

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/01/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753
---	---

(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
6 000	<p>TAC 139.1 Initial Comments</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>(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.</p> <p>(b) Scope and applicability.</p> <p>(1) Licensing requirements.</p> <p>(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.</p> <p>(B) The following need not be licensed under this chapter:</p> <p>(i) a hospital licensed under Health and Safety Code, Chapter 241;</p> <p>(ii) an ambulatory surgical center licensed</p>	6 000		

SOD - State Form  
LABORATORY



REPRESENTATIVE'S SIGNATURE

TITLE  
*Clinic Director*

(X6) DATE  
*9-14-20*

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2020
NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE		STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753		
(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
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 entrance conference was held with the Clinic Director the morning of 8-31-20. 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 Clinic Director the afternoon of 9-1-20. Preliminary findings of the survey were discussed, and an opportunity given for questions.	6 000		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/01/2020</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>WHOLE WOMAN'S HEALTH ALLIANCE</b>	STREET ADDRESS, CITY, STATE ZIP CODE <b>8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753</b>
--	--

(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
--------------------	--	---------------	---	--------------------

--	--	--	--	--

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753
---	---

(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
--------------------	--	---------------	---	--------------------

--	--	--	--	--

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/01/2020</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>WHOLE WOMAN'S HEALTH ALLIANCE</b>	STREET ADDRESS, CITY, STATE ZIP CODE <b>8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753</b>
--	--

(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
--------------------	--	---------------	---	--------------------

--	--	--	--	--

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/01/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	--------------	---	--------------------


Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>140013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>09/01/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHOLE WOMAN'S HEALTH ALLIANCE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753</b>		
(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	

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753
---	---

(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
--------------------	--	---------------	---	--------------------

--	--	--	--	--



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2020
NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE		STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753		
(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
6 033	TAC 139.48 Physical and Environmental Requirements  The physical and environmental requirements for a licensed abortion facility are as follows.	6 033		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753
---	---

(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
6 033	<p>Continued From page 9</p> <p>(1) A facility shall:</p> <p>(A) have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times;</p> <p>(B) equip each procedure room so that procedures can be performed in a manner that assures the physical safety of all individuals in the area;</p> <p>(C) have a separate recovery room if moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia are administered at the facility;</p> <p>(D) have a written protocol for emergency evacuation for fire and other disasters tailored to the facility's geographic location. Each staff member employed by or under contract with the facility shall be able to demonstrate their role or responsibility to implement the facility's emergency evacuation protocol required by this subparagraph;</p> <p>(E) store hazardous cleaning solutions and compounds in a secure manner and label substances;</p> <p>(F) have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings. If other food is provided by the facility, it shall be subject to the requirements of Chapter 228 of this title (relating to Retail Food);</p> <p>(G) provide clean hand washing facilities for patients and staff including running water, and</p>	6 033	<p>6 033</p> <p>The Clinic Director will be responsible for ensuring compliance with all policies regarding medical and clinical services.</p> <p>Whole Woman's Health Alliance Austin maintains a safe and sanitary environment, our sterilization practices include the use of special sterilization strips that are placed inside each instrument pack and pouch confirming all instruments are sterile at the end of each autoclave cycle. This practice was corroborated by surveyors during their inspection of our instruments during their visit. In addition, a complete physical plant walk through of the clinic was conducted by the surveyors confirming all requirements are met providing a safe and sanitary environment.</p> <p>The Clinic Director completed a walk-through of the physical plant on September 4, 2020 with the Clinical Coordinator. The fan in question was removed from the pathology lab.</p> <p>A staff in-service will be facilitated by the Clinical Director on September 18, 2020 to review Whole Woman's Health Alliance Austin physical plant requirements.</p> <p>To monitor ongoing compliance, the Clinic Director will complete a walk-through inspection of the physical plant monthly.</p>	09-18-2020

