

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130241	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SOUTH TEXAS SURGICAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD SUITE 100 SAN ANTONIO, TX. 78229			
(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	
T 000	<p>Ambulatory Surgery Centers</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>An entrance conference was held with the facility Vice President, Director of Quality, and General Manager on the afternoon of 03/02/20. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility Vice President, Director of Quality, and Performance Improvement Coach on the afternoon of 03/04/20. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	T 000		03/05/2020	
T 125	<p>135.4(l) ASC OPERATION</p> <p>(l) An ASC that performs abortions shall adopt, implement and enforce a policy to ensure compliance with Health and Safety Code, Chapters 245 and 171, Subchapters A and B (relating to Abortion and Informed Consent).</p> <p>This Requirement is not met as evidenced by: Based on record review and interview the facility</p>	T 125	<p>T125 (a) & (b): Effective immediately. Following the exit conference the Director of Nursing addressed with her healthcare team the importance of also documenting in the patient record (a) that the patient is given a telephone number by which the patient can reach her doctor or other healthcare personnel for complications that arise after her procedure or to get access to her medical records, 24hrs a day and (b) that the patient who resides in the city or travels for her abortion appointment must be provided with 2 telephone numbers to the nearest ER, at minimum 2 closest to her zipcode and when traveling at least one zipcode that is nearest to her chosen destination. These are now both captured on EHR template, see attached T125 a&b/a&b.2</p>		

SOD - State Form

REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

President & Chair

3-27-20

5009

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Texas Health and Human Services Commission

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T 125	<p>Continued From page 1</p> <p>failed to ensure that the facility to enforce a policy to ensure compliance with Health and Safety Code, Chapters 245 and 171, Subchapters A and B (relating to Abortion and Informed Consent).</p> <p>Findings included:</p> <p>The TEXAS HEALTH AND SAFETY CODE, TITLE 2. HEALTH, SUBTITLE H. PUBLIC HEALTH PROVISIONS, CHAPTER 171. ABORTION stated in part,</p> <p>"SUBCHAPTER A. GENERAL PROVISIONS... Sec. 171.0031. REQUIREMENTS OF PHYSICIAN; OFFENSE. (a) A physician performing or inducing an abortion: (2) shall provide the pregnant woman with:</p> <p>(A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced with access to the woman's relevant 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>SUBCHAPTER B. INFORMED CONSENT... Sec. 171.012. VOLUNTARY AND INFORMED CONSENT. (a) Consent to an abortion is voluntary and informed only if...</p>	T 125		

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T 125	<p>Continued From page 2</p> <p>(5) before receiving a sonogram under Subdivision (4)(A) and before the abortion is performed and before any sedative or anesthesia is administered, the pregnant woman completes and certifies with her signature an election form that states as follows:</p> <p>ABORTION AND SONOGRAM ELECTION</p> <p>(1) THE INFORMATION AND PRINTED MATERIALS DESCRIBED BY SECTIONS 171.012(a)(1)-(3), TEXAS HEALTH AND SAFETY CODE, HAVE BEEN PROVIDED AND EXPLAINED TO ME.</p> <p>(2) I UNDERSTAND THE NATURE AND CONSEQUENCES OF AN ABORTION.</p> <p>(3) TEXAS LAW REQUIRES THAT I RECEIVE A SONOGRAM PRIOR TO RECEIVING AN ABORTION.</p> <p>(4) I UNDERSTAND THAT I HAVE THE OPTION TO VIEW THE SONOGRAM IMAGES.</p> <p>(5) I UNDERSTAND THAT I HAVE THE OPTION TO HEAR THE HEARTBEAT.</p> <p>(6) I UNDERSTAND THAT I AM REQUIRED BY LAW TO HEAR AN EXPLANATION OF THE SONOGRAM IMAGES UNLESS I CERTIFY IN WRITING TO ONE OF THE FOLLOWING:</p> <p>___ I AM PREGNANT AS A RESULT OF A SEXUAL ASSAULT, INCEST, OR OTHER VIOLATION OF THE TEXAS PENAL CODE THAT HAS BEEN REPORTED TO LAW ENFORCEMENT AUTHORITIES OR THAT HAS NOT BEEN REPORTED BECAUSE I REASONABLY BELIEVE THAT DOING SO</p>	T 125		

