

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 03/06/2018
---	---	--	--

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	<p>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 Clinic Coordinator and Nursing Supervisor the morning of 3-5-18. 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 and other administrative staff the afternoon of 3-6-18. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	A 000	<p>REVIEWED</p> <p>MAR 20 2018</p> <p>BY: <i>Wanda Wilson, RN</i></p>	
A 043	<p>TAC 139.21(5)(6) General Requirements for Licensure</p> <p>An applicant for an abortion facility license shall meet the following requirements:</p> <p>(5) The licensee of the abortion facility is responsible for ensuring the facility's compliance with the Act and this chapter.</p> <p>(6) Renewal licenses shall expire in two years.</p> <p>This Requirement is not met as evidenced by:</p>	A 043		

SOD - S
LABORAT

STATE F

TITLE

(X6) DATE

Medical Director

3-19-18

YM0411

If continuation sheet 1 of 23

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 043	<p>Continued From page 1</p> <p>Based on observation and a review of documentation, the licensee of the abortion facility failed to ensure the facility's compliance with the Act and this chapter.</p> <p>Findings were:</p> <p>The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.</p> <p>(3) Act--Texas Abortion Facility Reporting and Licensing Act, Health and Safety Code, Chapter 245.</p> <p>(28) Licensee--A person or entity who is currently licensed as an abortion facility.</p> <p>Per Texas Health and Safety Code Chapter 245, Subtitle B: Sec. 245.002. DEFINITIONS. In this chapter:</p> <p>(1) "Abortion" means the act of using or prescribing an instrument, a drug, a medicine, or any other substance, device, or means with the intent to cause the death of an unborn child of a woman known to be pregnant. The term does not include birth control devices or oral contraceptives. An act is not an abortion if the act is done with the intent to:</p> <p>(A) save the life or preserve the health of an unborn child;</p> <p>(B) remove a dead, unborn child whose death was caused by spontaneous abortion; or</p> <p>(C) remove an ectopic pregnancy.</p> <p>(2) "Abortion facility" means a place where abortions are performed.</p> <p>(3) Repealed by Acts 2015, 84th Leg., R.S., Ch.</p>	A 043		

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 043	<p>Continued From page 2</p> <p>1, Sec. 3.1639(62), eff. April 2, 2015.</p> <p>(4) "Department" means the Department of State Health Services.</p> <p>(4-a) "Ectopic pregnancy" means the implantation of a fertilized egg or embryo outside of the uterus.</p> <p>(4-b) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.</p> <p>(5) "Patient" means a female on whom an abortion is performed, but does not include a fetus.</p> <p>(6) "Person" means an individual, firm, partnership, corporation, or association.</p> <p>Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.</p> <p>Amended by:</p> <p>Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0685, eff. April 2, 2015.</p> <p>Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.1639(62), eff. April 2, 2015.</p> <p>Acts 2017, 85th Leg., R.S., Ch. 441 (S.B. 8), Sec. 8, eff. September 1, 2017.</p> <p>Sec. 245.010. MINIMUM STANDARDS. (a) The rules must contain minimum standards to protect the health and safety of a patient of an abortion facility and must contain provisions requiring compliance with the requirements of Subchapter B, Chapter 171. On and after September 1, 2014, the minimum standards for an abortion facility must be equivalent to the minimum standards adopted under Section 243.010 for ambulatory surgical centers.</p> <p>(b) Only a physician as defined by Subtitle B, Title 3, Occupations Code, may perform an abortion.</p> <p>(c) Repealed by Acts 2013, 83rd Leg., 2nd C.S., Ch. 1, Sec. 8, eff. September 1, 2014.</p>	A 043	<p>Medical Director will ensure that only a physician will administer the medication Mifeprex (an abortion-inducing medicine). Medical Director will develop policy for administration of medication abortion. It will be the responsibility of the Medical Director to enforce compliance with this policy.</p>	3.30.18	

