

Reviewed 1-14-19  
Szm

PRINTED: 01/22/2019  
FORM APPROVED

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/08/2019
NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098		
(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'S SIGNATURE

STATE FORM

TITLE

DIRECTOR

(X6) DATE

02/04/19

If continuation sheet 1 of 28

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/08/2019
NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098			
(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	Continued From page 1  under Health and Safety Code, Chapter 243; or  (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.  (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 administrative staff on in the morning of 01/07/19. 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 facility administrative staff on the afternoon of 01/09/19. Preliminary findings of the survey were discussed, and an opportunity given for questions.	6 000			
6 007	[REDACTED]	6 007	[REDACTED]		02/28/19

SOD - State Form  
STATE FORM

GK801

*Director*

If continuation sheet 2 of 28

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/08/2019
NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098			
(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
6 007	[REDACTED]	6 007	[REDACTED]		02/28/19

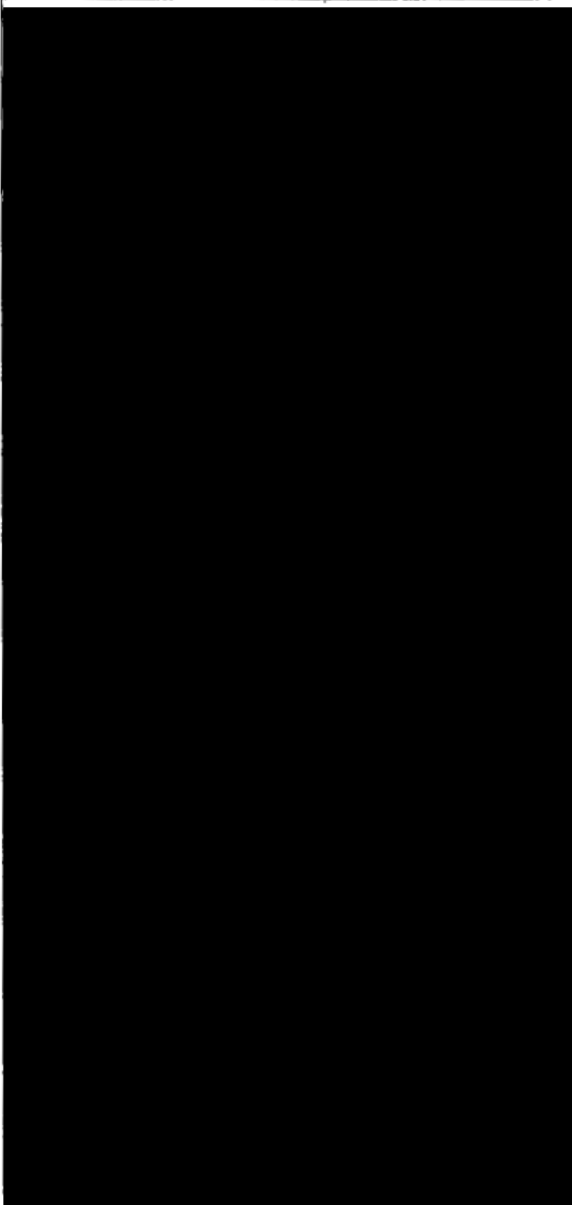
SOD - State Form  
STATE FORM



GK8011  
DIRECTOR

If continuation sheet 3 of 28

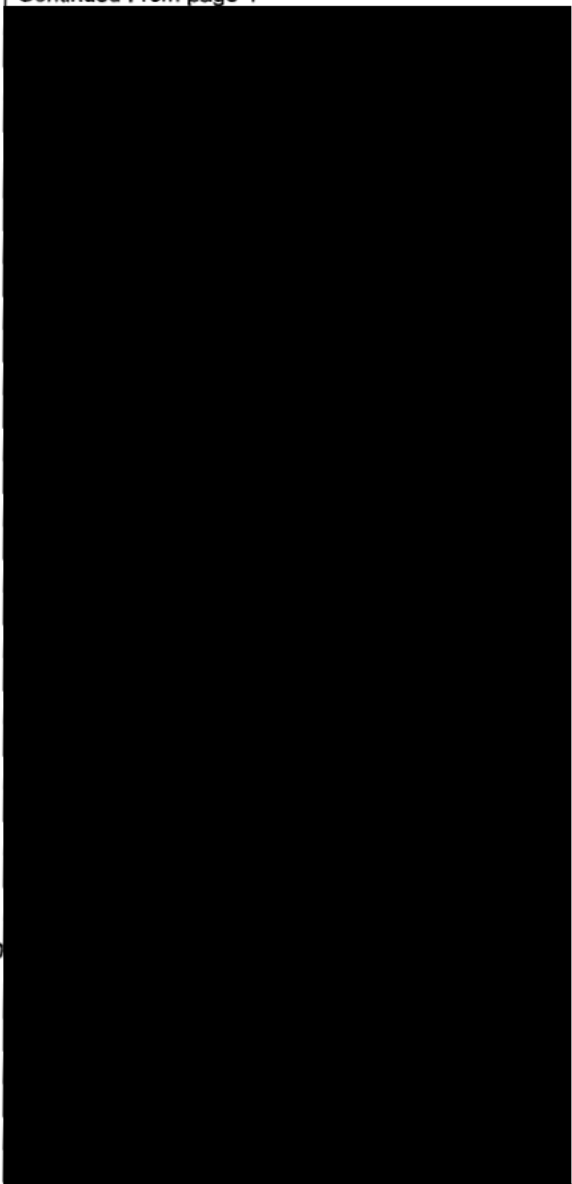
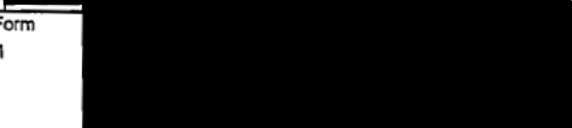
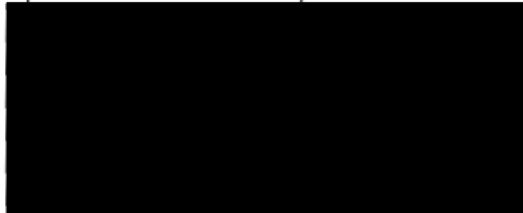
Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/08/2019
NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #260 HOUSTON, TX 77098		
(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	
6 007		6 007			

