Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	007326	A. BUILDING: _____ B. WING _____	02/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSTON WOMENS CLINIC	4820 SAN JACINTO HOUSTON, TX 77004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	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 unannounced visit was made at the above named facility on the morning of 2/20/2014 to conduct a Re-Licensure Inspection to determine compliance with 25 TAC Chapter 139, Licensing Rules for Abortion Facility.	A 000		

TEX. GOV'T CODE ANN. § 552.101 + TEX. HEALTH & SAFETY CODE §§ 245.011 & 245.023

Findings and determination of the inspection was discussed. Deficiencies were cited. Information to complete and submit an acceptable plan of correction was given verbally and in writing. The facility was given an opportunity to ask questions and provide additional information.

The facility's Staff was informed the Department will review the findings and make the final determination regarding possible enforcement actions.

Emergency Services 139.56.

(a) A licensed abortion facility shall have a readily

SOD - State Form

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	007326	A. BUILDING: _____ B. WING _____	02/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSTON WOMENS CLINIC	4820 SAN JACINTO HOUSTON, TX 77004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Continued From page 1 accessible written protocol for managing medical emergencies and the transfer of patients requiring emergency care to a hospital. The facility shall ensure that the the physicians who practice at the facility: (1) have active admitting privileges at a hospital that provides obstetrical or gynecological health care services and is located not further than 30 miles from the abortion facility; (2) provide the pregnant woman with: (A) a telephone number by which the pregnant woman may reach the physician or health care personnel employed by the physician or by the facility with access to the woman's relevant medical records 24 hours a day, to request assistance for any complications that arise from the performance or induction of the abortion or ask health-related questions regarding the abortion; 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 could be treated. (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 America 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.	A 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	007326	A. BUILDING: _____ B. WING _____	02/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSTON WOMENS CLINIC	4820 SAN JACINTO HOUSTON, TX 77004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Continued From page 2 This Requirement is Not Met, as Evidenced By: Based on observation, record review and interview the facility failed to provide the name and telephone number of the nearest hospital to the home of the pregnant woman at which an emergency arising from the abortion could be treated for 6 of 12 women scheduled for a procedure (#s 1,2,3,4,5 and 16). Findings: Observation on 2/20/2014 between the hours of 8:30 am and 12:15 pm revealed 12 patients were scheduled and given sedation for their abortion procedure. Observation during that time revealed six (6) patients, who had the abortion procedure and were discharged from the facility, were not given verbal nor written information of the telephone number and name of a hospital nearest to their home where they could call or go for treatment if an emergency relating to their abortion procedure should occur. Review of the medical records for the six (6) patients revealed the written emergency instructions did not include the names of hospitals nearest to the women's homes where they should call. The listed hospitals to call were Houston Hospitals. Further review of the six (6) patients' records revealed they came from other areas of the state and also out of state. During an interview on 2/20/2014 at 1:25 pm with Staff (#28) Medical Assistant who gave discharge instructions to four (4) of the six (6) patients, she stated she did not tell the women the name and	A 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	007326	A. BUILDING: _____ B. WING _____	02/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSTON WOMENS CLINIC	4820 SAN JACINTO HOUSTON, TX 77004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Continued From page 3 telephone number of the hospital nearest to their home, because all the patients had different addresses. During an interview on 2/20/2014 at 2:10 pm with the facility's Consultant, she stated the requirement will be included in the instructions given to patients.	A 000		
A 294	139.49(a) 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 immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), Mycobacterium tuberculosis (TB), and Streptococcus species (S. spp.); educational course requirements; cleaning and laundry requirements; and decontamination, disinfection, sterilization, and storage of sterile supplies. This Requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure: (a) Staff washed their hands after removing their gloves; (b) Staff stored sterilized equipment and supplies in a manner to prevent contamination; (c) Staff maintained the physical environment in a manner to prevent the potential for infection. This failed practice had the potential for the spread of infection in the facility citing 2 random	A 294		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	007326	A. BUILDING: _____ B. WING _____	02/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSTON WOMENS CLINIC	4820 SAN JACINTO HOUSTON, TX 77004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 294	Continued From page 4 observations. Findings: Observation on 2/20/2014 at 8:40 am at the facility revealed Staff (#21) was in the laboratory drawing blood via needle stick to the finger for RH testing . After obtaining blood from the patient, the staff placed a band aid to the patients' finger, removed her gloves and did not wash/sanitize her hands before starting to chart on the patient's paper medical record. Observation at 8:55 am revealed Staff (#21) conducted a similar procedure for another patient. The staff did not remove the soiled gloves after collecting the blood. She left the room then returned to the laboratory wearing the same soiled gloves. The staff proceeded to document on the patient's medical record without removing the soiled gloves and washing her hands. During an interview on 2/20/2014 at 9:10 am with the Nurse Manager (Staff # 27) she stated the medical record was considered clean and the staff should have removed her gloves and wash her hands prior to handling the medical record. Observation on 2/20/2014 at 9:10 am in sterilization area revealed the following information: In the soiled utility room the backsplash behind the sink used for cleaning soiled instruments was torn from the wall approximately 24 inches long and 4 inches wide between the wall and the sink. The space had rough edges that could not be easily cleaned; creating a potential harbor for bacteria from blood splatter and debris.	