Texas Department of State Health Services STATISMENT OF DEFICIENCIES OCO MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CUA OC) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A BUILDING: COMPLETED 007804 B. WING 08/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ACORCES, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 79902 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REACH DEFICIONCY MUST BE PRECEDED BY FULL COMPLETE DATE XITGIN PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY A 000 TAC 139 Initial Comments A 000 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 aignature 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 unannounced re-licensure survey was conducted per Title 25 TAC Chapter 139 Abortion Facility Reporting and Licensing Rules to determine the facility's compliance with the requirements. An entrance conference was conducted on August 30, 2016 at 9:30 AM with the Administrator. An opportunity was provided for questions and discussion. An exit conference was conducted on August 30. 2016 at 4:00 PM with the Administrator. The preliminary findings of the survey and the next A148 TAC 139.44(b)(1)(2) steps in the survey process were explained. An 10/10/16 opportunity was provided for facility to provide Orientation and training program not evidence of compliance with those requirements for which non-compliance had been found. documented. Deficiencies were cited. All now and current employees will be 10/10/16 required to attend a general orientation A 148 TAC 139,44(b)(1)(Z) A 148 before starting on-the-job training or Orientation/Training/Demonstrated Competency orientation in their assigned departments, (b) In implementing the orientation and training a) Orientation to facility and specific lob program, a licensed abortion facility shall orient descriptions and train each employee to ensure, through b) Understands facility policy and procedure demonstrated competency, that manual.

SOD - State Form

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Nurse Administrator

PAR DATE 10/22/16

Texas Department of State Health Services STATIONENT OF DEFICIENCIES (XI) PROVIDERSUPPLIERICLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION OCI) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED 007804 D. WING 08/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMEN'S REPRODUCTIVE CLINIC EL PASO, TX 79902 SUMMARY STATEMENT OF DEPICIENCIES (SACH DEPICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR USC IDENTIFYING IMPORMATION) OX4) ID PREFOX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT PREFOR TAG COMPLETE TAG DETICIENCY A 148 Continued From page 1 Continued From page 1 A 148 (1) the employee understands his or her specific A148 Nurse Administrator has had current 10/10/16 job description: employees sign and date lob (2) the employee understands the facility's policy descriptions and conducted an orientation to and procedure manual, including protocols and review the facilities policy & procedure description of the roles and responsibilities of all manual. personnel: The administrator will insure that this policy 10/10/16 is followed quarterly, This Requirement is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 4 employees had documentation and demonstrated competencies for orientation and training related to their specific job description, the facility's policies and procedures, and the roles and responsibilities of all personnel. Findings included: Review of personnel records for Staff #2 and #4 revealed no documentation that the staff had understanding of the facility's policy and procedure manual, including protocols and job A156 TAC 139,44(c) 10/16/16 Abrasive cleaner being used as a cleaner to description of the roles and responsibilities. scrub instruments. In an interview with Staff #2 on 08/30/2016 at 2:00 PM confirmed the above competencies and See attachment A job descriptions were not documented in the See attachment B personnel files for the employees. The facility has implemented that the staff responsible for the sterilization of surgical A 156 TAC 139,44(c) A 158 critical instruments have been trained to Orientation/Training/Demonstrated Competency meet the requirements of 139.49(d) and demonstrate competency in performing the (c) The facility shall ensure that staff responsible sterilization procedures of the facility. for sterilization of critical surgical instruments are Documentation of training was signed by trained by the facility to meet the requirements of employees.

WZSWII

Texas Department of State Health Services STATEMENT OF COPPOSENCIES AND PLAN OF CORRECTION (X1) PROVIDENSUPPLIENCUA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (CO) DATE SURVEY COMPLETED A BUILDING: 007804 B. WING 08/30/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 79902 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (200) COMPLETE PREFIX EACH CORRECTIVE ACTION SHOULD DE REGULATORY OR LIST IDENTIFYING INFORMATION) TAG TAO CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY Continued From page 2 A 156 A 158 Continued From page 2 A156 Nurse Administrator will monitor that 10/10/16 §139.49(d) of this title (relating to Infection sterilization process is being done correctly Control Standards) and demonstrate competency on a quarterly basis. in performing the sterilization procedures at the facility. This Regularment is not met as evidenced by: Based on observation, record review and interview, the facility falled to ensure that 2 of 2 (#3 and #5) staff responsible for the starilization 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. Findings included: A review of personnel records for #3 and #5 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. During a tour of the facility on 08/30/2016 at approximately 10:00 AM observed Staff #3 was observed in the sterile processing room using Ajax, an abrasive powdered bleach cleanser, to scrub the instruments. According to the Association of Surgical Technologies, Standards of Practice for the Decontamination of Surgical Instruments...The cleaning agent(s) should not be comosive and damaging to the instruments. An interview with Staff #2 confirmed the 2 staff members responsible for the sterilization of critical surgical instruments did not have