Texas Health and Human Services Commission

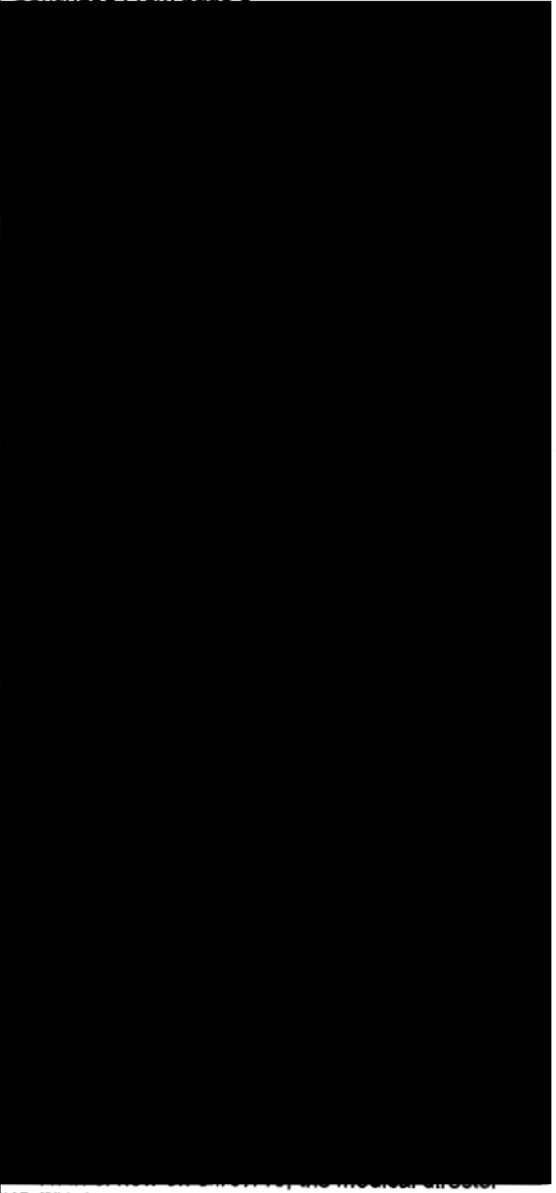

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/08/2019
---	---	--	---

NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098
--	--

(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
6 007	Continued From page 4 	6 007		
6 030		6 030		02/28/19

*Director*

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/08/2019
NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098			
(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
6 030	Continued From page 5 	6 030			

SOD - State Form  
STATE FORM

9800

GK8041

*Director*

If continuation sheet 6 of 28

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/08/2019
NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098		
(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	
6 030	[REDACTED]	6 030			
6 034	<p>TAC 139.49 Infection Control Standards</p> <p>(a) Written policies. A licensed abortion facility shall develop, implement, and enforce infection control policies and procedures to minimize the transmission of post-procedure infections. These policies shall include, but not be limited to, the prevention of the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species (S. spp.); educational course requirements; cleaning and laundry requirements; and decontamination, disinfection, sterilization, and storage of sterile supplies.</p> <p>(b) Prevention and control of the transmission of HIV, HBV, HCV, TB, and S. spp.</p> <p>(1) Universal/standard precautions.</p> <p>(A) An abortion facility shall ensure that all staff comply with universal/standard precautions as defined in this paragraph.</p> <p>(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.</p> <p>(ii) Universal/standard precautions synthesize the major points of universal precautions with the</p>	6 034	<p>I, The Medical Director will make sure that the autoclave log documentation will state the load number as well as the contents of the load to be consistent with TAC 139.49.</p> <p>The Medical Director will make sure that every employee has a job description in his/her record including the RN</p>	02/28/19	

*DIRECTOR*

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>		
(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	<p>Continued From page 7</p> <p>points of body substance precautions and apply them to all patients receiving care in facilities, regardless of their diagnosis or presumed infection status.</p> <p>(I) Universal/standard precautions apply to:</p> <p>(-a-) blood;</p> <p>(-b-) body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood;</p> <p>(-c-) nonintact skin; and</p> <p>(-d-) mucous membranes.</p> <p>(II) Universal/standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in facilities.</p> <p>(B) A licensed abortion facility shall establish procedures for monitoring compliance with universal/standard precautions described in subparagraph (A) of this paragraph.</p> <p>(2) Health care workers infected with the HIV or HBV. A licensed abortion facility shall adopt, implement, and enforce a written policy to ensure compliance of the facility and all of the health care workers within the facility with the Health and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of HIV and HBV by infected health care workers.</p> <p>(3) Educational course work and training. A licensed abortion facility shall require its health care workers to complete educational course</p>	6 034			



