

Texas Department of State Health Services

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>140009 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>12/09/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>REPRODUCTIVE SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1511 EAST MISSOURI<br>EL PASO, TX 79902 |
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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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| A 000 | <p><b>TAC 139 Initial Comments</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 entrance conference was held with the facility Administrator on the morning of 12-8-15. The purpose and process of the initial survey were discussed, and an opportunity given for questions.</p> <p>Initial licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility Administrator and other administrative staff on the afternoon of 12-8-15. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p> | A 000 | <p><i>Reviewed &amp; found to be appropriate</i><br/>12/28/15<br/><i>Erin Walker</i></p> |  |
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| A 143 | [REDACTED] | A 143 | [REDACTED] | 1/20/16 |
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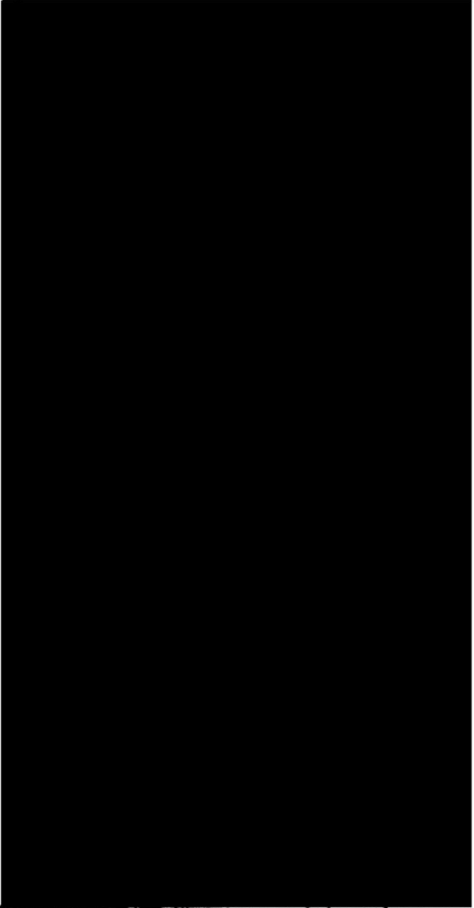
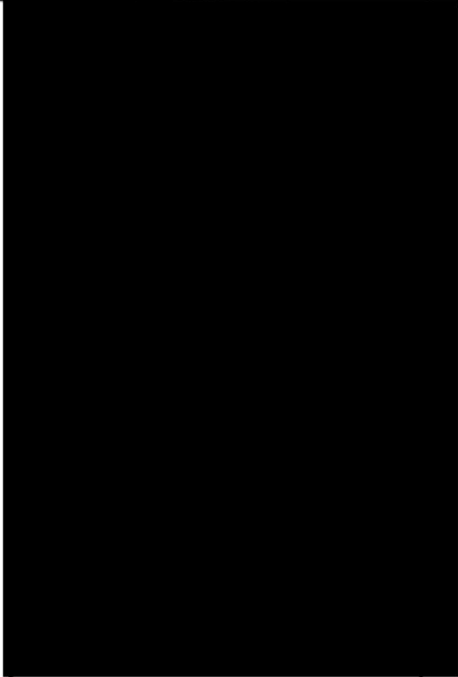
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| [REDACTED] REPRESENTATIVE'S SIGNATURE | [REDACTED] TITLE<br><i>Administrator</i> | [REDACTED] (X6) DATE |
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Texas Department of State Health Services

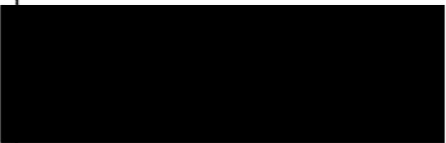
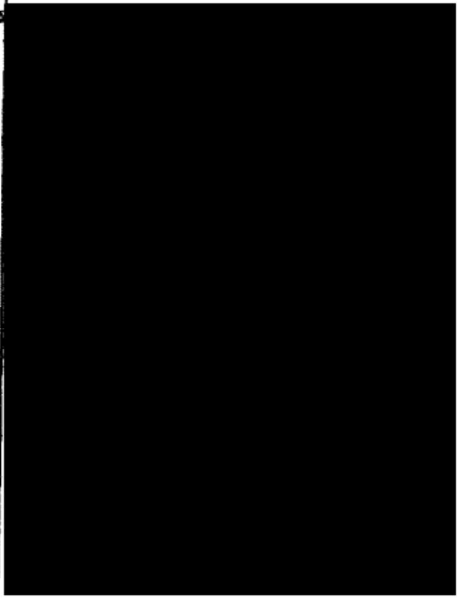

