STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	008444	A. BUILDING: _____ B. WING _____	09/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUBURBAN WOMENS MEDICAL CENTER	17070 RED OAK DRIVE SUITE 509 HOUSTON, TX 77090

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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	6 000		

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6 000	Continued From page 1 under Health and Safety Code, Chapter 243; or (iii) the office of a physician licensed by the Texas Medical Board and authorized to practice medicine in the State of Texas, unless the office is used for the purpose of performing more than 50 abortions in any 12-month period. (2) Reporting requirements. All licensed abortion facilities and facilities and persons exempt from licensing shall comply with §139.4 of this title (relating to Annual Reporting Requirements for All Abortions Performed). An unannounced visit was made to conduct a relicensure survey. The survey was conducted to determine if the hospital met 25 TAC Chapter 133, Hospital Licensing Rules. An entrance conference was held on the morning of 9/8/2020 with key administrative personnel. The purpose, scope and process of the complaint investigation was explained and an opportunity for questions and discussion was provided. Recommend continued licensure based on an approved plan of correction. An exit conference was held on the afternoon of 9/09/2020 with key administrative personnel. Findings of the investigation were discussed and again, an opportunity for questions and discussion was provided. Based on observation, interview and record review, the facility failed to display required signage regarding human trafficing. Findings include: Observation on 9/8/20 at 11:15 a.m. during facility	6 000		

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6 000	Continued From page 2 tour with Medical Director (ID#1) and Facility Administrator (ID#2) revealed no signage posted in two (2) of two (2) restrooms,or any pateint care area or consultation/exam room. Interview with Medical Director (ID#1) and Facility Director (ID#2) at the time of observation, confirmed that there was no human trafficing signage within the facility. We used to have it posted in English and in Spanish. I think a patient must have removed it from the restroom. Reveiw of Texas House Bill 2552, 85th Legislation, reads, in part: "SECTION 11. Subchapter A, Chapter 241, Health and Safety Code, is amended by adding Section 241.011 to read as follows: Sec. 241.011. HUMAN TRAFFICKING SIGNS REQUIRED. An emergency department of a hospital shall display separate signs, in English and Spanish, that comply with Section 245.025 as if the hospital is an abortion facility. SECTION 12. Chapter 245, Health and Safety Code, is amended by adding Section 245.025 to read as follows: Sec. 245.025. HUMAN TRAFFICKING SIGNS REQUIRED. (a) An abortion facility shall display separate signs, in English, Spanish, and any additional language as required by Subsection (b), side by side in accordance with this section in each restroom and patient consulting room. The signs must include the following information:	6 000		

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6 000	Continued From page 3 (1) no person, including an individual's parents, may force any individual to have an abortion; (2) it is illegal for a person to force an individual to engage in sexual acts; (3) a woman who needs help may call or text a state or national organization that assists victims of human trafficking and forced abortions; and (4) the toll-free number of an organization described by Subdivision (3). (b) Signs required under this section must be in English and Spanish. If an abortion facility is located in a political subdivision required to provide election materials in a language other than English or Spanish under Section 272.011, Election Code, the facility shall display a separate sign in that language. (c) Signs required under this section must be at least 8-1/2 by 11 inches in size and displayed in a conspicuous manner clearly visible to the public and employees of an abortion facility. The notice must cover at least four-fifths of the sign. (d) The executive commissioner shall adopt rules as necessary to implement and enforce this section."	6 000		

Texas Health and Human Services Commission

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6 034	TAC 139.49 Infection Control Standards (a) Written policies. A licensed abortion facility shall develop, implement, and enforce infection control policies and procedures to minimize the transmission of post-procedure infections. These policies shall include, but not be limited to, the prevention of the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species (S. spp.); educational course requirements; cleaning and laundry requirements; and decontamination, disinfection, sterilization, and storage of sterile supplies. (b) Prevention and control of the transmission of HIV, HBV, HCV, TB, and S. spp. (1) Universal/standard precautions. (A) An abortion facility shall ensure that all staff comply with universal/standard precautions as defined in this paragraph. (i) Universal/standard precautions includes procedures for disinfection and sterilization of	6 034		

