

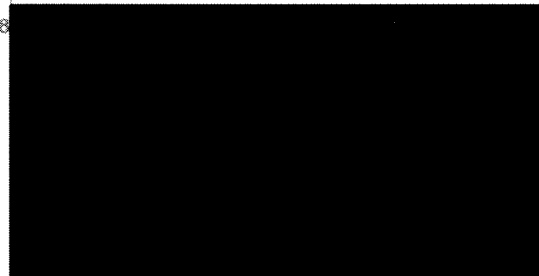



Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2013
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 4820 SAN JACINTO HOUSTON, TX 77004		
(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
A 000	<p>TAC 139 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>An unannounced visit was made to the above named facility to conduct a Re-Licensure Inspection to determine compliance with 25 TAC Chapter 139 State Licensure Rules for Abortion Facility.</p> <p>An entrance conference was conducted with the Medical Director on the morning of 1/31/13. The purpose of the visit and procedure for the inspection was discussed.</p> <p>An exit conference was conducted with the Facility Consultant and Medical Director on the afternoon of 1/31/13. The findings and determination of the inspection were discussed. The Medical Director and Facility consultant were given opportunity to ask questions. Deficiencies were cited during this visit.</p>	A 000	<p>REVIEWED</p> <p>MAR 07 2013</p> <p>by: </p> <p>REVIEW POC'S RETURN TO MR. WILRIDGE</p> <p>REVIEW ON 3/11/13 </p>	
A 118		A 118		

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LABORATORY DEF

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TITLE

(X6) DATE

BOX611

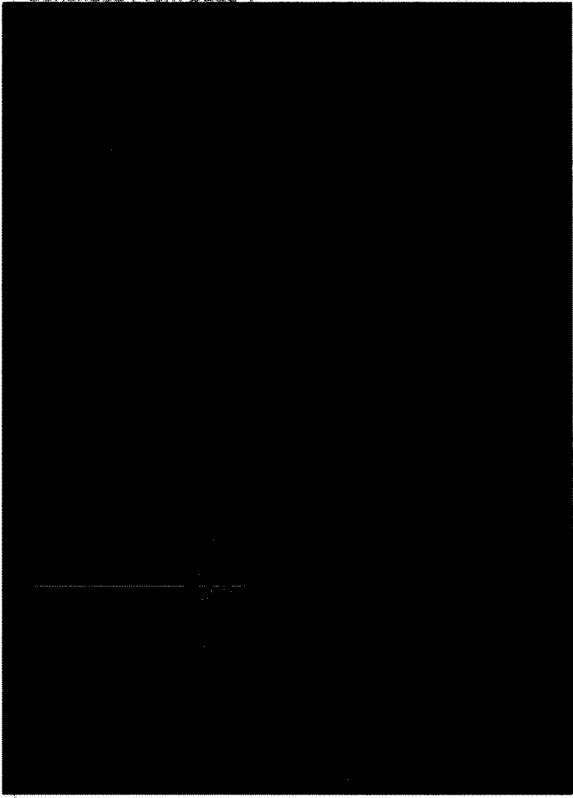


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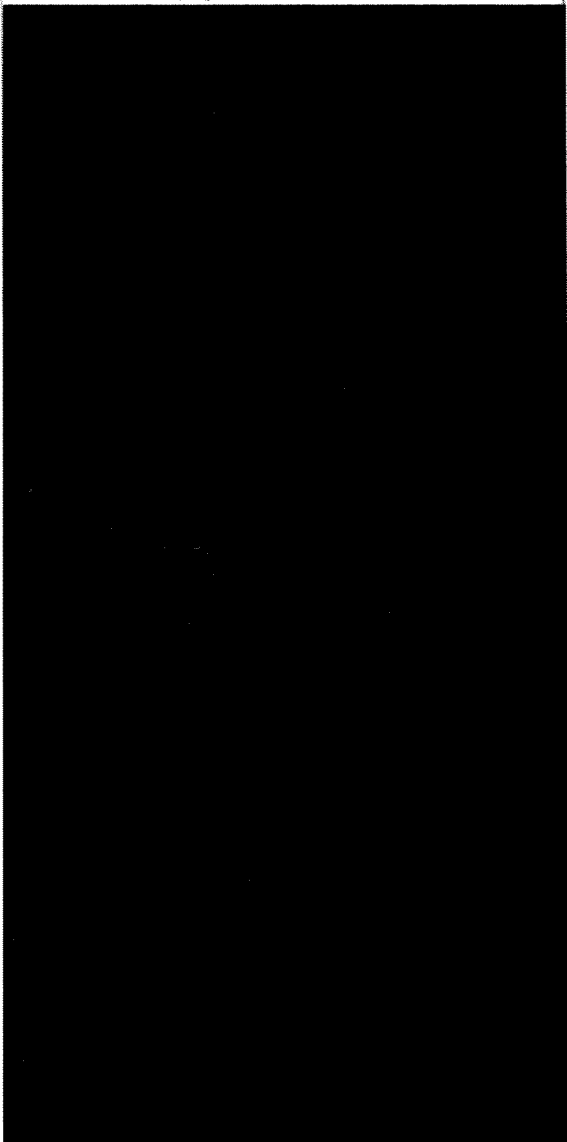
MAR 07 2013

