

PRINTED: 10/08/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B EL PASO, TX 79902			
(A4) 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)	(C5) 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 entrance conference was held with the facility Administrator in the morning of 10-4-17. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility Administrator the afternoon of 10-4-17. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	A 000	<p>REVIEWED</p> <p>NOV 01 2017</p> <p>BY: <i>Dwanda Wilson, RN</i></p>	10/20/17	
A 037	[REDACTED]	A 037	[REDACTED]		

500 - State Form
REGULATORY DEFICIENCIES OR PROVIDER/SUPPLIER

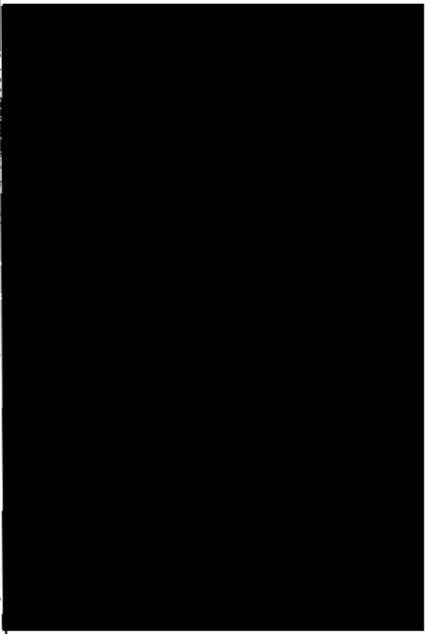
STATE FORM

LE *Heuse* *Administrator* DATE 10-24-17

If continuation sheet 1 of 17

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B 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) COMPLETION DATE	
A 037	Continued From page 1 	A 037			
A 140	TAC 138.44(b)(3)(A)(B)(C)(D) Orientation/Training/Demonstrated Competency (3) the employee understands, at a minimum but not limited to, the following: (A) coordination and treatment of patient care; (B) sterilization and infection control policies; (C) patient education/information;	A 140			

S00 - State Form
STATE FORM

WSR

XU3711

Form 400A Sheet 2 of 17

PRINTED: 10/03/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMEN'S REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B 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) COMPLETION DATE
A 14B	<p>Continued From page 2</p> <p>(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 facility orientation included documentation that the employee understands, at a minimum but not limited to, the following: coordination and treatment of patient care; sterilization and infection control policies; and patient education/information; informed consent policies.</p> <p>Findings included:</p> <p>Facility based policy entitled, "Orientation, Training and Demonstrated Competency" stated in part, "2. Employees will be oriented to the following elements prior to the provision of care and/or services: 3. The employee is oriented, at minimum but not limited to the following: a. coordination and treatment of patient care b. sterilization and infection control policies c. patient education/information d. informed consent policies e. abortion techniques at the facility f. care of the patient before, during, and after an abortion procedure h. possible complications of the abortion procedure i. prevention of infectious diseases..."</p> <p>Review of the personnel files for staff members #3 and 4 revealed those employees did not have</p>	A 14B	<p>139.44(b)(3)(A)(B)(C)(D) Orientation/Training/ Demonstrated Competency</p> <p>Employees have gone through "Orientation, Training and Demonstrated Competency" meeting. Orientation covered coordination and treatment of patient care, sterilization and infection control policies.</p> <p>Proper document verifying the above material has been recorded in employees files.</p> <p>Will monitor on a semi annual basis.</p>	10/23/17

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST SCHUSTER BUILDING B 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 149	Continued From page 3 documented orientation in the areas of coordination and treatment of patient care, patient education/information, informed consent policies, abortion techniques at the facility, care of the patient before, during, and after an abortion procedure, possible complications of the abortion procedure, and the prevention of infectious diseases. In an interview with staff member #2 on 10/04/17 they were asked if the facility documents training for infection control and informed consent. This staff member stated they ask new hires about previous health care experiences and discussed the need to wear gloves. It was also confirmed that the facility did not complete orientation checklist for employees to document the competencies listed in their own policy and required by this regulation.	A 149			
A 155	TAC 139.44(b)(3)(E)(F)(G)(H)(I) Orientation/Training/Demonstrated Competency (3) the employee understands, at a minimum but not limited to, the following: (E) abortion techniques provided at that facility; (F) care of the patient before, during, and after an abortion procedure; (G) patient rights; (H) possible complications of the abortion procedure; and (I) prevention of infectious diseases. This Requirement is not met as evidenced by: Based on a review of documentation and interview, the facility failed to ensure the	A 155	139.44(b)(3)(E)(F)(G)(H)(I) Orientation/Training/ Demonstrated Competency. Clinic has conducted an orientation with employees.	10/23/17	