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6 034	Continued From page 8 reusable medical devices and the appropriate use of infection control, including hand washing, the use of protective barriers, and the use and disposal of needles and other sharp instruments. (ii) Universal/standard precautions synthesize the major points of universal precautions with the points of body substance precautions and apply them to all patients receiving care in facilities, regardless of their diagnosis or presumed infection status. (I) Universal/standard precautions apply to: (-a-) blood; (-b-) body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; (-c-) nonintact skin; and (-d-) mucous membranes. (II) Universal/standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in facilities. (B) A licensed abortion facility shall establish procedures for monitoring compliance with universal/standard precautions described in subparagraph (A) of this paragraph. (2) Health care workers infected with the HIV or HBV. A licensed abortion facility shall adopt, implement, and enforce a written policy to ensure compliance of the facility and all of the health care workers within the facility with the Health	6 034		

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6 034	Continued From page 9 and Safety Code, Chapter 85, Subchapter I, concerning the prevention of the transmission of HIV and HBV by infected health care workers. (3) Educational course work and training. A licensed abortion facility shall require its health care workers to complete educational course work or training in infection control and barrier precautions, including basic concepts of disease transmission, scientifically accepted principles and practices for infection control and engineering and work practice controls. To fulfill the requirements of this paragraph, course work and training may include formal education courses or in-house training or workshops provided by the facility. The course work and training shall include, but not be limited to: (A) HIV infection prevention; 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 aspect of disease transmission; and (D) epidemic control. (c) Cleaning and laundry policies and procedures. (1) A licensed abortion facility shall develop, implement, and enforce written policies and procedures on cleaning the procedure room(s). (2) A licensed abortion facility shall develop, implement, and enforce written policies and procedures for the handling, processing, storing,	6 034		

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6 034	Continued From page 10	6 034		

and transporting of clean and dirty laundry.

(3) A licensed abortion facility may provide cleaning and laundry services directly or by contract in accordance with Occupational Safety and Health Administration's Standards, 29 Code of Federal Regulations, Subpart Z. Bloodborne Pathogens.

(d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. A licensed abortion facility shall have written policies covering its procedures for the decontamination and sterilization activities performed. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing and sterilization of critical items (reusable items), as well as those for the assembly, wrapping, storage, distribution, and the monitoring and control of sterile items and equipment.

(1) Supervision. The decontamination, disinfection, and sterilization of all supplies and equipment shall be under the supervision of a person qualified by education, training, or experience.

(2) Quantity of sterile surgical instruments. The facility shall ensure that surgical instruments are sufficient in number to permit sterilization of the instrument(s) used for each procedure and adequate to perform conventional cervical dilatation and curettage if this procedure is available at the facility.

(3) Inspection of surgical instruments.

(A) All instruments shall undergo inspection

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6 034	Continued From page 11 before being packaged for reuse or storage. Routine inspection of instruments shall be made to assure clean locks, crevices, and serrations. (B) Inspection procedures shall be thorough and include visual and manual inspection for condition and function. (i) Cutting edges shall be checked for sharpness; tips shall be properly aligned, and box locks shall be clean and free from buildup of soap, detergent, dried blood, or tissue. (ii) There shall be no evident cracks or fissures in the box locks, and the hinges shall work freely. (iii) Ratchets shall hold and be routinely tested. (iv) There shall be no corrosion or pitting of the finish. (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 disinfected and sterilized. (A) Critical items.	6 034		

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6 034	Continued From page 12 (i) Critical items include all surgical instruments and objects that are introduced directly into the bloodstream or into other normally sterile areas of the body and shall be sterilized in accordance with this subsection. (ii) All items that come in contact with the sterile field during the operative procedure shall be sterile. (B) Semicritical items. (i) Semicritical items include items that come in contact with nonintact skin or mucous membranes. Semicritical items shall be free of microorganisms, except bacterial spores. Semicritical items may include respiratory therapy equipment, anesthesia equipment, bronchoscopes, and thermometers. (ii) High-level disinfection shall be used for semicritical items. (C) Noncritical items. (i) Noncritical items include items that come in contact with intact skin. (ii) Intermediate-level or low-level disinfection shall be used for noncritical items. (5) Equipment and sterilization procedures. Effective sterilization of instruments depends on performing correct methods of cleaning, packaging, arrangement of items in the sterilizer, and storage. The following procedures shall be included in the written policies as required in this subsection to provide effective sterilization measures.	6 034		

