

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>008036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/31/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WHOLE WOMANS HEALTH OF MCALLEN LP</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>802 SOUTH MAIN STREET MC ALLEN, TX 78501</b>
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(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>TAC 139 Initial Comments</p> <p>Note: The State Form is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be referred to the Office of the Texas Attorney General (OAG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>An entrance conference was held with the facility Administrator on the afternoon of 10/30/17. The purpose and process of the licensure resurvey were discussed, and an opportunity given for questions.</p> <p>Continued licensure is recommended, with an approved plan of correction.</p> <p>An exit conference was held with the facility Administrator on the afternoon of 10/31/17. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p>	A 000		
A 197	<p>TAC 139.48(1)(A) Physical &amp; Environmental Requirements</p> <p>The physical and environmental requirements for a licensed abortion facility are as follows.</p> <p>(1) A facility shall:</p> <p>(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>	A 197		

SOD - State Form LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 197	<p>Continued From page 1</p> <p>This Requirement is not met as evidenced by: Based on tour and interview, the facility failed to ensure a safe and sanitary environment, properly maintained to protect the health and safety of patients and staff at all times.</p> <p>Findings included:</p> <p>During a tour of the facility on 10/31/17 the following observation was made:</p> <p>In a facility supply room, approximately 1 large external shipping containers were on a shelf over the area that stored the facility centrifuge. In the sterilization area, 3 external shipping boxes were observed stored in a cabinet with clean supplies. External shipping containers are exposed to a number of environmental contaminants en route to their final destination and are considered dirty items. According to APIC: "Supplies must be: Removed from shipping cartons or cardboard boxes before storage to prevent contamination with soil/debris that may be on cartons ...Do not leave outer shipping boxes in clinical areas (due to risk of environmental contamination)." Preventing Infection in Ambulatory Care, Winter 2011/2012; available: <a href="http://apic.org/Resource_/TinyMceFileManager/Education/Preventing-Inf-in-Amb-Care-Winter2012-FINAL.PDF">http://apic.org/Resource_/TinyMceFileManager/Education/Preventing-Inf-in-Amb-Care-Winter2012-FINAL.PDF</a>.</p> <p>The above findings were confirmed on 10/31/17 in an interview with staff member #1.</p>	A 197		
A 362	<p>TAC 139.57(a)(2)(A)(B)(C)(D)(3) Discharge and Follow-up Referrals</p> <p>(a) A licensed abortion facility shall develop and implement written discharge instructions which</p>	A 362		

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A 362	<p>Continued From page 2</p> <p>shall include:</p> <p>(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:</p> <p>(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 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>	A 362		

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A 362	<p>Continued From page 3</p> <p>Findings included:</p> <p>1 of 19 patient records did not contain written discharge instructions which included the name and telephone number of the nearest hospital to the home Patient (medical) 4's medical record had discharge instructions which did not included 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 for a hospital was provided to this patient.</p> <p>In an interview on 10/31/17, staff member #1 verified the above findings.</p>	A 362		