Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 140016 B. WING 09/09/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 920 SAN PEDRO AVENUE STE 150 PLANNED PARENTHOOD SAN ANTONIO, TX 78212 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 6 000 6 000 TAC 139.1 Initial Comments 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. (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 this chapter: (i) a hospital licensed under Health and Safety Code, Chapter 241; (ii) an ambulatory surgical center licensed SOD - State Form

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(X6) DATE

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Texas He	<u>alth and Human Servic</u>	ces Commission				
	OF DEFICIENCIES	(X1) PROV DER/SUPPLIER/CLIA	(X2) MULT PLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	EIEN
		140016	B. WING		09/0	9/2020
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
PLANNED	PARENTHOOD		N PEDRO AVENU			
		SAN AN	TONIO, TX 7821	2		
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PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
6 000	Continued From page	. 1	6 000			
0 000	Continued From page	<b>3</b> I	0 000			
	under Health and Saf	ety Code, Chapter 243; or				
		physician licensed by the				
		and authorized to practice of Texas, unless the office				
		se of performing more than				
	50 abortions in any 1					
	(2) Reporting require	ements. All licensed abortion				
		and persons exempt from				
		/ with §139.4 of this title				
	, <del>-</del>	eporting Requirements for All				
	Abortions Performed)					
		ure survey was conducted				
	Chapter 139 Abortion	nistrative Code Title 25,				
		ance conference was held				
		nistrator on 09/09/20. The				
	purpose and process					
		portunity was given for				
	questions.					
		as held the afternoon of				
		cility Administrator and other				
		ment onsite. Preliminary were discussed, and an				
		questions and discussion.				
	opportunity given for	questions and discussion.				
	Recommend licensur	e based on an approved				
	plan of correction.					
						09/21/2020
						32, 21, 2020

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PRINTED: 10/06/2020

FORM APPROVED Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA (X2) MULT PLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING \_ 140016 09/09/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 920 SAN PEDRO AVENUE STE 150 PLANNED PARENTHOOD SAN ANTONIO, TX 78212 SUMMARY STATEMENT OF DEFIC ENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PRÉFIX (EACH DEFIC ENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENT FY NG INFORMATION) TAG DEFICIENCY)

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	OF DEFICIENCIES	(X1) PROV DER/SUPPLIER/CLIA	(X2) MULT PLE CONSTRUCTION (X		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		140016	B. WING		09/0	9/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS CITY STA	TE ZIP CODE		
PI ANNED	PARENTHOOD	920 SAN P	EDRO AVENU	E STE 150		
1 LANGED	TARENTIOOD	SAN ANTO	NIO, TX 7821	2		
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
6 034	Continued From page	e 3	6 034			
6 034	TAC 139.49 Infection	Control Standards	6 034	RE: TAC 139.49		09/10/2020
				Immediately following survey,	on	
		licensed abortion facility		09/10 the Center Manager in		
		nent, and enforce infection rocedures to minimize the		coordination with the Director	r of	
		procedure infections. These		Nursing was held a mandatory	staff	
		but not be limited to, the		training (see attached, Tac139.		
	prevention of the tran			Staff Trng) to review and discu		
	immunodeficiency vir	us (HIV), hepatitis B virus		corrective measures for all		
	(HBV), hepatitis C virus (HCV), Mycobacterium			identified survey findings with	1	
		d Streptococcus species (S.		facility staff. Items reveiwed		
		urse requirements; cleaning		included:		
		ents; and decontamination,		Clear dilineation from Clear	n &r	09/10/2020
	supplies.	on, and storage of sterile		Dirty areas;	1 🔾	09/10/2020
	supplies.			Dirty areas,		
	(b) Prevention and co	ontrol of the transmission of		2. Proper Sterilization & Stora	me.	09/10/2020
	HIV, HBV, HCV, TB,	and S. spp.		processes of instruments;	gc	05/10/2020
				processes of histratilents,		
	(1) Universal/standa	rd precautions.		3 D	41	
				3. Proper cleaning process for		09/10/2020
		ility shall ensure that all staff		vaginal probe Gus System; and	ı	
	defined in this paragra	/standard precautions as		( D) (11 (11		
	delined in this paragra	арп.		4. Disposible pillow cases.		09/17/2020
	(i) Universal/stand	dard precautions includes		/ 1		
	* /	ection and sterilization of		(see attachments, TAC139.49)	)	
	reusable medical dev	ices and the appropriate				
		ol, including hand washing,		Additionally, the Center Mana	iger	
		barriers, and the use and		will continue to monitor for		
	disposal of needles a	nd other sharp instruments.		compliance within 30/60 days	to	
	(ii) I Injugreel/stee	dard procautions synthosize		ensure all corrections are		
		dard precautions synthesize niversal precautions with the		maintained. This audit will be	:	
		nce precautions and apply		reported and recorded at the		
		eceiving care in facilities,		scheduled Quality Assurance a	ınd	
	regardless of their dia			Risk Management group meet		
	infection status.	-		on 10/29/2020.		

