PRINTED: 01/25/2016 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		870246	B. WING		01/	14/2016 ·
		670240			1 01/	1412010
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
TEVACA	20 (1) 2	2505 N S	HEPHERD DR			
TEXAS AS	SC INC	HOUSTO	N, TX 77008			·
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN OF CO			(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SI		COMPLETE DATE
TAG	REGULATORY OR	LSC (DENTIFYING INFORMATION)	, TAG	CROSS-REFERENCED TO THE AF DEFICIENCY)	PROPRIATE	DAIE
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T 000	25 TAC 135 Ambulate	ory Surgery Centers	T 000			
		, , ,				
	Note: The State Form	n is an official, legal				
	document. All informa	ation must remain				
	unchanged except fo	r entering the plan of				
1	correction, correction	dates, and the signature				
1	space. Any discrepa	ncy in the original deficiency				
1	citation(s) will be refe	med to the Office of the				
	_	ral (OAG) for possible fraud.		Recy'd		
		ertently changed by the		*		
		State Survey Agency (SA)		F CD • -		.
!	should be notified im	mediately.		FEB 0 5 201	6	
	Glossary					

	Epinephrine: also known as adrenalin or			HFC - Houston		1 1
	adrenaline, is primari	-	ĺ			•
		ation it is used for a number				1 '
		g: anaphylaxis, cardiac				! :
	arrest, and superficia	l bleeding.				
		Maria de la companya		Reviewes 2/8/20.		
		tions : is a medication used			O	
•		nd esophageal problems. It		Peulewes	X .	
1		treat nausea and vomiting,		7/0/20	1/	1 '
ł		of the stomach in people		1800	110	/
		nemptying due to either surgery, and to help with				/
	•	Tux disease. It is also used	}	14000	15-1-	11/21
l I	to treat migraine head			ull	nuel,	11/491
	to treat migraine nead	14U(C)			1 '	ĭz '\
}	An upannounced visi	t was made on the morning			• /	√ \ \
]		above named facility to	1			
		are Survey to determine	1 1	•		
		AC Chapter 135 State				
	=	mbulatory Surgical Centers				
		s of 25 TAC Chapter 139				
		s for Abortion Facility.				
		· · ·				
	An entrance confere	nce was conducted with the				
	Medical Director . The	e purpose of the visit and				
	procedure for the sur					i
	•					
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		SUPPLIER REPRESENTATIVE'S SIGNATUR	E	TITLE		(X6) DATE
7	$\mathcal{N}_{\mathcal{M}}$			Medial Director	7 1	-11-11
STATE FORM	- M MagM	<u> </u>	6899		<u>, or -</u>	Y 16
O'VIE LOUM	→		~~~ R	11211	II contin	uation sheet 1 of 7

Texas Department of State Health Services

PRINTED: 01/25/2016 FORM APPROVED Texas Department of State Health Services (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B WING 01/14/2016 870246 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2505 N SHEPHERD DR **TEXAS ASC INC** HOUSTON, TX 77008 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) MPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG **DEFICIENCY**) T 000 T 000 Continued From page 1 An exit conference was conducted on the afternoon of 1/14/2016 with Key Administrative Personnel. Findings and determination of the survey was discussed. The facility was given an opportunity to provide additional information. Deficiencies were cited. Information to complete and submit an acceptable plan of correction was given verbally and in writing. 2/15/16 135.8(h)(2)The Quality Assurance T 193 T 193 135.8(h)(2) QUALITY ASSURANCE IN A Program is well defined and LICENSED ASC designed to enhance patient care. The office manager immediately started (h) The quality assurance program shall be a well-defined organized program designed to looking for a staff RN to fill this position enhance patient care through the ongoing to correct this deficiency. objective assessment of important aspects of A Registered Nurse will be patient care and the associated or identified at the facility at all times that problems. The responsibilities for quality assurance activities shall be clearly delineated. surgery is scheduled. The RN (2) Nursing service shall be represented by one will participate in Quality Assurance or more qualified registered nurses in quality Activities, QA Meetings, supervision of assurance activities. personnel and patient care, Circulate pre operatively, intra operatively, This Requirement is not met as evidenced by: and post operatively. RN will sign all Based on record review and interview the facility patient charts. Medical Director will failed to have a Registered Nurse to participate in

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Findings:

Quality Assurance Activities at the facility, Citing

Review of quarterly Quality Assurance meeting minutes dated January 2015 through October 2015 revealed no documentation that a

one(1) of three (3) professional staffs (C).

assure that an RN is present at clinic.

