rexas He	aith and Human Servic	ces Commission				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE SURV	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	·	COMPLETED	
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		140017	B. WING		05/20/2	019
NAME OF P	ROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, ST	ATE, ZIP CODE		
DI ANNED	DADENTHOOD OF ORE	1511	EAST MISSOURI			
PLANNED	PARENTHOOD OF GRE	EL P	ASO, TX 79902			
	OLIMAN ON OT	ATEMENT OF DEFICIENCIES	- 15	PROVIDER'S PLAN OF CORRECTION	у	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		OMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
6 000	TAC 139.1 Initial Com	nments	6 000			
	Note: The State Form	is an official, legal				
	document. All informa					-1
	unchanged except for					
		dates, and the signature				
		ncy in the original deficiency				
		_				
		rred to the Office of the				
		ral (OAG) for possible fraud.				
		ertently changed by the				
		State Survey Agency (SA)				
	should be notified imr	nediately.				
					+	
	(a) Purpose. The purp	pose of this chapter is to				
	implement the Texas	Abortion Facility Reporting				
	and Licensing Act. He	ealth and Safety Code,				
		rovides the Health and				
		mission with the authority				
		erning the licensing and				
		facilities and to establish				
	•					
		irements for each abortion				
		ter also implements the			1	
	•	ow Act, Health and Safety				
	Code, Chapter 171.					
	(b) Scope and applica	ability.				
	(1) Licensing require	ements.				
	(A) A person may r	not establish or operate an				
		as without a license issued				
		less the person is exempt				
	from licensing require					
	iioononig roquito					
	(R) The following of	eed not be licensed under				
	(B) The following need not be licensed under					
	this chapter:					
	6) + h c !4 - 1 !!					
		sed under Health and				
	Safety Code, Chapter	241;	1			
	(ii) an ambulatory	surgical center licensed				
			l l			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLTA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		'E SURVEY MPLETED
		140017	B. WNG_		5/20/2019
	ROVIDER OR SUPPLIER PARENTHOOD OF G	REATER TEXAS SURG 1511 EA	DDRESS, CITY, STA ST MISSOURI D, TX 79902	ATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
6 000	under Health and S (iii) the office of Texas Medical Boa medicine in the Statis used for the purp 50 abortions in any (2) Reporting required facilities and facilities and facilities and facilities and facilities for Annual Abortions Performs An entrance confer health center mana 05/20/19. The purp survey were discuss for questions. Initial licensure is read in a conference facility health center administrative staff Preliminary findings	Fafety Code, Chapter 243; or a physician licensed by the rd and authorized to practice ate of Texas, unless the office pose of performing more than 12-month period. All licensed abortion are and persons exempt from ply with §139.4 of this title Reporting Requirements for All ad), ence was held with the facility ager on the morning of ose and process of the initial sed, and an opportunity given	6 000		
6 034	(a) Written policies. shall develop, imple control policies and transmission of pospolicies shall includ prevention of the trainmunodeficiency of the control of the trainmunodeficiency of the trainmunodeficienc	on Control Standards A licensed abortion facility ement, and enforce infection procedures to minimize the st-procedure infections. These e, but not be limited to, the ansmission of human virus (HIV), hepatitis B virus virus (HCV), Mycobacterium	6 034	The Vice President of Quality. Risk Management & Training (1) revised the auoclave cleaning instructions to be consistent with the manufacturer's instructions for the Tuttnauer EZ11 Plus and (2) updated the cleaning log to allow staff to document that maintenance of the Tuttnauer EZ11 Plus follows the manufaturer's instructions. Each month the Health Center Manager will verify and document that routine maintenance was provided as per the manufacturer's	5/24/2018