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**2140 BABCOCK ROAD SUITE 100
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T 125	<p>Continued From page 3</p> <p>WOULD PUT ME AT RISK OF RETALIATION RESULTING IN SERIOUS BODILY INJURY.</p> <p>___ I AM A MINOR AND OBTAINING AN ABORTION IN ACCORDANCE WITH JUDICIAL BYPASS PROCEDURES UNDER CHAPTER 33, TEXAS FAMILY CODE.</p> <p>___ MY FETUS HAS AN IRREVERSIBLE MEDICAL CONDITION OR ABNORMALITY, AS IDENTIFIED BY RELIABLE DIAGNOSTIC PROCEDURES AND DOCUMENTED IN MY MEDICAL FILE.</p> <p>(7) I AM MAKING THIS ELECTION OF MY OWN FREE WILL AND WITHOUT COERCION.</p> <p>(8) FOR A WOMAN WHO 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 ONLY:</p> <p>I CERTIFY THAT, BECAUSE I CURRENTLY LIVE 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, I WAIVE THE REQUIREMENT TO WAIT 24 HOURS AFTER THE SONOGRAM IS PERFORMED BEFORE RECEIVING THE ABORTION PROCEDURE. MY PLACE OF RESIDENCE IS: _____</p> <p>_____ _____ SIGNATURE DATE: _____</p>	T 125		

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T 125	<p>Continued From page 4</p> <p>(6) before the abortion is performed, the physician who is to perform the abortion receives a copy of the signed, written certification required by Subdivision (5); and..."</p> <p>TEXAS HEALTH AND SAFETY CODE, TITLE 4. HEALTH FACILITIES, SUBTITLE B. LICENSING OF HEALTH FACILITIES, CHAPTER 245. ABORTION FACILITIES stated in part, "Sec. 245.023. PUBLIC INFORMATION; TOLL-FREE TELEPHONE NUMBER. (a) The department on request shall make the following information available to the public:...</p> <p>(d) An abortion facility shall provide to a woman, at the time the woman initially consults the facility, a written statement indicating the number of the toll-free telephone line maintained under Subsection (c). The written statement must be available in English and Spanish and be in substantially the following form:"</p> <p>Review of facility medical records revealed the following:</p> <ul style="list-style-type: none"> * Review of 15 medical records revealed 2 patients # 4 and 5 did not have sonogram election forms or certification forms required by the department present in their files. * 2 patients were from states outside of Texas (Patient #3 and 5). Patient #4's medical record revealed the patient's home address was listed as in Iowa on her medical history this was confirmed on the driver's license provided. However the facility provided the name and phone number of a hospital located in San Antonio. This is not the the name and phone number of nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated. 	T 125	<p>T125 (6): Effective immediately. Following the exit conference the Director of Nursing addressed with her healthcare team the importance of completing the sonogram/ certification election form for all patients. The Director of Nursing in coordination with the Performance Improvement Coach shall conduct a compliance monitoring audit within 30 days. This audit will be added to the upcoming Quality Assurance & Risk Management group meeting scheduled on April 30, 2020. This will ensure that we are meeting the State requirement .</p> <p>As well, staff will also document in the EHR record that patient was provided the Complaint Hotline phone number, see attached T125 a&b.</p>	<p>To be completed by: 04/06/2020</p>

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T 125	Continued From page 5 * Review of 15 medical records revealed the there was no documentation that patients received the toll free number for the Texas Health and Human Service hotline to make a complaint at the time of their initial consultation. In interview on 03/03/20 staff member #7 stated that patients are provide that information on a statement included in their packet that included Women's Right to Know at the first appointment, however there is no documentation to reflect this occurred. On the surgical abortion patients their discharge paperwork include the state number for the complaint hotline, but the medical abortion discharge paperwork did not include this information. In an interview on 03/04/20 staff member #7 verified the above findings.	T 125		
T 231	135.10(c) FACILITIES AND ENVIRONMENT IN A LIC ASC (c) Facilities shall be clean and properly maintained. This Requirement is not met as evidenced by: Based on tour and observation the facility failed to ensure that facilities were clean and properly maintained. Findings included: During a tour of the facility the following observations were made: * In the Operating Room dust was observed on high horizontal surfaces, such as the OR light, indicating ineffective cleaning and a risk for cross	T 231	T231: Revised our ASC Daily Cleaning & Disinfection Checklist. It now specifies under the "Operating Rooms Terminal Cleaning: Overhead Procedure Lights (wipe down light fixture top and bottom as well as arm) to ensure this is monitored. See attached, T231 form.ASC1434.	03/20/2020