	Y OF GOT/GENCIES OF CORRECTION	DOTOGOLA CONTROL PROVIDER:	A. BUILDING	COM	SURVEY PUSTED
	ROVDER OR SUPPLIER WOMENS REPRODUCT	TVE CLINIC 500 EAS	ADDRESS, CITY, ST ST SCHUSTER (D, TX 79902	TATE, ZIP CODE	20,010
(X4) ID PREFIX TAG	(BACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECIDED BY FULL LISC IDENTIFYING INFORMATION	PROFOX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DOMPLETE DATE
A 156	Continued From pag sterilization training of demonstrate compet sterilization procedur	documentation in their file to	A 156		
A 185	A 185 TAC 139,47(b)(7)(8) Licensed Abortion Facility Administration (b) The administrator shall: (7) schedule employee evaluations; (8) maintain employee and patient records; This Requirement is not met as evidenced by:		A 185	A185 TAC 139.47(b)(7)(8) Facility has evaluation process in place. Not implemented on a consistent basis.	10/12/16
	facility Administrator evaluations for 2 of 4 facility. Also, the facility policy for performance Findings:	employees working at the lty falled to follow the facility			
		e she started at the facility ago. le revealed her tast otember of 2013.		A185 Nurse Administrator (you're referring to Staff #2) has been evaluated by Medical Director. The facility has no employee with a hire date	
	"Performance Evalual "Policy: Hill Top Women's Rep competence and eval	tions" revealed the following: productive Clinic will assess usted performance of its any scheduled basis as		of September of 2013. She is being referred to as Staff #4,	
	For purposes of these	guidelines, performance			

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDERISUPPLIERICLIA OC) MULTIPLE CONSTRUCTION OUS) DATE BURIVEY IDENTIFICATION NUMBER: A BUILDING: 007804 B. WING 08/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 200 CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, YX 79902 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (CACH CORRECTIVE ACTION SHOULD SE PRISTOX REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DESCRIBACY A 185 Continued From page 4 Continued From page 4 A 185 Administrator has evaluated employees and appraisal, performance review, and performance will maintain employee and patient records. evaluation are terms used interchangeably to mean the same thing. All employee performance evaluations have been reassessed and documented in Initial Employment Date - This date is the date of employee files. hire and does not change throughout the length of employment unless a break in service of Performance and evaluation documentation greater than six months occurs. The initial will continue to be exercised as employment date is used for purposes of outlined in policy and procedure manual of applicable benefit accruais. facility by administrator. Initial Assessment of Competency - During the pre-employment process, a candidate's credentials shall be evaluated by Administrator against the requirements for the position in question to determine if the candidate meets the minimum job related qualifications. Initial Employment Period - Upon completion of the initial employment period, generally following 120 days in a new position, including new hire, transfer or promotion, a competency assessment will be conducted by the immediate supervisor. It shall consist of general orientation, service specific orientation, unit or department orientation, competency skilts checklist as appropriate as well as other activities as indicated. Annual Review - Performance reviews are scheduled annually for each employee. Performance evaluations and action plans as appropriate are documented in the individual's personnel record." In an interview with Staff #2 on 08/30/2016 at 2:00 PM confirmed the above findings.

