

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243			
(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 Director of Nursing and other administrative staff on the morning of 09/14/20. 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 Director of Nursing on the afternoon of 09/15/20. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	T 000			
T 231	<p>135.10(c) FACILITIES AND ENVIRONMENT IN A LIC ASC</p> <p>(c) Facilities shall be clean and properly maintained.</p> <p>This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure a safe and sanitary environment for surgical patients.</p> <p>Findings included the following:</p>	T 231	<p>Administrator will coordinate with contracted janitorial service provider to review cleaning requirements and request onsite inspection by service provider's personnel to view deficiencies. If no visible improvement is noted, Administrator will begin interviewing for a new janitorial service provider.</p> <p>Director of Nursing will select new side tables for all pre-op areas to replace all existing wood laminate tables.</p> <p>Director of Nursing will coordinate with contracted medical equipment service provider to request repairs to the arm board on the exam table in Room #1. If repairs aren't possible, a replacement will be ordered.</p> <p>Administrator will order a new rolling stool to replace the compromised one in Room #3.</p> <p>Administrator will contact exam table manufacturer to request a replacement for the visibly worn back board in the Operating Room.</p>	<p>10/09/2020</p> <p>10/19/2020</p> <p>10/30/2020</p> <p>10/09/2020</p> <p>10/30/2020</p>	

SOD - State Form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE ADMINISTRATOR

(X6) DATE 09.30.2020

STATE FORM

5898

SMKP11

If continuation sheet 1 of 14

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243		
(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 231	Continued From page 1 During a tour of the facility on 09/14/20 at 2:30 PM, the surveyors observed the following unclean and unsafe environmental issues: * Dust was observed in high horizontal areas and under tables throughout the facility. In the Operating Room, dust was present that was thick enough to leave a delineate when the survey disputed the area, creating dust that was large enough to observe floating in the air. This indicated ineffective cleaning of these areas. * In the pre-op area, 2 of 4 wood laminated side tables were observed with chips present, preventing effective cleaning of these surfaces. * In Procedure Room #1, the arm board on the exam table had a 3 inch tear present with stuffing exposed. The rolling stool in the room also had a tear present. In the Procedure Room #3, the rolling stool was observed with cracks present, preventing effective cleaning. In the Operating Room, the back board of the table is visibly worn, presenting a risk of tears and contamination. The compromised integrity of these surfaces presents a risk of cross contamination by bodily fluid and or bacterial growth. * In Procedure Room #1 and the Operating Room, a roll of tape was observed taped to the machine with sticky residue present. Tape cannot be effectively cleaned and could harbor potential contaminants. * It was observed the operating room handwashing sink had a stack of paper towels stored upright on the edge of the sink beside the faucet, not in the pull down dispenser. This presents a risk of water dripping onto the paper towels and contaminating the stack of paper towels as a whole. * Under the sink in several areas of the facility (in the pre op, operative, and post operative areas), multiple containers and items were	T 231	The machines in Room #1 and the Operating Room will be cleaned of sticky residue from medical tape. A memo will be sent to the full staff, informing them that tape is not to be affixed to these machines. We will also review this information at the next scheduled staff meeting Administrator will ensure contracted janitorial service provider stores paper towels in the pull down dispenser. The opening manager will verify that the paper towels have been stored properly at the beginning of each shift. Items under the sink in the pre op, operative and post operative areas will be moved so as to comply with this regulation. A memo to staff will be posted and we will also review this information at the next scheduled staff meeting. We will ensure compliance with T 231 with the implementation of a monthly physical environment inspection as part of our existing Infection Control program.	10/24/2020 10/09/2020 10/26/2020 10/24/2020	

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243			
(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 233	Continued From page 3 crash cart containing emergency medications in the operating area was unlocked. This observation was verified with staff member #2 who confirmed the cart should have been locked. It was also observed that the crash cart check log did not include notation that the defibrillator/AED was checked to see that it was functioning properly. In an interview on 09/14/20, staff member #2 reported that a biomedical technician comes and checks the AED/defibrillator once a year, but staff does not check this equipment regularly. Per policy this equipment should be check monthly.	T 233			
T 247	135.11(a)(10)(A-B) ANESTHESIA & SURGICAL SVCS IN A LIC ASC (10) Emergency equipment and supplies appropriate for the type of anesthesia services provided shall be maintained and accessible to staff at all times. (A) Functioning equipment and supplies which are required for all facilities include: (i) suctioning equipment, including a source of suction and suction catheters in appropriate sizes for the population being served; (ii) source of compressed oxygen; (iii) basic airway management equipment, including oral and nasal airways, face masks, and self-inflating breathing bag valve set; (iv) blood pressure monitoring equipment; and (v) emergency medications specified by the medical staff and appropriate to the type of surgical procedures and anesthesia services provided by the facility. (B) In addition to the equipment and supplies required under subparagraph (A) of this paragraph, facilities which provide moderate	T 247	The Director of Nursing will replace the suctioning equipment on the crash cart in the operating room and have it inspected by our contracted medical equipment service provider. Additionally, a section will be added to the existing "Crash Cart Log" to document that all suctioning equipment is functional.	10/30/2020	