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B EL PASO, TX 79902		
(X4) ID PREFIX TAG A 15G	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG A 15G	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE 10/23/17
	<p>Continued From page 4</p> <p>implementation of an orientation and training program that oriented and trained each employee 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.</p> <p>Findings included:</p> <p>Facility based policy entitled, "Orientation, Training and Demonstrated Competency" stated in part:</p> <p>"2. Employees will be oriented to the following elements prior to the provision of care and/or services:</p> <p>3. The employee is oriented, at minimum but not limited to the following:</p> <p>a. coordination and treatment of patient care</p> <p>b. sterilization and infection control policies</p> <p>c. patient education/information</p> <p>d. informed consent policies</p> <p>e. abortion techniques at the facility</p> <p>f. care of the patient before, during, and after an abortion procedure</p> <p>h. possible complications of the abortion procedure</p> <p>i. prevention of infectious diseases..."</p> <p>Review of the personnel files for staff members #3 and 4 revealed these employees did not have documented orientation in the areas of abortion techniques at the facility, care of the patient before, during, and after an abortion procedure, possible complications of the abortion procedure, and the prevention of infectious diseases.</p> <p>In an interview with staff member #2 on 10/04/17</p>		<p>139.44(b)(3)(E)(F)(G)(H)(I) continued from page 4</p> <p>Employees (incoming staff) have been orientated on the "Orientation Training and Demonstrated Competency" policy. Orientation covered issues as described on issue #3 a-I. E-I and orientation has been documented in employees charts.</p> <p>All incoming employees will have orientation and training to meet requirements as outlined in clinics policy manual.</p> <p>Employees charts will be reviewed for compliancy with clinics policy manual on a semi annual basis.</p>	

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B 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 155	Continued From page 5 they were asked if the facility documents training for infection control and informed consent. This staff member stated they ask new hires about previous health care experiences and discussed the need to wear gloves. It was also confirmed that the facility did not complete orientation checklist for employees to document the competencies listed in their own policy and required by this regulation.	A 155			
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: Based on tour and interview, the facility failed to ensure a safe and sanitary environment, properly maintained to protect the health and safety of patients and staff at all times. Findings included: During a tour of the facility on 10/04/17 the following observations were made: * In the laboratory area, approximately 6 holes were observed in the drywall above the paper towel dispenser. Staff member #2 stated the paper towel dispenser had fallen off the wall the day prior. These holes in the wall present an	A 197	139.48 (1) (A) In the laboratory, holes have been dry walled and painted. Employees have been re-orientated on proper sterilization of instruments and documentation has been filed in employee file. Administrator will ensure that such is followed as shipments of clinical supplies arrive to the clinic. The medical supply room will remain locked and supply room contents will not be exposed to clinic area.	10/19/17	

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST SCHUSTER BUILDING B 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 197	<p>Continued From page 6</p> <p>potential entry point for dust, debris, and insects into the laboratory area.</p> <p>* In Exam Room #1 a pack of instruments contained ringed forceps which were observed in the closed position. When instruments are closed, the sterilizing agent cannot penetrate all surfaces to ensure complete sterilization of all surfaces of the instruments. According to the Centers for Disease Control and Prevention (CDC) article, GUIDELINE FOR DISINFECTION AND STERILIZATION IN HEALTHCARE FACILITIES, 2008, by William A. Rutala, Ph.D., M.P.H., David J. Weber, M.D., M.P.H., and the Healthcare Infection Control Practices Advisory Committee (HICPAC), found at: http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf, states on page 74 that hinged instruments and instruments that close should be opened during the process of sterilization.</p> <p>* In a facility supply room, approximately 4 external shipping containers were observed on shelves above opened patient care items. External shipping containers are exposed to a number of environmental contaminants en route to their final destination and are considered dirty items. According to APIC: "Supplies must be: Removed from shipping cartons or cardboard boxes before storage to prevent contamination with soil/debris that may be on cartons ... Do not leave outer shipping boxes in clinical areas (due to risk of environmental contamination)."</p> <p>Preventing Infection in Ambulatory Care, Winter 2011/2012; available: http://apic.org/Resource/_TinyMcoFileManager/Education/Preventing-Inf-in-Amb-Care-Winter2012-FINAL.PDF.</p> <p>The above finding were confirmed in an interview with staff member #2 on 10/04/17.</p>	A 197		

