PRINTED: 02/27/2020 FORM APPROVED

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SI COMPLE	
			A. BOILDING			
		140000	B. WING		02/2	5/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WHOLE W	OMANS HEALTH OF FO	RT WORTH, LLC	LAND ROAD RTH, TX 76116			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
6 000	TAC 139.1 Initial Com	nments	6 000			
6 000	Note: The State Form document. All informal unchanged except for correction, correction space. Any discreparcitation(s) will be referenced for the same and space. The purpose of the should be notified immunity of the should be	a is an official, legal ation must remain rentering the plan of dates, and the signature ricy in the original deficiency rred to the Office of the ral (OAG) for possible fraud. retently changed by the State Survey Agency (SA) rediately.  The special control of the result of the res	6 000			
	Safety Code, Chapter	sed under Health and 241;				
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

1XTX11

	OF DEFICIENCIES OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		140000	B. WING		02/25/2020
	ROVIDER OR SUPPLIER  /OMANS HEALTH OF FO	RT WORTH, LLC 3256 LACK	RESS, CITY, STA LAND ROAD RTH, TX 76116		
(X4) ID PREFIX TAG	(EACH DEFIC ENC)	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL SC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
6 000	under Health and Safe  (iii) the office of a Texas Medical Board medicine in the State is used for the purpos 50 abortions in any 12  (2) Reporting require facilities and facilities licensing shall comply (relating to Annual Re Abortions Performed) An entrance conferen Director of Clinical Se 02/24/20. The purpos licensure resurvey we opportunity given for continued licensure is approved plan of corrector of Clinical Se on the afternoon of 02 on the after	physician licensed by the and authorized to practice of Texas, unless the office e of performing more than 2-month period.  ements. All licensed abortion and persons exempt from with §139.4 of this title eporting Requirements for All ce was held with the facility ervices on the afternoon of se and process of the ere discussed, and an ection.  as held with the facility ervices and Clinical manager 2/25/20. Preliminary were discussed, and an	6 000		
6 033	TAC 139.48 Physical Requirements	and Environmental	6 033		
	a licensed abortion fa  (1) A facility shall:  (A) have a safe and properly constructed,	ironmental requirements for cility are as follows.  d sanitary environment, equipped, and maintained and safety of patients and			

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	ATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		140000	B. WING		02/2	25/2020	
WHOLE WOMANS HEALTH OF FORT WORTH, LLC 3256 LACK			ORESS, CITY, STA <b>(LAND ROAD</b> RTH, TX 76116				
(X4) ID PREFIX TAG	(EACH DEFIC ENC)	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL .SC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
6 033	staff at all times;  (B) equip each proprocedures can be personance assures the physical starea;  (C) have a separate sedation/analgesia, degeneral anesthesia arreacility;  (D) have a written prevacuation for fire and the facility's geograph member employed by facility shall be able to responsibility to imple emergency evacuation subparagraph;  (E) store hazardous compounds in a secur substances;  (F) have the capaciliquids. The facility mapackaged food to patilif other food is provide subject to the requirer title (relating to Retail	cedure room so that erformed in a manner that safety of all individuals in the erecovery room if moderate eep sedation/analgesia, or re administered at the crotocol for emergency dother disasters tailored to ic location. Each staff or under contract with the ordenonstrate their role or ment the facility's in protocol required by this es cleaning solutions and re manner and label with the facility, it shall be ments of Chapter 228 of this Food); and washing facilities for unding running water, and oning sinks and a	6 033	DEFICIENCY			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT PLE C		(3) DATE SURVEY COMPLETED		
		140000	B. WING		02	2/25/2020
	ROVIDER OR SUPPLIER	RT WORTH, LLC	DDRESS, CITY, STATE CKLAND ROAD DRTH, TX 76116	E, Z P CODE		
(X4) ID PREFIX TAG	(EACH DEFIC ENC)	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL SC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
6 033	(I) have equipment instruments, equipme accordance with §133 to Infection Control St facility.  (2) The equipment for the electrically safe and reverse pump action is vacuum aspiration.  (3) Projects involving to existing buildings sephased so that on-site minimize disruptions of Access, exit ways, and maintained so that the	available to sterilize int, and supplies in 0.49(d) of this title (relating tandards) before use in the or vacuum aspiration shall ad designed to prevent in facilities that provide g alterations of and additions hall be programmed and e construction shall	6 033			
	Based on a tour of the documentation, the fa safe and sanitary enviconstructed, equipped the health and safety times.  Findings were:  During a tour of the fa following observation * External shipping b the laundry room.  Cardboard boxes are receiving docks from	d, and maintained to protect of patients and staff at all acility on 02/25/20 the was made: oxes were found stored in usually delivered to hospital other shipping dock				
	receiving docks from locations on carts or p					