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243		
(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 231	Continued From page 2 observed being stored obscuring visualization of pipes and possible leaks. Items stored under sinks present a risk of exposure to contamination and mold damage from splashes and/or leaks. The above findings were verified with staff member #1 on 09/14/20.	T 231		
T 233	135.10(e) FACILITIES AND ENVIRONMENT IN A LIC ASC (e) All equipment, including emergency equipment, shall be properly maintained and periodically tested. This Requirement is not met as evidenced by: Based on a tour of the facility and interview, the facility failed to ensure that all equipment, including emergency equipment, was properly maintained and periodically tested. Findings included: Facility based policy entitled, "Protocol for Emergency Cart maintenance and Inventory" stated in part, "6. Emergency carts and contents are protected by locks. 7. The defibrillator/AED is checked monthly and logged by an RN." Facility based policy entitled, "Procedure for Auditing Emergency Cart Inventory" stated in part, "9. Check defibrillator". During a tour of the facility, it was observed the	T 233	The Director of Nursing will add a section to the existing "Floor Log" so that a staff nurse will ensure that the crash cart in the operating area remains locked with plastic pull tabs. This new practice will be reviewed with nursing staff at the next scheduled staff meeting. Staff Member #2 was misinformed about the practice of regularly checking the AED/defibrillator. The Director of Nursing will retrain this staff member. Additionally, the Director of Nursing will update the "Crash Cart Log" so that a monthly check of the AED/ defibrillator is documented properly.	10/26/2020 10/26/2020

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243			
(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 247	<p>Continued From page 4</p> <p>sedation/analgesia, deep sedation/analgesia, regional analgesia and/or general anesthesia shall provide the following:</p> <p>(i) intravenous equipment, including catheters, tubing, fluids, dressing supplies, and appropriately sized needles and syringes;</p> <p>(ii) advanced airway management equipment, including laryngoscopes and an assortment of blades, endotracheal tubes and stylets in appropriate sizes for the population being served;</p> <p>(iii) a mechanism for monitoring blood oxygenation, such as pulse oximetry;</p> <p>(iv) electrocardiographic monitoring equipment;</p> <p>(v) cardioverter-defibrillator; and</p> <p>(vi) pharmacologic antagonists as specified by the medical staff and appropriate to the type of anesthesia services provided.</p> <p>This Requirement is not met as evidenced by: Based on observation and tour, the facility failed to ensure that emergency equipment and supplies appropriate for the type of anesthesia services provided were maintained and accessible to staff at all times, including suctioning equipment.</p> <p>Findings included:</p> <p>During a tour of the facility on 09/14/20, the following observation was made:</p> <p>* In the operating area, a crash cart was noted. On top of the cart was suctioning equipment. However, the suctioning equipment was observed to have a cracked top compromising its function in an emergency situation.</p> <p>The above finding was verified with staff member #1 on 09/14/20.</p>	T 247			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243		
(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 259	Continued From page 5	T 259	The Autoclave Lead will update existing "Autoclave Load Log" to include itemized list of contents for all loads. This update will be discussed at the next scheduled staff meeting	10/26/2020
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 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	T 259	Additionally, the Autoclave Lead will update our policies so that they reflect APIC recommendations stating that biological indicator testing be done every day the sterilizer is in use. Therefore, we will only run tests for sterilizers in rotation that day. The Autoclave Lead will change our policy to reflect the practice of monthly sterilizer cleaning as recommended by APIC and the manufacturer.	10/09/2020 10/09/2020