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753
---	---

(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
6 033	<p>Continued From page 10</p> <p>soap;</p> <p>(H) have two functioning sinks and a functioning toilet, and</p> <p>(I) have equipment available to sterilize instruments, equipment, and supplies in accordance with §139.49(d) of this title (relating to Infection Control Standards) before use in the facility.</p> <p>(2) The equipment for vacuum aspirations shall be electrically safe and designed to prevent reverse pump action in facilities that provide vacuum aspiration.</p> <p>(3) Projects involving alterations of and additions to existing buildings shall be programmed and phased so that on-site construction shall minimize disruptions of existing functions. Access, exit ways, and fire protection shall be maintained so that the safety of the occupants shall not be jeopardized during construction.</p> <p>This Requirement is not met as evidenced by: Based on observation and interviews with staff, the facility failed to maintain a safe and sanitary environment.</p> <p>Findings were:</p> <p>During a tour of the facility on 9-1-20, a fan was observed sitting on top of the autoclave in the instrument processing room. Staff #4 stated that the room became very hot when the autoclave was in use and staff used the fan to keep cool. Use of a fan circulates dust and debris throughout the air, possibly compromising the</p>	6 033		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  
**WHOLE WOMAN'S HEALTH ALLIANCE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**8401 NORTH IH 35 SUITE 200  
AUSTIN, TX 78753**

(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
6 033	Continued From page 11  cleanliness of the instruments being processed.  The above was confirmed in an interview with staff #9 on 9-1-20.	6 033		
6 041	TAC 139.56 Emergency Services  (a) A licensed abortion facility shall have a readily accessible written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital. The facility shall ensure that the physicians who practice at the facility:  (1) have active admitting privileges at a hospital that provides obstetrical or gynecological health care services and is located not further than 30 miles from the abortion facility;  (2) provide the pregnant woman with:  (A) a telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or 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  (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.  (b) The facility shall have the necessary equipment and personnel for cardiopulmonary	6 041	6 041  The Clinic Director will be responsible for ensuring compliance with all policies regarding medical and clinical services.  Whole Woman's Health Alliance Austin has written policies that comply with requirements set forth by HB2.  A staff in-service will be facilitated on October 6, 2020 by the Associate Director of Clinical Services to re-train staff to identify the hospital closes to patients' home, and provide the patient this information in writing with take home instructions.  In order to monitor compliance, patient charts will be audited at the end of every clinic day, as well as a random monthly chart audit by clinic staff under the supervision of the Clinic Director.	10-06-2020

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/01/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE	STREET ADDRESS CITY STATE ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753
---	--

