Health and Human Services Commission

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		880074	B. WING		10/13/2020
NAME OF PROVIDER OR SUPPLIER STREET AL		DDRESS, CITY, STATE	, ZIP CODE		
HOUSTON	WOMENS REPRODUC	TIVE SERVICES	TY FREEWAY, SUIT	ГЕ 370	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
6 000	correction, correction space. Any discrepa citation(s) will be refe	n is an official, legal	6 000		

Iexas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.

(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.

(b) Scope and applicability.

(1) Licensing requirements.

(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.

(B) The following need not be licensed under

STATE FOR		6899	G7QG11	If continuation sheet 1 of 29
LABORATOR	YDIREC	E'S SIGNATURE	Administrator	(X6) DATE 10-21.2020
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	this chapter:			

	OF DEFICIENCIES	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CO A. BUILDING:			SURVEY PLETED
		880074	B. WING		10	/13/2020
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS CITY STATE			
OUSTON	WOMENS REPRODUC	TIVE SERVICES	ATY FREEWAY, SUIT ON, TX 77007	FE 370		
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	under Health and Sa	fety Code, Chapter 243; or				
	Texas Medical Board medicine in the State is used for the purpos	physician licensed by the l and authorized to practice of Texas, unless the office se of performing more than 2-month period.				
	 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). 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. 					
	implement the Texas and Licensing Act, H Chapter 245, which p Human Services Cor establish rules gover regulation of abortion annual reporting requ performed. This chap	pose of this chapter is to Abortion Facility Reporting ealth and Safety Code, provides the Health and mmission with the authority to ning the licensing and n facilities and to establish uirements for each abortion oter also implements the now Act, Health and Safety				
	(b) Scope and applic	ability.				
	(1) Licensing require	omonto				

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	OF DEFICIENCIES	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CO A. BUILDING:		(X3) DATE COMF	E SURVEY PLETED
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AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OUSTON	I WOMENS REPRODUC	TIVE SERVICES	TY FREEWAY, SUIT DN, TX 77007	FE 370		
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	abortion facility in Tex	not establish or operate an xas without a license issued nless the person is exempt ements.				
	(B) The following r this chapter:	need not be licensed under				
	(i) a hospital licer Code, Chapter 241;	nsed under Health and Safety				
		/ surgical center licensed fety Code, Chapter 243; or				
	Texas Medical Board medicine in the State	a physician licensed by the l and authorized to practice e of Texas, unless the office se of performing more than 2-month period.				
	facilities and facilities licensing shall compl	rements. All licensed abortion and persons exempt from y with §139.4 of this title eporting Requirements for All).				

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	T OF DEFICIENCIES	(X1) PROV DER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY	
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		880074	B. WING		10/13/2020)
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
		5225 KAT	Y FREEWAY, SL	JITE 370		
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HOUSTON	WOMENS REPRODUCT		N, TX 77007		
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IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STATE	ZIP CODE		
OUSTON	WOMENS REPRODUC	TIVE SERVICES	TY FREEWAY, SUI ⁻ DN, TX 77007	TE 370		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
6 033	Continued From page	e 6	6 033			
6 033	TAC 139.48 Physical Requirements	and Environmental	6 033			
	The physical and env a licensed abortion fa	ironmental requirements for cility are as follows.				
	(1) A facility shall:					
	properly constructed,	d sanitary environment, equipped, and maintained and safety of patients and				
	procedures can be pe	cedure room so that erformed in a manner that safety of all individuals in the				
	sedation/analgesia, d	e recovery room if moderate leep sedation/analgesia, or re administered at the				
	evacuation for fire an the facility's geograph member employed by facility shall be able to responsibility to imple	protocol for emergency d other disasters tailored to nic location. Each staff y or under contract with the o demonstrate their role or ement the facility's on protocol required by this				
	(E) store hazardou compounds in a secu substances;	s cleaning solutions and re manner and label				
	liquids. The facility m	ity to provide patients with ay provide commercially ients in individual servings.				