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PRINTED: 05/23/2019 FORM APPROVED Texas Health and Human Services Commission (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B. WING 140017 05/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1511 EAST MISSOURI PLANNED PARENTHOOD OF GREATER TEXAS SURG EL PASO, TX 79902 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 6 034 6 034 Continued From page 2 spp.); educational course requirements; cleaning and laundry requirements; and decontamination, disinfection, sterilization, and storage of sterile supplies. (b) Prevention and control of the transmission of HIV, HBV, HCV, TB, and S. spp. (1) Universal/standard precautions. (A) An abortion facility shall ensure that all staff comply with universal/standard precautions as defined in this paragraph. (i) Universal/standard precautions includes procedures for disinfection and sterilization of reusable medical devices and the appropriate use of infection control, including hand washing, the use of protective barriers, and the use and disposal of needles and other sharp instruments. (ii) Universal/standard precautions synthesize the major points of universal precautions with the points of body substance precautions and apply them to all patients receiving care in facilities, regardless of their diagnosis or presumed infection status. (I) Universal/standard precautions apply to: (-a-) blood; (-b-) body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood:

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(-d-) mucous membranes.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		СОМ	E SURVEY PLETED
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6 034	(II) Universal/st designed to reduce the microorganisms from unrecognized source. (B) A licensed about procedures for monituniversal/standard plant subparagraph (A) of the compliance of the factore workers within and Safety Code, Claconcerning the preventions, including transmission, scientiand practices for inferengineering and worth the requirements of and training may income courses or in-house provided by the facilitation prevention based on the prevent	andard precautions are the risk of transmission of a both recognized and es of infection in facilities. Ortion facility shall establish toring compliance with recautions described in this paragraph. The infected with the HIV or ortion facility shall adopt, orce a written policy to ensure cility and all of the health the facility with the Health the facility wi	6 034			

FORM APPROVED Texas Health and Human Services Commission (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING: ___ B. WING_ 140017 05/20/2019

NAME OF P	ROVIDER OR SUPPLIER STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
PLANNED	PARENTHOOD OF GREATER TEXAS SURCE EL PASO, 1			
(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
6 034	Continued From page 4	6 034		-
	subsection;			
	(C) bidirectional aspect of disease transmission; and			
	(D) epidemic control.			
	(c) Cleaning and laundry policies and procedures.			
	(1) A licensed abortion facility shall develop, implement, and enforce written policies and procedures on cleaning the procedure room(s).			
	(2) A licensed abortion facility shall develop, implement, and enforce written policies and procedures for the handling, processing, storing,			
	and transporting of clean and dirty laundry.			
	(3) A licensed abortion facility may provide cleaning and laundry services directly or by contract in accordance with Occupational Safety and Health Administration's Standards, 29 Code of Federal Regulations, Subpart Z. Bloodborne Pathogens.			
	(d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. A licensed abortion facility shall have written policies covering its procedures for the decontamination and sterilization activities performed. Policies shall include, but not be limited to, the receiving, cleaning,			
	decontaminating, disinfecting, preparing and sterilization of critical items (reusable items), as well as those for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment.			
OD State Fo	(1) Supervision. The decontamination,			

Texas He	alth and Human Ser	vices Commission			FOR	RM APPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 149017	(X2) MULTIPLE C A. BUILDING: B. WING	ONSTRUCTION	СОМ	E SURVEY PLETED 5/20/2019
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	E, ZIP CODE		
PLANNED	PARENTHOOD OF G	REATER TEXAS SURG	AST MISSOURI O, TX 79902			
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6 034	equipment shall be person qualified by experience. (2) Quantity of state facility shall ensure sufficient in number instrument(s) used adequate to perform dilatation and curet available at the fact (3) Inspection of state (3) Inspection of state (3) Inspection of state (4) All instrument before being packar Routine inspection to assure clean locution and include visual accondition and function (i) Cutting edges sharpness; tips shall be clear soap, detergent, drawing in the box work freely. (ii) Ratchets shall fissures in the box work freely.	erilization of all supplies and under the supervision of a education, training, or entle surgical instruments. The that surgical instruments are referenced to permit sterilization of the for each procedure and meconventional cervical stage if this procedure is sility. Surgical instruments. Surgical instruments.	6 034			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			I ' '	E CONSTRUCTION		E SURVEY PLETED	
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	ROVIDER OR SUPPLIER PARENTHOOD OF GRE	ATER TEXAS SURG	STREET ADD 1511 EAST EL PASO, 1		ATE, ZIP CODE		
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6 034	(C) Instruments nectaken out of service a qualified to repair surge (D) To protect the infinish, impact markers not be used for instrument identification the instrument identification the instrument manufactories which shall not damage protective finish. (4) Items to be disinful. (A) Critical items. (i) Critical items in instruments and object directly into the bloods normally sterile areas sterilized in accordance (ii) All items that costerile field during the besterile. (B) Semicritical item in contact with nonintal membranes. Semicriti microorganisms, exces semicritical items may equipment, anesthesis bronchoscopes, and the sterile in contact with semicritical items may equipment, anesthesis bronchoscopes, and the semicritical items may equipment.	eding maintenance shand repaired by someon gical instruments. Instrument and its protes or electric engravers soment identification. Instrument and its protes or electric engravers soment identification. Instrument identification. Instrument or instrument or its decturer, employing metion of the instrument or its dected and sterilized. Instrument or into other of the body and shall be one with this subsection. Instrument or into other or into other or into other or into other of the body and shall be one with this subsection. Instrument or into other or into other or in contact with the operative procedure shall be free or include items that contact skin or mucous call items shall be free or include respiratory the equipment,	ctive shall ed by hods hods	6 034			

Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B. WING 140017 05/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1511 EAST MISSOURI PLANNED PARENTHOOD OF GREATER TEXAS SURG EL PASO, TX 79902 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 7 6 034 (C) Noncritical items. (i) Noncritical items include Items that come in contact with intact skin. (ii) Intermediate-level or low-level disinfection shall be used for noncritical items. (5) Equipment and sterilization procedures. Effective sterilization of instruments depends on performing correct methods of cleaning, packaging, arrangement of items in the sterilizer, and storage. The following procedures shall be included in the written policies as required in this subsection to provide effective sterilization measures. (A) Equipment. A licensed abortion facility shall provide sterilization equipment adequate to meet the requirements of this paragraph for sterilization of critical items. Equipment shall be maintained and operated to perform, with accuracy, the sterilization of critical Items. (B) Environmental requirements. Where cleaning, preparation, and sterilization functions are performed in the same room or unit, the physical facilities, equipment, and the written policies and procedures for their use shall be such as to effectively separate soiled or contaminated supplies and equipment from the clean or sterilized supplies and equipment. (i) A facility shall have a sink for hand washing. This sink shall not be used for cleaning instruments or disposal of liquid waste. (ii) A facility shall have a separate sink for cleaning instruments and disposal of liquid waste.

PRINTED: 05/23/2019 FORM APPROVED Texas Health and Human Services Commission (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ B. WING 140017 05/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1511 EAST MISSOURI PLANNED PARENTHOOD OF GREATER TEXAS SURG EL PASO, TX 79902 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 6 034 6 034 Continued From page 8 Hand washing shall only be performed at this sink after it has been disinfected. (C) Preparation for sterilization. (i) All items to be sterilized shall be prepared to reduce the bioburden. All items shall be thoroughly cleaned, decontaminated and prepared in a clean, controlled environment. Cleaning is the removal of all adherent visible soil from the surfaces, crevices, joints, and lumens of instruments. Decontamination is the physical/chemical process that renders an inanimate object safe for further handling. (ii) One of the following methods of cleaning and decontamination shall be used as appropriate. (I) Manual cleaning. Manual cleaning of instruments at the sink is permitted. (II) Ultrasonic cleaning. Ultrasonic cleaning of instruments cleans by cavitation and reduces the need for hand scrubbing. When grossly soiled items are placed in the ultrasonic cleaner the water shall be changed more than once a shift. If using this method for cleaning, chambers shall be covered to prevent potential hazards to personnel from aerosolization of the contents.

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(III) Washer-sterilizers. Washer-sterilizers clean by using rotating spray arms to create water jets that clean by impingement and appropriate soap and disinfectant. These machines shall reach a temperature of 140 degrees Celsius (285 degrees Fahrenheit).

(IV) Washer-decontaminator machines.