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 043	<p>Continued From page 3</p> <p>(d) This section does not authorize the executive commissioner to:</p> <p>(1) establish the qualifications of a licensed practitioner; or</p> <p>(2) permit a person to provide health care services who is not authorized to provide those services under other laws of this state.</p> <p>Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989. Amended by Acts 1997, 75th Leg., ch. 23, Sec. 1, eff. Sept. 1, 1997; Acts 2001, 77th Leg., ch. 1420, Sec. 14.789, eff. Sept. 1, 2001; Acts 2003, 78th Leg., ch. 999, Sec. 4, eff. Sept. 1, 2003.</p> <p>Amended by:</p> <p>Acts 2013, 83rd Leg., 2nd C.S., Ch. 1, Sec. 4, eff. October 29, 2013.</p> <p>Acts 2013, 83rd Leg., 2nd C.S., Ch. 1, Sec. 8, eff. September 1, 2014.</p> <p>Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0689, eff. April 2, 2015.</p> <p>Per Subtitle B, Title 3, Occupations Code: Sec. 162.151. DEFINITIONS. In this subchapter:</p> <p>(1) "Core credentials data" means:</p> <p>(A) name and other demographic data;</p> <p>(B) professional education;</p> <p>(C) professional training;</p> <p>(D) licenses; and</p> <p>(E) Educational Commission for Foreign Medical Graduates certification.</p> <p>(2) "Credentials verification organization" means an organization that is certified or accredited and organized to collect, verify, maintain, store, and provide to health care entities a health care practitioner's verified credentials data, including all corrections, updates, and modifications to that data. For purposes of this subdivision, "certified" or "accredited" includes certification or accreditation by a nationally recognized</p>	A 043			

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

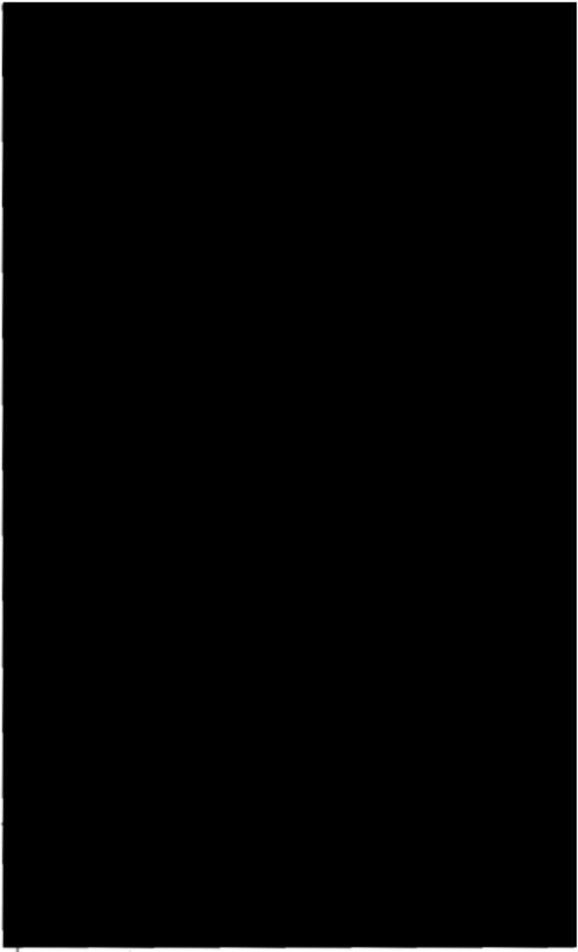
STREET ADDRESS, CITY, STATE, ZIP CODE

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 043	Continued From page 4 accreditation organization. (3) "Health care entity" means: (A) a health care facility or other health care organization licensed or certified to provide approved medical and allied health services in this state; (B) an entity licensed by the Texas Department of Insurance as a prepaid health care plan or health maintenance organization or as an insurer to provide coverage for health care services through a network of providers; or (C) a health care provider entity accepting delegated credentialing functions from a health maintenance organization. (4) "Physician" means a holder of or applicant for a license under this subtitle as a medical doctor or doctor of osteopathy. Added by Acts 2001, 77th Leg., ch. 1420, Sec. 14.033(a), eff. Sept. 1, 2001.	A 043		
				4.1.18