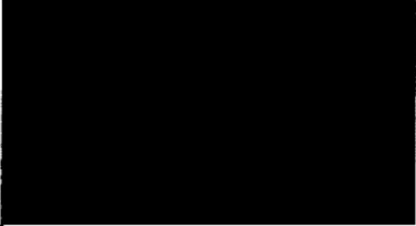
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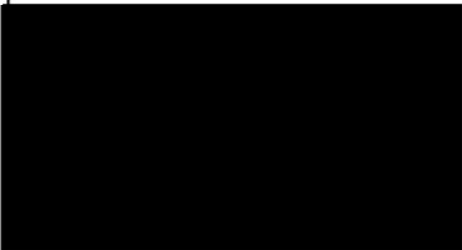
STREET ADDRESS, CITY, STATE, ZIP CODE  
**1511 EAST MISSOURI  
EL PASO, TX 79902**

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| A 143              | Continued From page 1<br>            | A 143         |                              |                    |

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| A 143   | Continued From page 2<br>  | A 143  |   |  |
| A 145   | <br> | A 145  |                              | 2/18/15                                      |

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| A146  | Continued From page 3<br>  | A146   |   |  |
| A148  | TAC 139.44(b)(1)(2)<br>Orientation/Training/Demonstrated Competency<br><br>(b) In implementing the orientation and training program, a licensed abortion facility shall orient and train each employee to ensure, through demonstrated competency, that:<br>(1) the employee understands his or her specific job description;<br>(2) the employee understands the facility's policy and procedure manual, including protocols and description of the roles and responsibilities of all personnel;<br><br>This Requirement is not met as evidenced by:<br>Based on a review of documentation and interview, the facility failed to ensure the implementation of an orientation and training program that oriented and trained each employee to ensure, through demonstrated competency, the employee understood the following: the facility's policy and procedure manual, including protocols and description of the roles and responsibilities of all personnel. | A148   | In addition to the signed Job Description, the new signed Clinical Orientation Checklist will be placed in each personnel file to ensure that appropriate documentation reflects each employee's understanding of their specific Job Descriptions, as well as, the facilities Policies and Procedures Manual. | 1/20/16                                      |

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| A 148              | <p>Continued From page 4</p> <p>Findings included:</p> <p>Review of personnel records revealed 8 of 8 employees (#1-8) did not have a documented understanding of the facility's policy and procedure manual, including protocols and description of the roles and responsibilities of all personnel.</p> <p>In an interview on 12/09/15, staff member #1 verified the above competencies were not documented in the personnel files for these employees.</p>  | A 148         |  |                    |
| A 148              | <p>TAC 199.44(b)(3)(A)(B)(C)(D)<br/>Orientation/Training/Demonstrated Competency</p> <p>(3) the employee understands, at a minimum but not limited to, the following:<br/>(A) coordination and treatment of patient care;<br/>(B) sterilization and infection control policies;<br/>(C) patient education/information;<br/>(D) informed consent policies;</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview, the facility failed to ensure the implementation of an orientation and training program that oriented and trained each employee to ensure, through demonstrated competency, the employee understood the following: coordination and treatment of patient care; sterilization and infection control policies, patient</p> | A 149         | <p>The new signed Clinical Orientation Checklist will be placed in each personnel file to ensure that appropriate documentation reflects each employee's Orientation, Training and demonstrated competency and understanding of the coordination and treatment of patient care, sterilization and infection control policies, patient education/information and informed consent policies. The Administrator will assure the training and complete the documentation of the Checklist.</p> | 1/20/16            |