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T 231	Continued From page 6 contamination. * In the janitor closet 2 mops were observed being stored on the floor. In this closet 2 and a half ceiling tiles were also missing, providing provided a vector for pest and dirt to enter the facility. * In the storage area it was observed that cardboard shipping boxes were being stored with open patient supplies on the shelves in the storage area. There were cardboard shipping boxes stored on the top shelves directly over the open supplies. Also, open sterile supplies were stored on the shelves near the floor where dust particles could contaminate the supplies. 6 boxes of supplies were also observed stored on the floor in this room. The nationally accepted standards set forth by the Association for the Advancement of Medical Instrumentation (AAMI) state, "External shipping containers have been exposed to unknown and potentially high microbial contamination. Also, shipping cartons, especially those made of corrugated material, serve as generators of and reservoirs for dust." (AAMI 5T46-Section 5.2 Receiving Items). The above findings were verified with staff member #7 on 03/03/20.	T 231	T231 - Janitors ASC closet: This was corrected immediately. The Facilities & Security Manager discussed the importance of maintaining at all times a clean and organized maintenance closet, no mops or anything shall be left on the floor. Ceiling tiles, where missing were replaced. See attached, T231.ASC Janitorial Closet_Email; ASC ceiling tiles IMg_3253. T231 - Storage Areas: This was corrected immediately. The Director of Nursing conducted a staff debrief to itemize the areas of deficiency with her healthcare team for processing boxes received and how to unpack and stock items appropriately. See attached, T231.Storage Closet 1 & 2; Staff Debrief Sign-in sheet.	03/17/2020 03/06/2020
T 232	135.10(d) FACILITIES AND ENVIRONMENT IN A LIC ASC (d) An emergency call system shall be provided and readily accessible to staff and patients in all areas of the facility.	T 232	T232 - Emergency Call System. The Director of Nursing discussed the importance of the emergency call system with staff and ensured that the call system is operable. See attached T232.Emergency Call Light.	03/20/2020

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T 232	Continued From page 7 This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure a safe and functional environment as the emergency call light in the pre-op/post-op bathroom was operable. Findings included: During a tour of the facility Ambulatory Surgical Center on 03/03/20, it was noted the emergency call light in the patient's pre-op/post bathroom was observed approximately 2 feet above the floor wound up and secured with a zip tie, rendering it inoperable and out of reach for a patient that might experience a fall on the floor to summon help in an emergency. The above findings were confirmed with staff member #7 on 03/03/20.	T 232		
T 258	135.11(b)(11)(A-G) ANESTHESIA & SURGICAL SVCS IN A LIC ASC (11) A safe environment for treating surgical patients, including adequate safeguards to protect the patient from cross-infection, shall be assured through the provision of adequate space, equipment, and personnel. (A) Provisions shall be made for the isolation or immediate transfer of patients with communicable diseases. (B) All persons entering operating rooms shall be properly attired. (C) Acceptable aseptic techniques shall be used by all persons in the surgical area. (D) Only authorized persons shall be allowed in the surgical area. (E) Suitable equipment for rapid and routine sterilization shall be available to assure that	T 258		

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T 258	<p>Continued From page 8</p> <p>operating room materials are sterile. (F) Environmental controls shall be implemented to assure a safe and sanitary environment. (G) Operating rooms shall be appropriately cleaned before each operation.</p> <p>This Requirement is not met as evidenced by: Based on tour and interview the facility failed to ensure that a safe environment for treating surgical patients, including adequate safeguards to protect the patient from cross-infection, shall be assured through the provision of adequate space, equipment, and personnel. The facility failed to ensure: (F) Environmental controls were implemented to assure a safe and sanitary environment</p> <p>Findings included:</p> <p>During a tour of the surgical area on 03/03/20 it was noted there were no temperature and humidity logs to monitor the storage areas where sterile instruments were being stored (the sterilization area). Also, the facility had no temperature and humidity gauges to monitor the storage area where sterile instruments were stored. This was verified on 03/04/20 by staff member #7.</p> <p>A review of the AORN (Association of Perioperative Registered Nurses) "Perioperative Standards and Recommended Practices"; Recommended Practices for a Safe Environment of Care revealed the following: "Temperature should be maintained between 68 degrees F to 73 degrees F (20 degrees to 23 C) within the operating room suite and general work</p>	T 258	<p>T258: Regarding (F) Environmental Controls. The Director of Nursing in collaboration with the Laboratory Technician provided additional education and training to staff for the following ASC Quality Control Changes: ASC Cleaning & Disinfection Checklist Sterilizer: Temperature & Humidity Control (new forms); Biological Indicator; Hinged Instruments and Sterilization Tips. See attached T258.ASC Quality Control Changes; T231.ASC 1434; T258.ASC 1457; T258.ASC 1458.</p>	03/19/2020	