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 043	Continued From page 5 	A 043			
A 129	TAC 139.40(a)(2)(A)(B)(C)(D)(E)(F) Policy Development and Review (2) clinical policies governing medical and clinical practices and procedures of the facility, covering at a minimum: (A) the provision of medical and clinical services; (B) the provision of laboratory services;	A 129	Medical Director will instruct all staff to document the name of the driver for all patients receiving sedation. This will be included in the daily chart review and QA will review to ensure compliance.	3.23.18	

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 129	<p>Continued From page 6</p> <p>(C) examination of fetal tissue; (D) disposition of medical waste; (E) emergency services; (F) condition on discharge procedures;</p> <p>This Requirement is not met as evidenced by: Based on a review of documentation and interview, the facility failed to ensure facility policy was followed for pateint's condition at the time of discharge.</p> <p>Findings included:</p> <p>Facility based form entitled, "Analgesia/Anesthesia Informed Consent" stated in part, "If you have opted to receive any level of sedation beyond local anesthesia, you must have driver escort you home form the facility on the day of the procedure".</p> <p>The Operative Report form for patients had an area to document "discharged to driver" with a time and staff member to also be documented in this area.</p> <p>Review of medical records revealed 2 of 20 patients (#11 and 17) receiving sedation did not have a documented driver they were discharged to on the Operative forms.</p> <p>In an interview on 03/06/18, staff member #2 and 3 confirmed that patients should have had the driver they were discharged to documented in their medical record per facility practice.</p>	A 129			
A 197	TAC 139.48(1)(A) Physical & Environmental Requirements	A 197			

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 197	<p>Continued From page 7</p> <p>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;</p> <p>This Requirement is not met as evidenced by: Based on tours of the facility and interviews with staff, the facility failed to have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients and staff at all times.</p> <p>Findings were:</p> <p>During tours of the facility conducted on 3-5-18 and 3-6-18, the following observations were made:</p> <p>'A needle (with no syringe attached) was inserted into a multi-dose bottle of Stadol®. Such practice allows a portal of entry for bacteria into the vial.</p> <p>'A plastic baggie containing 18 vials of Ativan® injectable 2mg/ml was found in an unlocked medication refrigerator in the medication/laboratory area. In an interview with staff #4 on 3-5-18, staff #4 was unable to provide the surveyor with a narcotic count sheet for the medication and confirmed that the supply of Ativan® injectable was not being monitored. Facility policy titled "Policy for Preparation and Storage of Medications states, in part: 'To ensure safety for patients the following</p>	A 197	<p>Medical Director will ensure all nursing staff follows facility policy for preparation and storage of medications. QA Committee will conduct random inspections to ensure compliance with facility's policies</p>	4.1.18	

If continuation sheet 9 of 23

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 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 197	Continued From page 9 The above was confirmed in an interview with the facility Administrator and other administrative staff the afternoon of 3-6-18.	A 197		
A 201	TAC 139.48(1)(E)(F) Physical & Environmental Requirements The physical and environmental requirements for a licensed abortion facility are as follows. (1) A facility shall: (E) store hazardous cleaning solutions and compounds in a secure manner and label substances; (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); 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. Findings were: During a tour of the facility on 03/05/18, cleaning supplies including: Comet cleaner, bleach, 409 cleaner, and Lysol were observed in unlocked cabinets under sinks throughout the facility. The above was confirmed in an interview with staff members #3 and 4 on 03/05/18 during a tour of the facility.	A 201	Administrator is responsible for obtaining locks on all cabinets where cleaning solutions are stored.	4.15.18