SDS - State Form
STATE FORM

KUS711

If continuation sheet 7 of 17

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ D. WING: _____		(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING D 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 201	<p>TAC 139.48(1)(E)(F) Physical & Environmental Requirements</p> <p>The physical and environmental requirements for a licensed abortion facility are as follows.</p> <p>(1) A facility shall:</p> <p>(E) store hazardous cleaning solutions and compounds in a secure manner and label substances;</p> <p>(F) have the capacity to provide patients with liquids. The facility may provide commercially packaged food to patients in individual servings. If other food is provided by the facility, it shall be subject to the requirements of §§229.161 - 229.171 of this title (relating to Texas Food Establishments);</p> <p>This Requirement is not met as evidenced by: Based on a tour of the facility, the facility failed to store hazardous cleaning solutions and compounds in a secure manner. Failure to do so increases the risk of harm to patients.</p> <p>Findings were:</p> <p>During a tour of the facility on 10/04/17 the unlocked supply closet contained items including spray stainless steel cleaner, VWD-40, Speed Clean Sterilizor Cleaner, spray air freshener, iodine, and alcohol hand sanitizer.</p> <p>The above was confirmed in an interview with staff #2 on 10/04/17.</p>	A 201	<p>139.48 (1)(E)(F)</p> <p>All hazardous cleaning solutions and compounds have been removed from medical supply room and have been moved to cleaning supply room.</p> <p>Medical supply closet will be inspected on a quarterly basis to ensure no hazardous solutions or compounds are being stored in medical supply closet but rather in the cleaning supply closet.</p>	10/18/17	
A 259	<p>TAC 139.49(d)(5)(M) Infection Control Standards</p> <p>(M) Preventive maintenance. Preventive maintenance of all sterilizers shall be performed according to individual policy on a scheduled</p>	A 259			

PRINTED: 10/09/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B BL PASO, TX 79602			
(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)		DATE COMPLETE DATE
A250	<p>Continued From page 8</p> <p>basis by qualified personnel, using the sterilizer manufacturer's service manual as a reference. A preventive maintenance record shall be maintained for each sterilizer. These records shall be retained at least two years and shall be available for review to the facility within two hours of request by the department.</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 preventive maintenance record shall be maintained for each sterilizer and that these records shall be retained at least two years and shall be available for review to the facility within two hours of request by the department.</p> <p>Findings included:</p> <p>Facility based policy entitled "Sterilizer Maintenance" stated in part, "C. Sterilizer should have scheduled preventative maintenance by a qualified Bio-Medical technician in accordance to manufacturer's recommendations. D. All preventative maintenance records are current and on file with the facility Administrator."</p> <p>The facility was unable to provide a preventative maintenance record for the sterilizer. In an interview on 10/04/17 with staff member #2 they confirmed that a biomedical technician came on performed maintenance on the machine in the past year, the only evidence of this maintenance was a sticker from the biomedical technician on the side of the sterilizer stating the next inspection due date was 12-2017.</p>	A259	<p>139.49 (d)(5)(M)</p> <p>A preventive maintenance record has been updated and implemented. The current maintenance record has been updated and such record will be kept in sterilization area and a record will also be retained and kept by the clinic administrator.</p> <p>Sterilizer was cleaned for the month of October 2017. It will be cleaned as per sterilizers manual recommendation and be recorded properly.</p> <p>Sterilization maintenance shall be conducted by staff and documentation to be assessed on a quarterly basis by nurse administrator.</p>		10/19/17

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B EL PASO, TX 79901			
(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) COMPLT DATE	
A 259	Continued From page 8 Staff member # 2 confirmed that the facility does not have a preventive maintenance record that was retained at least two years.	A 259			
A 260	House Bill 15 Disclosure Requirements 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 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 requires 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. This Requirement is not met as evidenced by: Based on a review of clinical records and an interview with staff, the facility physician failed to perform the sonogram on a woman seeking an abortion at least 24 hours prior to performing the	A 260	House Bill 15 Disclosure Requirements Patients coming from 100 miles or more will be qualified for same day procedure after they have proved their place of residence by presenting a valid ID (i.e. Driver's license, US Passport or any other official ID) with their address verifying that their place of residence is more than 100 miles from clinic. A chart has been created listing different cities reflecting the mileage from a particular city to the clinic. This will ensure that patients are from 100 miles or more from clinic.	10/18/17	