Chart checks will be performed weekly

by clinic manager to insure RN

coverage.

PRINTED: 01/25/2016 FORM APPROVED Texas Department of State Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 870246 01/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2505 N SHEPHERD DR **TEXAS ASC INC** HOUSTON, TX 77008 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY T 193 T 193 Continued From page 2 Registered Nurse participated in the Quality Assurance activities at the facility. During an interview on 1/14/2016 at 10:11 am with Staff (D) Licensed Vocational Nurse she stated there was no Registered Nurse (RN) at the facility and that Dr.(C) fills the role of the Registered Nurse in the facility. He performs all RN activities that is required. During an interview on 1/14/2016 at 11:10 am with DR. (C) he stated since he is a Qualified Licensed Physician and is unable to perform procedures because he did not have hospital privileges, he thought it would be okay to perform the nursing activities. Review of personnel file for Dr. (C) revealed he had a current license to practice medicine in the State of Texas. T 267 T 267 135.12(a) PHARMACEUTICAL SERVICES IN A LIC ASC Pharmaceutical Services. (a) The ambulatory surgical center (ASC) shall provide drugs and biologicals in a safe and effective manner in accordance with professional practices and shall be in compliance with all state

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This Requirement is not met as evidenced by:

and federal laws and regulations. The ASC shall be licensed as required by the Texas State Board

Administrative Code, §291.76 (relating to Class C

of Pharmacy and comply with 22 Texas

Pharmacies Located in a Freestanding

Ambulatory Surgical Center).

Texas Department of State Health Services (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01/14/2016 870246 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP'CODE 2505 N SHEPHERD DR **TEXAS ASC INC** HOUSTON, TX 77008 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) ID (X4) ID COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY T 267 135.12(a)Pharmaceutical Services T 267 Continued From page 3 in a LIC ASC Based on observation, interview and record Epinephrine 1:10,000 was expired on crash review, the facility failed to ensure expired 2/15/16 cart. This was ordered 3 months in advance medications and medical supplies were not from several pharmacies and was unavailable. stored and made available in the facility. The order was followed up on regularly and Findings: was delivered to clinic on 01/14/2016. To Observation on 01/13/2015 at 11:00 a.m. prevent this, medications will be ordered 6 revealed the following expired medications and months before they expire. All supplies and medical supplies were observed in the medications in OR, medication room, crash emergency crash cart and anesthesia cart in the cart and anesthesia will be checked monthly procedure room: Medical Director will confirm this is done. Two ampoules Epinephrine 1:1000, 10 mls 0.1. A check list for all medication and supplies mg/ ml, Lot # 38.071.DN. expired on November on crash cart will be used and checked monthly 1, 2015 Seven vials Metoclopramide injections 10 mg, 5 by RN or LVN. This deficiency is being mg/ ml. Lot # 41-181-DK. Expired November 1, corrected and implemented by the office 2015 manager/LVN. Three Synevac Vacuum Curette Lot #s 03083785 expired 03/2011 and Lot # 10093892, Expired 10/2012 Observation in the cupboard in the facility's medication room revealed one box surflo 16 gauge injections needles, Code #0 x 1632 CA, expired 12/2003. T 301 T 301 135.15 (a)(2)(A-E) NURSING SERVICES IN A LICENSED ASC (a) Nursing services. (2) There shall be a written plan of administrative authority for all nursing services with responsibilities and duties of each category of nursing personnel delineated and a written job description for each category. The scope of nursing service shall include, but is not limited to, nursing care rendered to patients preoperatively, intraoperatively, and postoperatively. (A) The responsible individual for nursing services shall be a qualified registered nurse

