STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130121	A. BUILDING: _____ B. WING _____	08/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF GREATER TX SURGICA	201 EAST BEN WHITE BLVD AUSTIN, TX 78704

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T 000	Ambulatory Surgery Centers 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. An entrance conference was held with the facility Clinical Quality and Training Specialist on the morning of 08/17/20. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions. Continued licensure is recommended, with an approved plan of correction. An exit conference was held with the Regional Director and other administrative staff on the afternoon of 08/18/20. Preliminary findings of the survey were discussed, and an opportunity given for questions	T 000		
T 125	135.4(l) ASC OPERATION (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). This Requirement is not met as evidenced by: The Texas Health and Safety Code, Chapter 171, Subchapter B, Sec. 171.063. DISTRIBUTION OF ABORTION-INDUCING DRUG. part,	T 125	PPGT follow up coordinators will now omplete patient notifications for missed MAB follow up visits and will also ensure documentation of all attempts to contact the patient regarding this missed follow up medical appointment. To monitor for compliance, the RQM department will audit medical records as part of the annual medication abortion audit.	9/3/20

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T 125	Continued From page 1 Sec. 171.063. DISTRIBUTION OF ABORTION-INDUCING DRUG., stated in part, " (a) A person may not knowingly give, sell, dispense, administer, provide, or prescribe an abortion-inducing drug to a pregnant woman for the purpose of inducing an abortion in the pregnant woman or enabling another person to induce an abortion in the pregnant woman unless: (1) the person who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug is a physician; and... (e) The physician who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, must schedule a follow-up visit for the woman to occur not more than 14 days after the administration or use of the drug. At the follow-up visit, the physician must:... (f) The physician who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug, or the physician's agent, shall make a reasonable effort to ensure that the woman returns for the scheduled follow-up visit under Subsection (e). The physician or the physician's agent shall document a brief description of any effort made to comply with this subsection, including the date, time, and name of the person making the effort, in the woman's medical record." Based on a review of documentation, the facility failed to document a brief description of any effort made to comply with this subsection, including the date, time, and name of the person making the effort, in the woman's medical record.	T 125		

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T 125	Continued From page 2 Findings were: The clinical records for medication patients that had received abortion-inducing drugs were reviewed. The medical record for Patients # 4 revealed this patient had a follow up visit scheduled for 01/21/20. The patient did not keep this appointment. There was no documented attempt by the facility to contact the patient regarding this missed follow up medical appointment. The above findings were confirmed in an interview with staff member #1 on the afternoon of 08/17/20.	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 a tour of the facility and interview, the facility failed to ensure that facilities were clean and properly maintained. Findings included: During a tour of the facility on 08/18/20 in the laboratory area it was noted a long piece of red duct tape was in place on the counter to demark the clean versus dirty areas. IV tape was also noted on the Attest Auto Reader securing a note stating "don't move". Tape cannot be effectively cleaned presenting a risk of bacterial growth and contamination.	T 231	The Regional Director removed the tape (1) located on the counter in the lab and (2) from the Attest Auto Reader. RQM staff reminded all PPGT abortion staff that tape is not to be used in the ASC. To ensure continued compliance, the ASC/ Abortion Facility Audit Tool will be completed by abortion staff monthly and will assess that tape is not used in the ASC.	8/25/20

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T 231	Continued From page 3 The above finding was verified on 08/18/20 with staff member #2.	T 231		
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. This Requirement is not met as evidenced by: Based on a tour of the facility and interview, the facility failed to ensure that an emergency call system was readily accessible to staff and patients in all areas of the facility. Findings included: During at tour of the facility on 08/18/20, it was observed in 3 of 3 patient bathrooms (in the recovery area and examination areas) that the emergency call light pull cord was observed wrapped several times around the handicap grab bar, rendering the system inoperable. This finding was confirmed on 08/18/20 with staff member #2 on 08/18/20.	T 232	The health center manager ensured that the emergency call cords were cut in length. The health center manager reviewed with ASC staff that emergency call cords must be easily accessible (never wrapped or obstructed). To ensure continued compliance, the ASC/ Abortion Facility Audit Tool will be completed by ASC staff monthly and will assess that emergency call cords are easy accessible (never wrapped or obstructed).	9/3/20
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	T 258	The Facilities Manager will engage a HVAC contractor to advise us as to what PPGT needs to do to resolve the humidity issue and to ensure that humidity is maintained below 70% in the autoclave area. To ensure compliance, ASC staff will submit incident reports for all out of range temperatures or humidity at the time of discovery.	10/17/20