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OF DEFICIENCIES OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY PLETED
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Continued From pag	e 7	6 033			
subject to the require	ements of Chapter 228 of this				
instruments, equipme accordance with §13	ent, and supplies in 9.49(d) of this title (relating				
be electrically safe a	nd designed to prevent				
to existing buildings s phased so that on-sit minimize disruptions Access, exit ways, an maintained so that th	shall be programmed and te construction shall of existing functions. nd fire protection shall be te safety of the occupants				
Based on observatio failed to ensure a sat medical equipment to	n and interview the facility fe environment in that esting for electrical safety				
	Continued From pag If other food is provide subject to the require title (relating to Retail (G) provide clean patients and staff inc soap; (H) have two funct functioning toilet; and (I) have equipmen instruments, equipmen instruments, equipmen accordance with §13 to Infection Control S facility. (2) The equipment for be electrically safe a reverse pump action vacuum aspiration. (3) Projects involvin to existing buildings a phased so that on-sit minimize disruptions Access, exit ways, at maintained so that th shall not be jeopardiz This Requirement is Based on observatio failed to ensure a saf medical equipment to was not completed o	IDENTIFICATION NUMBER: 880074 ROVIDER OR SUPPLIER STREET A SUMMARY STATEMENT OF DEFICE ENCIES S225 KA HOUSTOR SUMMARY STATEMENT OF DEFICE ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION) Continued From page 7 If other food is provided by the facility, it shall be subject to the requirements of Chapter 228 of this title (relating to Retail Food); (G) provide clean hand washing facilities for patients and staff including running water, and soap; (H) have two functioning sinks and a functioning toilet; and (I) have equipment available to sterilize instruments, equipment, and supplies in accordance with §139.49(d) of this title (relating to Infection Control Standards) before use in the facility. (2) The equipment for vacuum aspiration shall be electrically safe and designed to prevent reverse pump action in facilities that provide vacuum aspiration. (3) Projects involving alterations of and additions to existing buildings shall be programmed and phased so that on-site construction shall minimize disruptions of existing functions. Access, exit ways, and fire protection shall be maintained so that the safety of the occupants shall not be jeopardized during construction. This Requirement is not met as evidenced by: Based on observation and interview the facility failed to ensure a safe environment in that medical equipment testing for electrical safety was not completed on all necessary equipment in	PF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B: WING B: WING ROVIDER OR SUPPLIER STREET ADDRESS CITY STATE SUMMARY STATEMENT OF DEFIC ENCIES S225 KATY FREEWAY, SUITHOUSTON, TX 7007 RECACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION) D PREFIX TAG Continued From page 7 6 033 If other food is provided by the facility, it shall be subject to the requirements of Chapter 228 of this title (relating to Retail Food); 6 033 (G) provide clean hand washing facilities for patients and staff including running water, and soap; 6 033 (H) have two functioning sinks and a functioning toilet; and Intertion of this title (relating to Infection Control Standards) before use in the facility. (2) The equipment for vacuum aspiration shall be electrically safe and designed to prevent reverse pump action in facilities that provide vacuum aspiration. Image: Construction shall be reactive of the cocuprust shall be programmed and phased so that on-site construction shall minimize disruptions of existing functions. Access, exit ways, and fire protection shall be maintained so that the safety of the occupants shall not be jeopardized during construction. This Requirement is not met as evidenced by: Based on observation and interview the facility failed to ensure a safe environment in that medical equipment testing for relectrical safety was not completed on all necessary equipment in	JF CORRECTION IDENTIFICATION NUMBER: A BUILDING: BR0074 B. WING ROWDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE SUMMARY STATEMENT OF DEFICE NOLES SZE KATY FREEWAY, SUITE 370 HOUSTON, TX 77007 SUMMARY STATEMENT OF DEFICE NOLES D RECENT CONTRACTION INTERPRECEMENT OF DEFICE DRY MURTS BE PRECEDED BY FULL RECULATORY OR LSC IDENT FY NG INFORMATION) D PREFX TAG PROVIDERS PLAN O (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICE DRY MURTS BE PRECEDED BY FULL RECULATORY OR LSC IDENT FY NG INFORMATION) D PREFX TAG D PROVIDERS PLAN O (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEN Continued From page 7 6 033 6 033 If other food is provided by the facility, it shall be subject to the requirements of Chapter 228 of this title (relating to Retail Food); 6 033 (G) provide clean hand washing facilities for patients and staff including running water, and scoap: 6 033 (H) have two functioning sinks and a functioning toilet; and I (I) have equipment available to sterilize instruments, equipment, and supplies in accordance with §139.49(d) of this title (relating to Infection Control Standards) before use in the facility. 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		880074	B. WING		10/1	3/2020
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	I WOMENS REPRODUC	5225 KA	TY FREEWAY, SU			
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6 033	Continued From page	e 8	6 033			
	electrical medical equitesting completed. Documents Reviewe On 10/13/2020 the conservation Administrator: Responsibilities: Over functions. Staff Resp safe environment for receive quality care. Observation: Observation on 10/12 with Facility Administ the abortion facility the observed with no election 1. Patient exam root machine - Yuwell 7Et unit 2. Patient exam root exam lamp 3. Laboratory area	urrent Houston Women's es job description for the erall coordination of clinic ionsibilities 7. Provide a staff to work and patients to 2/2020 at 10:00 a.m. along trator, Employee ID # 51 of he following equipment was ctrical safety checks: om #3 - Portable Oral suction C portable phlegm suction om #3 - Free standing floor : 1 -Rapid Hemoque Hb201		Facility failed to have annua inspection on 4 pieces of ne Administrator will develop a equipment and ensure items inspections. This list will be is a change in equipment. Q will reviewed in quarterly me	w equipment. list of all medical s have electrical safety updated when there A committee	/
	Interview:	aboratory area: 1 Rh View boxRVB-8L				
	been electrical safety Oral suction machine	o confirmed there had not / testing performed on the e, free standing floor exam ue Hb201 and Rh Vew				
6 034	TAC 139.49 Infection	Control Standards	6 034			