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Texas Department of State Health Services (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 01/14/2016 870246 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2505 N SHEPHERD DR **TEXAS ASC INC** HOUSTON, TX 77008 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) T 301 T 301 Continued From page 4 135.15(a)(2)(A-E) Nursing Services In A ASC 2/15/16 (RN) whose responsibility and authority for Effective immediately, the Medical Director nursing service shall be clearly defined and will ensure that a Registered Nurse will be includes supervision of both personnel present in the facility during procedures. The performance and patient care. responsible individual for nursing services (B) There shall be a written delineation of will be a qualified Registered Nurse. The RN functions, qualifications, and patient care will supervise the nursing care provided to responsibilities for all categories of nursing personnel, patients perioperatively, intraoperatively, and (C) Surgical technicians and licensed vocational postoperatively. All surgical technicians, nurses may be permitted to serve in the scrub licensed vocational nurses, and medical staff nurse role under the direct supervision of an RN; will be under the direct supervision of a they shall not be permitted to function as qualified RN. Patient charts will be reviewed circulating nurses in the operating rooms. weekly by the Medical Director to ensure Licensed vocational nurses and surgical documentation that a RN was present in technicians may assist in circulatory duties under the facility. The correction for this deficiency the direct supervision of a qualified RN. (D) Nursing services shall be provided in and implementing the plan of correction accordance with current recognized standards or is being done by the Medical Director and recommended practices. the clinic manager. There is a Job Description (E)The facility shall adopt, implement and enforce on file with written delineation of functions, policies and procedures to comply with Health qualifications, and patient care responsibilities and Safety Code, Chapter 259 (relating to for all categories of nursing personnel. Surgical Technologists at Health Care Facilities). This Requirement is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a registered

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FORM APPROVED Texas Department of State Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED 870248 B. WING 01/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2505 N SHEPHERD DR **TEXAS ASC INC** HOUSTON, TX 77008 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) T 301 Continued From page 5 T 301 nurse is present in the facility to supervise the nursing care of patients while the physician performs surgical procedures on patients in 7 of 7 sampled patients: Patient #s 1, 2, 3, 4, 5, 6 and 7 Findings: Observation on 01/13/2016 at 12:25 p.m. revealed Operating Room Assistant (A) was observed in the procedure room of the facility. The Operating Room Assistant was assisting Physician (B) who was performing a voluntary /therapeutic termination of pregnancy by dilation and aspiration/evacuation on Patient #1. There was no registered nurse present in the facility during the procedure. Review on 01/13/2015 of Patient #1's intra-operative report revealed documentation which indicated that the only staff present in the operating room room during the procedure was Operating Room Assistant (A) and Physician (B). Review on 01/14/2016 of six sampled patients (Patient #s 2, 3, 4, 5, 6 and 7) clinical records (Pre - operative, intra operative and post-operative) clinical records, revealed documentation which indicated that the patients had voluntary /therapeutic termination of pregnancy by dilation and aspiration/evacuation on 01/13/2016. The patients' clinical records

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indicated that Physician (B) was assisted by Operating Room Assistant (A) during the procedures. There was no registered nurse present in the facility to supervise the nursing care of the patient during the procedures.

Interview on 01/14/2015 at 10:35 a.m. with Physician (C) who was present in the facility

revealed, he is a physician

If continuation sheet 7 of 7

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				RM APPR
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DAT	(X3) DATE SURVEY	
			A BUILDING: _		COMPLETED	
		870246	B. WING]	
NAME OF PROVIDER OR SUPPLIER				\ 0	01/14/2016	
			ADDRESS, CITY, STATI	E, ZIP CODE		
TEXAS A	SC INC		SHEPHERD DR			
(X4) ID	SUMMARYS	TATEMENT OF DESCRIPTION	ON, TX 77008			
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSC IDENTIFYING INFORMATION)		ID	PROVIDER'S PLAN OF CORRECTION		7 20
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T 204	0 0 0			DEFICIENCY)	DAT
T 301	Continued From pag	le 6	T 301			 -
	and he is present in the facility monitoring					1
ſ	Samering Sport Obelativ	vely. He said he ume of the	1 1			1
ŀ	Opinion that since he was present in the facility		1			1
	THE THEIR RIGHTERMS	BNt Of having a Registered				1
- 1	HARLISA III TUG 19CIIITA" }	te said he did not have a full				1
- 1	mile redistated Ufflee	hired to the facility and bo	1 1			
- 1	the physician does not have a registered nursing		1 1			
	license.					ŀ
1	Intenziew on 04144200	MC -440 04				1
- 1,	Operating Poom Acat	16 at 12:24 p.m. with]
] ,	Station revealed shall	stant (A) at the nurses has been working in the]			
	acility for approximate	ely 4 years. She said she				
1	assist the physician di	uring procedures and was]			
l f	rained by Physician (C). She confirmed that there]		ı	
Ι,	vas no registered num	se supervising her during	1 1			
	procedures.					
			1			
	nterviéw on 01/14/201	16 at 12:40 p.m. with	1			*
1 -	′nysician (B) revealed	Operating Room Assistant				
	Ty assists nim with all	Drocedures He said them	1			
1 10	as no registered nurs	ie present in the facility				
\ \ \	hen he does his proc	edures.			ĺ	
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