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T 258	Continued From page 9 areas in sterile processing. Relative humidity should be maintained between 30% and 60% within the perioperative suite, including operating rooms, recovery area, cardiac catheterization rooms, endoscopy rooms, instrument processing areas, and sterilizing areas and should be maintained below 70% in sterile storage areas. Low humidity increases the risk of electro static charges, which pose a fire hazard in an oxygen-enriched environment or when flammable agents are in use and increases the potential for dust. High humidity increases the risk of microbial growth in areas where sterile supplies are stored or procedures are performed. Humidity should be monitored and recorded daily using a log format or documentation provided by the HVAC (heating, ventilation, and air conditioning) system. Temperature should be monitored and recorded daily using a log format or documentation provided by the HVAC (heating, ventilation, and air conditioning) system."	T 258			
T 259	135.11(b)(12)(A-D) ANESTHESIA & SURGICAL SVCS IN A LIC ASC (12) Written policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies shall be developed, implemented and enforced. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing, and sterilization of critical items (reusable items), as well as for the assembly, wrapping, storage distribution, and the monitoring and control of	T 259	T259: The Director of Nursing in collaboration with the Laboratory Technician provided education and training to staff in response to procedures for decontamination, disinfection, sterilization and storage of sterile supplies. As well, prior to the next scheduled AB procedures the Director of Nursing confirmed that all sterile packs were reprocessed on 03/06/2020. See attached T258.ASC Training Sign In Sheet;	03/06/2020; 03/19/2020	

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T 259	Continued From page 10 sterile items and equipment. (A) Policies and procedures shall be developed following standards, guidelines, and recommendations issued by the Association of periOperative Registered Nurses (AORN), the Association for Professionals in Infection Control and Epidemiology (APIC), the Centers for Disease Control and Prevention (CDC) and, if applicable, the Society of Gastroenterology Nurses and Associates (SGNA). Standards, guidelines, and recommendations of these organizations are available for review at the Department of State Health Services, Exchange Building, 8407 Wall Street, Austin, Texas. Copies may also be obtained directly from each organization, as follows: AORN, 2170 South Parker Road, Suite 300, Denver Colorado, 80231, (800) 755-2676; APIC, 1275 K Street, Northwest, Suite 1000, Washington, District of Columbia, 20005-4006, (202)789-1890; CDC, 1600 Clifton Road, Atlanta, Georgia, 30333, (800) 311-3435; SGNA, 401 North Michigan Avenue, Chicago, Illinois, 60611-4267, (312) 321-5165. (B) Policies and procedures shall also address proper use of external chemical indicators and biological indicators. (C) Performance records for all sterilizers shall be maintained for a period of six months. (D) Preventive maintenance of all sterilizers shall be completed according to manufacturer's recommendations on a scheduled basis. A preventive maintenance record shall be maintained for each sterilizer. These records shall be retained at least one year and shall be available for review to the facility within two hours of request by the department.	T 259		