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6 034	Continued From page 13 (A) Equipment. A licensed abortion facility shall provide sterilization equipment adequate to meet the requirements of this paragraph for sterilization of critical items. Equipment shall be maintained and operated to perform, with accuracy, the sterilization of critical items. (B) Environmental requirements. Where cleaning, preparation, and sterilization functions are performed in the same room or unit, the physical facilities, equipment, and the written policies and procedures for their use shall be such as to effectively separate soiled or contaminated supplies and equipment from the clean or sterilized supplies and equipment. (i) A facility shall have a sink for hand washing. This sink shall not be used for cleaning instruments or disposal of liquid waste. (ii) A facility shall have a separate sink for cleaning instruments and disposal of liquid waste. Hand washing shall only be performed at this sink after it has been disinfected. (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 inanimate object safe for further handling. (ii) One of the following methods of cleaning	6 034		

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6 034	Continued From page 14	6 034		

and decontamination shall be used as appropriate.

(I) Manual cleaning. Manual cleaning of instruments at the sink is permitted.

(II) Ultrasonic cleaning. Ultrasonic cleaning of instruments cleans by cavitation and reduces the need for hand scrubbing. When grossly soiled items are placed in the ultrasonic cleaner the water shall be changed more than once a shift. If using this method for cleaning, chambers shall be covered to prevent potential hazards to personnel from aerosolization of the contents.

(III) Washer-sterilizers. Washer-sterilizers clean by using rotating spray arms to create water jets that clean by impingement and appropriate soap and disinfectant. These machines shall reach a temperature of 140 degrees Celsius (285 degrees Fahrenheit).

(IV) Washer-decontaminator machines. Washer-decontaminator machines clean by numerous water jets and a high pH of detergent even if instruments are grossly soiled. The thorough cleaning is followed by a neutralizing rinse to quickly restore the pH to neutral.

(iii) All articles to be sterilized shall be arranged so all surfaces shall be directly exposed to the sterilizing agent for the prescribed time and temperature.

(D) Packaging.

(i) All wrapped articles to be sterilized shall be packaged in materials recommended for the specific type of sterilizer and material to be

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6 034	Continued From page 15 sterilized, and to provide an effective barrier to microorganisms. Acceptable packaging includes peel pouches, perforated metal trays, or rigid trays. Muslin packs shall be limited in size to 12 inches by 12 inches by 20 inches with a maximum weight of 12 pounds. Wrapped instrument trays shall not exceed 17 pounds. (ii) All items shall be labeled for each sterilizer load as to the date and time of sterilization, the sterilizing load number, and the autoclave. (E) External chemical indicators. (i) External chemical indicators, also known as sterilization process indicators, shall be used on each package to be sterilized, including items being flash sterilized to indicate that items have been exposed to the sterilization process. (ii) The indicator results shall be interpreted according to the manufacturer's written instructions and indicator reaction specifications. (F) Biological indicators. (i) The efficacy of the sterilizing process shall be monitored with reliable biological indicators appropriate for the type of sterilizer used (e.g., Bacillus stearothermophilus for steam sterilizers). (ii) Biological indicators shall be included in at least one run each day of use for steam sterilizers. (iii) A log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load.	6 034		

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6 034	Continued From page 16 (iv) If a test is positive, the sterilizer shall immediately be taken out of service. A malfunctioning sterilizer shall not be put back into use until it has been serviced and successfully tested according to the manufacturer's recommendations. (v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A list of all items which were used after the last negative biological indicator test shall be submitted to the administrator. (G) Sterilizers. (i) Steam sterilizers (saturated steam under pressure) shall be utilized for sterilization of heat and moisture stable items. Steam sterilizers shall be used according to manufacturer's written instructions. (ii) Other sterilizers shall be used in accordance with the manufacturer's instructions. (H) Maintenance of sterility. (i) Items that are properly packaged and sterilized shall remain sterile indefinitely unless the package becomes wet or torn, has a broken seal, is damaged in some way, or is suspected of being compromised. (ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations. (iii) All packages shall be inspected before use. If a package is torn, wet, discolored, has a broken	6 034		