	OF DEFICIENCIES F CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CO A. BUILDING:			E SURVEY PLETED
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AME OF PF	ROVIDER OR SUPPLIER		ADDRESS CITY STATE			
OUSTON	WOMENS REPRODUC	TIVE SERVICES	ON, TX 77007			
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6 034	Continued From page	9	6 034			
	shall develop, implem control policies and p transmission of post- policies shall include, prevention of the tran immunodeficiency vir (HBV), hepatitis C vir tuberculosis (TB), and spp.); educational cor and laundry requirem disinfection, sterilizati supplies. (b) Prevention and co HIV, HBV, HCV, TB, (1) Universal/standa (A) An abortion fac comply with universal defined in this paragr (i) Universal/standa procedures for disinfe reusable medical dev use of infection contro the use of protective disposal of needles a (ii) Universal/stan the major points of ur points of body substa	us (HIV), hepatitis B virus us (HCV), Mycobacterium d Streptococcus species (S. urse requirements; cleaning eents; and decontamination, ion, and storage of sterile ontrol of the transmission of and S. spp. and precautions. Willy shall ensure that all staff l/standard precautions as aph. dard precautions includes ection and sterilization of rices and the appropriate ol, including hand washing, barriers, and the use and nd other sharp instruments. dard precautions synthesize niversal precautions with the nce precautions and apply eceiving care in facilities,				
		ndard precautions apply to:				
	.,					

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		880074	B. WING		10	/13/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STATE	ZIP CODE		
IOUSTON	WOMENS REPRODUCT	TIVE SERVICES	TY FREEWAY, SUIT DN, TX 77007	TE 370		
(X4) ID PREFIX		ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL	D PREFIX	PROVIDER'S PLAN OF		(X5) COMPLET
TAG	REGULATORY OR I	SC IDENT FY NG INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN		DATE
6 034	Continued From page	e 10	6 034			
	(-a-) blood;					
		s, secretions, and excretions ess of whether or not they				
	(-c-) nonintact s	skin; and				
	(-d-) mucous m	embranes.				
	designed to reduce th microorganisms from	ndard precautions are le risk of transmission of both recognized and s of infection in facilities.				
	procedures for monito	ecautions described in				
	HBV. A licensed abor implement, and enfor compliance of the fac care workers within th and Safety Code, Cha concerning the preven	ters infected with the HIV or tion facility shall adopt, ce a written policy to ensure ility and all of the health he facility with the Health apter 85, Subchapter I, ntion of the transmission of cted health care workers.				
	licensed abortion faci care workers to comp work or training in infe precautions, including transmission, scientifi and practices for infe engineering and work	practice controls. To fulfill nis paragraph, course work				

	OF DEFICIENCIES DF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE C		(X3) DATE SURVEY COMPLETED	
		880074	B. WING		10/13/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STATE	ZIP CODE		
HOUSTON		FIVE SERVICES	TY FREEWAY, SUI [*] DN, TX 77007	TE 370		
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6 034	Continued From page	9 11	6 034			
	courses or in-house to provided by the facility training shall include,	y. The course work and				
	(A) HIV infection pr	revention; and				
	prevention based on	, and S. spp. infection universal/standard d in paragraph (1) of this				
	(C) bidirectional as transmission; and	pect of disease				
	(D) epidemic contro	ol.				
	(c) Cleaning and laun	dry policies and procedures.				
	implement, and enfor	on facility shall develop, ce written policies and ng the procedure room(s).				
	implement, and enfor	on facility shall develop, ce written policies and ndling, processing, storing, ean and dirty laundry.				
	cleaning and laundry contract in accordanc and Health Administra	on facility may provide services directly or by e with Occupational Safety ation's Standards, 29 Code is, Subpart Z. Bloodborne				
	disinfection, sterilizati supplies. A licensed a	edures for decontamination, on, and storage of sterile abortion facility shall have ing its procedures for the sterilization activities				

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	OF DEFICIENCIES	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CC A. BUILDING:			E SURVEY PLETED
		000074	B. WING			140/0000
	ROVIDER OR SUPPLIER	880074	ADDRESS CITY STATE		10	0/13/2020
	WOMENS REPRODUC	5225 KA	TY FREEWAY, SUIT			
100310		HOUST	ON, TX 77007			
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6 034	Continued From page	e 12	6 034			
	imited to, the receiving decontaminating, disisterilization of critical well as those for the astorage, distribution, control of sterile items (1) Supervision. The disinfection, and steril equipment shall be up person qualified by even experience. (2) Quantity of sterill facility shall ensure the sufficient in number to instrument(s) used for adequate to perform	infecting, preparing and items (reusable items), as assembly, wrapping, and the monitoring and s and equipment. e decontamination, ilization of all supplies and nder the supervision of a ducation, training, or e surgical instruments. The nat surgical instruments are o permit sterilization of the or each procedure and conventional cervical ge if this procedure is				
	before being package Routine inspection of	gical instruments. shall undergo inspection ed for reuse or storage. instruments shall be made , crevices, and serrations.				
		cedures shall be thorough d manual inspection for n.				
	sharpness; tips shall	shall be checked for be properly aligned, and box and free from buildup of d blood, or tissue.				
	(ii) There shall be	no evident cracks or				