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**SUBURBAN WOMENS CLINIC**

**3101 RICHMOND #250  
HOUSTON, TX 77098**

(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	<p>Continued From page 8</p> <p>work or training in infection control and barrier precautions, including basic concepts of disease transmission, scientifically accepted principles and practices for infection control and engineering and work practice controls. To fulfill the requirements of this paragraph, course work and training may include formal education courses or in-house training or workshops provided by the facility. The course work and training shall include, but not be limited to:</p> <p>(A) HIV infection prevention; and</p> <p>(B) HBV, HCV, TB, and S. spp. infection prevention based on universal/standard precautions as defined in paragraph (1) of this subsection;</p> <p>(C) bidirectional aspect of disease transmission; and</p> <p>(D) epidemic control.</p> <p>(c) Cleaning and laundry policies and procedures.</p> <p>(1) A licensed abortion facility shall develop, implement, and enforce written policies and procedures on cleaning the procedure room(s).</p> <p>(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.</p> <p>(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 *</p>	6 034		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/08/2019
NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098			
(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	<p>Continued From page 9</p> <p>Pathogens.</p> <p>(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.</p> <p>(1) Supervision. The decontamination, disinfection, and sterilization of all supplies and equipment shall be under the supervision of a person qualified by education, training, or experience.</p> <p>(2) Quantity of sterile surgical instruments. The facility shall ensure that surgical instruments are sufficient in number to permit sterilization of the instrument(s) used for each procedure and adequate to perform conventional cervical dilatation and curettage if this procedure is available at the facility.</p> <p>(3) Inspection of surgical instruments.</p> <p>(A) All instruments shall undergo inspection before being packaged for reuse or storage. Routine inspection of instruments shall be made to assure clean locks, crevices, and serrations.</p> <p>(B) Inspection procedures shall be thorough and include visual and manual inspection for condition and function.</p>	6 034			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>
---	--

(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	<p>Continued From page 10</p> <p>(i) Cutting edges shall be checked for sharpness; tips shall be properly aligned, and box locks shall be clean and free from buildup of soap, detergent, dried blood, or tissue.</p> <p>(ii) There shall be no evident cracks or fissures in the box locks, and the hinges shall work freely.</p> <p>(iii) Ratchets shall hold and be routinely tested.</p> <p>(iv) There shall be no corrosion or pitting of the finish.</p> <p>(C) Instruments needing maintenance shall be taken out of service and repaired by someone qualified to repair surgical instruments.</p> <p>(D) To protect the instrument and its protective finish, impact markers or electric engravers shall not be used for instrument identification. Instrument identification shall be accomplished by the instrument manufacturer, employing methods which shall not damage the instrument or its protective finish.</p> <p>(4) Items to be disinfected and sterilized.</p> <p>(A) Critical items.</p> <p>(i) Critical items include all surgical instruments and objects that are introduced directly into the bloodstream or into other normally sterile areas of the body and shall be sterilized in accordance with this subsection.</p> <p>(ii) All items that come in contact with the</p>	6 034		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>
---	--

(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	<p>Continued From page 11</p> <p>sterile field during the operative procedure shall be sterile.</p> <p>(B) Semicritical items.</p> <p>(i) Semicritical items include items that come in contact with nonintact skin or mucous membranes. Semicritical items shall be free of microorganisms, except bacterial spores. Semicritical items may include respiratory therapy equipment, anesthesia equipment, bronchoscopes, and thermometers.</p> <p>(ii) High-level disinfection shall be used for semicritical items.</p> <p>(C) Noncritical items.</p> <p>(i) Noncritical items include items that come in contact with intact skin.</p> <p>(ii) Intermediate-level or low-level disinfection shall be used for noncritical items.</p> <p>(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.</p> <p>(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.</p>	6 034		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>
---	--