\$245.023

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A 118	Continued From page 1 	A 118			
A 125		A 125			

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A 125	Continued From page 2 	A 125			

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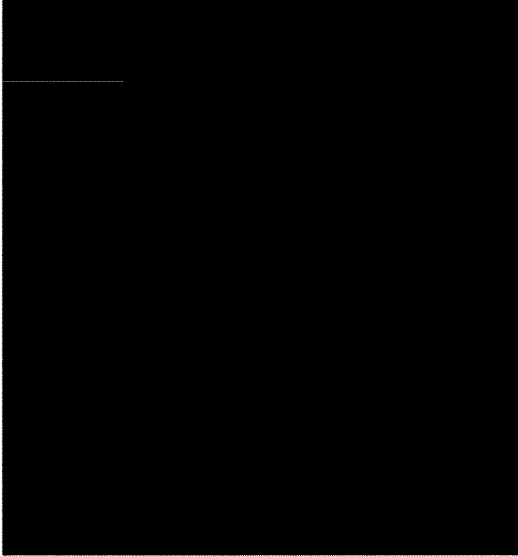
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A 125	Continued From page 3 	A 125		
A 193	139.41(a) Policy Development & Review (a) The licensee shall be responsible for the conduct of the licensed abortion facility and shall assume full legal responsibility for developing, implementing, enforcing, and monitoring written policies governing the facility's total operation and for ensuring that these policies comply with the Act and the applicable provisions of this chapter and are administered so as to provide health care in a safe and professionally acceptable environment. This Requirement is not met as evidenced by: Based on observation, interview and record review the facility failed to have policies in place to address the preparation and storage of drugs	A 193	A 193 Administrator will write policy for preparation and storage of medications to include: proper labeling and dating. These policies will be reviewed by QA committee and medication therapy practices evaluated by QA committee. Administrator will monitor for compliance.	3-18-13

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BOX611

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A 193	Continued From page 4 including narcotics in a manner to ensure safe administration of the drugs to patients. Findings: Observation on 1/31/13 at the facility at 10:15 the following were observed in the medication room: 1. There were 5 opened Multiple dose vials of Nebsalceine 2% (narcotic) in the open compartment located in the sterile processing cabinet, these were not labeled or dated; there was no way to tell when the vials were opened. Staff # 59 (ST) who was present during this time stated that "the doctor uses it for local during the procedure". 2. There was one 20cc syringe filled with white substance located on the instrument cart in the sterile processing room; there was no label or date. Staff #59 (ST) when interviewed during this time revealed the white substance in the syringe was Lidocaine for physician use. Review of the facility's policy/procedure manual dated 2/8/2012 revealed no documented instructions regarding the preparation and storage of medication to ensure patient safety.	A 193			
A 472	139.59(j)(1)(A) Anesthesia Services (j) Emergency equipment and supplies appropriate for the type of anesthesia services provided shall be maintained and accessible to staff at all times. (1) Functioning equipment and supplies which are required for all facilities include: (A) suctioning equipment, including a source of suction and suction catheters in appropriate sizes for the population being served;	A 472	A 472 Medical Director will be responsible for enforcing compliance with policy regarding maintaining functional IV access for patients with conscious sedation. Staff will be in-serviced by Medical Director. These policies will be reviewed by QA committee and medication therapy practice evaluated by QA committee. Medical Director will monitor for compliance.	3-18-13	

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A 472	<p>Continued From page 5</p> <p>This Requirement is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain Intra Venous (IV) access for seven (7) Patients #s 11, 12, 13, 14, 15, 16, and 17 who had IV sedation prior to an Abortion procedure.</p> <p>Findings:</p> <p>During observation on 1/31/13 at 11:40 am in the recovery room there were seven patients #s 11, 12, 13, 14, 15, 16, and 17 in recliners recovering from their procedure. The women were dozing and some were half awake, none of the women had an IV access in place.</p> <p>During an interview on 1/31/13 11:45am with the Recovery Room Nurse she stated that the women had sedation intravenously via a "butterfly catheter" (small catheter used to gain IV access) and that the IVs were removed after the procedure in the procedure room.</p> <p>Interview with staff #61 on 1/31/13 at 12:15 pm in the office revealed she was not aware that the IV access was required to be in place until the patient had recovered.</p> <p>Review of the Patients' clinical record revealed the following information: Patients #s 11, 12, 13, 14, 15, 16, and 17 were given 2mgs of Stadol, Valium 10mg and Narcan 0.4mg intravenously. Patient #13 was given Vicodin 5mg, Vicodin ES one tablet was also administered by mouth.</p> <p>Review of the facility's Policy/Procedure for Operative Procedure revised 2/8/12</p>	A 472			

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A 472	Continued From page 6 documented the following: "Patients with Seizure disorder will have an IV pre-operatively". The policy further documented that for intra-operative procedures: "Patients will receive oral medications and IV sedation(moderate sedation), unless contraindicated. This medication will be administered and patients will have a functional intravenous access in place."	A 472			

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