Texas He	ealth and Human Ser	vices Commission				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
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NAME OF P	ROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STATE	E, ZIP CODE		E-10 / / -
PLANNED	PARENTHOOD OF G	REATER TEXAS SURG	ST MISSOURI D, TX 79902			
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6 034	Washer-decontaminumerous water jet even if instruments thorough cleaning in rinse to quickly rest (iii) All articles to arranged so all surfit to the sterilizing age temperature. (D) Packaging. (i) All wrapped a packaged in materis specific type of ster sterilized, and to promicroorganisms. As peel pouches, perfet trays. Muslin packs inches by 12 inches maximum weight of instrument trays should as to the date sterilizing load num. (E) External cherical sterilization procon each package to being flash sterilized been exposed to the date according to the material sterilization procon each package to being flash sterilization according to the material sterilization according to the sterilization according to the material sterilization according to the sterilization accor	nator machines clean by its and a high pH of detergent are grossly solled. The is followed by a neutralizing tore the pH to neutral. To be sterilized shall be faces shall be directly exposed ent for the prescribed time and enticles to be sterilized shall be als recommended for the rilizer and material to be evide an effective barrier to exceptable packaging includes orated metal trays, or rigid is shall be limited in size to 12 is by 20 inches with a f 12 pounds. Wrapped all not exceed 17 pounds. The provided in the limited in the sterilizer and time of sterilization, the iber, and the autoclave.	6 034	DEFICIENCY)		

Texas Health and Human Services Commission

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE ZID CODE	1 03/	20/2015
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6 034	Continued From page	10		6 034			
	(F) Biological indica	itors.					
	be monitored with relia appropriate for the typ	the sterilizing process si able biological indicators e of sterilizer used (e.g. philus for steam sterilize	s .,				
	(ii) Biological indic least one run each da sterilizers.	ators shall be included i y of use for steam	in at				i
:		maintained with the load al indicator results, and ntents of the load.	!				
	immediately be taken malfunctioning sterilize	er shall not be put back i erviced and successfully					
	reprocessed if a sterili						
	(G) Sterilizers.						
	pressure) shall be utiliz	s (saturated steam unde zed for sterilization of he ems. Steam sterilizers st nanufacturer's written	eat				
	(ii) Other sterilizers accordance with the m	shall be used in anufacturer's instruction	าร.				

Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 145017 05/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1511 EAST MISSOURI PLANNED PARENTHOOD OF GREATER TEXAS SURG EL PASO, TX 79902 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TEACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 6 034 Continued From page 11 6 034 (H) Maintenance of sterility. (i) Items that are properly packaged and sterilized shall remain sterile indefinitely unless the package becomes wet or torn, has a broken seal, is damaged in some way, or is suspected of being compromised. (ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations. (iii) All packages shall be inspected before use. If a package is torn, wet, discolored, has a broken seal, or is damaged, the item may not be used. The item shall be returned to sterile processing for reprocessing. (I) Commercially packaged items. Commercially packaged items are considered sterile according to the manufacturer's instructions. (J) Storage of sterilized Items. The loss of sterility is event related, not time related. The facility shall ensure proper storage and handling of items in a manner that does not compromise the packaging of the product. (i) Sterilized items shall be transported so as to maintain cleanliness and sterility and to prevent physical damage. (ii) Sterilized items shall be stored in well-ventilated, limited access areas with controlled temperature and humidity.

PRINTED: 05/23/2019 FORM APPROVED Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 140017 05/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1511 EAST MISSOUR! PLANNED PARENTHOOD OF GREATER TEXAS SURG EL PASO, TX 79902 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 6 034 Continued From page 12 6 034 (iii) Sterilized items shall be positioned so that the packaging is not crushed, bent, compressed, or punctured so that their sterility is not compromised. (iv) Storage of supplies shall be in areas that are designated for storage. (K) Disinfection. (i) The manufacturer's written instructions for the use of disinfectants shall be followed. (ii) An expiration date, determined according to manufacturer's written recommendations, shall be marked on the container of disinfection solution currently in use. (iii) Disinfectant solutions shall be kept covered and used in well-ventilated areas. (L) Performance records. (i) Performance records for all sterilizers shall be maintained for each cycle. These records shall be retained and available for review for a minimum of two years. (ii) Each sterilizer shall 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 shall include:

(I) the sterilizer identification;