(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	<p>Continued From page 12</p> <p>(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.</p> <p>(i) A facility shall have a sink for hand washing. This sink shall not be used for cleaning instruments or disposal of liquid waste.</p> <p>(ii) A facility shall have a separate sink for cleaning instruments and disposal of liquid waste. Hand washing shall only be performed at this sink after it has been disinfected.</p> <p>(C) Preparation for sterilization.</p> <p>(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.</p> <p>(ii) One of the following methods of cleaning and decontamination shall be used as appropriate.</p> <p>(I) Manual cleaning. Manual cleaning of instruments at the sink is permitted.</p> <p>(II) Ultrasonic cleaning. Ultrasonic cleaning</p>	6 034		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/08/2019
NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098		
(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	<p>Continued From page 13</p> <p>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.</p> <p>(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).</p> <p>(IV) Washer-decontaminator machines. Washer-decontaminator machines clean by numerous water jets and a high pH of detergent even if instruments are grossly soiled. The thorough cleaning is followed by a neutralizing rinse to quickly restore the pH to neutral.</p> <p>(iii) All articles to be sterilized shall be arranged so all surfaces shall be directly exposed to the sterilizing agent for the prescribed time and temperature.</p> <p>(D) Packaging.</p> <p>(i) All wrapped articles to be sterilized shall be packaged in materials recommended for the specific type of sterilizer and material to be sterilized, and to provide an effective barrier to microorganisms. Acceptable packaging includes peel pouches, perforated metal trays, or rigid trays. Muslin packs shall be limited in size to 12 inches by 12 inches by 20 inches with a maximum weight of 12 pounds. Wrapped instrument trays shall not exceed 17 pounds.</p>	6 034			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>
---	--

(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	<p>Continued From page 14</p> <p>(ii) All items shall be labeled for each sterilizer load as to the date and time of sterilization, the sterilizing load number, and the autoclave.</p> <p>(E) External chemical indicators.</p> <p>(i) External chemical indicators, also known as sterilization process indicators, shall be used on each package to be sterilized, including items being flash sterilized to indicate that items have been exposed to the sterilization process.</p> <p>(ii) The indicator results shall be interpreted according to the manufacturer's written instructions and indicator reaction specifications.</p> <p>(F) Biological indicators.</p> <p>(i) The efficacy of the sterilizing process shall be monitored with reliable biological indicators appropriate for the type of sterilizer used (e.g., <i>Bacillus stearothermophilus</i> for steam sterilizers).</p> <p>(ii) Biological indicators shall be included in at least one run each day of use for steam sterilizers.</p> <p>(iii) A log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load.</p> <p>(iv) If a test is positive, the sterilizer shall immediately be taken out of service. A malfunctioning sterilizer shall not be put back into use until it has been serviced and successfully tested according to the manufacturer's recommendations.</p>	6 034		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>		
(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	<p>Continued From page 15</p> <p>(v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A list of all items which were used after the last negative biological indicator test shall be submitted to the administrator.</p> <p>(G) Sterilizers.</p> <p>(i) Steam sterilizers (saturated steam under pressure) shall be utilized for sterilization of heat and moisture stable items. Steam sterilizers shall be used according to manufacturer's written instructions.</p> <p>(ii) Other sterilizers shall be used in accordance with the manufacturer's instructions.</p> <p>(H) Maintenance of sterility.</p> <p>(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.</p> <p>(ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations.</p> <p>(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.</p> <p>(I) Commercially packaged items. Commercially packaged items are considered sterile according to the manufacturer's</p>	6 034			