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FORM APPROVED

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| A 149              | <p>Continued From page 5</p> <p>education/information, and informed consent policies.</p> <p>Findings included</p> <p>Review of personnel records revealed 6 of 6 employees (#1-6) did not have a demonstrated competency, that the employee understands the following: coordination and treatment of patient care; sterilization and infection control policies, patient education/information, and informed consent policies.</p> <p>In an interview on 12/09/16, staff member #1 verified the above competencies were not documented in the personnel files for these employees.</p>  | A 149         |   |                    |
| A 155              | <p>TAC 139.44(b)(3)(E)(F)(G)(H)(I)</p> <p>Orientation/Training/Demonstrated Competency</p> <p>(3) the employee understands, at a minimum but not limited to, the following:<br/>(E) abortion techniques provided at that facility;<br/>(F) care of the patient before, during, and after an abortion procedure;<br/>(G) patient rights;<br/>(H) possible complications of the abortion procedure; and<br/>(I) prevention of infectious diseases.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview, the facility failed to ensure the implementation of an orientation and training program that oriented and trained each employee</p> | A 155         | <p>The new signed Clinical Orientation Checklist placid in each employee's Personnel file by the Administrator will provide required documentation about Orientation, Training, demonstrated competency and understanding of abortion techniques provided at the facility, care of the patient before, during and after an abortion procedure, possible complications of the procedure, patient rights and prevention of infectious diseases.</p> | 1/20/16            |

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| A 155              | Continued From page 6<br><br>to ensure, through demonstrated competency, the employee understood the following: abortion techniques provided at that facility; care of the patient before, during, and after an abortion procedure; patient rights; possible complications of the abortion procedure; and prevention of infectious diseases.<br><br><b>Findings included</b><br><br>Review of personnel records revealed 6 of 6 employees (#1-6) did not have a documented demonstrated competency, that the employee understands the following: abortion techniques provided at that facility; care of the patient before, during, and after an abortion procedure; patient rights; possible complications of the abortion procedure; and prevention of infectious diseases.<br><br>In an interview on 12/08/15, staff member #1 verified the above competencies were not documented in the personnel files for these employees. | A 155         |   |                    |
| A 156              | TAC 139.44(c)<br>Orientation/Training/Demonstrated Competency<br><br>(c) The facility shall ensure that staff responsible for sterilization of critical surgical instruments are trained by the facility to meet the requirements of §139.49(d) of this title (relating to Infection Control Standards) and demonstrate competency in performing the sterilization procedures at the facility.<br><br>This Requirement is not met as evidenced by: Based on a review of documentation and interview, the facility failed to ensure that staff   | A 156         | The two employees responsible for sterilization of critical surgical instruments are long-time employees of the prior Reproductive Services facility with demonstrated competencies. As new employees under licensing standards, an in service review of sterilization procedures has been scheduled for January 2016 by the Administrator. Documentation is being sought from the supplier about training for use of the new Autoclave given staff on its arrival in the facility. Meanwhile, the instruction manual has been printed and reviewed by the two employees. Appropriate documentation will be placed in their Personnel files to show understanding and competency. | 1/20/16            |

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| A 158   | <p>Continued From page 7</p> <p>responsible for the sterilization of critical surgical instruments were trained by the facility to meet the requirements of §139.49(d) of this title (relating to Infection Control Standards) and demonstrated competency in performing the sterilization procedures.</p> <p>Findings included:</p> <p>Review of personnel records revealed 2 of 2 employees who perform sterilization of surgical instruments (#5 and 6), revealed no documentation of training by the facility to meet the requirements of §139.49(d) of this title (relating to Infection Control Standards) and/or demonstrating competency in performing sterilization procedures.</p> <p>In an interview on 12/08/15, staff member #1 verified the 2 staff members responsible for the sterilization of critical surgical did not have documentation present related to training by the facility to meet the requirements of §139.49(d) of this title (relating to Infection Control Standards) and/or demonstrated competency in performing the sterilization procedures. Staff member #2 stated that the manufacturer of the sterilizer (autoclave) provided training for the new machines on 09/25/15. The facility was not able to provide any documentation of this training related to use of the sterilizer. There was no documented competency in performing sterilization procedures for these 2 employees.</p> | A 158  |  |                    |  |
| A 187   | <p>TAC 139.48(1)(A) Physical &amp; Environmental Requirements</p> <p>The physical and environmental requirements for</p>  | A 187  | <p>At no time were patients left unattended such that any unauthorized person could have accessed this medication. The medications in the unlocked closet were immediately moved by the Administrator and secured in a more remote locked area with controlled access.</p> <p>Medications will remain in this locked area.</p> | 12/9/15            |  |



