar must be monitioned during operation for pressure, temperature, and time at desired temperature and pressures. A record shall be maintained either manually or machine generated and will include: a. The sierilizar identification b. Sterilization date and time c. Load number d. Duration and temperature of exposure phase (if not provided on sierilizar recording charts) e. Identification of operator(s) f. Results of biological tests and dates performed g. Time-temperature recording charts from each sierilizar (if not provided on sterilizar recording charts). D. Pack control. Procedure: 1. Use chemical integrators for pack control monitoring of all sites material tests of the integration of the safety 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 comers of the inside basket. For multi-layer wrapped sets, place a Cili in the center of each layer, For multi-layer wrapped sets, place a Cili in the center of each layer. 3. Process the load according to established procedures. 4. The person opening the pack should read the results of the internal chemical integrators. After processing, the dark color should have enhaned the SATE window of the steam chemical integrator. The "accept" response of a Cil does DO. State Form	Dr 2 3141FF	hindan or on	201 EAS	ST BEN WHITE BLV	TD			
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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 packcontrol monitoring of all steam sterilizetion 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 Cls in opposite comers of the inside basket. For multi-layer wrapped sets, place a Cl in the center of each layer. For multi-layer rigid containers, place two Cls in opposite comers 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 Cldoes DD - State Form		Critical Items" stated "B. Equipment Control 4. Each sterilizer musoperation for pressur desired temperature	in part, ol st be monitored during e, temperature, and time at					
Procedure: 1. Use chemical integrators for packcontrol 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 comers of the inside basket. For multi-layer wrapped sets, place a Cl in the center of each layer. For multi-layer rigid containers, place two Cis in opposite comers 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 Cidoes		a. The sterilizer identi b. Sterilization date a c. Load number d. Duration and temp (if not provided on ste e. Identification of ope f. Results of biologica g. Time-temperature sterilizer (if not provide	fication nd time erature of exposure phase erilizer recording charts) erator(s) Il tests and dates performed recording charts from each					
OD - State Form		Procedure: 1. Use chemical integmonitoring of all steal 2. Place a chemical in pouch, and/or tray to area(s) determined to steam penetration. For Cis in opposite come multi-layer wrapped s of each layer. For mu place two Cis in oppo 3. Process the load approcedures. 4. The person openin results of the internal processing, the dark the SAFE window of	m sterilization cycles. Integrator in each pack, peel be steam sterilized in the be least accessible to or rigid containers, place two rate of the inside basket. For lets, place a Cl in the center litilayer rigid containers, site corners on each layer. ccording to established g the pack should read the chemical integrator/s. After color should have entered the steam chemical		·			
	OD - State For		pr. response or a Cidoes	<u> </u>				

	T OF DEFICIENCIES OF CORRECTION	(Xİ) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		130121	B. WING		.] ,	2/19/2018.	
ME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ANNED	PARENTHOON OF G	REATER TX SURGICA 201 EAS	T BEN WHITE BLY	1 0			
		AUSTIN	, TX 78704				
(X4) ID		STATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF	CORRECTION	(2.5)	
TAG		CY MUST BE PRECEDED BY FULL R LSC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T		COMPLE	
			,,,,	DEFICIENC			
T 259	Continued From pag	je 7	T 259				
1	not prove that the ite	em monitored by the				1	
		ut it indicates that specific					
	exposure conditions	in the pack have been met.	. [
- 1	Pack control is a cor	npanion to load control				1	
1	(below) with the resu	lits of load control					
	superseding packag						
- 1	5. If the dark color ha	as not entered the SAFE		•			
		result is indicated and the					
- 1	items in the pack, pe	el pouch, container system,					
	or tray were not expo	osedito sufficient steam					
	sterilization condition	is and the contents of that	1			1	
1	pack cannot be used	l. A single nonresponsive or				1	
• 1	inconclusive CI does	not mean the entire load did			•	1	
1	not achieve sterilizati	on, but other packages from				1	
	that load must be qui	arantined until the most				ŀ	
- 1	recent Biological Indi	cator (BI) results are known					
	(see "Load Control" o	directly below).	1				
- 11	The CORM depart	ment must be immediately					
	notified if a package i	has an internal chemical					
- 11	integrator with an una	acceptable end point	1			l	
	response so further h	nvestigation and/or action				ĺ	
	Can occur"		1				
- 1.	Review of the facility	sterilization log for October,					
l i	November and Dece	mber 2018 revelaed the					
		pads that the chemical				ĺ	
li	ndicator lot # and res	sult were not documented:	1			l	
- 13	10/03/18, 10/04/18, 1	0/05/18 10/10/18			,]	
		1/29/18, 11/30/18, 12/07/18,					
	and 12/12/18.						
,	The above findings w	Are confirmed in an			•		
		ere commed in an ember#1 and 3 on the] .				
	afternoon of 12/19/18						
					i		
		L. d. among					
						,	
,- I		1	1	•			