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>
---	--

(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	<p>Continued From page 16</p> <p>instructions.</p> <p>(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.</p> <p>(i) Sterilized items shall be transported so as to maintain cleanliness and sterility and to prevent physical damage.</p> <p>(ii) Sterilized items shall be stored in well-ventilated, limited access areas with controlled temperature and humidity.</p> <p>(iii) Sterilized items shall be positioned so that the packaging is not crushed, bent, compressed, or punctured so that their sterility is not compromised.</p> <p>(iv) Storage of supplies shall be in areas that are designated for storage.</p> <p>(K) Disinfection.</p> <p>(i) The manufacturer's written instructions for the use of disinfectants shall be followed.</p> <p>(ii) An expiration date, determined according to manufacturer's written recommendations, shall be marked on the container of disinfection solution currently in use.</p> <p>(iii) Disinfectant solutions shall be kept covered and used in well-ventilated areas.</p> <p>(L) Performance records.</p>	6 034		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>		
(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	<p>Continued From page 17</p> <p>(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.</p> <p>(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:</p> <p>(I) the sterilizer identification;</p> <p>(II) sterilization date and time;</p> <p>(III) load number;</p> <p>(IV) duration and temperature of exposure phase (if not provided on sterilizer recording charts);</p> <p>(V) identification of operator(s);</p> <p>(VI) results of biological tests and dates performed; and</p> <p>(VII) time-temperature recording charts from each sterilizer (if not provided on sterilizer recording charts).</p> <p>(M) Preventive maintenance. Preventive maintenance of all sterilizers shall be performed according to individual policy on a scheduled basis by qualified personnel, using the sterilizer manufacturer's service manual as a reference. A preventive maintenance record shall be maintained for each sterilizer. These records shall be retained at least two years and shall be available for review to the facility within two hours</p>	6 034			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/08/2019
NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098			
(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 18 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 the a log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load.  Finding included:  Review of the Autoclave log contained documentation of the load number, however the contents of the loads were not identified.  The above was confirmed in an interview with staff member #1 on 01/08/19.	6 034			
6 038	TAC 139.53 Medical and Clinical Services  (a) Surgical abortion.  (1) The medical consultant shall be responsible for implementing and supervising the medical and clinical policies of the facility.  (2) All medical and clinical services of the facility, with the exception of the abortion procedure, shall be provided under the direction of a physician or registered nurse who assumes responsibility for the clinical employees' performance in the facility.  (3) A licensed abortion facility shall ensure that a surgical consent form is signed by the patient prior to the procedure being started, that the patient is informed of the risks and the benefits of the procedure, and that the patient recognizes the	6 038	I, The Medical Director obtains all informed consent from all patients and will continue to do so in accordance with TAC 139.53. There are two consent forms in each patient's file. One of them is actually The Texas Health and Safety which states 'voluntary and informed consent' consistent with TAC 139.53.		02/28/19

*DIRECTOR*

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>			
(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
6 038	<p>Continued From page 19</p> <p>alternatives to abortion. Informed consent shall be in accordance with rules adopted by the Texas Medical Disclosure Panel under §601.2 of this title (relating to Procedures Requiring Full Disclosure of Specific Risks and Hazards--List A), §601.4 of this title (relating to Disclosure and Consent Form), and Health and Safety Code, §171.011 (relating to Informed Consent Required), and §171.012 (relating to Voluntary Informed Consent).</p> <p>(4) A licensed abortion facility shall ensure that the attending physician, advanced practice registered nurse, or physician assistant has obtained and documented a preoperative history, physical exam, and laboratory studies, including verification of pregnancy.</p> <p>(5) A licensed abortion facility shall ensure that:</p> <p>(A) the attending physician examines each patient immediately prior to surgery to evaluate the risk to the procedure; and</p> <p>(B) the person administering the anesthetic agent(s) examines the patient immediately prior to surgery to evaluate the risk of anesthesia.</p> <p>(6) The administration of anesthesia shall be in accordance with §139.59 of this title (relating to Anesthesia Services).</p> <p>(7) An abortion shall be performed only by a physician.</p> <p>(8) A physician, advanced practice registered nurse, physician assistant, registered nurse, or licensed vocational nurse shall be in the facility whenever there is a patient in the procedure</p>	6 038	<p>I, The Medical Director will continue to put down the time of administration of Mifeprex. The only one case referred to is an inadvertent miss and not The Director's conscious effort.</p>		02/28/19