(EACH DEFICIE)	TIVE CLINIC SOO EAS	ADDRESS, CITY, ST			0/2016
(EACH DEFICIE)		ST SCHUSTER E O, TX 7990Z	RATE, ZIP CODE BUILDING II	1 443	W24/6
REGULATORY O	STATEMENT OF DEFICIENCIES ACY MUST DE PRECEDED BY FULL R USC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (CACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	99	COMPLETE DATE
Continued From pa	98.5	A 197			
A 197 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;		A 197	were not examined properly to ma that packages were not compromit Commercially sterile packaged iter	ke sure sed. ms will be	10/12/16
Based on observation as stated to maintain as sto protect the health staff at all times.	on and interview, the facility lafe and sanitary environment and safety of patients and				
Observations on 8/3	0/16 at approximately 9:45				
with a brown substan	nce on the outer package,				
	TAC 138.48(1)(A) P Requirements The physical and er a licensed abortion: (1) A facility shalt: (A) have a safe and properly constructed to protect the health staff at all times; This Requirement is assed on observation alled to maintain a se oprotect the health staff at all times. The findings includes Observations on 8/3 AM during the tour of collowing: In treatment room with a brown substant which could contamin	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; assed on observation and interview, the facility ailed to maintain a safe and sanitary environment to protect the health and safety of patients and staff at all times. The findings included: Observations on 8/30/16 at approximately 9:45 AM during the tour of the facility revealed the collowing: In treatment room 2, curettes x 3 were found with a brown substance on the outer package, which could contaminate the sterile supplies	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: assed on observation and interview, the facility sailed to maintain a safe and sanitary environment to protect the health and safety of patients and staff at all times. The findings included: Observations on 8/30/16 at approximately 9:45 AM during the tour of the facility revealed the sellowing: In treatment room 2, curettes x 3 were found with a brown substance on the outer package, which could contaminate the sterile supplies	A 197 TAC 139.48(1)(A) Physical & Environmental Requirements 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 observation and interview, the facility abiled to maintain a safe and sanitary environment to protect the health and safety of patients and staff at all times. The findings included: Discryptions on 8/30/16 at approximately 9:45 Will during the tour of the facility revealed the allowing: In treatment room 2, curettes x 3 were found with a brown substance on the outer package, which could contaminate the starile supplies	A 197 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 shalt: (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 observation and interview, the facility alied to maintain a safe and sanitary environment to protect the health and safety of patients and staff at all times. The findings included: Observations on 8/30/16 at approximately 9:45 A 197 TAC 139.48(1)(A) See Attachment C I and J (I)(II)(III)(IV). Pre-sterillized currettes from manufacture were not examined properly to make sure that packages were not compromised. Commercially sterile packaged items will be examined for any compromised defects. This Requirement is not met as evidenced by: Based on observation and interview, the facility alied to maintain a safe and sanitary environment or protect the health and safety of patients and staff at all times. The findings included: Observations on 8/30/16 at approximately 9:45 And during the four of the facility revealed the cilcowing: In treatment room 2, curattes x 3 were found with a brown substance on the outer package, which could contaminate the sterile supplies

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. DUKCHNG B. WING	LE CONSTRUCTION	COMPI	
	ROVIDER OR SUPPLIER WOMENS REPRODUCT	TVE CLINIC 500 EAS	ACORESS, CITY, 5 ST SCHUSTER I O, TX 79902			50,2010
(X4) IO PRESFIX TAG	SUMMARY STATEMENT OF OGFICIENCIES (EACH DEFICIENCY MUST BE PROCEDED BY FULL, REGULATORY OR USC IDENTIFYING INFORMATION)		SUMMARY STATEMENT OF OGRICHANCIES ID PROVIDER (EACH DEFICIENCY MUST BE PROCEDED BY FULL, PREFIX (EACH CORR		DIFFECTION IN SHOULD BE EAPPROPRIATE	COMPLETE CAMPLETE
A 197	Continued From pag	9 6	A 197			
A 200	TAC 0139.48(1)(D) Physical & Environmental Requirements The physical and environmental requirements for a licensed abortion facility are as follows. (1) A facility shall: (0) have a written protocol for emergency evacuation for fire and other disasters tallored to the facility's geographic location. Each staff member employed by or under contract with the facility shall be able to demonstrate their role or responsibility to implement the facility's emergency evacuation protocol required by this subparagraph;		A 200	A200 TAC 0139.48(1)(D) Fire extinguishers were be annual basis and not on a No physical fire drills were however, "Fire Safety Prowas given and reviewed with members.	e practiced,	10/14/16
	Based on observation falled to conduct mone extinguishers in the fa National Fire Protection Standard for Portable the facility falled to co 4 of 4 quarters of the demonstrate the staff implement the facility!	not met as evidenced by: n and interview, the facility thly checks for 2 of 2 fire scility according to the on Association (NFPA) 10, Fire Extinguishers, Also, induct quarterly fire drills for year 2015-2016 to role and responsibility to a emergency evacuation. Illow their own policy for fire				
	fire Extinguishers reve 7.2.4.3 At least mont					

Texas Department of State Health Services STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D(2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: B. WING 007804 08/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 20 CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMEN'S REPRODUCTIVE CLINIC EL PASO, TX 79902 SUMMARY STATEMENT OF DEPICIONCIES PROVIDER'S PLAN OF CORRECTION Ю COMPLETE (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) PREFIX (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) A 200 Continued From page 7 A 200 inspection was performed and the initials of the person performing the inspection shall be necorded. 7.2.4.4 Where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or by an electronic method. 7.2.4.5 Records shall be kept to demonstrate at least the last 12 monthly inspections have been performed." Continued From page 7 During the tour of the facility 2 fire extinguishers A200 Location of fire extinguishers reviewed with were observed that were not checked and all staff members. initialed to know if the extinguishers were being maintained on a monthly basis. The staff would Fire extinguishers have been examined for not know if a fire extinguisher was in its physical damage and condition. designated place, that it had not been actuated or Fire extinguishers have been tagged by tampered with, and that there was no obvious Henderson Fire Services. physical damage or condition to prevent its operation. Nurse administrator has designated a staff A review of the fire drill documentation revealed member to document monthly inspection of that the facility had never conducted fire drills in fire extinguishers. the facility. A review of the facility's policy titled, "Fire safety Provisions" revealed the following: TRAINING The Administrator shall present basic fire prevention training to all employees upon employment, and shall maintain documentation of the training, which includes: A, review of 29 CFR 1910.38, Including how it can be accessed: B. this fire Prevention Plan, including how can be accessed: C. good housekeeping practices; D. proper response and notification in the event of a fire: E. Instruction on the use of portable fire

