Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		008028	B. WING		01/08	3/2019
	PROVIDER OR SUPPLIER	3101 RIC	DRESS, CITY, S HMOND #250 N, TX 77098	TATE, ZIP CODE		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
6 000	document. All inforr unchanged except correction, correction space. Any discreption citation (s) will be retexas Attorney Ger If information is inaprovider/supplier, the should be notified in (a) Purpose. The primplement the Texas and Licensing Act, I Chapter 245, which Human Services Coto establish rules go regulation of abortion annual reporting receptformed. This chapter 171 (b) Scope and application facility in Tunder this chapter of from licensing required (B) The following this chapter: (i) a hospital lice Safety Code, Chapter (ii) an ambulato	rm is an official, legal mation must remain for entering the plan of on dates, and the signature pancy in the original deficiency ferred to the Office of the heral (OAG) for possible fraud. devertently changed by the he State Survey Agency (SA) mmediately. The surpose of this chapter is to be Abortion Facility Reporting Health and Safety Code, provides the Health and commission with the authority overning the licensing and on facilities and to establish equirements for each abortion apter also implements the know Act, Health and Safety dicability. The surpose of this chapter is to be supported by the surpose of this chapter is to be supported by the surpose of this chapter is to be supported by the surpose of this chapter is to be supported by the surpose of this chapter is to be supported by the surpose of this chapter is to be supported by the surpose of the s	6 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		008028	B. WING		01/08/2019	
	PROVIDER OR SUPPLIER	3101 RICH	DRESS, CITY, S HMOND #250 N, TX 77098	STATE, ZIP CODE	-	
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6 000	(iii) the office of Texas Medical Boar medicine in the Sta is used for the purp 50 abortions in any (2) Reporting requiracilities and facilities and facilities licensing shall complete (relating to Annual I Abortions Performed An entrance confer administrative staff The purpose and pure survey were discussiven for questions. Continued licensure approved plan of condinued licensure approved plan of continued licen	afety Code, Chapter 243; or a physician licensed by the rd and authorized to practice te of Texas, unless the office ose of performing more than 12-month period. Irrements. All licensed abortion es and persons exempt from ply with §139.4 of this title Reporting Requirements for All ed). ence was held with the facility on in the morning of 01/07/19. rocess of the licensure ussed, and an opportunity e is recommended, with an orrection. was held with the facility on the afternoon of 01/09/19.	6 000			
6 007			6 007			

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PRINTED: 02/12/2019

FORM APPROVED Texas Health and Human Services Commission (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ___ 008028 01/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 SUBURBAN WOMENS CLINIC

SUBURE	SAN WOMENS CLINIC	HOUSTON, T	X 77098		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICE (EACH DEFICIENCY MUST BE PRECED REGULATORY OR LSC IDENTIFYING IN	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HOUSIO	N, TX 77098				
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STATE FORM 6899 If con inua ion sheet 4 of 28 GK8011

Texas Health and Human Services Commission

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	ROVIDER OR SUPPLIER AN WOMENS CLINIC	3101 RI	ADDRESS, CITY, S'CHMOND #250 ON, TX 77098			
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Texas Health and Human Services Commission (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 008028 B. WING ___ 01/08/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUBURE	SUBURBAN WOMENS CLINIC		3101 RICHMOND #250 HOUSTON, TX 77098				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFI (EACH DEFICIENCY MUST BE PRECE REGULATORY OR LSC IDENTIFYING I	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
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PRINTED: 02/12/2019 FORM APPROVED Texas Health and Human Services Commission (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING 008028 01/08/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 SUBURBAN WOMENS CLINIC HOUSTON, TX 77098 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 6 030 Continued From page 6 6 030 6 034 TAC 139.49 Infection Control Standards 6 034 (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. (b) Prevention and control of the transmission of HIV, HBV, HCV, TB, and S. spp. (1) Universal/standard precautions. (A) An abortion facility shall ensure that all staff comply with universal/standard precautions as defined in this paragraph.

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(i) Universal/standard precautions includes procedures for disinfection and sterilization of reusable medical devices and the appropriate use of infection control, including hand washing, the use of protective barriers, and the use and disposal of needles and other sharp instruments.