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		880074	B. WING	B. WING		/13/2020
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STATE	ZIP CODE		
IOUSTO	N WOMENS REPRODUC	TIVE SERVICES	TY FREEWAY, SUI [*] N, TX 77007	TE 370		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
6 034	Continued From page	e 13	6 034			
	fissures in the box loo work freely.	cks, and the hinges shall				
	(iii) Ratchets shal tested.	I hold and be routinely				
	(iv) There shall be no corrosion or pitting of the finish.					
		eding maintenance shall be and repaired by someone gical instruments.				
	finish, impact markers not be used for instru Instrument identificati the instrument manuf	nstrument and its protective s or electric engravers shall ment identification. ion shall be accomplished by facturer, employing methods ge the instrument or its				
	(4) Items to be disin	fected and sterilized.				
	(A) Critical items.					
	directly into the blood normally sterile areas	cts that are introduced				
		come in contact with the e operative procedure shall				
	(B) Semicritical iter	ms.				
	(i) Semicritical ite in contact with nonint	ms include items that come act skin or mucous				

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NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS CITY STATE			113/2020	
HOUSTON	WOMENS REPRODUC	TIVE SERVICES	TY FREEWAY, SUI	FE 370			
			ON, TX 77007	PROVIDER'S PLAN (()(5)	
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6 034	Continued From page	e 14	6 034				
	microorganisms, exca Semicritical items ma equipment, anesthes bronchoscopes, and	iy include respiratory therapy ia equipment,					
	(C) Noncritical item	ns.					
	(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.						
	Effective sterilization performing correct me packaging, arrangem and storage. The follo included in the writter	sterilization procedures. of instruments depends on ethods of cleaning, tent of items in the sterilizer, pwing procedures shall be n policies as required in this e effective sterilization					
	provide sterilization e the requirements of th of critical items. Equip	icensed abortion facility shall equipment adequate to meet his paragraph for sterilization pment shall be maintained orm, with accuracy, the items.					
	cleaning, preparation are performed in the physical facilities, equ	requirements. Where , and sterilization functions same room or unit, the uipment, and the written res for their use shall be separate soiled or					

	OF DEFICIENCIES	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CO A. BUILDING:		(X3) DATE COMP	SURVEY
		880074	B. WING		10/13/2020	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STATE	ZIP CODE		
OUSTON	WOMENS REPRODUC	TIVE SERVICES	TY FREEWAY, SUIT DN, TX 77007	E 370		
(X4) ID	SUMMARY ST	ATEMENT OF DEFIC ENCIES	D	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE ⁻ DATE
6 034	Continued From page	e 15	6 034			
		s and equipment from the oplies and equipment.				
	(i) A facility shall ł	nave a sink for hand				
		all not be used for cleaning				
	(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.					
	after it has been disin	fected.				
	(C) Preparation for	sterilization.				
	(i) All items to be to reduce the bioburd thoroughly cleaned, c					
	Cleaning is the remov	controlled environment. val of all adherent visible soil evices, joints, and lumens of				
	instruments. Deconta	mination is the				
	physical/chemical pro inanimate object safe					
	(ii) One of the follo and decontamination appropriate.	owing methods of cleaning shall be used as				
	(I) Manual clean instruments at the sin	ing. Manual cleaning of k is permitted.				
		eaning. Ultrasonic cleaning by cavitation and reduces				
		ubbing. When grossly soiled				
	items are placed in th	e ultrasonic cleaner the				
		ed more than once a shift. If				
	-	cleaning, chambers shall be otential hazards to personnel				
	from aerosolization of					

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STATEMENT OF DEFICIENCIES (X1)		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE C		· · · ·	SURVEY PLETED	
			A. BUILDING:	A. BUILDING:			
		880074	B. WING		10/13/2020		
IAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS CITY STATE	ZIP CODE			
IOUSTON	I WOMENS REPRODUC	TIVE SERVICES	TY FREEWAY, SUI	TE 370			
		HOUSTO	ON, TX 77007				
(X4) ID PREFIX TAG	(EACH DEFIC ENC	TATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
6 034	Continued From page	e 16	6 034				
	clean by using rotatin water jets that clean appropriate soap and machines shall reach degrees Celsius (285 (IV) Washer-dec Washer-decontamina numerous water jets even if instruments a thorough cleaning is rinse to quickly resto (iii) All articles to arranged so all surfa- to the sterilizing ager temperature. (D) Packaging. (i) All wrapped ar packaged in material specific type of sterili sterilized, and to prov	d disinfectant. These a temperature of 140 5 degrees Fahrenheit). contaminator machines. ator machines clean by and a high pH of detergent re grossly soiled. The followed by a neutralizing					
	trays. Muslin packs s inches by 12 inches I maximum weight of 1						
	load as to the date a	be labeled for each sterilizer nd time of sterilization, the er, and the autoclave.					
	(E) External chem						