Texas Department of State Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIET/CLIA IDENTIFICATION NUMBER: OCO MULTIPLE CONSTRUCTION DOD DATE SURVEY AND PLAN OF CORRECTION A BUILDING: COMPLETED 007804 08/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 21P CODE 500 EAST SCHUSTER BUILDING & HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 79902 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (CACH DEFICIENCY MUST BE PRECEDED BY FULL. REGULATORY OR USC IDENTIFYING INFORMATION) PREFIX GEACH CORRECTIVE ACTION SHOULD DE TAC TAC CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY A 200 Continued From page 8 A 200 Continued From Page 8 A200 Supervisors have trained and reviewed Fire 10/14/16 extinguishers (as determined by company policy Safety Provision training with all staff in the Emergency Action Plan); and members to adhere with facilities policy. F. recognition of potential fire hazards. Use of portable fire extinguishers reviewed. Supervisors shall train employees about the fire Fire drill was conducted and documented. hazards associated with the specific materials and processes to which they are exposed, and Supervisors to conduct quarterly fire drills. will maintain documentation of the training. Employees will receive this training: Supervisor to review documentation of fire drill on a quarterly basis. A. at their initial assignment B. shnually; and C. when changes in work processes necessitate additional training." An Interview with Staff #2 on 08/30/2016 at 11:00 AM confirmed the above observations and findings. Also, Staff #2 confirmed they failed to follow their own policy. A 217 TAC 139.49(b)(3)(A)(B)(C)(D) Infection Control A 217 Standards (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: (A) HIV infection prevention; and (B) HBV, HCV, TB, and S. spp. infection prevention based on universal/standard

Texas Department of State Health Services STATEMENT OF DEFICIENCIES O(1) PROVIDER/SUPPLIENCUA IDENTIFICATION NUMBER: (XZ) MULTIPLE CONSTRUCTION OCI) DATE SURVEY AND PLAN OF CORRECTION A. BUILDING: 007804 8. WING 08/30/2016 NAME OF PROVIDER OR SUPPLIER STREEY ADDRESS, CITY, STATE, ZIP CODE 600 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 78902 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (GACH CORRECTIVE ACTION SHOULD BE ID . (EACH DETICIENCY MUST BE PRECEDED BY FULL (RS) REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) A217 Continued From page 9 A217 precautions as defined in paragraph (1) of this aubsection; (C) bidirectional aspect of disease transmission; and (D) epidemic control. A217 139.49(b)(3)(A)(B)(C)(D) Continued From page 9 This Requirement is not met as evidenced by: A217 Staff members had no recent proper 09/10/16 Based on record review and interview, the facility documentation of TB or Hepatitis vaccines. falled to provide infection control training and All staff members have been referred to current vaccines for Tuberculosis and Hepatitis B 09/10/16 Immunize El Paso for their Hepatitis and TB for 4 of 4 (#2-#5) staff members. Also, the facility vaccinations. failed to follow their own policy. Follow-up will consist of Nurse Administrator Findings: reviewing staff members files annually to make sure TB and Hep vaccinations are A review of the personnel records for Staff current, and infection control training has members (#2-#5) revealed no infection control been reinforced to all staff members. training. Also, review of the personnel files revealed no current Tuberculosis vaccines and All new hires must present vaccination there was no Hepatitis status of the staff records and that they are current with their members. vaccinations prior to their orientation. A review of the record titled, "Hepatitis B Positive Employees" revealed the following: "PURPOSE: To establish guidelines to minimize the patential for exposure of patients and other personnel to Hepatitis B. A. Personnel with acute or chronic hepatitis B surface antigen who do perform exposure-prone procedures have no restrictions unless epidemiologically linked to transmission of the Infaction. B. Personnel with acute or chronic hepatitis B e antigenemia who perform exposure-prone