SOD - State Form  
STATE FORM

6899

GK8011

*Director*

If continuation sheet 20 of 28

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>		
(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	
6 038	<p>Continued From page 20</p> <p>room or recovery room. While a patient is in the procedure room or recovery room she shall not be left unattended.</p> <p>(9) The recovery room(s) at the facility shall be supervised by a physician, advanced practice registered nurse, physician assistant, or registered nurse. This supervisor shall be available for recovery room staff within a recommended 10 minutes with a maximum required 15 minutes while any patient is in the recovery room.</p> <p>(10) A physician shall be available for the facility while any patient is in the recovery room within a recommended 10 minutes and a maximum required 15 minutes.</p> <p>(11) The facility shall ensure that a patient is fully reactive and her vital signs are stable before discharging the patient from the facility upon written order by the attending physician.</p> <p>(12) All fetal tissue shall be examined grossly at the time of the procedure. In the absence of visible fetal parts or placenta, the tissue may be examined by magnification for the detection of villi. If this examination is inconclusive, the tissue shall be sent to a pathology lab. The results of the tissue examination shall be recorded in the patient's clinical record.</p> <p>(13) A facility shall meet the requirements set forth by the department in §§1.131 - 1.137 of this title (relating to Definition, Treatment, and Disposition of Special Waste from Health Care-Related Facilities).</p> <p>(b) Medical abortion.</p>	6 038			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>			
(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
6 038	<p>Continued From page 21</p> <p>(1) The medical consultant shall be responsible for implementing and supervising the medical and clinical policies of the facility.</p> <p>(2) All medical and clinical services of the facility, with the exception of the abortion procedure, shall be provided under the direction of a physician or registered nurse who assumes responsibility for the clinical employees' performance in the facility.</p> <p>(3) A licensed abortion facility shall ensure:</p> <p>(A) the physician(s) providing medical abortion is able to accurately date a pregnancy;</p> <p>(B) the physician(s) is able to determine that the pregnancy is not an ectopic gestation;</p> <p>(C) the physician(s) is able to provide surgical intervention or provide for the patient to receive a surgical abortion if necessary; and</p> <p>(D) patients have access to medical facilities equipped to provide blood transfusion and patient resuscitation, if necessary.</p> <p>(4) A licensed abortion facility shall ensure follow-up examination and services are provided to patients requesting medical abortion.</p> <p>(5) A licensed abortion facility shall ensure that the attending physician, advanced practice registered nurse, or physician assistant has obtained and documented a pre-procedure history, physical exam, and laboratory studies, including verification of pregnancy.</p>	6 038			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>			
(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
6 038	<p>Continued From page 22</p> <p>(6) A licensed abortion facility shall ensure:</p> <p>(A) written consent is obtained from the patient prior to the commencement of the abortion procedure;</p> <p>(B) the patient is informed of the risks and benefits of the procedure;</p> <p>(C) the patient is informed of the possibility that a surgical abortion may be required;</p> <p>(D) the patient is informed of the alternatives to abortion; and</p> <p>(E) informed consent is in accordance with rules adopted by the Texas Medical Disclosure Panel under §601.2 of this title, §601.4 of this title, and Health and Safety Code, §171.011 and §171.012.</p> <p>(7) A licensed abortion facility shall provide the patient with written discharge instructions including a direct referral to a physician who shall accept the patient for surgical abortion.</p> <p>(c) Requirements of a physician. A physician performing or inducing an abortion must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that:</p> <p>(1) is located not further than 30 miles from the location at which the abortion is performed or induced; and</p> <p>(2) provides obstetrical or gynecological health care services.</p>	6 038			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>			
(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
6 038	<p>Continued From page 23</p> <p>This Requirement is not met as evidenced by: The facility failed to ensure that Informed consent shall be in accordance with rules adopted by the Texas Health and Safety Code, §171.011 (relating to Informed Consent Required).</p> <p>Findings included:</p> <p>The Texas Health and Safety Code, §171.011 (relating to Informed Consent Required) stated in part,</p> <p>"Sec. 171.012. VOLUNTARY AND INFORMED CONSENT. (a) Consent to an abortion is voluntary and informed only if...</p> <p>(1) the physician who is to perform the abortion informs the pregnant woman on whom the abortion is to be performed of:</p> <p>(4) before any sedative or anesthesia is administered to the pregnant woman and at least 24 hours before the abortion or at least two hours before the abortion if the pregnant woman waives this requirement by certifying that she currently lives 100 miles or more from the nearest abortion provider that is a facility licensed under Chapter 245 or a facility that performs more than 50 abortions in any 12-month period:</p> <p>(A) the physician who is to perform the abortion or an agent of the physician who is also a sonographer certified by a national registry of medical sonographers performs a sonogram on the pregnant woman on whom the abortion is to be performed;</p> <p>(B) the physician who is to perform the abortion displays the sonogram images in a quality consistent with current medical practice in a manner that the pregnant woman may view</p>	6 038			