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243		
(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 259	<p>Continued From page 6</p> <p>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.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview, the facility failed to ensure that written policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies shall be developed, implemented and enforced.</p> <p>Findings included:</p> <p>Facility based policy entitled, "Sterilization Records" stated in part, "Records will be kept for all loads run in the sterilizers. Each wrapped package will be labeled with content, date of processing and the load number. 1. Daily records for the sterilizer will include: a. Log of each load including: i. Date ii. Sterilizer number iii. Itemized list of contents iv. Exposure time v. Temperature vi. Pressure vii. Results of biological indicator viii. Name or initials of the operator"</p>	T 259			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243			
(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 259	<p>Continued From page 7</p> <p>Facility based policy entitled, "Sterilization of Supplies" stated in part, "1. Steam Sterilization of Packaged Items Using the Sterilizer...</p> <p>f. Items will be sterilized at the appropriate temperature, pressure and length of time depending on the contents of the load and sterilizer used. A daily record of each load contents, temperature reached, pressure reached, length of time sterilized and results of biological indicator will be kept by the autoclave technician."</p> <p>Facility based policy entitled, "Sterilizer Monitoring" stated in part, "1. Biological monitoring of the sterilizer using the 3-M Attest System... b. Biological monitoring is performed daily"</p> <p>Facility based policy entitled, "Instructions for monitoring Steam Sterilizers" stated in part, "VI. Sterilization Assurance A. Sterilization of instruments is assured by: B. Using color change indicator closure tapes on all packs. C. Inserting internal process indicator strips inside all packs to be sterilized. D. Using a biological spore test indicator daily in each autoclave."</p> <p>Facility based policy entitled, "Daily, Weekly, and Bi-weekly Maintenance of Sterilizers" stated in part, "Bi-Weekly Maintenance (performed first and third week of the month) 1.) Flush System a.) Drain reservoir and fill with clean distilled water. Add 1 oz of Speed Clean to a cool chamber."</p>	T 259			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243			
(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 259	<p>Continued From page 8</p> <p>b.) Run one pouch cycle. Press the stop button when the drying cycle begins.</p> <p>c.) Drain reservoir and refill with clean distilled water.</p> <p>d.) Rinse by running one unwrapped cycle.</p> <p>e.) Drain and allow sterilizer to cool to room temperature.</p> <p>f.) Remove door gasket, dam gasket, and gasket ring. Clean with Speed Clean and clean, distilled water. A small stiff bristled brush can aid in cleaning. Inspect gaskets for damage, shrinking, swelling. Press gasket and ring into channel and reinstall dam gasket.</p> <p>g.) Remove trays, tray rack, and tray plate. Pressing downward on top band of tray rack, pull upward on end of tray plate and slide assembly out of chamber.</p> <p>h.) Locate chamber filters, grasp and twist to remove. Using Speed Clean, distilled water and a stiff bristled brush to clean filter. Rinse filters with clean, distilled water. Reinstall filters by pressing inward and twisting slightly.</p> <p>i.) Wipe off trays, tray rack, and tray plate. Reinstall assembly by placing back edge of tray plate in chamber. Pushing downward on top of tray rack, slowly push assembly into chamber.</p> <p>j.) Fill the reservoir with clean, distilled water."</p> <p>Facility based policy entitled, "Autoclave" stated in part, "II. Cleaning A. According to individual autoclave maintenance schedule (Bi-weekly): 1. Flush system and fill with clean, distilled water...</p> <p>Review of the sterilization log for June, July, and August revealed the following: * The sterilizer log did not have an itemized list of the contents of the loads. The logs only</p>	T 259			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243		
(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 259	Continued From page 9 indicated "pouches/packs". * The facility had 4 table top M 11 sterilizers. The control biological indication and 4 machine biological indicator test should create 5 test results daily. * The following dates only had 4/5 biological indicator results documented: 6/25, 7/7, 7/27, 8/6, 8/20, and 9/8. This indicates all 4 machines did not have biological indicator tests completed daily per facility policy. Review of the cleaning logs for the sterilizers indicated that the Bi-Weekly Maintenance, of flushing the system and running a speed clean cycle, which was to be performed the first and third week of the month, was only being completed monthly from January 2020 forward. In an interview with staff member #7 (head of sterile processing) on 09/15/20, they verified that since Co-Vid the sterilizers are having the bi-weekly cleaning performed monthly. According to the facility, this cleaning is to be completed bi-weekly. The above findings were verified with staff members #1 and 7 on 09/15/20.	T 259		
T 261	135.11(b)(14) ANESTHESIA & SURGICAL SVCS IN A LIC ASC (14) Periodic calibration and/or preventive maintenance of all equipment shall be provided in accordance with manufacturer's guidelines. This Requirement is not met as evidenced by: Based on review of documentation and interview,	T 261	The Sonography Lead will ensure that all trained personnel perform the online training module as directed in the Trophon2 manual. This is a one time training requirement. All new staff will be required to complete prior to be signed off to work independently in this area. Administrator will meet with assigned personnel to discuss lapse in generator logs and require that weekly and monthly checks resume. Administrator will monitor compliance closely.	10/09/2020 10/24/2020