Texas Department of State Health Services STATEMENT OF DEFICIONCIES (XT) PROVIDERISUPPLIERICUA OCO MULTIPLE CONSTRUCTION (X3) DATE SURVEY DENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING 007804 05/30/2016 NAME OF PROVIDER OR SUPPLIER SYREET ADDRESS, CITY, STATE ZIP CODE **500 BAST SCHUSTER BUILDING B** HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 70902 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (XA) ID PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DERGIONCY A217 Continued From page 10 A217 inservice was provided to staff members on procedures may not perform exposure-prone 09/10/16 invasive procedures until counsel from an ID Hepatitis, TB and HIV testing and the (Infectious Disease) specialist has been received. importance of having proper vaccinations. Referring staff members to Immunize El Paso 1. The ID specialist will review and recommend procedures the worker can perform, taking into for vaccinations. account specific procedures as well as skill and technique of the worker. C. Employees who are Hepatitis B surface antigen (HB5Ag) positive will utilize appropriate standard and transmission based precautions when providing patient care. 1. Personnel will wear gloves during high-risk procedures in which their blood/body fluids may contact patients or other personnel. 2. Double-gloving during complex surgery will be utilized. D. Known/newly diagnosed carriers of Hepatitis B will be counseled regarding the practice of good personal hygiene and preventing blood/body fluid contact. E. Documentation will be made in the Employee Health File including the counseling of the employee. F. CDC guidelines and recommendations will be utilized to evaluate employees who are antigen positive." A review of the staff members files revealed no Hepatitis B status, so there was no way to know if the staff members or patients were being exposed to Hepatitis B. An interview with Staff #3 on 08/30/2016 at 12:30 PM confirmed the above findings.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING	E CONSTRUCTION	(XXI) DATE SI COMPLI	
	007804		B. WING		08/3	0/2016
	ROVIDER OR SUPPLIER WOMEN'S REPRODUC	TIVE CLINIC 500 EA	ADDRESS, CITY, ST ST SCHUSTER (O, TX 79902			
(X4) ID PREFIX TAG	(EACH DEFICIO	STATEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL INCLISE IDENTIFYING INFORMATION	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	86	COMPLEY DATE
A 220	Continued From pa	ige 11	A 220	A220 TAC 139.49(d)(1)		
A 220	d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. A licensed abortion facility shall have written policies covering its procedures for the decontamination and sterilization activities performed. Policies shall include, but not be limited to, the receiving, cleaning, decontaminating, disinfecting, preparing and starilization of critical items (reusable items), as well as those for the assembly, wrappling, storage, distribution, and the monitoring and control of sterile items and equipment. (1) Supervision. The decontamination, disinfection, and sterilization of all supplies and equipment shall be under the supervision of a person qualified by education, training, or experience.		A 220	Decontamination and disinfection of instruments policy of the facility not being implemented by staff member	1	10/10/16
				Decontamination and disinfection of instruments policy has been made available and is being implemented under the supervision of a qualified member. Nurse administrator to follow-up with adherence to policy on a quarterly	readily d I staff th	10/10/16
	Based on observations interview, the facility	is not met as evidenced by: ion, record review, and by failed to ensure they had a nination of surgical				
	Findings include:					

SOD - State Form STATE FORM

Observations on 8/30/16 at approximately 10:00 AM during a tour of the facility sterile processing room revealed facility Staff #3 was using Ajax, an abrasive powdered bleach cleanser, to scrub the instruments.

According to the Association of Surgical

	TOP DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION (CD) OATE	SURVEY	
		007804	II. WING		08/30/2016	
	ROVIDER OR SUPPLIER WOMENS REPRODUC	CTIVE CLINIC 500 EAS	ADDRESS, CITY, ST ST SCHUSTER E IO, TX 79902	TAITE, ZIP COOR		
DIA) ID PREFIX TAG	(BACH DEFICIE	STATEMENT OF DISTURDINGS INCY MUST OF PRECEDED BY FULL OR USC IDENTIFYING INFORMATION	PREPIX TAG	PROVIDER'S PLAN OF CONSECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DERICENCY)	COMPLETE	
A 220	Decontamination of	ndards of Practice for the if Surgical InstrumentsThe should not be corrosive and	A 220			
	with Staff #3, revea	6 at approximately 10:05 AM, sled she always uses the I deenser to clean the	2			
				Continued From Page 12 A220 Documentation of sterilized instruments in place.	10/13/16	
A 242	Standards D) Packaging. (i) All wrapped article packaged in material specific type of ster sterilized, and to primicroorganisms. As peel pouches, perfetreys. Muslin packatinches by 12 inches maximum weight of instrument trays shall be load as to the date	cles to be sterifized shall be ists recommended for the rilizar and material to be rovide an effective barrier to cceptable packaging includes orated metal trays, or rigid a shall be limited in size to 12 a by 20 inches with a fi 12 pounds. Wrapped itall not exceed 17 pounds, the labeled for each sterifizer and time of sterifization, the laber, and the autoclave.	A 242	A242 TAC 139.49(d)(5)(D)(l)(li) Facilities policy on decontamination of instruments not being followed by staff member. A242 All wrapped articles to be sterilized are being packaged in materials recommended for the specific type of sterilizer being used. Acceptable packing are perforated metal trays. Wrapped instruments are not exceeding 17 pounds.		
	Based on observati	is not met as evidenced by: ion, record review, and			Ш	