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(K2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(K3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 300 EAST SCHUSTER BUILDING B EL PASO, TX 79902		
(K4) 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)	(K5) COMPLETE DATE
A 260	<p>Continued From page 10</p> <p>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 were:</p> <p>A total of 16 clinical records were reviewed. 7 of the 16 patients had undergone medication procedures; 9 of the 16 patients had undergone surgical procedures. 10 of the 16 patients had undergone same-day procedures. Findings were as follows:</p> <p>- 4 of 10 same-day procedure patients ("same-day" patients #3, #7, #9 and #10) had undergone same-day procedures, although they did not qualify to do so (did not live 100 miles or more from the nearest abortion provider). Online search engines www.google.com and www.bing.com were used to calculate distances from the patients' residences to the provider. Patient #3 lived only 44 miles from the provider, according to her address [REDACTED], NM. Patient #7 lived only 48 miles from the provider, according to her address in [REDACTED], NM. Patient #9 lived only 58 miles from the provider, according to her address in [REDACTED], TX. Patient #10 lived only 23 miles from the provider, according to her address in [REDACTED], TX.</p> <p>- 1 of 10 same-day procedure patients ("same-day" patient #4) received her ultrasound on 3-4-17 at 8:58 am but was given a dose of Mifeprex to begin the procedure at 8:27 am.</p> <p>- 5 of 10 same day procedure patients ("same-day" patients #1, #2, #5, #6 and #9) did not undergo the required, 2 hour wait between the ultrasound and the start of the procedure. Patient</p>	A 260	<p>House Bill 15 Disclosure Requirements</p> <p>The ultrasounds in exam room #1 and #2 have had their times and dates calibrated to reflect the correct time and date. This will help to register patient's actual time their ultrasounds are performed. Allowing for correct time and date to be recorded on patient's chart. It will further help in ensuring that patient has waited 24 hours before having surgical or medication procedure performed.</p> <p>To be monitored on a daily basis by doctor and registered nurse.</p>	10/18/17

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B 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 11</p> <p>#1 received her ultrasound on 6-25-17 at 9:51 am but was given a dose of Mifepristone to begin the procedure at 11:00 am. Patient #2 received her ultrasound on 3-3-17 at 9:26 am but was given a dose of Misoprostol to begin the procedure at 8:30 am. Patient #5 received her ultrasound on 3-10-17 at 8:35 am but was given a dose of Misoprostol to begin the procedure at 9:45 am. Patient #6 received her ultrasound on 1-14-18 at 10:08 am but was given a dose of Mifepristone to begin the procedure at 10:00 am. Patient #8 received her ultrasound on 1-27-17 at 9:43 am but was given a dose of Mifepristone to begin the procedure at 10:15 am.</p> <p>- 2 of 16 patients (medication patient #1, surgical patient #4) did not wait the required 24 hours between the ultrasound and the procedure. Medication patient #1 was seen in the office on 1-5-17. She returned to the office on 1-6-17, where her ultrasound and procedure were performed the same day. Surgical patient #4 received her ultrasound on 1-12-17 at 9:28 am, but she was given a dose of Misoprostol to begin the procedure on 1-13-17 at 7:45 am.</p> <p>In an interview with staff #2 on 10-4-17, staff #2 stated that the clock was not set correctly on the ultrasound machine but gave no explanation for why it had not been fixed.</p> <p>The above was confirmed in an interview with staff #2 on the afternoon of 10-4-17.</p>	A 260			
A 315	<p>House Bill 2 Medical and Clinical Services</p> <p>A physician must provide the pregnant woman with: a) a telephone number by which the pregnant woman may reach the physician, 24</p>	A 315			

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMEN'S REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B 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 315	Continued From page 12 hours a day to request assistance for any complications that arise from the abortion or ask health-related questions regarding the abortion; and b) the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated. This Requirement is not met as evidenced by: Based on a review of documentation, the physician failed to provide the patient with the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion would be treated. Findings were: In a review of clinical records for 16 patients, 1 of 16 patients listed her home address as Midland, TX (a city with 2 hospitals) but was given the name and telephone number for a hospital in El Paso, TX. The above was confirmed in an interview with staff #2 on the afternoon of 10-4-17.	A 315	House Bill 2 Medical and Clinical Services A list of hospitals is being provided to all patients listing the correct phone number of the nearest emergency room in case of an emergency related to the procedure. Copied from citing the above shall be placed in the patients chart, and a copy will also be provided to patient as well. Before patient is discharged staff will review all paperwork to ensure that the patient was given such information. Patients charts to be monitored by assistant administrator on a weekly basis.	10/17/17
A 327	House Bill 2 Medical and Clinical Services Physicians must ensure that abortion-inducing drugs are used according to FDA regulations that require the women to visit the physician in person for each of the two doses of the abortion pill, as well as for a follow-up appointment within 14 days. The physician must provide the woman with a copy of the final printed label of the abortion-inducing drug.	A 327		