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# Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:	A. BUILDING:		LETED
		140016	B. WING		09/	09/2020
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS CITY STAT	E ZIP CODE	, ,	<u> </u>
		920 SAN	N PEDRO AVENUE	STE 150		
PLANNED	PARENTHOOD		TONIO, TX 78212			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFIC ENCIES	D	PROVIDER'S PLAN	OF CORRECTION	(X5)
PRÉFIX TAG	*	Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLETE DATE
6 034	Continued From page	e 4	6 034			
	(I) Universal/sta	ndard precautions apply to:				
	(-a-) blood;					
	(-b-) body fluid:	s, secretions, and excretions				
	, , -	less of whether or not they				
	(-c-) nonintact	skin; and				
	(-d-) mucous membranes.					
		indard precautions are				
	•	ne risk of transmission of				
	microorganisms from	_				
	unrecognized source	s of infection in facilities.				
	(B) A licensed abou	rtion facility shall establish				
	procedures for monitor	oring compliance with				
	universal/standard pr	ecautions described in				
	subparagraph (A) of t	his paragraph.				
		ers infected with the HIV or				
		tion facility shall adopt,				
		ce a written policy to ensure				
		ility and all of the health				
		ne facility with the Health				
		apter 85, Subchapter I,				
		ntion of the transmission of				
	HIV and HBV by Inte	cted health care workers.				
	(3) Educational cour	rse work and training. A				
		lity shall require its health				
		lete educational course				
		ection control and barrier				
		basic concepts of disease				
		ically accepted principles				
	and practices for infe					
	engineering and work	practice controls. To fulfill				
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# Texas Health and Human Services Commission STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA

	STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPI IDENTIFICATION N			CONSTRUCTION	(X3) DATE S COMPL	
		440040	B. WING		00/6	0.4000
NAME OF P	ROVIDER OR SUPPLIER	140016 STREET ADD	RESS CITY STA	TE ZIP CODE	09/0	09/2020
	PARENTHOOD	920 SAN F	PEDRO AVENU	E STE 150		
			NIO, TX 7821:			
(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 CORRECTI  (EACH CORRECTIVE ACTION SHOUL  CROSS-REFERENCED TO THE APPRO  DEFICIENCY)	.D BE	(X5) COMPLETE DATE
6 034	4 Continued From page 5		6 034			
	and training may inclu courses or in-house to	raining or workshops y. The course work and				
	(A) HIV infection pr	revention; and				
	(B) HBV, HCV, TB, and S. spp. infection prevention based on universal/standard precautions as defined in paragraph (1) of this subsection;					
	(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 procedures for the ha	on facility shall develop, ce written policies and ndling, processing, storing, ean and dirty laundry.				
	cleaning and laundry contract in accordance 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	edures for decontamination, on, and storage of sterile abortion facility shall have				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT PLE CONSTRUCTION  A. BUILDING:			
		140016	B. WING		09	/09/2020
NAME OF P	ROVIDER OR SUPPLIER		DDRESS CITY STATE			
PLANNED	PARENTHOOD		I PEDRO AVENUE FONIO, TX 78212	STE 150		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
6 034	written policies coveri decontamination and performed. Policies sl limited to, the receivir decontaminating, disi sterilization of critical well as those for the a storage, distribution, a control of sterile items (1) Supervision. The disinfection, and sterile equipment shall be unperson qualified by experience.  (2) Quantity of sterile facility shall ensure the sufficient in number to instrument(s) used for adequate to perform a dilatation and curettage available at the facility (3) Inspection of sure (A) All instruments before being package Routine inspection of to assure clean locks.  (B) Inspection proceand include visual and condition and function (i) Cutting edges sharpness; tips shall	ng its procedures for the sterilization activities hall include, but not be ng, cleaning, infecting, preparing and items (reusable items), as assembly, wrapping, and the monitoring and and equipment.  It decontamination, lization of all supplies and inder the supervision of a ducation, training, or  It surgical instruments. The nat surgical instruments are to permit sterilization of the reach procedure and conventional cervical ge if this procedure is ye.  Ingical instruments.  Instruments shall be made and conventional cervical ge if this procedure is end for reuse or storage. Instruments shall be made and conventions and serrations.  Instruments shall be thorough definition of the manual inspection for instruments in the property aligned, and box and free from buildup of	6 034			