Texas Decartment of State Health Services STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CUA OCO MULTIPLE CONSTRUCTION OCO) DATE SURVEY AND PLAN OF CORRECTION IOEMAPICATION NUMBER: COMPLETED A BUILDING: B. WING 007804 08/30/2016 NAME OF PROMOGR OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 7990Z BUMMARY STATUMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETE DATE (X4) ID (EACH DEFICIONCY MUST BE PRECEDED BY FULL PREFOX GACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISCIDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY Continued From page 13 A 242 A 242 Continued From page 13 A242 During the inspection, staff member was in instrument packages the following: the date and the process of sterilizing instruments and had time of stantizing, stantizing load number, and the not yet labeled the instruments tray with time. identification of the autociave used. Also, the date and load number. facility failed to follow their own policy. All items sterilized are being identified as being sterilized by autoclave #1. Two During a tour of the facility's exam room and sterilization room on 08/30/2016 at 10:00 AM sterilizers are no longer being used. observed the instruments in the exam room were not labeled with date or time sterilized, sterilizing Labeling includes date and time of sterilization including sterilizing load number. load number, and the identification of the autoclave used. The wrapped instruments that On a monthly basis nurse administrator or were being removed from the autoclave were not assistant administrator will review sterilization labeled with date or time starlized, starlizing load process and log records. number, and the identification of the autoclave used. A review of the facility policy titled, "infection Control Program" revealed the following: "PURPOSE: The intent of Hill Top Women's Reproductive Center's Infection Control Program is to meet all of the preroquisites listed in TAC Title 25 Rule §139.49 - Infection Control Standards. (a) Written policies. A licensed abortion facility shall develop, implement and enforce infection control policies and procedures to minimize the transmission of post procedure infections. These policies shall include, but not be limited to, the prevention of the transmission of human immunodeclency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species (SP); educational course requirements; cleaning and laundry requirements; and decontamination, disinfection, sterilization, and storage of sterile supplies. (ii) All items shall be labeled for each sterilizer

PRINTED: 09/23/2016 FORM APPROVED Texas Department of State Health Services STATCHENT OF DEFICIENCIES O(1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (XX) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: O. WNG 007804 08/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 79902 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIONCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR USC IDENTIFYING INFORMATION CHOSS-REPERENCED TO THE APPROPRIATE TAC DEFICIENCY A242 Continued From page 14 A242 load as to the date and time of sterilization, the sterilizing load number, and the autoclave," etc. An interview with the Staff #3 on 08/30/2016 at 11:00 AM confirmed the above findings. A 245 TAC 139.49(d)(5)(F)(iii)(iv)(v) Infection Control A 245 A245 TAC 139.49(d)(5)(lii)(lv)(v) Standards As per last years inspection, the choice of 09/19/16 using either Bowle-dick type test or Attest (F) Biological Indicators. (iii) A log shall be mainteined with the load was given. identification, biological indicator results, and Facility selected to use the Bowie-dick type identification of the contents of the load. test and not Attest. (iv) If a test is positive, the sterilizer shall immediately be taken out of service. A Bowle-dick type test will continue to be run malfunctioning sterilizer shall not be put back into and Attost has been implemented. use until it has been serviced and successfully tested according to the manufacturer's recommendations. (v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A tist of all items which were used after the last negative biological indicator test shall be submitted to the administrator. This Requirement is not met as evidenced by: Based on observation, record review, and interview, the facility falled to perform biological testing for the bacterial growth and possible sterilization failure and document the results on a log for 2 of 2 startilizers being used in the facility. Also, the facility failed to follow their own policy.