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 233	Continued From page 10	A 233			
A 233	<p>TAC 139.49(d)(5)(A) Infection Control Standards</p> <p>(5) Equipment and sterilization procedures. Effective sterilization of instruments depends on performing correct methods of cleaning, packaging, arrangement of items in the sterilizer, and storage. The following procedures shall be included in the written policies as required in this subsection to provide effective sterilization measures.</p> <p>(A) Equipment. A licensed abortion facility shall provide sterilization equipment adequate to meet the requirements of this paragraph for sterilization of critical items. Equipment shall be maintained and operated to perform, with accuracy, the sterilization of critical items.</p> <p>This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure the effective sterilization of instruments, by failing to utilize the correct methods of packaging and arrangement of items in the sterilizer.</p> <p>Findings included:</p> <p>During a tour of the facility on 03/05/18 the following observation was made:</p> <p>* In the clean sterilization area 5 of 5 scissors were observed in the closed position and 1 of 7 hinged instruments were observed with the lock box closed and locked. When instruments are closed, the sterilizing agent cannot penetrate all surfaces to ensure complete sterilization of all surfaces of the instruments. 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</p>	A 233	<p>Medical Director will develop additional policy to include inspection of hinged instruments. Specifically to ensure hinged instruments are sterilized in the open position. Medical Director will review this policy with all staff working sterilization. QA committee will conduct random inspections to ensure compliance.</p>	4.1.18	

If continuation sheet 12 of 23

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2018
---	---	--	---

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
--------------------------	--	---------------------	--	--------------------------

Continued From page 12

A 328 HSC Code, D173.063(d)((1)(2)(e)(1)(2)(f)
Abortion-Inducing Drugs

(d) The physician who gives, sells, dispenses,
administers, provides, or prescribes an
abortion-inducing drug shall provide the pregnant
woman with:

- (1) a copy of the final printed label of that
abortion-inducing drug; and
- (2) a telephone number by which the pregnant

A 328

If continuation sheet 14 of 23

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 328	Continued From page 14 interview with staff, the physician who gives, sells, dispenses, administers, provides, or prescribes an abortion-inducing drug failed to schedule a follow-up visit for the woman to occur not more than 14 days after the administration or use of the drug. Findings were: During a review of clinical records for 9 medication abortion patients (patients #1 - #9), none of the 9 patients had been scheduled for a follow-up visit not more than 14 days after the administration of the drug. All patients were discharged with patient instructions that stated: "You must return to the office: In 2 weeks follow-up at clinic . M[Monday]-F[Friday] 2-4PM or Take urine pregnancy test at home" In an interview with staff #3 on 3-6-18, staff #3 confirmed that the patients were instructed to return to the clinic within 2 weeks but were not instructed to return on a certain date and at a certain time. The above was confirmed in an interview with the facility Administrator and other administrative staff the afternoon of 3-6-18.	A 328			
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	A 356			

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 356	<p>Continued From page 15</p> <p>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.</p> <p>This Requirement is not met as evidenced by: Based on a review of personnel files and an interview with staff, the facility failed to ensure that all direct care personnel were competent in and maintained current certification in cardiopulmonary 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, as staff may not be competent to respond in a medical emergency.</p> <p>Findings included:</p> <p>Facility based policy entitled, "Administrative Policies" stated in part, "1. Personnel... * Personnel will be CPR certified..."</p> <p>A review of personnel files revealed that 7 of 26 direct staff members at facility (#10, 11, 12, 13 15, 19, and 20) obtained cardiopulmonary resuscitation (CPR) through an online resource that demonstrated "proficiency by successfully passing the examination" with no evidence of hands-on skills practice and in-person assessment and demonstration of CPR skills. The website for the online resource found at: https://www.nationalcprfoundation.com/support/states in part, "No, we do not offer hands-on training. If your employer has requested you to</p>	A 356	<p>Administrator will ensure CPR training for staff includes hands on skills training.</p>	4.15.18	