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T 259	<p>Continued From page 11</p> <p>This Requirement is not met as evidenced by: Based on review of facility-based policies, review of facility documents, observations and staff interview, the facility failed to develop, implement, and enforce written policies and procedures for decontamination, disinfection, and sterilization.</p> <p>Findings included:</p> <p>Centers for Disease Control and Prevention (CDC) website article, "Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008" found at: <http://www.cdc.gov/hicpac/Disinfection_Sterilization/13_11sterilizingPractices.html>, stated in part, "Once items are cleaned, dried, and inspected, those requiring sterilization must be wrapped or placed in rigid containers and should be arranged in instrument trays/baskets according to the guidelines provided by the AAMI [Association for the Advancement of Medical Instrumentation] and other professional organizations. These guidelines state that hinged instruments should be opened ..."</p> <p>Facility-provided document titled "Department of State Health Services ... Abortion Facility Reporting and Licensing Rules" titled, "§139.49 Infection Control Standards" stated in part, "4. Items to be disinfected and sterilized ...C. Preparation for sterilization. (i) All items to be sterilized shall be prepared to reduce the bioburden. All items shall be thoroughly cleaned, decontaminated and prepared in a clean, controlled environment. Cleaning is the removal of all adherent visible soil from the surfaces crevices, joints, and lumens of instruments. Decontamination is the physical/chemical process that renders an</p>	T 259	<p>T259: Sterilizing & Disinfection</p> <p>As stated above, staff have undergone additional education & training and we have also secured a vendor to conduct the quarterly/annual maintenance for the sterilizer. See attached T258.ASC Training Sign In Sheet; T259.Primus Maintenance; BAA - Abbott Medical Services; Abbott Medical Services Agreement.</p>	03/23/2020

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PLANNED PARENTHOOD SOUTH TEXAS SURGICAL

**2140 BABCOCK ROAD SUITE 100
SAN ANTONIO, TX 78229**

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T 259	<p>Continued From page 12</p> <p>inanimate object safe for further handling.</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 ...</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 indicators results, and identification of the contents of the load.</p> <p>... (v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found ...</p> <p>... (L) Performance records ... (ii) Each sterilizer shall be monitored during operation ... A record shall be maintained either manually or machine generated and shall include:</p> <p>... (V) identification of operator</p> <p>... (VI) results of biological tests and dates performed ...</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 of request by the department."</p> <p>Tour of the facility on the morning of 3/3/20 revealed the following observations:</p> <p>* five hinged instruments in the closed position in peel-packs available for use in OR 1</p> <p>* a wrapped tray with three of four hinged instruments that were in the locked position and</p>	T 259		

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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SOUTH TEXAS SURGICAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD SUITE 100 SAN ANTONIO, TX 78229
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T 259	<p>Continued From page 13</p> <p>closed</p> <p>*two boxes of biological indicators that were expired on 12/31/18</p> <p>*one box of biological indicators that were expired on 2/28/19</p> <p>Review of the facility-based sterilizer cycle log for 5/28/19-12/31/19 revealed one set of biological indicators used, named "1291 Rapid BI/Steam," that expired 2/28/19, meaning for the six-month period reviewed, 14 loads [out of a total of 24 days the sterilizer was run] used an expired biological indicator with no staff identifying the expiration date.</p> <p>The following days were run without biological indicators:</p> <p>*6/11/19, with one load run</p> <p>*7/2/19, with three loads run</p> <p>*7/16/19, with two loads run</p> <p>*7/23/19, with five loads run</p> <p>*7/30/19, with four loads run</p> <p>*8/6/19, with two loads run</p> <p>*9/24/19, with five loads run</p> <p>*10/8/19, with four loads run</p> <p>*11/26/19, with three loads run</p> <p>*12/10/19, with one load run</p> <p>14 of 24 days of use had expired biological indicators. The remaining 10 of 24 days the sterilizer was used had no biological indicators documented. The efficacy of the sterilizing process was not monitored appropriately for the six months reviewed.</p> <p>The following were not documented appropriately:</p> <p>*10/8/19 strips revealed four loads were run that day. Only one load was recorded and documented what the load contained; the other three did not indicate contents or identification of operator of the loads</p> <p>*12/31/19 strips revealed four loads were run that</p>	T 259		