Findings:

A review of the log records revealed that the

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: 007804	a mag		
	ROVIDER OR SUPPLIER MONIENS REPRODUC	TIME CO INIC	ADDRESS, CITY, ST ST SCHUSTER E O, TX 79902		
(K4) ID PREPOX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL COLLATORY OR USC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEVICIENCY)	COMPLETE
		gical testing log. Therefore ings documented after 48 biological indicator had any d possible sterilization failure.	A 245	Continued From page 15 A245 Attest biological testing log has been implemented. Assistant Administrator to review on a monthly basis that biological testing is being run up to par and logged accordingly.	
	Program" reveled to "PURPOSE; The in Reproductive Central is to meet all of the	cy titled, "Infection Control he following: htent of Hill Top Women's er's Infection Control Program prerequisites listed in TAC 49 - Infection Control			
	shall develop, imple control policies and transmission of pos policies shall include prevention of the tr immunodeclency v (HBV), hepatitis C tuberculosis (TB), i (SP); educational of and laundry require	A licensed abortion facility ement, and enforce infection of procedures to minimize the at procedure infections. These de, but not be limited to, the ensmission of human irus (HIV), nepatitis 8 virus virus (HCV), Mycobacterium and Streptococcus species course requirements; cleaning ements; and decontamination, action, and storage of sterile			
	(i) The efficacy of the monitored with reliaspropriate for the Bacillus stearother (ii) Biological Indicates one run each sterilizers. (iii) A log shall be reliaspropriate for the sterilizers.	the sterilizing process shall be able blological indicators type of sterilizer used (e.g., mophilus for ateam sterilizers), ators shall be included in at day of use for steam maintained with the load spical indicator results, and			

	of Dericiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007804	OC) MULTIPLE CONSTRUCTION A BUILDING: B. WING		COM	SURVEY PLETED
	NOVIDER OR SUPPLIER VOMENS REPRODUC	CTIVE CLINIC 500 EAS	NOORESS, CITY, STATE ST SCHUSTER BUIL O, TX 79902		, ,,	130/2016
(X4) ID PROFIX TAG	(EACH DEPICIE	STATEMENT OF DOPICIONCIES INCY MUST BE PRECEDED BY FULL OR LISC IDENTIFYING INFORMATION	PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE THE APPROPRIATE	GOMPLETE DATE
	(iv) If a test is positioned immediately be tak malfunctioning steruse until it has been tested according to recommendations. (v) All available item reprocessed if a strate all items which negative biological submitted to the according to the reprocessed of a strategy of all items which are the reprocessed. An interview with S. AM confirmed there.	contents of the load tive, the sterilizer shall an out of service. A prizer shall not be put back into an serviced and successfully the manufacturer's the manufacturer's masshall be recalled and chilizer matfunction is found. A children used after the last indicator test shall be iministrator."	A 245			
A 266			A 266			
- Same Por	m	-	N= 100	SW11	2	Kon sheet 17 c

Texas Department of State Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA 002 MULTIPLE CONSTRUCTION OUD DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A DUILDING: B. WNG 007884 08/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 78902 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION) COMPLETE PREFIX PREFIX GACH CORRECTIVE ACTION SHOULD BE CROSS REPERENCED TO THE APPROPRIATE YAG DEFICIENCY ontinued From page 17 A 266 Continued From page 17 A 286 A 322 TAC 139.54(b)(2) Health Care Services A 322 A322 Nurse did train non-licensed personnel on procedure to draw blood but not the doctor. (b) Licensed health care professionals, (2) A licensed abortion facility may allow Will implement from now on that all non-10/10/16 physicians to train nonlicensed personnel, age 18 licensed personnel will be trained on how years or above, to extract blood for laboratory to draw blood by doctor. testing and to administer intravenous fluids. Nurse will follow-up with training policy and that there is proper documentation. This Requirement is not met as evidenced by: Based on record review and interview, the facility failed to provide training by a physician for 2 of 2 (#3 and #5) nonlicensed personnel that were extracting blood from patients for laboratory testing. A review of the personal files for Staff #3 and #5 revealed no training by the physician to the nonlicensed personnel for extracting blood from patients for laboratory testing. An interview with Staff #2 on 08/30/2016 at 1:00

1 4

Texas Department of State Health Services STATEMENT OF DISPICIONCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (CZ) MULTIPLE CONSTRUCTION A BUILDING: 007804 B. WING 08/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 79902 SUMMARY STATEMENT OF DERCEDED BY FULL (BACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG COMPLETE DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEMCIENCY) A322 Continued From page 18 A 322 PM confirmed that Staff #3 and #5 are the staff members that were extracting blood from patients for laboratory testing in the facility. . An interview with Staff #2 on 08/30/2016 at 1:00 PM confirmed the above findings. A332 A 332 A338 A 338

	CONTROLL OF SCHOOL					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING:	CONSTRUCTION	OCD) DAG COA	E SURVEY PLETED
	007804		8. WING_	8. WING		8/30/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	E. ZP COOG		
нитор	WOMENS REPRODUC	TIVE CLINIC 500 EAS	ST SCHUSTER BL O, TX 79902			
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES VCY MUST BE PRECEDED BY FULL	ID PREPARE	PROVIDERS PLAN OF	CORRECTION	(XII)
TAG	REGULATORY	R LBC IDENTIFYING INFORMATION)	TAG	CROSS-REPERENCED TO DEPICIENT	THEAPPROPRIATE	DATE
A 338	Continued From page	ge 19	A 338	Continued From page 19		
						T
9						
			1 1			
			1 1			
						1
			1			
1						
A 341	TAC 139.55(c)(13)(1-	4)(15)(16) Clinical Records	A341			
Sec. 5						
State For E FORM	va.		*** W	25W11	If continu	attor wheat 20 c