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B 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) COMPLETION DATE
A 327	<p>Continued From page 13</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation, the physician failed to ensure that patients given abortion-inducing drugs were scheduled a follow-up appointment within 14 days.</p> <p>Findings were:</p> <p>Clinical records for 7 patients (medication patients #1 through #7) that had received abortion-inducing drugs were reviewed, 6 of the 7 patients (medication patients #1, #3 - #7) had not been scheduled a follow-up appointment within 14 days.</p> <p>-Patient #1 was given Mifepristone on 1-6-17. Her follow-up appointment was scheduled for 1-23-17, 17 days after the procedure.</p> <p>-Patient #3 was given Mifepristone on 1-13-17. Her follow-up appointment was scheduled for 2-1-17, 19 days after the procedure.</p> <p>-Patient #4 was given Mifepristone on 1-14-17. Her follow-up appointment was scheduled for 2-4-17, 21 days after the procedure.</p> <p>-Patient #5 was given Mifepristone on 3-17-17.</p>	A 327	<p>House bill 2 Medical & Clinical Services</p> <p>Medical director and nurse administrator have begun the process of reviewing calendar to set a follow-up appointment date that is to be conducted in two weeks after the patient's visit to the clinic after a abortion pill or surgical procedure.</p> <p>To ensure follow up date is in two weeks' nurse administrator will give two-week follow-up appointment date to staff and will be reviewing patients chart for proper compliance.</p>	10/17/17

S00 - State Form
STATE FORM

6096

KU3711

If continuation sheet 14 of 17

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER MILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B 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 327	Continued From page 14 Her follow-up appointment was scheduled for 4-15-17, 28 days after the procedure. -Patient #6 was given Mifepristone on 1-27-17. Her follow-up appointment was scheduled for 2-20-17, 24 days after the procedure. -Patient #7 was given Mifepristone on 4-29-17. Her follow-up appointment was scheduled for 5-15-17, 16 days after the procedure. The above was confirmed in an interview with staff #2 on the afternoon of 10-4-17.	A 327			
A 356	TAC 139.56(b)(c) Emergency Services (b) The facility shall have the necessary equipment and personnel for cardiopulmonary resuscitation as described in §139.59 of this title (relating to Anesthesia Services). (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. This Requirement is not met as evidenced by: Based on review of personnel files and an interview with staff, the facility failed to ensure that staff were competent in cardio-pulmonary resuscitation (CPR) as there was no documented evidence of hands-on skills practice and in-person assessment and demonstration of CPR skills. This presents a risk that staff may not be competent to respond in a medical emergency.	A 356	139.56 (b)(c) Emergency Services Faculty will ensure that all staff is CPR competent. Nurse administrator has issued a deadline of compliance of October 31, 2017 to all staff. <i>Please see email from [redacted] for corrected response to TAC 139.56(b)(c)</i> <i>Wanda Wilson, RN</i>	10/20/17	

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMENS REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B EL PASO, TX 79802		
(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 356	<p>Continued From page 15</p> <p>Findings were:</p> <p>During a review of personnel files for 6 clinic staff, 4 of the 6 staff did not meet requirements for basic life support by the American Heart Association, the American Red Cross, or the American Safety and Health Institute.</p> <p>-Staff #3 and #4 had no documentation of basic life support certification in their personnel files. In an interview with staff #2, staff #2 stated that staff #3 and #4 were new employees and had not yet obtained CPR certification.</p> <p>-Staff #1 and #2 had current CPR certification from ProCPR. The certification card stated "This card certifies that the individual has successfully completed the National Cognitive Evaluation in accordance with ProTrainings Curriculum and the American Heart Association® guidelines."</p> <p>Review of the Health & Safety Institute and the National Safety Council website found at http://news.hsi.com/onlineonlycpr reveals that, "No major nationally recognized training program in the United States endorses certification without practice and evaluation of hands-on skills. According to the Occupational Safety and Health Administration (OSHA) online training alone does not meet OSHA first aid and CPR training requirements." Further guidance can be found at https://www.osha.gov/pls/oshweb/towadisp.show_document?p_table=INTERPRETATIONS&p_id=28541.</p> <p>In an interview with staff #2 on 10-4-17, staff #2 was asked to whom staff #1 and #2 performed a return skills demonstration for their CPR certification. Staff #2 answered "to nobody".</p>	A 356		

SDS - State Form
STATE FORM

KJ2711

If continuation sheet 10 of 17

PRINTED: 10/06/2017
FORM APPROVED

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER HILLTOP WOMEN'S REPRODUCTIVE CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B 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	
A355	Continued From page 16 The above was confirmed in an interview with staff #2 on the afternoon of 10-4-17.	A356			