Health ar	nd Human Services Co	mmission			
STATEMEN	FOF DEFICIENCIES OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		880074	B. WING		10/13/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS CITY STA	TE ZIP CODE	
HOUSTON	WOMENS REPRODUC	TIVE SERVICES	Y FREEWAY, SU N, TX 77007	JITE 370	
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL .SC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
6 034	Continued From page	9 17	6 034		
	 (i) External chemi as sterilization process on each package to b being flash sterilized been exposed to the second (ii) The indicator r according to the many instructions and indicator (F) Biological indicator (F) Biological indicator (i) The efficacy of be monitored with reliator appropriate for the typ Bacillus stearothermod (ii) Biological indicator (iii) Biological indicator (iii) Biological indicator (iii) Biological indicator (iii) A log shall be identification, biologicator (iv) If a test is possimmediately be taken 	cal indicators, also known ss indicators, shall be used be sterilized, including items to indicate that items have sterilization process. esults shall be interpreted ufacturer's written ator reaction specifications. ators. the sterilizing process shall iable biological indicators be of sterilizer used (e.g., ophilus for steam sterilizers). cators shall be included in at ay of use for steam maintained with the load cal indicator results, and ontents of the load.			
	use until it has been s tested according to th recommendations.	serviced and successfully e manufacturer's			
	reprocessed if a steril				
	(G) Sterilizers.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE C		(X3) DATE COMP	SURVEY LETED
		880074	B. WING		10/13/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STATE	ZIP CODE		
IOUSTON	WOMENS REPRODUC	TIVE SERVICES	TY FREEWAY, SUI ⁻ DN, TX 77007	TE 370		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	SUMMARY STATEMENT OF DEFIC ENCIES D PROVIDER'S PLAT (EACH DEFIC ENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE REGULATORY OR LSC IDENT FY NG INFORMATION) TAG CROSS-REFERENCED DEFIC DEFIC DEFIC				(X5) COMPLET DATE
6 034	Continued From page	e 18	6 034			
	pressure) shall be uti and moisture stable i	rs (saturated steam under lized for sterilization of heat tems. Steam sterilizers shall manufacturer's written				
		rs shall be used in manufacturer's instructions.				
	(H) Maintenance o					
	sterilized shall remain the package become	properly packaged and n sterile indefinitely unless s wet or torn, has a broken ome way, or is suspected of				
	(ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations.					
	a package is torn, we seal, or is damaged,	I be inspected before use. If t, discolored, has a broken the item may not be used. urned to sterile processing				
	(I) Commercially packages Commercially packages sterile according to the instructions.	ed items are considered				
	sterility is event relate facility shall ensure p	lized items. The loss of ed, not time related. The roper storage and handling that does not compromise product				

TATEMEN	nd Human Services Co T OF DEFICIENCIES DF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		880074	B. WING		10/13/2020	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STATE	ZIP CODE		
IOUSTO	N WOMENS REPRODUCT	TIVE SERVICES	TY FREEWAY, SUIT DN, TX 77007	ΓE 370		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
6 034	Continued From page	9 19	6 034			
	(i) Sterilized items to maintain cleanlines prevent physical dam	-				
	(ii) Sterilized items well-ventilated, limited controlled temperatur					
		is shall be positioned so that crushed, bent, compressed, heir sterility is not				
	(iv) Storage of su are designated for sto	pplies shall be in areas that prage.				
	(K) Disinfection.					
	(i) The manufactu the use of disinfectan	rer's written instructions for ts shall be followed.				
	(iii) Disinfectant so covered and used in v	olutions shall be kept well-ventilated areas.				
	(L) Performance re	cords.				
		shall be monitored during e, temperature, and time at				

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TATEMEN	nd Human Services Co T OF DEFICIENCIES OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		880074	B. WING		10	/13/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STATE	ZIP CODE		
IOUSTON	N WOMENS REPRODUC	TIVE SERVICES	TY FREEWAY, SUI DN, TX 77007	TE 370		
(X4) ID PREFIX TAG	EIX (EACH DEFIC ENCY MUST BE PRECEDED BY FULL		D PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
6 034	Continued From page	e 20	6 034			
	desired temperature be maintained either generated and shall i	-				
	(I) the sterilizer i	dentification;				
	(II) sterilization of	date and time;				
	(III) load numbe	r;				
		d temperature of exposure d on sterilizer recording				
	(V) identification	of operator(s);				
	(VI) results of bi performed; and	ological tests and dates				
	(VII) time-tempe each sterilizer (if not recording charts).	rature recording charts from provided on sterilizer				
	maintenance of all st according to individua basis by qualified per manufacturer's servic preventive maintenar maintained for each s shall be retained at le	sterilizer. These records east two years and shall be o the facility within two hours				
D - State F	Based on observation interview the facility f infection control polic minimize the transmi	ailed to implement their ies and procedures to				