(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
6 041	<p>Continued From page 12</p> <p>resuscitation as described in §139.59 of this title (relating to Anesthesia Services).</p> <p>(c) Personnel providing direct patient care shall be currently certified in basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute, or in accordance with their individual professional licensure requirements, and if required in their job description or job responsibilities.</p> <p>This Requirement is not met as evidenced by Based on a review of clinical records and an interview with staff, the facility failed to provide the patient with 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 in 6 out of 30 records reviewed.</p> <p>Findings were:</p> <ul style="list-style-type: none"> <li>* Medical patient #1 listed a home address in San Marcos, Tx but was provided the name and telephone number of a hospital in New Braunfels, Tx. The hospital nearest her home address was Central Texas Medical Center in San Marcos, Tx</li> <li>* Medical patient #3 listed a home address in Seadrift, Tx but was provided the name and telephone number of a hospital in Victoria, Tx. The hospital nearest her home address was Memorial Medical Center Hospital in Port Lavaca, Tx.</li> <li>* Medical patient #6 listed a home address in Buda, Tx but was provided the name and telephone number of a hospital in Austin, Tx. The</li> </ul>	6 041		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2020
NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE		STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753		
(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
6 041	Continued From page 13  hospital nearest her home address was Baylor Scott & White Medical Center in Buda, Tx.  * Surgical patient #2 listed a home address in Cedar Park, Tx but was provided the name and telephone number of a hospital in Round Rock, Tx. The hospital nearest her home address was Cedar Park Regional Medical Center.  * Surgical patient #3 listed a home address in Killeen, Tx but was provided the name and telephone number of a hospital in Farmington, NM. The hospital nearest her home address was Adventhealth Central Texas.  * Surgical patient #17 listed a home address in Calver, Tx but was provided the name and telephone number of a hospital in Austin, Tx. The hospital nearest her home address was CHI St Joseph Health College Station Hospital.  The above was confirmed in an interview with staff #9 on the afternoon of 9-1-20.	6 041		
6 045	TAC 139.60 Other State and Federal Compliance Requirements  (a) A licensed abortion facility shall be in compliance with all state and federal laws pertaining to handling of drugs.  (b) A licensed abortion facility that provides laboratory services shall meet the Clinical Laboratory Improvement Amendments of 1988, 42 United States Code §263a, Certification of Laboratories (CLIA 1988). CLIA 1988 applies to all facilities with laboratories that examine human specimens for the diagnosis, prevention, or treatment of any disease or impairment of, or the	6 045		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2020
NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE		STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753		
(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
6 045	Continued From page 14 assessment of the health of, human beings.  (c) A licensed abortion facility shall ensure that its physicians comply with the Medical Practice Act, Occupations Code, Chapters 151 - 160 and 162 - 165, while functioning in his or her capacity at or for the facility  (d) A licensed abortion facility utilizing the services of a physician assistant(s) shall ensure that its physician assistants comply with the Physician Assistant Licensing Act, Occupations Code, Chapter 204, while functioning in his or her capacity at or for the facility.  (e) A licensed abortion facility utilizing the services of a registered nurse shall ensure that its registered nurses comply with the Nursing Practice Act, Occupations Code, Chapters 301 and 304, while functioning in his or her capacity at or for the facility.  (f) A licensed abortion facility utilizing the services of a licensed vocational nurse(s) shall ensure that its vocational nurse(s) comply with the Nursing Practice Act, Occupations Code, Chapters 301 and 304, while functioning in his or her capacity at or for the facility.  (g) A licensed abortion facility that provides pharmacy services shall obtain a license as a pharmacy if required by the Texas Pharmacy Act, Occupations Code, Chapters 551 - 569.  (h) A licensed abortion facility shall comply with the following federal Occupational Safety and Health Administration requirements:  (1) 29 Code of Federal Regulations, Subpart E,	6 045		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2020
NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE		STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753		
(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
6 045	Continued From page 15  §1910.38, concerning emergency action plan and §1910.39, concerning fire prevention plans;  (2) 29 Code of Federal Regulations, Subpart I, §1910.132, concerning general requirements for personal protective equipment;  (3) 29 Code of Federal Regulations, Subpart I, §1910.133, concerning eye and face protection;  (4) 29 Code of Federal Regulations, Subpart I, §1910.138, concerning hand protection;  (5) 29 Code of Federal Regulations, Subpart K, §1910.151, concerning medical services and first aid;  (6) 29 Code of Federal Regulations, Subpart L, §1910.157, concerning portable fire extinguishers;  (7) 29 Code of Federal Regulations, Subpart Z, §1910.1030, concerning bloodborne pathogens, and  (8) 29 Code of Federal Regulations, Subpart Z, §1910.1200, Appendices A - E, concerning hazard communication (hazardous use of chemicals).  (i) A licensed abortion facility shall not use adulterated or misbranded drugs or devices in violation of the Health and Safety Code, §431.021. Adulterated drugs and devices are described in Health and Safety Code, §431.111. Misbranded drugs or devices are described in Health and Safety Code, §431.112.  (j) A licensed abortion facility shall not commit a	6 045		



Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753
---	---

(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
6 045	<p>Continued From page 16</p> <p>false, misleading, or deceptive act or practice as that term is defined in the Deceptive Trade Practices-Consumer Protection Act, Business and Commerce Code, §17.46.</p> <p>(k) A licensed abortion facility shall comply with the requirements of the Family Code, §33.002, relating to a Consent Form.</p> <p>(l) A licensed abortion facility shall comply with the requirements of Health and Safety Code, Chapter 171, the Woman's Right to Know Act.</p> <p>(m) A licensed abortion facility shall comply with the requirements of Occupations Code, Chapter 102, Solicitation of Patients.</p> <p>This Requirement is not met as evidenced by: Based on a review of clinical records, facility documentation and an interview with staff, the facility failed to comply with the requirements of Health &amp; Safety Code, Chapter 171, the Woman's Right to Know Act, as there was no documented attempt to contact 1 of 10 medication procedure patients when she did not present for her follow-up appointment.</p> <p>Findings were:</p> <p>Per HSC Chapter 171:</p> <p>Sec. 171.063. DISTRIBUTION OF ABORTION-INDUCING DRUG. (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</p>	6 045		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/01/2020
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  
**WHOLE WOMAN'S HEALTH ALLIANCE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**8401 NORTH IH 35 SUITE 200  
AUSTIN, TX 78753**

(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
6 045	<p>Continued From page 17</p> <p>unless (1) the person who gives, sells, dispenses, administers, provides, or prescribes the abortion-inducing drug is a physician; and(2) except as otherwise provided by Subsection (b), the provision, prescription, or administration of the abortion-inducing drug satisfies the protocol tested and authorized by the United States Food and Drug Administration as outlined in the final printed label of the abortion-inducing drug.(b) A person may provide, prescribe, or administer the abortion-inducing drug in the dosage amount prescribed by the clinical management guidelines defined by the American Congress of Obstetricians and Gynecologists Practice Bulletin as those guidelines existed on January 1, 2013 (c) Before the physician gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug, the physician must examine the pregnant woman and document, in the woman's medical record, the gestational age and intrauterine location of the pregnancy.(d) The physician who gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug shall provide the pregnant woman with:(1) a copy of the final printed label of that abortion-inducing drug; and(2) 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 with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from the administration or use of the drug or ask health-related questions regarding the administration or use of the drug.(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</p>	6 045		

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/01/2020
NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE		STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753		
(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
6 045	<p>Continued From page 18</p> <p>administration or use of the drug. At the follow-up visit, the physician must:(1) confirm that the pregnancy is completely terminated; and(2) assess the degree of bleeding .(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.</p> <p>During a review of the clinical records for 10 medication procedure patients, it was noted that 1 of 10 (medical patient #1) did not return for her follow-up appointment. Patient #1 was provided with a medication abortion on 4-15-20 and was given a follow-up appointment on 4-28-20 at 9:45 am. Patient #1 did not present for her follow-up appointment and there was no documentation that attempts had been made to contact her.</p> <p>Facility policy titled "Policy for Management of Medical Abortion Follow Up" states, in part: "...A designated staff member under the direct supervision of the Clinic Manager will be responsible for monitoring that every patient who received Mifeprex returned for their follow-up visit. (S)he will keep track of any patient who misses a follow up appointment and if a patient misses a follow up appointment, she will be contacted by phone 3 x's [three times]. Documentation of these contacts will be kept in the Mifeprex Follow Up book and in the patient's medical record."</p> <p>The above was confirmed in an interview with</p>	6 045	<p>6 045</p> <p>The Clinic Director will be responsible for ensuring compliance with all policies regarding medical and clinical services</p> <p>Whole Woman's Health Alliance Austin has current written policies for Management of Medical Abortion Follow Up.</p> <p>A staff in-service will be facilitated on October 9, 2020 to re-train staff on compliance with the Management of Medical Abortion Follow Up Policy.</p> <p>In order to monitor ongoing compliance, the Clinic Director and Medical Director will audit and review the Medical Abortion Log monthly.</p>	10-09-2020

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  140013	(X2) MULTIPLE CONSTRUCTION A BUILDING _____  B WING _____		(X3) DATE SURVEY COMPLETED  09/01/2020
NAME OF PROVIDER OR SUPPLIER  WHOLE WOMAN'S HEALTH ALLIANCE			STREET ADDRESS, CITY, STATE, ZIP CODE 8401 NORTH IH 35 SUITE 200 AUSTIN, TX 78753		
(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	
6 045	Continued From page 19 staff #9 on 9-1-20.	6 045			