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	008444	A. BUILDING: _____ B. WING _____	09/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS CITY STATE ZIP CODE
SUBURBAN WOMENS MEDICAL CENTER	17070 RED OAK DRIVE SUITE 509 HOUSTON, TX 77090

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6 034	Continued From page 17 seal, or is damaged, the item may not be used. The item shall be returned to sterile processing for reprocessing. (I) Commercially packaged items. Commercially packaged items are considered sterile according to the manufacturer's instructions. (J) Storage of sterilized items. The loss of sterility is event related, not time related. The facility shall ensure proper storage and handling of items in a manner that does not compromise the packaging of the product. (i) Sterilized items shall be transported so as to maintain cleanliness and sterility and to prevent physical damage. (ii) Sterilized items shall be stored in well-ventilated, limited access areas with controlled temperature and humidity. (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 supplies shall be in areas that are designated for storage. (K) Disinfection. (i) The manufacturer's written instructions for the use of disinfectants shall be followed. (ii) An expiration date, determined according to manufacturer's written recommendations, shall be marked on the container of disinfection	6 034		

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6 034	Continued From page 18 solution currently in use. (iii) Disinfectant solutions shall be kept covered and used in well-ventilated areas. (L) Performance records. (i) Performance records for all sterilizers shall be maintained for each cycle. These records shall be retained and available for review for a minimum of two years. (ii) Each sterilizer shall be monitored during operation for pressure, temperature, and time at desired temperature and pressure. A record shall be maintained either manually or machine generated and shall include: (I) the sterilizer identification; (II) sterilization date and time; (III) load number; (IV) duration and temperature of exposure phase (if not provided on sterilizer recording charts); (V) identification of operator(s); (VI) results of biological tests and dates performed; and (VII) time-temperature recording charts from each sterilizer (if not provided on sterilizer recording charts). (M) Preventive maintenance. Preventive maintenance of all sterilizers shall be performed	6 034		

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6 034	Continued From page 19 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. This Requirement is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure semicritical items received high-level disinfection and failed to ensure that expired items were available for use. Findings include: Observation on 9/8/20 at 11:00 AM during facility tour with MD Administrator (ID#1) in the ultrasound room revealed two (2) ultrasound units with transvaginal probes. During interview facility staff (ID#3) on 9/8/20 at 1:40 PM, she stated that the transvaginal probes are covered with a condom cover during use. After used they are wiped off and spayed with T-Spray ultrasound disinfectant detergent for 3-5 minutes and then wiped off again. Review of facility document titled Infection Control Protocols dated 1/5/16 states the following: US transducers are to be wiped down before and after each use with disinfectant cleanser. Transvaginal probe must have latex cover at all times with disinfectant wipes after cover removal. Review of product specifications states: T-Spray contains no phenol, alcohol or	6 034		

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6 034	Continued From page 20 glutaraldehyde T-Spray is a bactericide, fungicide and virucide, killing HIV-1 Review of CDC Disinfection Strategies for Other Semicritical Devices states: a. Even if probe covers have been used, clean and high-level disinfect other semicritical devices such as rectal probes, vaginal probes, and cryosurgical probes with a product that is not toxic to staff, patients, probes, and retrieved germ cells (if applicable). Use a high-level disinfectant at the FDA-cleared exposure time. (See Recommendation 7p for exceptions.) Category IB. 6-8, 17, 69 b. When probe covers are available, use a probe cover or condom to reduce the level of microbial contamination. Category II. 197-201 Do not use a lower category of disinfection or cease to follow the appropriate disinfectant recommendations when using probe covers because these sheaths and condoms can fail. Observation on 9/8/20 at 11:30 AM in patient exam room #1 revealed one (1) box of) Vicryl CT suture containing thirty-five (35) sutures with the expiration date of 8/2020 Lot # JK2882. Observation on 9/8/20 at 11:35 AM in patient exam room #2 revealed one (1) box of) Vicryl CT suture containing thirty-five (35) sutures with the expiration date of 8/2020. Interview with MD Administrator (ID #1) and LVN staff (ID #2) at the time of observations acknowledged the expired items, stated that the items should be thrown away and that the items are not used frequently.	6 034		