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STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		140016	B. WING		09/09/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS CITY STA	TE ZIP CODE	
PLANNED	PARENTHOOD		PEDRO AVENU		
	OUR MARK OT		ONIO, TX 78212		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
6 034	Continued From page	. 7	6 034		
		no evident cracks or ks, and the hinges shall			
	(iii) Ratchets shall tested.	hold and be routinely			
	(iv) There shall be the finish.	no corrosion or pitting of			
	(C) Instruments needing maintenance shall be taken out of service and repaired by someone qualified to repair surgical instruments.				
	(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.				
	(4) Items to be disinf	ected and sterilized.			
	(A) Critical items.				
	directly into the blood normally sterile areas	cts that are introduced			
		ome in contact with the operative procedure shall			
	(B) Semicritical iter	ns.			

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STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT PLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		140016	B. WING		09	/09/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STATE	E ZIP CODE		
PLANNE	PARENTHOOD		N PEDRO AVENUE TONIO, TX 78212	STE 150		
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
6 034	(i) Semicritical iter in contact with nonint membranes. Semicrit microorganisms, exce Semicritical items may equipment, anesthesis bronchoscopes, and it is semicritical items.  (ii) High-level disin semicritical items.  (C) Noncritical item in contact with intact is in contact with intact in contact with intact is shall be used for none in contact with intact in co	ms include items that come act skin or mucous ical items shall be free of ept bacterial spores. y include respiratory therapy a equipment, thermometers.  Infection shall be used for as.  Insi include items that come skin.  Insi include items that	6 034			

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#### Texas Health and Human Services Commission

	OF DEFICIENCIES	(X1) PROV DER/SUPPLIER/CLIA	(X2) MULT PLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
			1			
		140016	B. WING		09/0	9/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS CITY STA	TE ZIP CODE		
		920 SAN	PEDRO AVENU	JE STE 150		
PLANNED	PARENTHOOD	SAN ANT	ONIO, TX 7821	2		
(X4) ID	SUMMARY ST	ATEMENT OF DEFIC ENCIES	D	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETE DATE
6 034	Continued From page 9		6 034			
		res for their use shall be				
	such as to effectively					
	_	s and equipment from the				
	clean or sterilized sup					
	(i) A facility shall b	nave a sink for hand				
	• •	all not be used for cleaning				
	instruments or dispos					
	(ii) A facility shall have a separate sink for					
	cleaning instruments and disposal of liquid waste.					
		nly be performed at this sink				
	after it has been disin	fected.				
	(C) Preparation for	sterilization.				
	(i) All items to be	sterilized shall be prepared				
	to reduce the bioburd	en. All items shall be				
	thoroughly cleaned, d					
		controlled environment.				
		/al of all adherent visible soil				
	instruments. Deconta	evices, joints, and lumens of				
	physical/chemical pro					
	inanimate object safe					
	-	-				
	(ii) One of the folloand decontamination	owing methods of cleaning				
	and decontamination appropriate.	Silali De useu as				
	арргориасо.					
	(I) Manual clean	ing. Manual cleaning of				
	instruments at the sin	k is permitted.				
	(II) Ultrasonic cle	eaning. Ultrasonic cleaning				
		by cavitation and reduces				
	the need for hand scr	ubbing. When grossly soiled				
		e ultrasonic cleaner the				
		ed more than once a shift. If				
	using this method for	cleaning, chambers shall be				