WZ5W11

	OF CORRECTION	(X1) PROVIDERUSUPPLICATION NUMBER:	A. BLILDING B. WING		COMPLETED
	ROVIDER OR SUPPLIER WOMENS REPRODUC	TIVE CLINIC 600 EAS	ADDRESS, CITY, ST ST SCHUSTER I O, TX 78902		08/30/2018
(X4) ID PREFIX YACI	(GACH DEFICIE	STATEMENT OF DEFICIENCIES NOT MUST BE PRECEDED BY FULL OR LEC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DERGENCY)	COURT
1	AG REGULATORY OR LEC IDENTIFYING INFORMATION)		A341	A341 TAC 139,55(c)(13)(14)(15)(16) On examination of medical records be surveyors the name and signature of members administering medications not consistant.	staff
	#1-10 revealed whe	patient medical records for n a medication was given, the ministering the medication		On clinical days medical records will reviewed for appropriate signatures a documentation of medication being administered. Nurse to follow-up on a quarterly bas 10 medical records to ensure proper documentation.	ind
	Interview on 8/30/16 confirmed the above	with the facility Staff #2 findings.			
A 347	TAC 139.55(0)(17)(A	N)(B) Clinical Records	A 347		

Texas Department of State Health Services (X1) PROVIDERISUPPLIERICUA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES DCD MULTIPLE CONSTRUCTION (XX) DATE SURVEY AND PLAN OF CORRECTION A DUFLOING: B. WING 007804 08/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 21P CODE 500 EAST SCHUSTER BUILDING B HILLTOP WOMENS REPRODUCTIVE CLINIC EL PASO, TX 79902 SUMMARY STATEMENT OF DEFICIENCIES CX4) ID PROVIDER'S PLAN OF CORRECTION COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFOX TEACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LISC IDENTIFYING INFORMATIONS TAO CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY Continued From page 21 A 347 Continued From page 21 A 347 A347 TAC 139.55 (c)(17)(A)(B) (17) for patients receiving moderate Surveyors upon reviewing medical records sedation/enalgesia or deep sedation/analgesia: found that no respirations were documented. (A) a minimum of blood pressure, pulse, and respirations shall be obtained and recorded Respirations were recorded in patients before sedation, during sedation, during the medical chart before and after an procedure, during the initial recovery period, and abortion procedure, but not during procedure. before discharge from the facility; and (B) the patient's blood oxygenation shall be After each clinical day patients medical assessed and recorded, a minimum of at the time record will be reviewed for proper documentation of respirations by staff of sadation, during the procedure, and after the procedure. members. This Requirement is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the respirations were obtained and recorded before sedation, during sedation, during the procedure, during the initial recovery period, and before discharge from the facility for sampled patients #1-#10 (#1-#10). The findings were: Record review of the patient medical records for sampled patients #1-#10 revealed there was no documentation of patient respirations before, during, and after an abortion procedure. Interview on 8/30/16 with facility Staff#2 confirmed the above findings. TAC 139.60(a) Other State and Federal A 391 Compliance Romts (a) A licensed abortion facility shall be in

SOO - State Form

	T OF DEFICIENCIES OF CORRECTION	O(1) PROVIDER/SUPPLICE/CLIA IDENTIFICATION NUMBER: 007804	C WING		DATE SURVEY COMPLETED
	ROVIDER OR SUPPLIER		ACORSSS, CITY, ST		08/30/2016
LLIOP		EL PAS	0. TX 79902		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (GACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLE CATE
A 391	Continued From pa compliance with all pertaining to handle	state and federal lews	A 391		
	Based on observation	is not met as evidenced by: on and interview, the facility ened multi-dose vials were er opening.			
	The findings were:		1		
	AM during the tour of revealed an opened	30/16 at approximately 10:10 of the facility medication area, it multi-dose vial of Lidocaine oel or documentation of when		A391 Multi-dose vial of Lidocaine 1% had just opened for that clinical day and staff members had not had a chance to laborate vial was opened. Multi-dose vials or any vials will be laborated immediately upon opening.	ol when
	interview on 8/30/16 confirmed the above	with the facility Staff #2 findings.		Staff members will ensure that vials are labeled properly on a dally basis.	
			Y		
			,		

WZEW11