(II) sterilization date and time;

(III) load number;

The state of the s	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: E. WING		сом	E SURVEY PLETED 5/20/2019
	ROVIDER OR SUPPLIER PARENTHOOD OF G	STREET / REATER TEXAS SURC 1511 EA	ADDRESS, CITY, STATE	, ZIP CODE) Ot	572072019
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC) CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
6 034	(IV) duration a phase (if not provide charts); (V) identification (VI) results of performed; and (VII) time-term each sterilizer (if not recording charts). (M) Preventive in maintenance of all according to individe basis by qualified provided in the preventive maintenance of all according to individe basis by qualified provided in the preventive maintenance of all according to individe basis by qualified provided in the preventive maintenance of all according to individe basis by qualified provided in the preventive maintenance of all according to individe available for review of request by the distribution are view interview the facility sterilizers were used written instructions. Finding included: The facility utilized sterilization and Malia autoclave stated the "12.1. Preventive all according to individual to the facility utilized sterilization and Malia autoclave stated the "12.1. Preventive all according to individual to the facility utilized sterilization and Malia autoclave stated the "12.1. Preventive all according to individual to the facility utilized sterilization and Malia autoclave stated the "12.1. Preventive all according to individual to the facility according to the facili	and temperature of exposure led on sterilizer recording on of operator(s); biological tests and dates perature recording charts from ot provided on sterilizer maintenance. Preventive sterilizers shall be performed dual policy on a scheduled lersonnel, using the sterilizer vice manual as a reference. A lance record shall be a sterilizer. These records the least two years and shall be to the facility within two hours epartment. Is not met as evidenced by: of documentation and a falled to ensure that steam and according to manufacturer's other facility. According to the intenance Manual for this	6 034			

FORM APPROVED Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING 140017 05/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1511 EAST MISSOURI PLANNED PARENTHOOD OF GREATER TEXAS SURG EL PASO, TX 79902 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 6 034 Continued From page 14 6 034 chapter need to be followed as indicated to keep the device in good working condition. This maintenance schedule is the responsibility of the equipment owner and not covered under the warranty. The majority of instructions that follow can easily be carried out by the operating personnel and do not require a service technician. Should the need arise or the instructions in this section indicate, technical assistance or a service technician can be requested by either calling your dealer or Tuttnauer USA. 12.1.1. Daily Clean the door gasket and outside rim of the chamber with a mild detergent, water and a soft cloth or sponge. The gasket should be clean and smooth. Be sure to clean the inside and outside of the gasket flap. 12.1.2. Weekly by the operator Once per week or after 20 cycles, clean and descale the chamber, copper tubes and the reservoir using Chamber Brite (Trademark). Follow these instructions: Cleaning Table Top Autoclaves with Chamber Brite (Trademark)..." Review of the facility based Cleaning and Safety Check Log on 05/20/19 revealed the following regarding routine maintenance of the autoclave: This form indicated that weekly maintenance included "autoclave drained and cleaned int/ext (per mfr)". According to the manufacturer recommendations the autoclave door gasket and rim of the chamber should be cleaned daily.

SOD - State Form

This form also indicated the bi-weekly the autoclave "cleaning/maintenance flush (per mfr)" According to manufacturer recommendations the autoclave should be cleaned with Chamber Brite

STATE FORM

STATEMENT	ealth and Human Serv	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140017	(X2) MULTIPLE C A. BUILDING: B. WING	ONSTRUCTION	сом	SURVEY PLETED
	ROVIDER OR SUPPLIER PARENTHOOD OF GR	EATER TEXAS SURG	DDRESS, CITY, STATE ST MISSOURI D, TX. 79902	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
6 034	In an interview on 05 (who performs sterili asked what routine of the autoclave. This is machine was clean rag". The staff often the machine with the maintenance manufactory's recommendation of the staff of the staff of the machine with the machine with the staff of the staf	ery 20 cycles. 5/20/19 with staff member #4 zation at he facility) was cleaning was performed on staff member replied the ad weekly "wiped down with a member was asked how as cleaned with Clean Brite. wo weeks". This schedule for a does not match the mendations. ere confirmed in an interview	6 034			

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