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| A 197              | <p>Continued From page 8</p> <p>a licensed abortion facility are as follows.</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>This Requirement is not met as evidenced by:<br/>Based on a tour of the facility and an interview with staff, the facility failed to provide a safe and sanitary environment, maintained to protect the health and safety of patients and staff at all times.</p> <p>Findings were:</p> <p>During a tour of the facility on 12-8-15, the following was found in an unlocked closet in the patient recovery area:</p> <ul style="list-style-type: none"> <li>-2 bottles of Cipro 500mg (antibiotic), quantity of 100 tablets per bottle</li> <li>-1 bottle of Metronidazole 500mg (antibiotic), quantity of 100 tablets per bottle</li> <li>-1 bottle of Naproxen 500mg (anti-inflammatory pain medication), quantity of 500 tablets per bottle</li> <li>-1 bottle of Misoprostol 200mcg (prostaglandin), quantity of 100 tablets per bottle</li> <li>-Blistepak containing 2 tablets of Mifeprax 200mg (synthetic steroid)</li> </ul> <p>In an interview with staff #1 on 12-8-15, staff #1 confirmed that the medications found should be secured in a locked area with limited access.</p> | A 197         |   |                    |



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| A 197              | <p>Continued From page 10</p> <p>leave outer shipping boxes in clinical areas (due to risk of environmental contamination)."<br/>Preventing Infection in Ambulatory Care, Winter 2011/2012; available:<br/>&lt;<a href="http://apic.org/Resource_/TinyMceFileManager/Education/Preventing-Inf-in-Amb-Care-Winter2012-FINAL.PDF">http://apic.org/Resource_/TinyMceFileManager/Education/Preventing-Inf-in-Amb-Care-Winter2012-FINAL.PDF</a>&gt;.</p> <p>In an interview on 12/09/15, staff member #1 verified the above findings.</p>   | A 197         |   |                    |
| A 217              | <p>TAC 199.49(b)(3)(A)(B)(C)(D) Infection Control Standards</p> <p>(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:</p> <p>(A) HIV infection prevention; and<br/>(B) HBV, HCV, TB, and S. spp. Infection prevention based on universal/standard precautions as defined in paragraph (1) of this subsection;<br/>(C) bidirectional aspect of disease transmission; and<br/>(D) epidemic control.</p> | A 217         | <p>Training entitled "Blood Borne Pathogens" was held 12/15/15 for all employees. Presented by BBP, an OSHA compliant Blood Borne Pathogens on line training course, it reviewed correct Infection Control procedures and Barrier precaution. Additionally, employees again reviewed our internal Infection Control Standards. Training and understandings was documented by the Administrator in individual Personnel files.</p> | 12/18/15           |

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| A 217   | <p>Continued From page 11</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview, the facility failed to 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.</p> <p><b>Findings included</b></p> <p>Review of personnel records revealed 6 of 6 employees (#1-6) did not have a documented 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.</p> <p>In an interview on 12/09/16, staff member #1 stated the facility was to receive training from an outside vendor regarding bloodborne pathogens on 12/17/15. At the time of this survey the training had not been completed.</p> | A 217  |  |  |
| A 260   | <p>House Bill 15 Disclosure Requirements</p> <p>A physician must perform a sonogram on a woman seeking an abortion at least 24 hours prior to performing the abortion, unless the woman lives 100 miles from the closest abortion provider in which case the sonogram must be performed at least 2 hours prior to the abortion. A physician must provide a list of agencies offering sonograms at no cost to the pregnant woman. The physician who will be performing the abortion must: a. Display the sonogram</p>   | A 260  | <p>The clock on the ultrasound machine automatically records the time, a sonogram is taken for reference purposes. It is not routinely used as time-piece and showed the incorrect current time on the chart for patient #7. It had not been reset to reflect the end-of-daylight Savings time and showed one hour later than the actual time. It indicated the sonogram was done at 11:47 am, yet, the correct "Fall Back" time was 10:47 am. The procedure was not started until 1:30 pm, as documented by the</p> |  |