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		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPLI	
		140000	B. WING		02/2	5/2020
WHOLE WOMANS HEALTH OF FORT WORTH, LLC			DRESS, CITY, STA KLAND ROAD RTH, TX 76110			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
6 033	with pathogenic organ hospital within the car external shipping cart cardboard boxes can contribute to dust in h whereby microorganis corrugated cardboard source for bacterial gi containers have been potentially high micro shipping cartons, esp corrugated material, s reservoirs for dust.	nisms can be carried into a redboard boxes used as ons. Also, corrugated and do shed particles that ospital environments, sms can hitch a ride. If becomes wet, it becomes a rowth. External shipping exposed to unknown and bial contamination. Also, ecially those made of a serve as generators of and	6 033	The Clinc Manager is responsiblel ensuring that external shipping bornot stored in areas with clean support of the stored in areas with clean support of the stored in areas with clean support of the stored in storage areas in manufact packaging.  A staff in-service will be facilitated March 16, 2020 in order to re-train how to properly unpack and store in order to monitor compliance, the Manager will complete a physical packaging walk through monthly to ensure support of the stored correctly.	d in an vill be ctured on staff on supplies.	03/16/2020
6 041	accessible written pro- emergencies and the requiring further emer The facility shall ensu- practice at the facility:  (1) have active admit that provides obstetric care services and is le miles from the abortic  (2) provide the pregretation of the woman may reach the care personnel emplo facility at which the abortic	n facility shall have a readily stocol for managing medical transfer of patients gency care to a hospital. The strategies of the physicians who strategies at a hospital cal or gynecological health ocated not further than 30 on facility;	6 041			

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		(X1) PROV DER/SUPPLIER/CLIA	(X2) MULT PLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		EIED
		140000	B. WING		02/2	5/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, Z P CODE		
WHOLEY	VOMANG HEALTH OF FO	3256 LACK	LAND ROAD			
WHOLE	VOMANS HEALTH OF FO	FORT WOR	RTH, TX 76116	<b>i</b>		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
6 041	Continued From page	e 5	6 041			
	medical records, 24 h assistance for any co	nours a day to request mplications that arise from iduction of the abortion or				
	nearest hospital to the	elephone number of the e home of the pregnant mergency arising from the ated.				
		nnel for cardiopulmonary ribed in §139.59 of this title				
	(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.					
	Based on a review of interview, the facility to with name and teleph hospital to the home of	not met as evidenced by: medical records and failed to provide the pateint none number of the nearest of the patient at which an om the abortion would be				
	Findings included:					
	home address was list medical history this w	record revealed the patient's sted as in Illinois on her vas confirmed on the driver's wever the facility provided				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COWIFLI	LIEU
		140000	B. WING		02/2	5/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WHOLEV	VOMANS HEALTH OF FO	3256 LACK	LAND ROAD			
WHOLE	VOWANS HEALTH OF TO	FORT WOR	TH, TX 76116	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFIC ENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
6 041	Continued From page	e 6	6 041	6 041		
0 041	the name and phone in Forth Worth. This is phone number of nea the patient at which a the abortion would be	number of a hospital located s not the the name and arest hospital to the home of an emergency arising from a treated.	0 041	The Clinic Manager is responsible ensuring compliance with all policic regarding medical and clinical service. Whole Woman's Health of Fort Wocomplies with requirements set for HB2 by providing patients with the written name and phone number of hospital nearest to them at the time of their discharge.  A staff in-service will be facilitated March 16, 2020, to re-train staff to document two hospital locations if patients will not be returning to the address following their discharge.	es vices. orth orth by of the e of	03/16/2020
				In order to monitor compliance, pa charts will be audited at the end of clinic day, as well as a random mo chart audit conducted by clinic state the supervision of the Clinic Management of the cli	every onthly ff under	

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