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T 258	Continued From page 4 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 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. This Requirement is not met as evidenced by: Based on a tour of the facility and interview, the facility failed to ensure that environmental controls were implemented to assure a safe and sanitary environment. Findings included: According the Centers for Disease Control (CDC) found at https://www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/sterilizing-practices.html "Physical Facilities The central processing area(s) ideally should be divided into at least three areas: decontamination, packaging, and sterilization and storage. Physical barriers should separate the decontamination area from the other sections to contain contamination on used items. In the decontamination area reusable contaminated supplies (and possibly disposable items that are	T 258		

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T 258	Continued From page 5	T 258		

reused) are received, sorted, and decontaminated. The recommended airflow pattern should contain contaminates within the decontamination area and minimize the flow of contaminates to the clean areas. The American Institute of Architects 959 recommends negative pressure and no fewer than six air exchanges per hour in the decontamination area (AAMI recommends 10 air changes per hour) and 10 air changes per hour with positive pressure in the sterilizer equipment room. The packaging area is for inspecting, assembling, and packaging clean, but not sterile, material. The sterile storage area should be a limited access area with a controlled temperature (may be as high as 75°F) and relative humidity (30-60% in all works areas except sterile storage, where the relative humidity should not exceed 70%).819 The floors and walls should be constructed of materials capable of withstanding chemical agents used for cleaning or disinfecting. Ceilings and wall surfaces should be constructed of non-shedding materials. Physical arrangements of processing areas are presented schematically in four references 811, 819, 920, 957."

Facility based policy entitled, "Facilities and Environment" stated in part,
"E. Temperature and humidity of the following will be checked on days the ASC is open and recorded in the Lab QC Log: procedure rooms, recovery room, storage room, autoclave room, lab and lab refrigerator, pharmacy and pharmacy refrigerator (checked and recorded twice daily), POC freezer. A non-medical incident report is required for any out-of-range temperature or humidity level. Refer to the Lab QC Log for permissible temperature and humidity ranges."

Review of the Temperature Log for the facility for

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T 258	Continued From page 6 2020 revealed the humidity was out of range (70% max) in the Autoclave Room on the following dates: * 03/13/20: 76% * 03/17/20: 80% * 03/19/20: 86% * 03/20/20: 87% * 03/25/20: 72% * 04/29/20: 73% The out of range humidities were not noted in an incident report until 08/13/20 (well after the initial out of range readings were noted by staff). On the dates the humidly in the autoclave room was documented out of range (over 70%), no follow up or corrective actions were noted by staff. The out of range values should have been addressed to ensure the humidity in the autoclave area was maintained below 70 % per CDC and professional standards. This was verified on 08/17/20 in an interview with staff members #1 and 3.	T 258		
T 372	135.41(c)(1) FIRE PREVENTION AND INSPECTION (1) Posting requirements. An evacuation floor plan shall be prominently and conspicuously posted for display throughout the ASC in public areas that are readily visible to patients, employees, and visitors. This Requirement is not met as evidenced by: Based on a tour of the facility and interview, the facility failed to ensure that an evacuation floor plan shall be prominently and conspicuously	T 372	The Regional Director posted the evacuation routes throughout the ASC in public areas that are readily visible to patients, employees, and visitors. To ensure continued compliance, the ASC/ Abortion Facility Audit Tool will be completed by ASC staff monthly and will assess that evacuation routes are posted.	8/19/20

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T 372	Continued From page 7 posted for display throughout the ASC in public areas that are readily visible to patients, employees, and visitors. Findings included: During a tour of the facility on 8/18/20 it was notes the evacuation floor plans were only displayed in exam rooms behind the door. No evacuation floor plan was observed in the hallway areas. Staff member #2 verified that there was no evacuation floor plan in the hallway. On 08/18/20 staff #4 stated this plan had previously been on display in the hallway they did not know where the posted floor plan had gone to. The evacuation floor plan should be prominently and conspicuously posted for display throughout the ASC in public areas that are readily visible to patients, employees, and visitors, including hallway areas.	T 372		