


Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007892	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/17/2015
NAME OF PROVIDER OR SUPPLIER AUSTIN WOMENS HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1902 SOUTH IH 35 AUSTIN, TX 78704	

REVIEWED

OCT 15 2015

by: 

(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	TAC 139 Initial Comments 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. An entrance conference was held with the facility Clinical Coordinator on the morning of 9-16-15. 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 facility Administrator and Clinical Coordinator the afternoon of 9-17-15. Preliminary findings of the survey were discussed, and an opportunity given for questions.	A 197	The Administrator will be responsible for ensuring that the facility is a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patient and staff at all time. -A protocol has been created to address equipment safety inspections for newly purchased equipment intended for use as well as equipment having previously stored offsite that is intended for use. Equipment safety inspections will occur by a qualified third party annually. Equipment safety inspections by a third party will also occur prior to use when an item is newly purchased or arriving from offsite storage. No equipment will be put into use without authorization from the Administrator. The Administrator will ensure equipment matching these criteria are inspected prior to being put in rotation. Equipment will be inspected daily by designated staff for proper working conditions. The Daily equipment checklist completed by the session assistant each morning has been amended to include a visual inspection of each exam table carefully for damage or defect in working condition exam table inspection. If an item is found to not meet standards, the Administrator or any Coordinator must be notified. Coordinators must inform the Administrator of any notifications received from staff. Any item found not to meet standards will be taken out of rotation and placed in storage until service and safety inspection are performed. If an item cannot be removed and must stay in patient care areas, the item must be clearly marked with "Do not use-Service Requested" date: _____. If an item has received service but is pending the safety inspection the item will be clearly marked with "Do not use-Pending Safety Inspection" date: _____. Policy was amended on 9/17/2015 to reflect this protocol. Staff were notified of the policy by memo on 9/20/2015.	
A 197	TAC 139.48(1)(A) Physical & Environmental Requirements The physical and environmental requirements for a licensed abortion facility are as follows. (1) A facility shall: (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; This Requirement is not met as evidenced by:	A 197		



PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE
administrator

(X5) DATE
10/8/2015

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AUSTIN WOMENS HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1902 SOUTH IH 35 AUSTIN, TX 78704
--	---

(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 197	<p>Continued From page 1</p> <p>Based on a review of documentation and a tour of the facility, the facility failed to meet the standards of a safe and sanitary environment. Failure to do so can endanger patients and staff as well as increase the risk of illness for patients and staff.</p> <p>Findings were:</p> <p>During a tour of the facility on the morning of 9-17-15, the following observations were made:</p> <ul style="list-style-type: none"> -In patient room #1, 1 of 2 ultrasound machines in the room bore an inspection tag documenting that it had last been inspected in 2012. -In patient room #2, the suction machine bore an inspection tag documenting that it had last been inspected in 2012. -In patient room #4, the exam table contained a tear in the vinyl covering, preventing proper cleaning. A small plastic container of Monsel's solution was found in the cabinet. The lid to the container was cracked, allowing contaminants to enter the container. -The facility AED (automated external defibrillator) bore an inspection tag documenting that it had last been inspected in 2010. -The crash cart contained 4 laryngeal mask airways that had expired 10-28-14 (per manufacturer packaging) but were still available for patient use: A flex-set 7.0 airway had expired 11-2013 (per manufacturer packaging) but was still available for patient use. -A storage closet outside of (but attached to) the facility contained 10 large and 6 small unsecured tanks of oxygen and nitrous oxide. 	A 197	<p>Equipment with outdated documentation tags were inspected on 09/17/2015 by Biomedical Repair Services of Texas. These items that required inspection included the unused ultrasound machine in Room #1, suction machine in patient room #2, and AED. These items all passed inspection and documentation tags were placed on the equipment to reflect current status.</p> <p>The exam table containing a tear in the vinyl covering in patient room #4 was removed from use on 9/17 and marked with a tag stating "Do not use-service requested date: 9/17/2015. The table cushion was reupholstered 09/22/2015. The upholstered piece was inspected by the Clinic Coordinator upon return and approved for use by the administrator. The upholsterer was also commissioned to complete a clear protective cover for the entire exam table to aid in the disinfecting process and reduce wear and tear. This was also completed as of 09/22/2015.</p> <p>-Policy maintains that all items that are stored outside of their manufacturer's container must be approved by the Administrator to ensure an acceptable container is being used to avoid contaminant or infection susceptibility. All storage containers must be inspected upon each use to ensure infection control. All lids must be able to be securely fastened and replaced if unable to meet these standards. Items must be removed from use if unable to meet these conditions.</p> <p>This policy was amended to include weekly inspections by staff designated to perform current Terminally Cleaning and Inspection checklists with the results turned into the Administrator. The Administrator is ultimately responsible for ensuring the corrective action is completed correctly.</p> <p>The policy was updated on 9/20/2015.</p> <p>The monsels was put in a new container on 9/17/2015.</p> <p>The checklists were edited to include this inspection on 9/20/2015.</p>	

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AUSTIN WOMENS HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1902 SOUTH IH 35 AUSTIN, TX 78704
--	---

(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 197	Continued From page 2 The above was confirmed in an interview with the Clinic Coordinator and the Administrator on the afternoon of 9-17-15 in the facility counseling room.	A 197	<p>Staff were reminded of this policy and the updates to Terminally Cleaning and weekly inspections by memo posted on 9/20/2015.</p> <p>Policy maintains that a current list and inspection of all medication and equipment that is stored in the crash cart is kept and reviewed bi-monthly by the Session Nurse. This policy had been amended to included requirements that the bi-monthly equipment checklist shall be turned into the Administrator for review. In addition, the Administrator will inspect the crashcart for expired items and to confirm the bi-monthly inspection report at least once a month. The Administrator is responsible for ensuring any and all expired items are disposed of at the time of their expiration as indicated on the manufacturer's packaging.</p> <p>The policy was updated on 9/20/2015.</p> <p>The policy was discussed with the session nurse on 9/23/2015</p> <p>-Policy maintains that all nitrous and oxygen tanks be secured by a chain in order to prevent injury. Staff must chain the tanks immediately upon completing a switch of the tanks. The Session Assistant is responsible for ensuring the tanks are chained.</p> <p>A requirement that all new staff be instructed of this important safety task at their new hire orientation has been added. The Administrator is responsible for ensuring that the tanks are chained.</p> <p>A memo reminding staff of our protocol was posted on 9/20/2015.</p> <p>The new hire orientation Safety Rules checklist was updated on 9/20/2015.</p>	9/23/2015