

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>130061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD CENTER FOR CHOICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4600 GULF FREEWAY, SUITE 300 HOUSTON, TX 77023</b>
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(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
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T 000	<p><b>Ambulatory Surgery Centers</b></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 unannounced relicensure survey of this ambulatory surgery center was conducted. This process was to determine the center's compliance with the State Licensing Regulations under Title 25 Texas Administrative Code (TAC), Chapter 135 (Ambulatory Surgical Centers), Subchapter A (Operating Requirements for Ambulatory Surgical Centers).</p> <p>An entrance conference was held on the morning of 9/15/2020 with key administrative personnel. The purpose, scope, and process of the visit was explained and an opportunity for questions and discussion was provided.</p> <p>An exit conference was held on the afternoon of 9/16/2020 with key administrative personnel. Findings of the survey were discussed and an opportunity for questions and discussion was provided.</p>	T 000		
T 267	<p><b>135.12(a) PHARMACEUTICAL SERVICES IN A LIC ASC</b></p> <p>Pharmaceutical Services. (a) The ambulatory surgical center (ASC) shall provide drugs and biologicals in a safe and effective manner in accordance with professional practices and shall be in compliance with all state</p>	T 267		

SOD - State Form  
LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

10/08/20

Texas Health and Human Services Commission

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T 267	<p>Continued From page 1</p> <p>and federal laws and regulations. The ASC shall be licensed as required by the Texas State Board of Pharmacy and comply with 22 Texas Administrative Code, §291.76 (relating to Class C Pharmacies Located in a Freestanding Ambulatory Surgical Center).</p> <p>This Requirement is not met as evidenced by: Based on observation, interview and record review the facility failed to follow acceptable standards of practice and current facility policy for safe medication administration practices and to ensure narcotic accountability that could have potentially resulted in unauthorized access to medications.</p> <p>Findings include:</p> <p>Observation on 9/15/2020 at 11:10 a.m. of procedure room #1 along the Director of Nursing Employee ID #53 the following was observed:</p> <p>One 20 ml syringe was observed on the procedure table filled with 20 ml of clear fluid. A green label was identified on the syringe with the following documented: 10 cc 1% Lidocaine, 10 cc 0.9% Saline, Date: 9/15, Time: 0933, Initials: illegible</p> <p>One 5 ml syringe was identified in the medication cart, syringe had a white label that documented date: 9/15, Time: 0935, Fentanyl 100 mcg, Versed 2mg, Initials: illegible</p> <p>One multi-dose vial of Mazenil Injection 5 mg/5ml (0.1mg/ml), Lot # 18051281 with and expiration date of 6/2021 was observed in the medication cart to be open. The vial was not labeled with an</p>	T 267	<p>T267</p> <p>Planned Parenthood Center for Choice has existing policies and procedures that govern safe medication administration practices.</p> <p>The Director of Nursing will review the "Phar-C-38_Multidose Vials" policy with all licensed staff at a staff meeting. This training will include the following topics:</p> <ul style="list-style-type: none"> <li>• Multidose vials may not be in immediate patient care areas. If they are in those areas, they must be treated as single dose vials.</li> <li>• Multidose vials must be labeled properly, which includes the name of the person who opened the vial, the open date, and the discard date.</li> </ul> <p>To ensure ongoing compliance, they will conduct inspections of immediate patient care areas for multidose vials twice a week. They will inspect the medication label to ensure completion and for legibility. These inspections will be reported to the Quality Assurance Committee.</p>	10/08/20
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NAME OF PROVIDER OR SUPPLIER  
**PLANNED PARENTHOOD CENTER FOR CHOICE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**4600 GULF FREEWAY, SUITE 300  
HOUSTON, TX 77023**