(ii) Universal/standard precautions synthesize the major points of universal precautions with the

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6 034	Continued From page 7		6 034			
	points of body substance precautions and apply them to all patients receiving care in facilities, regardless of their diagnosis or presumed infection status.					
	(I) Universal/standard precautions apply to:					
	(-a-) blood;					
	(-b-) body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood;					
	(-c-) nonintad	et skin; and				
	(-d-) mucous	membranes.				
	(II) Universal/standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in facilities.					
	procedures for mor	portion facility shall establish nitoring compliance with precautions described in of this paragraph.				
	HBV. A licensed ab implement, and enf compliance of the f care workers within and Safety Code, C concerning the prev	orkers infected with the HIV or ortion facility shall adopt, force a written policy to ensure acility and all of the health the facility with the Health Chapter 85, Subchapter I, wention of the transmission of fected health care workers.				
	licensed abortion fa	ourse work and training. A acility shall require its health mplete educational course				

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6 034	work or training in it precautions, includit transmission, scien and practices for intengineering and wothe requirements of and training may incourses or in-house provided by the fact training shall including (A) HIV infection (B) HBV, HCV, The prevention based of precautions as defined subsection; (C) bidirectional attransmission; and (D) epidemic corrections and (D) epidemic corrections and lattransmission; and (D) alicensed aboort implement, and enforced procedures on cleaning and laundicentract in accordal and Health Administrations.	nfection control and barrier ng basic concepts of disease tifically accepted principles fection control and ork practice controls. To fulfill this paragraph, course work clude formal education e training or workshops dity. The course work and e, but not be limited to: prevention; and B, and S. spp. infection n universal/standard ned in paragraph (1) of this aspect of disease	6 034			

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6 034	Pathogens. (d) Policies and prodisinfection, sterilizas supplies. A licensed written policies coved decontamination ar performed. Policies limited to, the received decontaminating, disterilization of critical well as those for the storage, distribution control of sterile iter. (1) Supervision. To disinfection, and steequipment shall be person qualified by experience. (2) Quantity of stee facility shall ensure sufficient in number instrument(s) used adequate to perform dilatation and curett available at the facility shall ensures and the facility shall ensures sufficient in number instrument (s) used adequate to perform dilatation and curett available at the facility shall ensures are sufficient in number instrument (s) used adequate to perform dilatation and curett available at the facility shall ensures are sufficient in number instrument (s) used adequate to perform dilatation and curett available at the facility shall ensure available	cedures for decontamination, ation, and storage of sterile dabortion facility shall have being its procedures for the ad sterilization activities shall include, but not be wing, cleaning, isinfecting, preparing and all items (reusable items), as a assembly, wrapping, and the monitoring and ms and equipment. The decontamination, erilization of all supplies and under the supervision of a education, training, or The surgical instruments. The that surgical instruments are to permit sterilization of the for each procedure and in conventional cervical tage if this procedure is lity. The shall undergo inspection ged for reuse or storage. The of instruments shall be made as, crevices, and serrations. The occurrence of the occurrence of instruments shall be thorough and manual inspection for	6 034			

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6 034	(i) Cutting edges sharpness; tips shallocks shall be clean soap, detergent, dri (ii) There shall the fissures in the box I work freely. (iii) Ratchets shall the steed. (iv) There shall the finish. (C) Instruments retaken out of service qualified to repair so (D) To protect the finish, impact marken out be used for instement identification the instrument man which shall not damprotective finish. (4) Items to be discovered in the instrument identification in the instrument identification in the instrument man which shall not damprotective finish. (4) Items to be discovered in the instruments and obdirectly into the blocknormally sterile area.	s shall be checked for and be properly aligned, and box and free from buildup of ed blood, or tissue. The no evident cracks or cocks, and the hinges shall all hold and be routinely the no corrosion or pitting of the eding maintenance shall be and repaired by someone the urgical instruments. The instrument and its protective ers or electric engravers shall rument identification. The accomplished by ufacturer, employing methods and the instrument or its infected and sterilized.	6 034	DEFICIENCY)		
		t come in contact with the				