	OF DEFICIENCIES OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPL	
		880074	B. WING		10/13/2020	
	ROVIDER OR SUPPLIER	TIVE SERVICES 5225 KA	DDRESS CITY STA TY FREEWAY, S DN. TX 77007			
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
6 034	Continued From page	9 21	6 034			
	guidelines and univer were followed for the reusable medical dev contaminated surface 2. The facility failed of multidose medicati and disposed of after 3. The facility failed the medication refrige specimens. Policy Reviewed: Facility of the facility's 10/12/2020 - Review solution per Ultrasour recommendations: Te Revital-Ox Resert Hig Performance Benefits HLD solution has bee and easy-to-use liquid is environmentally frie shelf life and needs n or storage. Revital-O2 may be disposed dire Use Conditions: After be stored for use up to days does not extend	tices and disinfection of es. I to ensure that expired vials on were properly labeled expiration date. I to ensure the contents of erator did not contain blood s current policy on of Revital-Ox Resert HLD nd manufactures echnical Data Monograph,		Administrator will be responsible for manufactures guidelines and univer- precautions are followed when disin equipment and contaminated surfac approved solutions/wipes will be use areas where possible contamination staff will review these guidelines to e compliance. LVN shall be respons ble for verifyin of high level disinfectant solution ear when performing daily test strip. Exp will be discarded immediately.	sal/standard fecting medical es. Medically ed in patient may occur. All ensure facility g expiration date ch day of use bired solutions	11/01/202
	be stored for use up t days does not extend the container). When poured into a s	o 90 days (provided the 90				

STATE FORM

	OF DEFICIENCIES	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONS A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		880074	B. WING		10/1	3/2020
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS CITY STATE ZIF			
HOUSTON	WOMENS REPRODUC	TIVE SERVICES	.TY FREEWAY, SUITE 3 ON, TX 77007	570		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
6 034	Continued From page	e 22	6 034			
	re-used for up to 21 of concentration falls be recommended conce hydrogen peroxide. T before each use usin (Trademark) RESER Manufactory Guidelin Revital-Ox Resert Hig medical devices and guidelines. Indications for Use: H reusable high level di processing heat sens instruments, for which suitable, when used a for Use. Reuse Period for Hig Solution may be reus days, provided the re hydrogen peroxide co exist based upon mo Directions for Use. D in use. The hydrogen Revital-Ox-Resert Hig solution during its use each use with the Re Strip, which will indica Recommended Conce peroxide has been m Rinsing Instructions: Revital-Ox Resert hig solution, thoroughly r	days, or until its elow the minimum ntration (MRC) of 1.5% The MRC must be monitored g the Revital-Ox T® R60 Solution Test Strip. Tes - Review of Steris gh Level Disinfectant for instruments: manufactory's digh level disinfectant is a isinfectant solution for sitive medical devices and h heat sterilization is according to the Directions h Level Disinfection: ted up to a maximum of 21 quired conditions of oncentration, temperature nitoring described in the o not rely solely on the days a peroxide concentration of gh Level Disinfectant e-life must be verified before vital-Ox Resert R60 Test ate that the Minimum tentration of 1.5% hydrogen et. 5. Following removal from				
	policies 6. Keep the device immersed for	er as required by facility ne instrument or medical a minimum of 1 minute in ger is specified by the				

	OF DEFICIENCIES	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		880074	B. WING		10	0/13/2020
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS CITY STATE			
HOUSTON	N WOMENS REPRODUC	TIVE SERVICES	TY FREEWAY, SUIT ON, TX 77007	FE 370		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
6 034	Continued From page	e 23	6 034			
		urer 8. Remove device and Do not reuse the water for ourpose.				
	sterile water rinse is practical. Otherwise, acceptable. When us the user should be av recontaminating the	potable tap water rinse is ing potable water for rinsing, ware of the increased risk of				
	Review of Basic User Manual for Ultrasound Machine Section 10.1.4					
	1. There is a cleared list of sterilant and high-level disinfectants for use in processing reusable medical and dental devices on the FDA website.					
		nfectant that meets local or the recommended				
	exam and contamina damaged sheath is d Therefore, probe she of disinfection for a p sterilize (or high leve probe and clean and	may be damaged during tion risk level caused by the ifficu.t to estimate. eath cannot change the level robe. Please clean and I disinfect) the endocavitary sterilize the probe for biopsy act blood after exam.				
	Store the probe in a s review its expiration of Disinfection Levels V A device that comes mucous membranes	ired disinfectant/sterilant. sterile environment and date before use. 'aginal Probe - Semi-critical - into contact with intact and does not ordinary ue. Level of disinfection -				

STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT PLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		880074	B. WING		10	0/13/2020
AME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STATE	ZIP CODE		
OUSTON	WOMENS REPRODUC	TIVE SERVICES	TY FREEWAY, SUIT N, TX 77007	ГЕ 370		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
6 034	Continued From page	e 24	6 034			
	Hight-level disinfectio probe.	n, Application - Endocavitary				
	To disinfect the endoor You should disinfect t before and after each Perform the following	he endocavitary probe n use.				
	probe 3. Rinse the probe completely removed	-level disinfection to the with running sterile water to the residual disinfectant th a lint-free soft dry cloth				
		Disease Control (CDC) on control guidelines for				
	https://www.cdc.gov/i	0 of the CDC website infectioncontrol/guidelines/di n-methods/chemical.html				
	Healthcare Facilities Alcohol: Overview "In "alcohol" refers to two compounds-ethyl alco alcohol-that have gen characteristics 482. F	the healthcare setting, o water-soluble chemical ohol and isopropyl herally underrated germicidal FDA has not cleared any				
	with alcohol as the m alcohols are rapidly b bacteriostatic against bacteria; they also an and virucidal but do n	ant or high-level disinfectant ain active ingredient. These pactericidal rather than vegetative forms of e tuberculocidal, fungicidal, not destroy bacterial spores."				
	Observation:					
	Observation on 10/12	2/2020 at 10:00 a.m. along				

		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		880074	B. WING		10	/13/2020
ME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STATE	ZIP CODE		
OUSTON	WOMENS REPRODUCT	IVE SERVICES	TY FREEWAY, SUI N, TX 77007	TE 370		
(X4) ID PREFIX TAG	(EACH DEFIC ENC)	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL SC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE
6 034	Continued From page	25	6 034			
	with Facility Administr	ator, Employee ID # 51 of e following equipment was				
	machine - Yuwell 7EC unit	m #3 - Portable Oral suction C portable phlegm suction				
	 Patient exam room # 3 - Free standing floor exam lamp Laboratory area: 1 -Rapid Hemoque Hb201 Laboratory area: 1 Rh View boxRVB-8L 					
	at 10:15 a.m. along w and Licensed Vocatio a blue container container observed. The contain Employee ID #52 as I Disinfectant Solution a vaginal ultrasound p noted the contain was	Revita-Ox Resert High Level used to disinfect a reusable probe. Further observation				
	monitoring of Revital-	60 Solution Text Strip. For Ox Resert High Level terilant and Resert XL HLD				
	Facility Administrator, medication refrigerato vial of multidose (10 t	or in the laboratory area 1 est vial), 1 ml, Tuberculin, ative was observed. Vial				
		orning of 10/12/2020 of the as and the laboratory area				

STATE FORM

		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE C A. BUILDING:			E SURVEY PLETED
		880074	B. WING		10)/13/2020
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS CITY STATE	ZIP CODE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
HOUSTON	WOMENS REPRODUC	TIVE SERVICES	TY FREEWAY, SUI	TE 370		
		HOUST	ON, TX 77007			
(X4) ID PREFIX TAG	(EACH DEFIC ENC	TATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLET DATE
6 034	Continued From page	e 26	6 034			
	solution or wipes wer areas for disinfection use or for disinfectior equipment after use. packets were identifie facility. Alcohol wipes Caresour, Distributed Alcohol Wipes. Pack Alcohol 75%; Uses; f decrease bacteria on skin to help prevent of recommended for rep Wipes were not ident	by: OneCare Products 75% age list: Active Ingredient: for hand sanitizing to the skin, apply topically to cross contamination, not peated use, dries in seconds, tified to be approved for al equipment or as a surface				
	Interviews:					
	Facility Administrator confirmed the multide Purified Protein Deriv required and needed including the month, container. Dates mar included month and y expiration date. Emp	ose vial of Tuberculin, vative, D was not labeled as to have the complete date date and year on the ked on the container only year of the opening date and loyee ID #51 confirmed the ultidose vial and should have				
	disinfecting reusable machine) and disinfe rooms verified the fac Employee ID #51 pre Alcohol wipes that we equipment, disinfect the laboratory area a	yee ID #51 concerning equipment (ultrasound ction of patient treatment cility used Alcohol wipes. esented a package of 75% ere used to wipe down patient treatment areas and fter use. Employee ID #51 ot aware the use of Alcohol				

STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT PLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		880074	B. WING		10	0/13/2020
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS CITY STATE	ZIP CODE		
OUSTON	WOMENS REPRODUC	TIVE SERVICES	NTY FREEWAY, SUIT ON, TX 77007	FE 370		
(X4) ID		TATEMENT OF DEFIC ENCIES	D	PROVIDER'S PLAN		(X5)
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6 034	Continued From pag	e 27	6 034			
	wipes were not appro	opriate for disinfection of				
	reusable medical equ	upment and surface				
	disinfection of treatm	ent areas.				
	Interview on 10/12/20					
		Employee ID #52 confirmed				
	the disinfection solution used to disinfect the reusable vaginal ultrasound probes had expired on 10/6/2020 and should have been discarded. Employee ID #52 stated the solution was only good for 21 days. Employee ID #52 ask if she					
	had completed the daily testing of the disinfection					
	solution with the biological indicators, Employee					
	ID #52 stated yes, the solution was tested earlier					
	this morning and the results were the disinfection solution passed and documented on the disinfection log. Employee ID #52 confirmed there was no sterile water to rinse the vaginal probe					
		the disinfection solution				
	and stated she used tap water. Employee ID #52					
		not aware the probe had to				
	be rinsed with sterile	water.				
		yee ID #51 on 10/12/2020 at				
		how the staff was trained on				
		rasound probe. Employee ID				
		followed the manufactory's				
		mployee ID #51 confirmed g was provided by the				
	manufactory. Employee ID #51 stated that she was unaware of the manufactory's guidelines to rinse the probe after it is removed from the high-level disinfectant with sterile water.					
	Interview on 10/13/20	020 at 2:00 p.m. with Facility				
	Administrator Employ	yee ID #51 confirmed they				
	follow CDC (Center f	or Disease Control)				
		embers of the National				
		and use their guidelines				
	which also follow the	CDC guidelines.				

STATE MANY OF DEPENDENCIES (X1) PROV DERESUPPLEXCUA. (X2) MUT HE CONSTRUCTION (X2)	Health an	nd Human Services Co	ommission			TORMAN
Initial colspan="2" NAME OF PROVIDER OR SUPPLIE DOUSTON WOMENS REPRODUCTIVE SERVICES OPRICE OPRICE SUMMARY STATEMENT OF DEPRECEDED BY FULL PREEX CROSS REPRODUCTIVE SERVICES ORRECOLSPANE" CROSS REPRODUCTIVE SERVICES CROSS REPRODUCTIVE SERVICES CROSS REPRODUCTIVE SERVICES PREEX CROSS REPRODUCTIVE SERVICES CROSS REPRODUCTIVE SERVICES CROSS REPRODUCTIVE SERVICES PREEX CROSS REPRODUCTIVE SERVICES CROSS REPRODUCTIVE SERVICES CROSS REPRODUCTIVE SERVICES						
Image of PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE 20" CODE BOUSTON WOMENS REPRODUCTIVE SERVICES 2226 KATY FREEWAY, SUITE 370 HOUSTON, TX 77007	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
Image of PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE 20" CODE BOUSTON WOMENS REPRODUCTIVE SERVICES 2226 KATY FREEWAY, SUITE 370 HOUSTON, TX 77007						
HOUSTON WOMENS REPRODUCTIVE SERVICES D282 KRY REPUX 7 MOD V(R)ID PRECIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MOD IS NOT THE PRECIEDED STALL EACH DEFICIENCY SELECTION FOR LECTION FOR LECTION REGULATORY OF LECTION FOR LECTION FOR LECTION FOR LECTION FOR LECTION FOR LECTION REGULATORY OF LECTION FOR			880074	B. WING		10/13/2020
Industrial Summary Distribution of the Services Industrial PROVIDERS In AN OF CORRECTION (CASH CORRECTIVE) Oxit Trial Summary Distribution of ERSC DATES (EASH CORRECTIVE) PRETAX PRETAX CROSSR HEAR OF CORRECTION (CASH CORRECTIVE) CROSSR HEAR OF CORRECTION (CASH CORRECTIVE) CROSSR HEAR OF CORRECTION (CASH CORRECTIVE) DATE Trial REGULATORY OR LSC DENT PY NG INFORMATION PRETAX CROSSR HEAR OF CORRECTION (CROSSR HEAR OF CORRECTION) DATE	NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STAT	TE ZIP CODE	
Industries PROVIDERS PLAN OF CORRECTION (EACH DERIC ENCY MUST BE PRECEDED BY FULL TAG PREVIDERS PLAN OF CORRECTION SHOULD BE (EACH DERIC ENCY MUST BE PRECEDED BY FULL TAG OWNERS PREVIX TAG PREVIDERS PLAN OF CORRECTION SHOULD BE (EACH DERIC ENCY SHOULD BE DEFICIENCY) OWNERS CROSS-REFLEXENCE TO THE APPROPRIATE DEFICIENCY OWNERS Image: Transmitted of the transmitted			5225 KA	TY FREEWAY, SU	IITE 370	
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TAG REGULATORY OR LSC IDENT FY NG INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	(X4) ID					
					DEFICIENCY)	
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		orm				