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## Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT PLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		140016	B. WING		09/09/2020
					1 03/03/2020
NAME OF P	ROVIDER OR SUPPLIER		DDRESS CITY STA		
PLANNED	PARENTHOOD		PEDRO AVENU ONIO, TX 78212		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
6 034	Continued From page	e 10 stential hazards to personnel	6 034		
	from aerosolization of	•			
	clean by using rotating water jets that clean by appropriate soap and machines shall reach degrees Celsius (285  (IV) Washer-dec Washer-decontamina	disinfectant. These a temperature of 140 degrees Fahrenheit).  ontaminator machines. tor machines clean by and a high pH of detergent			
	thorough cleaning is f rinse to quickly restor (iii) All articles to b arranged so all surface	ollowed by a neutralizing			
	(D) Packaging.				
	packaged in materials specific type of sterilized, and to prov microorganisms. Accepeel pouches, perfora trays. Muslin packs stinches by 12 inches b maximum weight of 1.	ide an effective barrier to eptable packaging includes ited metal trays, or rigid nall be limited in size to 12 y 20 inches with a			
		be labeled for each sterilizer d time of sterilization, the er, and the autoclave.			

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## Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT PLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		140016	B. WING		00/00/2020
		140016			09/09/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS CITY STA	TE ZIP CODE	
PLANNED	PARENTHOOD		PEDRO AVENU ONIO, TX 7821:		
(X4) ID PREFIX TAG	(EACH DEFIC ENC)	ATEMENT OF DEFIC ENCIES / 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 APPROPR DEFICIENCY)	BE COMPLETE
6 034	Continued From page	: 11	6 034		
	(E) External chemic	cal indicators.			
	as sterilization processon each package to be being flash sterilized to been exposed to the second of the second o	esults shall be interpreted ufacturer's written ator reaction specifications.			
	(ii) Biological indic least one run each da sterilizers.	ators shall be included in at y of use for steam			
		maintained with the load al indicator results, and entents of the load.			
	immediately be taken malfunctioning steriliz	er shall not be put back into erviced and successfully			
	reprocessed if a steril				

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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT PLE C			E SURVEY PLETED	
		140016	B. WING		09	/09/2020
	ROVIDER OR SUPPLIER  D PARENTHOOD	920 SA	ADDRESS CITY STATE N PEDRO AVENUE TONIO, TX 78212			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
6 034	Continued From page	e 12	6 034			
	pressure) shall be utili and moisture stable it be used according to instructions.  (ii) Other sterilized accordance with the restriction of the package become seal, is damaged in signification or that deteriorate with the dated according to the recommendations.  (iii) All packages shall a package is torn, we seal, or is damaged, The item shall be returned for reprocessing.  (I) Commercially packages sterile according to the instructions.  (J) Storage of sterilisterility is event related.	properly packaged and a sterile indefinitely unless is wet or torn, has a broken ome way, or is suspected of materials within a package he passage of time shall be a manufacturer's  I be inspected before use. If it, discolored, has a broken the item may not be used. I immed to sterile processing ackaged items.				

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STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT PLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		140016	B. WING		09/09/2020
		140010			1 09/09/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS CITY STA	TE ZIP CODE	
PLANNED	PARENTHOOD		PEDRO AVENU ONIO, TX 7821		
(X4) ID PREFIX TAG	(EACH DEFIC ENCY MUST BE PRECEDED BY FULL		D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
6 034	Continued From page	13	6 034		
	of items in a manner t the packaging of the p	hat does not compromise product.			
	(i) Sterilized items to maintain cleanlines prevent physical dama	<u> </u>			
	(ii) Sterilized items well-ventilated, limited controlled temperature				
	(iii) Sterilized items shall be positioned so that the packaging is not crushed, bent, compressed, or punctured so that their sterility is not compromised.				
	(iv) Storage of sup are designated for sto	oplies shall be in areas that rage.			
	(K) Disinfection.				
	(i) The manufactu the use of disinfectant	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.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT PLE CO		(X3) DATE SURVEY COMPLETED		
		140016	B. WING		09	9/09/2020
NAME OF P	<u> </u>			ZIP CODE		
DI ANNEE	DADENTHOOD	920 SAN	I PEDRO AVENUE	STE 150		
PLANNEL	PARENTHOOD	SAN AN	TONIO, TX 78212			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)		D PREFIX TAG	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
6 034	operation for pressure desired temperature a be maintained either ingenerated and shall in (I) the sterilizer in (II) sterilization described (III) load number (IV) duration and phase (if not provided charts);  (V) identification (VI) results of bid performed; and (VII) time-tempere each sterilizer (if not precording charts).  (M) Preventive maintenance of all sterilizer according to individual basis by qualified personerated.	shall be monitored during e, temperature, and time at and pressure. A record shall manually or machine nclude: dentification; ate and time;  temperature of exposure on sterilizer recording  of operator(s);  blogical tests and dates  rature recording charts from provided on sterilizer  intenance. Preventive erilizers shall be performed all policy on a scheduled sonnel, using the sterilizer e manual as a reference. A	6 034	DETICIENC		
	maintained for each s shall be retained at le available for review to of request by the department is	terilizer. These records ast two years and shall be the facility within two hours artment.  not met as evidenced by: as and interview, the facility				