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6 034	Continued From page 21 Observation on 9/8/20 at 12:35 PM of Emergency Kit contents revealed the following: -one (1) Feather Disposable Scalpel with expiration date of 3/2017 -four (4) Vanishpoint 3mL syringes with 20G x 1 1/2" needle with expiration date of 11/2018 -one (1) Laryngeal Mask Airway (LMA) size #3 with expiration date of 6/28/2019 Interview with MD Administrator (ID#1) at the time of observation stated that the he checks the kit for expiration of drugs but not supplies. During interview with staff LVN (ID#2) on 9/9/20 at 12:35, she stated that she checks for expiration of drugs but not supplies and checks are not documented. Record review of facility policy titled Medical and Clinical Policies (no date) states the following: Intraoperative procedures: Equipment and supplies will be readily available and records that they have been checked and maintained on a scheduled basis. Emergency Provisions: Equipment and supplies will be readily available and records that they have been checked and maintained on a scheduled basis.	6 034		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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	6 000	Received 10-12-20 Reviewed. 10-21-20 Approved	

SOD - S[redacted]
LABORAT[redacted]

TITLE: ADMINISTRATOR
(X6) DATE: 10/12/2020

STATE F[redacted] 6899 NEY611

Administrator
Suburban Women's Clinic
3101 Richmond Ave Suite 250
Houston, Texas 77098
713-526-6500

10/12/2020

Attention: Lisa Vallejo
Health Care Quality Section
5425 Polk Ave, Suite J
Houston, Texas 77023-1497
RE: PLANS OF CORRECTION

[redacted]

Administrator
Suburban Women's Clinic
3101 Richmond Ave Suite 250
Houston, Texas 77098
713-526-6500

10/12/2020

Attention: Lisa Vallejo

Health Care Quality Section

5425 Polk Ave, Suite J

Houston, Texas 77023-1497

RE: PLANS OF CORRECTION

INFECTION PREVENTION,CONTROL

6.034 TAC 139.49

The administrator will be responsible for making sure the cited deficiencies are corrected.

a) Transvaginal probe will be disinfected using high-level disinfectant recommended by American Institute of Ultrasound in Medicine (AIUM) which includes cleaning with soap and water, and after each use 3 minutes of cleaning. Protex will not be used for probe cleansing disinfectant henceforth even though it's bactericidal fungicidal, viricidal.
b) Storage of sterile supplies will be properly managed by making sure hinged surgical instruments are left in the open position. This process has to be done consistently. The process of sterilization is outlined in the sterilizer manual. A copy of the procedure will henceforth be included in the facility policy for sterilization.

   The Administrator will continually monitor all packaged instruments, making sure that all hinged instruments are left open. Each staff member will be instructed on the management of instrument sterilization. The facility is

the sterilizer will be monitored, records will be made of sterilization date, load number, results of biological tests and dates performed.

d) Drug safety management- Drugs are locked up by the administrator and not in view of any patients admitted to the facility, antibiotics and non-narcotic pain medications are in safe keeping in the facility.

e) Weekly inventory is documented for all needed supply for the office. The facility can usually obtain any needed supply within 24hr turn around.

The process that led to the deficiency cited is broadly lack of complete documentation. The COVID-19 pandemic also contributed the non-optimal functioning of the office-office closed for a while, no patients lots of time. Hopefully the pandemic will be over soon.

Plan of correction will be implemented by: - focusing on each patient's safety from the moment she enters the facility, the care she gets, follow up care, the sanitary condition of the facility and every aspect of services provided will be documented.

Every staff member will be made aware of all aspects of the QA for the facility.

Follow up instructions will be verbally given to patients by facility staff and a copy of written instructions will be given to each patient including 24hr contact office phone number.

The administrator will monitor the implementation of corrective actions and document as an ongoing process to improve care. Protocols will be outlined for each staff member to follow. All the above deficiencies will remain corrected.

committed to proper handling of all instruments needed to take care of all of our patients. The administrator will institute on going education to make sure the deficiencies remain corrected.

The in-facility education and proper adherence to our policy will ensure that the cited deficiencies will remain corrected.