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 356	Continued From page 16 receive hands-on training please visit CPR Near Me (also at CPR Near Me Online)." 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." 2 staff members (#4 and 16) had CPR that expired in February 2018. Staff member #3 stated they 2 staff members were getting ready to take the training in the next week. The above findings were confirmed in an interview with staff member #3 on 03/06/18.	A 356			
A 362	TAC 139.57(a)(2)(A)(B)(C)(D)(3) Discharge and Follow-up Referrals (a) A licensed abortion facility shall develop and implement written discharge instructions which shall include: (2) a statement of the facility's plan to respond to the patient in the event the patient experiences any of the complications listed in the discharge instructions to include: (A) a telephone number by which the patient may reach the physician, or other health care personnel employed by the physician or by the facility at which the abortion was performed or induced with access to the woman's relevant medical records, 24 hours a day to request assistance for any complications that arise from	A 362			

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 362	<p>Continued From page 17</p> <p>the performance or induction of the abortion or ask health-related questions regarding the abortion;</p> <p>(B) the name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated;</p> <p>(C) assurance that the responding individual shall be a physician, advanced practice registered nurse, physician assistant, registered nurse, or licensed vocational nurse; and</p> <p>(D) information that the patient may also contact the emergency medical service or present for care at the emergency room of a hospital in addition to contacting the facility; and</p> <p>(3) information concerning the need for a post-abortion examination.</p> <p>This Requirement is not met as evidenced by: Based on a review of medical records and interview, the facility failed to implement written discharge instructions which included the name and telephone number of the nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated.</p> <p>Findings included:</p> <p>Review of medical records revealed the following:</p> <ul style="list-style-type: none"> * The "Post-Operative Instructions" form stated in part, "We recommend that you contact us, but we want you to be fully aware that a hospital Emergency room is always an option. We will ensure that you have the name and phone number of a hospital closet [sic] to your home." * 20 of 20 patient medical records had the above post-operative instructions in their medical 	A 362	<p>**** See Attachment 1 ****</p> <p>Facility's current post-op instruction sheet (on back side) has a section for patients to initial stating (top section #8) that they have received the name and phone number of the hospital closet to their home.</p> <p>The inspector's findings only reviewed the front of the post-op instruction sheet and did not see the back where patients clearly initial they were given the required information.</p>	3.19.18	

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 362	Continued From page 18 records, which did not include documentation of the name of nearest hospital to the home of the patient at which an emergency arising from the abortion would be treated. No telephone number was documented as provided for this hospital. * In an interview on 03/05/18 staff member #3 showed the surveyors a folder containing a list of all hospitals in Texas with telephone numbers included. The staff member stated this information was included in the post-operative instructions which are provided to the patients at discharge, but this was not documented in the medical record. * Several patients came to the facility from out of state (Patients #13 and 14), and the facility was able to provide documentation that these patients were provided the name and telephone number of the nearest hospital to the home of the patient. In an interview on 03/06/18, staff member #3 verified the above findings.	A 362		
A 371	House Bill 3994 Reporting Requirements A physician who has reason to believe that a minor has been or could be physically or sexually abused, must immediately report the suspected abuse to DPRS and must refer the minor to department services that could be in their best interest. This Requirement is not met as evidenced by: Based on a review of documentation and an interview with staff, the facility failed to screen minor patients for abuse. Findings were:	A 371	Administrator shall develop policy for minors to include a screening form to access whether the minor has been physically or sexually abused. This form shall be part of the minor's records. The policy will also include reporting forms and procedures. All staff will be advised and informed of this policy.	4.15.18