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## Texas Health and Human Services Commission

, ,		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			D. MINIO			
		140016	B. WING		09/09/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS CITY STA	TE ZIP CODE		
DI ANNET	PARENTHOOD	920 SAN	PEDRO AVENU	IE STE 150		
PLANNEL	PARENTHOOD	SAN ANT	ONIO, TX 7821	2		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)		D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
6 034	Continued From page 15		6 034			
	1. All Items were proposterilized, and articles arranged so all surface exposed to the sterilizatime and temperature on each package to be 2. Ensure universal/stincludes procedures for sterilization of reusab appropriate use of proplace.  3. Provide a separate washing in the surgica and decontamination  4. Ensure that the stevaginal ultrasound prodebris.  The findings were:  1. Observation on 9/9 storage room reveales stored folded, resulting air which made the insure that the insure that the insure that the stevaginal ultrasound prodebris.  The findings were:  1. Observation on 9/9 storage room reveales stored folded, resulting air which made the insure that the insure that the stevaginal ultrasound prodebris.	perly packaged and at to be sterilized were bees were to be directly sting agent for the prescribed utilizing chemical indicators be sterilized.  Itandard precautions for disinfection and le medical devices and the obtective barriers was in  I clean sink for hand all instrument sterilization area.  I rilization solution for the obes was free from dust and  I/20 in the facility instrument d the peel pouches were g in open gaps exposed to struments no longer sterile.				
	unough the pouch and	d created an open hole.				
	Continued observation	n revealed a single peel				

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#### Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT PLE ( A. BUILDING:	(X3) DATE SURVEY COMPLETED				
		140016	B. WING		09/09/2020		
	ROVIDER OR SUPPLIER  PARENTHOOD	920 SAN		PEDRO AVENUE STE 150 DNIO, TX 78212			
(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 APPROPE DEFICIENCY)	BE COMPLETE		
6 034	a closed position, the there was no indicato instruments were ster	roximately 10 scissors all in peel pouch had a hole and r to confirm whether the ile or not.	6 034				
	Interview on 9/9/20 w confirmed the above f	-					
	2. Observations in the recovery room revealed there were 4 recovery chairs. All 4 chairs had a heating pad. There was no protective barrier covering the heating pads. 2 of the heating pads was covered in a cloth like substance						
	Nurse revealed they con the heating pads for wiped down the heating use. Even the cloth like 3. Observations in the sterilization and decononly one sink was availocation on the "dirty" room where biological instruments and prodeprocessed. This sink wash station in the farevealed that there we the "clean" and "dirty" area, with cross over 4. Observations in the revealed that the vagidecontamination solu	e combined facility Intamination area revealed Cailable for use and was Independent of the Illy contaminated surgical Sucts of conception were Calso contained the only eye Collity. Further observations Cas no demarcation between Calso of the processing Contamination occurring.  Expatient treatment rooms Canal ultrasound probe Calson of the processing Contamination occurring.  Expatient treatment rooms Canal ultrasound probe Calson of the processing Contamination occurring.					

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Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT PLE CONSTRUCTION  A. BUILDING: (X3		(3) DATE SURVEY COMPLETED	
140016		B. WING		09	09/09/2020		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE						
PLANNED	PLANNED PARENTHOOD  920 SAN PEDRO AVENUE STE 150  SAN ANTONIO, TX 78212						
(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 DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
6 034	In an interview condu time of observation, t	cted on 09/09/2020 at the	6 034	DEFICIENT	CY)		

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