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  01/08/2019
NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098			
(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	
6 038	Continued From page 24 them;"  Review of medical records revealed the following: * One of six medication abortions (Patient #4) had an ultrasound completed on 05/31/18 at 09:04AM. The "Medical Abortion" form for the patient indicated that RU486 was administered on 06/01/18, no time when the medication was administered was noted. With no time noted for when the medication was administered, it cannot be determined that that the sonogram was performed 24 hours prior to administering the medication to initiate the process of the medical abortion.  The above findings were confirmed in an interview with the medical director on 01/07/19.	6 038	I, The Medical Director will make sure The Hospital number provided to each patient is consistent with the hospital zip code provided by The State even though some patients protest that another hospital is more convenient for them to get to.	02/28/19	
6 041	TAC 139.56 Emergency Services  (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:  (1) have active admitting privileges at a hospital that provides obstetrical or gynecological health care services and is located not further than 30 miles from the abortion facility;  (2) provide the pregnant woman with:  (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	6 041	I, The Medical Director will make sure every employee has current CPR consistent with TAC 139.56.		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>			
(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
6 041	<p>Continued From page 25</p> <p>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 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. The facility also failed to ensure the 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</p>	6 041			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  01/08/2019
NAME OF PROVIDER OR SUPPLIER  SUBURBAN WOMENS CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098			
(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
6 041	<p>Continued From page 26</p> <p>licensure requirements, and if required in their job description or job responsibilities.</p> <p>Findings included:</p> <p>Review of medical records revealed the following:</p> <ul style="list-style-type: none"> <li>* Medical Patient #1 and Surgical Patient # 1 both had addresses in Houston, Texas. However these 2 patients were provided the name and telephone number of hospitals that were not nearest to the home of the pregnant women, per a Google map search. Both patients had other hospitals located closer to their home based on their home addresses.</li> <li>* Medical Patient #3's home address was Carthage, Texas, however the facility provided the name and telephone number of a hospital located in Houston, Texas.</li> <li>* Medical Patient #3's medical record had discharge instructions which did not include the name or phone number of nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated.</li> </ul> <p>Facility based policy entitled, "Administrative Policies" stated in part,</p> <p>"1. PERSONNEL...</p> <ul style="list-style-type: none"> <li>* personnel will be CPR certified...</li> </ul> <p>PERSONNEL POLICIES</p> <ul style="list-style-type: none"> <li>* All staff must be CPR certified/copy in file."</li> </ul> <p>A review of personnel files revealed that 1 of 3 direct staff members at facility (#3) obtained cardiopulmonary resuscitation (CPR) through an online resource that contained a "basic skills evaluation" with no evidence of hands-on skills practice and in-person assessment and demonstration of CPR skills.</p>	6 041			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>01/08/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUBURBAN WOMENS CLINIC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3101 RICHMOND #250 HOUSTON, TX 77098</b>		
(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
6 041	Continued From page 27  Review of the Health & Safety Institute and the National Safety Council website found at <a href="http://news.hsi.com/onlineonlycpr">http://news.hsi.com/onlineonlycpr</a> reveals that, "No major nationally recognized training program in the United States endorses certification without practice and evaluation of hands-on skills. According to the Occupational Safety and Health Administration (OSHA) online training alone does not meet OSHA first aid and CPR training requirements."  In an interview on 01/08/19 staff member #1 verified the above findings.	6 041			