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1811 EAST MISSOURI  
EL PASO, TX 79902

| (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 260              | <p>Continued From page 12</p> <p>Images to the pregnant woman; b. Provide a verbal explanation of the sonogram images, including descriptions of the fetus, its heart activity, and its internal organs; and c. Provide the heart auscultation of the fetus for the pregnant woman to hear as well as a verbal explanation of it. Abortion procedures are exempt from the sonogram provisions in the case of a medical emergency, and require a physician, not later than the 30th day after the date the abortion is performed, to certify to DSHS the specific medical condition that constituted the emergency. The physician must provide the pregnant woman with information about paternity establishment and child support if she chooses not to have the abortion after having the sonogram.</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview, the facility failed to ensure that A physician must perform a sonogram on a woman seeking an abortion at least 24 hours prior to performing the abortion, unless the woman lives 100 miles from the closest abortion provider in which case the sonogram must be performed at least 2 hours prior to the abortion.</p> <p>Findings included:</p> <p>Review of the medical record for Patient #7 revealed this patient lived more than 100 miles from the closest abortion provider. Patient # 7's sonogram was performed on 11/07/15 at 11:57 am and the surgical abortion procedure was initiated on 11/07/15 at 1:30 pm. This does not meet the 2 hour requirement of the sonogram being performed prior to the procedure.</p> <p>In an interview on 12/08/15, staff member #1</p> | A 260         | <p>physician, with the sonogram having been done well over the required 2 hours before. Instructions on how to re-set the clock had been sought from the supplier and the clock was successfully reset for the correct time. The information has been incorporated into the procedure for usage of the machine. Medical Staff will check time and date at beginning of each clinic day to assure correctness. Any inconsistency would be reported to the Administrator.</p> |                    |

Texas Department of State Health Services

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>140038 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>E. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>12/08/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>REPRODUCTIVE SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1511 EAST MISSOURI<br>EL PASO, TX 79902 |
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|--------------------|---|---------------|--|--------------------|
| A 280              | Continued From page 19<br><br>stated the sonography machine was recording the wrong time on the sonograms on that date. The staff member was not able to provide any documentation that the sonography machine was not working properly on this date.   | A 280         |  |                    |
| A 362              | TAC 139.57(a)(2)(A)(B)(C)(D)(3) Discharge and Follow-up Referrals<br><br>(a) A licensed abortion facility shall develop and implement written discharge instructions which shall include:<br>(2) a statement of the facility's plan to respond to the patient in the event the patient experiences any of the complications listed in the discharge instructions to include:<br>(A) a telephone number by which the patient may reach the physician, or other health care personnel employed by the physician or by 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;<br>(B) the name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated;<br>(C) assurance that the responding individual shall be a physician, advanced practice registered nurse, physician assistant, registered nurse, or licensed vocational nurse; and<br>(D) information that the patient may also contact the emergency medical service or present for care at the emergency room of a hospital in addition to contacting the facility; and<br>(3) information concerning the need for a | A 362         | A review of the medical records of all patients seen to date showed that the failure to provide the telephone number for the closest hospital on the Discharge Summary was an isolated incident. The staff had to research the telephone number and handed it to the patient separately after she was furnished the written instructions. In a Staff Meeting on 12/10/15, the Administrator went over the requirement to complete the Discharge Summary in its entirety prior to giving it to a patient. She has designated a staff member to review medical records prior to patient's leaving the facility to avoid error and assure full written information is provided in one place about the closest hospital. | 12/10/15           |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>140000 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>12/09/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>REPRODUCTIVE SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1811 EAST MISSOURI<br>EL PASO, TX 78902 |
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|--------------------|---|---------------|---|--------------------|
| A 382              | <p>Continued From page 14</p> <p>post-abortion examination.</p> <p>This Requirement is not met as evidenced by:<br/>Based on a review of medical records and interview, the facility failed to implement written discharge instructions which included the name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated.</p> <p>Findings included:</p> <p>Patient #4's medical record had discharge instructions which included the name of nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated. No telephone number was provided for this hospital.</p> <p>In an interview on 12/08/15, staff member #1 verified the above findings.</p> | A 382         |   |                    |