A 294		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	007326	A. BUILDING: _____ B. WING _____	02/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSTON WOMENS CLINIC	4820 SAN JACINTO HOUSTON, TX 77004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 294	Continued From page 5 Observation on 2/20/2014 at 9:25 am in the clean utility room revealed multiple three-shelf work carts containing a sterile instrument pack on the top shelf, two sterile instrument packs, a box of gloves, k-y jelly and syringes with solutions of lidocaine on the second shelf, and a clean basin with a specimen form on the third shelf in readiness for the procedure rooms. Observation on 2/20/14 at 9:40 am revealed a Staff took one of the prepared work carts to procedure room (#1). Further observation on 2/20/2014 at 10:15 am revealed after a procedure was completed, staff took the work cart from procedure room (#1) with a basin of soiled instruments and tissue specimen on the top shelf. The sterile instrument packs and other clean supplies that should be stored in a clean setting was still on the second shelf of the now contaminated work cart. The cart was taken to the soiled utility area with both contaminated and clean equipment and supplies. Staff (#29) Medical Assistant, removed the basin that contained tissue specimen and used instruments contaminated with blood from the work cart and placed it in the sink for cleaning. Staff (#29) removed her gloves, but did not wash her hands. She then began cleaning the work cart. She lifted the clean supplies on the second shelf during the process and then returned them to the wet shelf, which contaminated them further by breaching the integrity of the packaging with the wet solution along with her contaminated hands. Staff (#29) returned the work cart with the contaminated equipment to the clean utility area, placed a clean basin on the bottom shelf of the cart, took an instrument package from the second	A 294		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	007326	A. BUILDING: _____ B. WING _____	02/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSTON WOMENS CLINIC	4820 SAN JACINTO HOUSTON, TX 77004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 294	Continued From page 6 shelf and placed it on the top in readiness for use. During an interview on 2/20/2014 at 10:35 am with Staff (# 29), she stated the work cart was now ready for use in the procedure room. The Surveyor pointed out to her that the the work cart and it's contents were considered contaminated once it was handled in the procedure room and then taken to the soiled utility room. The staff stated she thought the supplies that were not used were good for the next procedure. During an interview on 2/20/2014 at 1:45 pm with the Nurse manager she stated she could see how the supplies on the work carts could become contaminated during a procedure.	A 294		
A 332	139.49(d)(5)(F)(ii) Infection Control Standards (d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. (5) Equipment and sterilization procedures. (F) Biological indicators. (ii) Biological indicators shall be included in at least one run each day of use for steam sterilizers. This Requirement is not met as evidenced by: Based on record review and interview the facility failed to document the biological indicator results on a daily basis. The facility failed to implement it's infection control policy that require a daily log of biological indicator results be kept. Findings:	A 332		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	007326	A. BUILDING: _____ B. WING _____	02/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSTON WOMENS CLINIC	4820 SAN JACINTO HOUSTON, TX 77004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 332	Continued From page 7 Review of the facility's biological indicator result log for two sterilizers revealed there was no results documented since 2/12/2014. Review of the facility's infection control policy dated 2/5/2013 include the following information: "Biological indicators will be used to determine the efficacy of the sterilizing process. This shall be included in at least one run each day of use. A log will be kept with load identification, results of indicator and contents of the load." During an interview on 2/20/2014 at 9:35 am with Staff (#29), assigned to sterilization room, she stated sterilization was done in the facility on a daily basis. She stated the biological indicator test was done daily, but she failed to document that it was done. During an interview on 2/20/2014 at 2:00 pm with the Nurse Manager, she stated the facility operated Monday through Saturdays and the sterilization logs are required to be current.	A 332		
A 352	139.49(d)(5)(M) Infection Control Standards (d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile supplies. (5) Equipment and sterilization procedures. (M) Preventive maintenance. Preventive maintenance of all sterilizers shall be performed according to individual policy on a scheduled 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	A 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	007326	A. BUILDING: _____ B. WING _____	02/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSTON WOMENS CLINIC	4820 SAN JACINTO HOUSTON, TX 77004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 352	Continued From page 8 shall be retained at least two years and shall be available for review to the facility within two hours of request by the department. This Requirement is not met as evidenced by: Based on observation, interview and record review the facility failed to provide evidence that equipment used for sterilization and patient care at the facility had preventative maintenance to ensure safety and quality of patient care. Findings: Observation on 2/20/2014 at 9:15 am in the sterilization area revealed there were two M11 Ultra Care Steam sterilizers. During an interview on 2/20/2014 at 9:17 am with Staff (#29) Medical Assistant, assigned to the sterilization room, she stated one of the sterilizers was less than a year old and the other was just past a year. She stated preventative maintenance on the sterilizers was not done. Observation on 2/20/2014 at 10:00 am in the Ultrasound room revealed a GE Logic 5 Ultra Sound machine with a maintenance sticker with information that inspection was done on 2/2011 and next due on 2/2012. During an interview on 2/20/2014 at 10:05 am with Staff (#23) Ultra Sound Technician, she stated the equipment requires yearly maintenance. Review of the facility's maintenance records revealed no documentation that the maintenance was conducted for the sterilizers. There was no	A 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	007326	A. BUILDING: _____ B. WING _____	02/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSTON WOMENS CLINIC	4820 SAN JACINTO HOUSTON, TX 77004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 352	Continued From page 9 information that preventative maintenance was conducted for the Ultra sound equipment in 2012 and 2013. Review of the facility's infection control policy dated 2/5/2013 include the following information: "Preventative Maintenance shall be performed according to service manual. Records shall be kept for two years." Further review of the policy revealed the policy adopted the manufacturers preventative maintenance for the sterilizers which gave instructions: "To clean the Chambers and Trays weekly, and to clean the chamber and plumbing monthly to assure correct operation of equipment and reliable sterilization of loads."	A 352		