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243			
(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 261	<p>Continued From page 10</p> <p>the facility failed to ensure that preventive maintenance of all equipment shall be provided in accordance with manufacturer's guidelines.</p> <p>Findings included:</p> <p>A) The User Manual for the Trophon 2 utilized at the facility to sterilize probes stated in part, "A2.4 Before setting up or using your Trophon2, ensure that all users are trained in safety procedures and potential hazards, as outlined in this manual.</p> <p>Visit www.nanosonicacademy.com to complete online training module."</p> <p>Review of personal records revealed that only one staff member #8 had completed the online training and certification. This staff member had provided an in-service to all the other staff members on use of this equipment.</p> <p>According to manufacturer recommendations, online training and certification should be required for users of the Trophon 2.</p> <p>B) The review of the Generator Log revealed there was no weekly check documented/completed since 8/24/2020. There were no weekly checks completed for 8/31/2020, 9/07/2020, and 9/14/2020.</p> <p>There was no Monthly check documented/completed since 8/10/2020.</p> <p>During an interview on 9/15/2020 ending at 9:50 AM, Personnel #1 reviewed the Generator Log and confirmed the missing generator checks.</p>	T 261			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243		
(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 261	<p>Continued From page 11</p> <p>National Fire Prevention Association (http://catalog.nfpa.org/)</p> <p>"Buildings that fall under Chapter 18 of NFPA 101(12) and are equipped with or in which patients require the use of life-support systems (e.g. hospitals, nursing homes with residents on ventilators) must also meet the applicable provisions of the 2012 edition of NFPA 99, Standard for Health Care Facilities [see NFPA 101(12), Sections 18.2.9.2, 18.2.10.5, 18.5.1.2 and 18.5.1.3]. Provisions dealing with maintenance and testing of emergency generators can be found in NFPA 99(12), Sec.</p> <p>Weekly inspections...At a minimum, this weekly inspection should include a check of the following:</p> <ol style="list-style-type: none"> 1. Fuel (check main and day tank fuel supply levels; day tank float switch; piping, hoses and connectors; operating fuel pressure; and for any obstructions to tank vents and overflow piping) 2. Lubrication system (check for proper oil level and oil operating pressure; lube oil heater) 3. Cooling system (check coolant level, water pump(s), jacket water heater, belts, hoses, fan) 4. Exhaust system (check drain condensate trap and for possible leakage) 5. Battery system [look for possible corrosion; check specific gravity, electrolyte level and battery charger - maintenance-free batteries require routine visual inspection and maintenance in accordance with manufacturer's instructions] 6. Electrical system (conduct a general inspection of wiring and connections; check circuit breakers/fuses) 7. Prime Mover/Generator (Check for debris, foreign objects, loose or broken fittings; check guards and components; look for any unusual condition of vibration, leakage, noise, 	T 261			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243		
(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 261	Continued From page 12 temperature or deterioration. Note: This is not an all-inclusive list. The equipment manufacturer may have additional maintenance requirements that will likely include monthly, quarterly, semi-annual and annual inspections and checks. Monthly testing 1) To meet federal certification and state licensure requirements, health care facilities must exercise their emergency generators under load at least monthly [see NFPA 110(10), Sec. 8.4.1]. a) Diesel generator sets are required to be exercised at least once monthly, for a minimum of 30* minutes, using one of the following methods [see NFPA 110(10), Sec. 8.4.2]: i) Loading that maintains the minimum exhaust gas temperatures recommended by the manufacturer (it is unlikely that minimum exhaust gas temperatures will be reached if the generator isn't carrying a load equivalent to at least 30 percent of the generator's nameplate kW rating)."	T 261		
T 374	135.41(c)(3) FIRE PREVENTION AND INSPECTION (3) Fire drills. 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.	T 374	Director of Nursing will create a "Fire Drill Evaluation Form" to be used in all subsequent fire drills. The Facility Safety Officer will be responsible for completing these forms and ensuring that all simulations meet ASC regulation requirements.	10/26/2020

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN WOMENS SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8616 GREENVILLE AVENUE SUITE 101 DALLAS, TX 75243			
(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 374	<p>Continued From page 13</p> <p>This Requirement is not met as evidenced by: Based on 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 should 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>Review of the facility fire drills revealed there were only attendance/sign in sheets. There was no documentation of the use of communication of alarms, use of fire-fighting equipment, simulation of evacuation of patients, and/or the discussion with patients, visitors, other occupants, employees and staff about the evacuation plan reflected for these drills. Per regulations the drills need to contain all these elements.</p> <p>The above findings were verified on 09/15/20 with staff member #1.</p>	T 374			