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2018
---	--	--	--

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 371	<p>Continued From page 19</p> <p>According to the "DSHS Child Abuse Screening, Documenting, and Reporting Policy For Contractors Providers Revised effective January 1, 2009" found at http://dshs.texas.gov/childabusereporting/gsc_pol.shtm states in part,</p> <p>"Each contractor/provider shall comply with the provisions of state law as set forth in Chapter 261 of the Texas Family Code relating to reporting suspected child abuse and the provisions of the Texas Department of State Health Services (DSHS) policy. DSHS shall distribute funds only to a contractor/provider who has demonstrated a good faith effort to comply with child abuse reporting guidelines and requirements in Chapter 261 and this DSHS policy. Contractor/provider staff shall respond to disclosures or suspicions of abuse of minors by reporting to appropriate agencies as required by law....</p> <p>IX. For DSHS monitoring purposes, contractors shall document that an affirmative defense as defined for purposes of compliance with this policy exists concerning a minor who is under the age of 17 and who was determined to have been abused as defined by the Family Code §261.101, including but not limited to, victims of an offense under Penal Code §21.11 or §22.011.</p> <p>A. There is no affirmative defense for abuse of a minor under the age of 14.</p> <p>B. An acceptable affirmative defense for abuse as defined in the Penal Code §21.11 (sexual indecency with a child) may be that the actor was not more than three years older than the victim, and of the opposite sex, and the actor did not use duress, force or a threat against the victim at the time of the offense.</p>	A 371		

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 371	<p>Continued From page 20</p> <p>C. An acceptable affirmative defense for abuse as defined in the Penal Code §22.011 (sexual assault) may be that the actor was not more than three years older than the victim at the time of the offense and the victim was a child 14 years of age or older.</p> <p>X. Circumstances which trigger the responsibility of the contractor/provider to determine if a report of abuse is required include but are not limited to:</p> <p>A. Minors who are postpartum, pregnant, or have a child; and</p> <p>B. Minors who request a pregnancy test.</p> <p>Reporting Suspected Sexual Abuse</p> <p>I. Each contractor/provider shall ensure that its employees, volunteers, or other staff reports a minor under 14 years of age who is pregnant or has a confirmed STD acquired in a manner other than through perinatal transmission or transfusion. A sexually transmitted disease is any disease that is transmitted by any sexual activity as described in §§21.01, 21.11, and 22.011 of the Penal Code, whether reportable or not.</p> <p>II. The Texas Family Code, Chapter 261, requires reporting of various types of sexual abuse. Instances of reportable abuse include but are not limited to, the actions described in: Penal Code, §21.11(a) relating to indecency with a child; Penal Code, §21.01(2) defining "sexual contact"; Penal Code, §43.01(1) or (3) - (5); or Penal Code, §22.011(a)(2) relating to sexual assault of a child; or Penal Code, §22.021(a)(2) relating to aggravated sexual assault of a child.</p>	A 371			

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC	STREET ADDRESS, CITY, STATE, ZIP CODE 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 371	<p>Continued From page 21</p> <p>III. The DSHS Child Abuse Reporting Form shall be used in the following manner: (1) to fax reports of abuse to DFPS or law enforcement and to document the report in the client record; (2) to document reports made by telephone; and (3) to document decisions not to report based on the existence of an affirmative defense. When making an online report to DFPS, contractor/providers may use a print-out of that report, rather than the Child Abuse Reporting Form, for documentation in the client record. All forms or online print-outs shall be retained by the contractor/provider in a manner required by the program and are subject to DSHS monitoring. All forms or online print-outs concerning clients less than 14 years of age as described in item I. of this section will be examined during monitoring and must be readily available to the DSHS monitoring staff.</p> <p>A. The DSHS Child Abuse Reporting Form is an official DSHS form and may not be modified by the contractor/provider.</p> <p>B. Contractors/providers may add information to the bottom of the form below the DSHS required information. This is not considered modifying the form."</p> <p>A review of clinical records on 03/06/18 revealed the following: * 1 minor patient (Patient #10) had not been screened for abuse.</p> <p>In an interview with staff #3 on the afternoon of 03/06/18, they stated that the facility verbally screend fror abuse, but this is not documented in the medical record. confirmed that none of the</p>	A 371		

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007326	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER HOUSTON WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 371	Continued From page 22 minors had been screened for abuse. The above was verified in an interview with the Medical Director and Office Manager on the afternoon of 9-13-16.	A 371			