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T 259	<p>Continued From page 14</p> <p>day. The load started at 12:35 pm had no indication of contents of the load or the identification of the operator</p> <p>The Primus PSS500 Maintenance Manual stated in part, "Maintenance procedures described in this section should be performed regularly at the intervals indicated to provide the longest useful life possible for your sterilizer. Refer to the maintenance log for daily, weekly, quarterly, annually, and as needed procedures ...</p> <p>Daily: Clean Chamber and remove spill residue and staining ...</p> <p>Weekly: Remove and clean shelving, transfer carts, and loading equipment. A mild cleaning solution is recommended ...</p> <p>Clean exterior stainless steel surfaces ...</p> <p>Quarterly: Inspect the pneumatic lines, switches, and cylinder components. Remove lint and dirt from the areas.</p> <p>Test that door operates smoothly ...</p> <p>Remove the door gasket ...</p> <p>Test (operate) steam pressure relief valves ...</p> <p>Remove and clean strainers ...</p> <p>Check the pressure of the incoming steam ...</p> <p>Check the pressure of the incoming water supply ...</p> <p>...Annually: Clean the inside surface of the door where the gasket contact is made ...</p> <p>Replace the Over Pressure Rupture Disk ..."</p> <p>When asked for preventive maintenance logs, "Mission Medical Sales and Service" reports were provided with the Primus sterilizer report that stated in part, "Operational Condition: Switches, controls, case condition, alarms, displays; Calibration: Line Voltage Check; "Comments: Passed visual inspection. Power built into wall breakers." The provided "log" did not address the preventive maintenance schedule recommended</p>	T 259		

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T 259	<p>Continued From page 15</p> <p>by the manufacturer.</p> <p>In an interview with staff #7 on the afternoon of 3/3/20, when discussed the manual and asked if the above was completed, staff #7 stated, "We have a list that says it's [the sterilizer] cleaned weekly. It's just a check-list." When asked if they had the maintenance manual, staff #7 stated, "No." When asked if there were policies and procedures guiding the sterilization, they stated, "I'll have to look."</p> <p>A preventive maintenance log was provided on the morning of 3/4/20 that included a weekly cleaning check-off, but there was no facility-based policy or access to the manufacturer's maintenance manual to guide the procedure for the cleaning/preventive maintenance. The provided log only had weekly cleaning and no indication weekly, quarterly, or annual manufacturer recommended maintenance was completed.</p> <p>In an interview with the director of quality on the afternoon of 3/4/20, when asked if there were policies and procedures guiding the sterilization of instruments and preventive maintenance, they provided the facility-based infection control program that had no information on hinged instruments, biological indicators, preventive maintenance or maintenance logs.</p> <p>The above was confirmed in an interview with administrative staff on the afternoon of 3/4/20.</p>	T 259		
T 374	<p>135.41(c)(3) FIRE PREVENTION AND INSPECTION</p> <p>(3) Fire drills.</p>	T 374		

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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD SOUTH TEXAS SURGICAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 BABCOCK ROAD SUITE 100 SAN ANTONIO, TX 78229		
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T 374	<p>Continued From page 16</p> <p>The ASC shall conduct at least one fire drill per shift, per quarter. Each drill shall include the use of communication of alarms, use of fire-fighting equipment, simulation of evacuation of patients, discussion with patients, visitors, other occupants, employees and staff about the evacuation plan. Written reports shall be maintained to include evidence of staff and patient participation. Fire exit drills shall incorporate the minimum requirements of NFPA 101, §§20.7.1.2 through 20.7.2.3.</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 ASC conducted at least one fire drill per shift, per quarter. Each drill shall include the use of communication of alarms, use of fire-fighting equipment, simulation of evacuation of patients, discussion with patients, visitors, other occupants, employees and staff about the evacuation plan.</p> <p>Findings included:</p> <p>IV. EMERGENCY DRILLS AND PROCEDURES A. DRILLS 1. The Facilities & Security Manager will conduct at least one fire drill per shift, per quarter. Each drill shall include the use of communication of alarms, use of fire-fighting equipment, simulation of evacuation of patients, discussion with patients, visitors, other occupants, employees and staff about the evacuation plan."</p> <p>Review of the facility based fire drills revealed that 4 drills were completed in 2019 meeting the requirement for quarterly drills. However documentation of these drills did not reflect the</p>	T 374	<p>T374: Quarterly Fire Drills To more accurately account for quarterly fire drills the Facilities and Security Manager has developed a new tool to capture details about what unfolds during each event, that speak to items such as, the use of communication of alarms, use of fire-fighting equipment, simulation of evacuation of patients, and discussion with patients, visitors, staff about the plan. See attached T374.ASC Evacuation Drill Record.</p>	03/23/2020

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T 374	Continued From page 17 use of fire-fighting equipment and simulation of evacuation of patients per requirements. The above findings were confirmed with staff members #12 and 13 on 03/04/20.	T 374		