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T 267	<p>Continued From page 2</p> <p>open date, expiration date nor the name of person who opened the vial.</p> <p>Interview on 9/15/2020 at 11:20 a.m. with the Director of Nursing, Employee ID # 53 confirmed there should not be syringes filled with medicine laying out available for use in the procedure rooms unsupervised. Employee ID # 53 stated the syringes should be labeled with the date, time, medication and initials of the person drawing up the medications. Employee ID # 53 stated that employee ID # 64 had initialed the vial and the prefilled syringes. Director of Nursing ID# 53 did not identify a time for usage of prefilled syringes. She also stated that one RN is assigned to each of the procedure rooms daily. The medication cart is locked and each person with access to the cart has their own access code. Employee ID # 53 confirmed that the controlled drug boxes were checked out from pharmacy for each procedure room and stored in the procedure medication carts. Employee ID # 53 confirmed that multiple staff had access codes to enter the medication cart where the controlled drugs were stored.</p> <p>Interview on 9/15/2020 at 11:48 a.m. with Registered Nurse, Employee ID # 55 confirmed the facility's policy for use of multi-dose vials of medication. Employee ID # 55 stated the vial was to be labeled when opened, the date of 28 days after opened should be on the vial, the time, the initials of the person opening the vial.</p> <p>Review of Centers for Disease Control and Prevention (CDC) Guidelines for Multi-Dose Vials: Multi-dose vials should be dedicated to a single patient whenever possible. If multi-dose vials</p>	T 267	<p>T267 [Continued]</p> <p>The Director of Nursing will review the "Phar-C-19 Preparation of IV Admixtures/Safe Injection Practices with all clinical staff at a staff meeting. The following topic will be presented:</p> <ul style="list-style-type: none"> <li>Administration of admixture begins no later than one hour following the completion of preparation.</li> </ul> <p>To ensure ongoing compliance , the ASC Manager will conduct inspections of procedure rooms and the operating room twice a week. They will inspect the medication label to ensure completion and for legibility. They will also inspect the time that the admixture was drawn to ensure that not more than one hour following the completion of preparing it has lapsed. The inspection results will be reported to the Quality Assurance Committee.</p>	10/08/20

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T 267	<p>Continued From page 3</p> <p>must be used for more than one patient, they should only be kept and accessed in a dedicated clean medication preparation area (e.g., nurses station), away from immediate patient treatment areas. This is to prevent inadvertent contamination of the vial through direct or indirect contact with potentially contaminated surfaces or equipment that could then lead to infections in subsequent patients. If a multi-dose vial enters an immediate patient treatment area, it should be dedicated for single-patient use only. Examples of immediate patient treatment areas include operating and procedure rooms, anesthesia and procedure carts, and patient rooms or bays.</p> <p>Record review of facility policy titled: Medication Labeling: SOP# PHAR-C-37, dated June 2019 states:</p> <p>C. All medications prepared in advance for patient use will be labeled with the following</p> <ol style="list-style-type: none"> <li>1. Drug Name</li> <li>2. Strength</li> <li>3. Amount</li> <li>4. Date</li> <li>5. Time</li> <li>6. Initials of person preparing the medication</li> </ol> <p>D. All pre-filled syringes will be used within one hour of preparation as per USP 797 guidelines.</p> <p>Review of facility pharmacy policies revealed no policy regarding individual nursing accountability and security of narcotics after being signed out of pharmacy.</p> <p>Observation on 9/15/2020 at 11:30 AM in operating room #1 during facility tour revealed one (1) locked medication cart. Quality Assurance (QA)RN (ID# 54) entered code to</p>	T 267	<p>T267 [Continued]</p> <p>Nurses check out narcotics to their areas every morning. This is documented on the perpetual inventory and the individual nurse is responsible for their narcotics. These narcotics are secured in their medication cart and then checked back in to the pharmacy at the end of the day.</p> <p>To provide additional security for narcotics, keyed lock boxes will be secured in the medication carts that store narcotics during operating hours. The Director of Nursing has ordered keyed lock boxes and received them 10/07/20. The lock boxes will be secured in the medication cart. Each morning the nurse will check out the key along with the narcotics. The nurses will cease checking out the narcotics only to an area. They will now check out narcotics to individuals. This will be documented on the perpetual inventory.</p>	10/16/20
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T 267	<p>Continued From page 4</p> <p>unlock cart at surveyor request, revealing one plastic narcotic box containing eight (8) vials of Fentanyl 100 mcg/ 2 ml and eight (8) vials of Versed 2 mg/2 ml.</p> <p>During an interview with QA RN (ID# 54) at the time of observation, she stated that the narcotic boxes are signed out to the room each day, not to a particular person or nurse. She also stated the nurse assigned to that room, staff RN (ID# 55) would be ultimately responsible for the drugs contained in that narcotic box and that all RNs at the facility have a code to access this medication cart.</p> <p>During an interview with facility administrator (ID# 51) on 9/15/2020 at 12:10 PM, she acknowledged that all nurses have access to the medication carts and the potential for possible diversion.</p>	T 267	<p>T267 [Continued]</p> <p>In consultation with the Pharmacist-in-Charge, the Administrator will write a policy regarding individual nursing accountability and security of narcotics. This policy will cover the following topics:</p> <ul style="list-style-type: none"> <li>• Check out and check in process for narcotics daily to individuals</li> <li>• How to document when there is a transfer of narcotics during operating hours between licensed staff</li> </ul> <p>This policy will be reviewed with all licensed staff at a staff meeting once completed.</p>	10/16/20