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6 034	sterile field during the sterile. (B) Semicritical it in contact with nonimembranes. Semicritical items nequipment, anesthe bronchoscopes, and (ii) High-level disemicritical items. (C) Noncritical items. (C) Noncritical items. (ii) Intermediate shall be used for not (5) Equipment and Effective sterilization performing correct in packaging, arrange and storage. The foincluded in the writt subsection to provide sterilization the requirements of of critical items. Equipments. Aprovide sterilization the requirements of of critical items. Equipments.	ne operative procedure shall ems. tems include items that come intact skin or mucous intical items shall be free of icept bacterial spores. Inay include respiratory therapy isia equipment, id thermometers. sinfection shall be used for ems. ems include items that come ist skin. -level or low-level disinfection incritical items. If sterilization procedures, in of instruments depends on methods of cleaning, ment of items in the sterilizer, illowing procedures shall be en policies as required in this ide effective sterilization a licensed abortion facility shall equipment adequate to meet if this paragraph for sterilization uipment shall be maintained form, with accuracy, the	6 034			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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6 034	cleaning, preparation are performed in the physical facilities, expolicies and proced such as to effective contaminated supplicies of clean or sterilized such as to effective contaminated supplicies. (i) A facility shall washing. This sink sinstruments or disposition of the facility shall washing instrument. (ii) A facility shall cleaning instrument. Hand washing shall after it has been distributed in a clean (i) All items to be to reduce the biobut thoroughly cleaned, prepared in a clean Cleaning is the rem from the surfaces, construments. Decomphysical/chemical proprints in the surfaces of the face of the fac	al requirements. Where on, and sterilization functions is same room or unit, the quipment, and the written ures for their use shall be ly separate soiled or lies and equipment from the upplies and equipment. I have a sink for hand shall not be used for cleaning osal of liquid waste. Il have a separate sink for its and disposal of liquid waste. In have a separate sink for its and disposal of liquid waste. In have a separate sink for its and disposal of liquid waste. In have a separate sink for its and disposal of liquid waste. In have a separate sink for its and standard waste. In have a separate sink for its and disposal of liquid waste. In have a separate sink for its and disposal of liquid waste. In have a separate sink for its and liquid waste. In have a separate sink for its and liquid waste. In have a separate sink for its and liquid waste. In have a separate sink for its and liquid waste. In have a separate sink for its and liquid waste. In have a separate sink for its and liquid waste. In have a separate sink for its and liquid waste. In have a separate sink for its and liquid waste. In have a sink for hand shall be used as its and liquid waste. In have a sink for hand shall be used as its and liquid waste. In have a sink for hand shall be used as its and liquid waste. In have a sink for hand shall be used as its and liquid waste. In have a sink for hand shall be used as its and liquid waste. In have a sink for hand shall be used as its and liquid waste.	6 034			
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
SUBURE	AN WOMENS CLINIC		HMOND #250 N, TX 77098				
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6 034	4 Continued From page 13		6 034				
	the need for hand s items are placed in water shall be chan using this method for	ns by cavitation and reduces crubbing. When grossly soiled the ultrasonic cleaner the ged more than once a shift. If or cleaning, chambers shall be potential hazards to personnel of the contents.					
	clean by using rotat water jets that clear appropriate soap ar machines shall read	terilizers. Washer-sterilizers ting spray arms to create in by impingement and ind disinfectant. These ich a temperature of 140 85 degrees Fahrenheit).					
	(IV) Washer-decontaminator machines. Washer-decontaminator machines clean by numerous water jets and a high pH of detergent even if instruments are grossly soiled. The thorough cleaning is followed by a neutralizing rinse to quickly restore the pH to neutral.						
	arranged so all surf	o be sterilized shall be faces shall be directly exposed ent for the prescribed time and					
	(D) Packaging.						
	packaged in materi specific type of ster sterilized, and to pro microorganisms. Ac peel pouches, perfo trays. Muslin packs inches by 12 inches maximum weight of	articles to be sterilized shall be als recommended for the rilizer and material to be ovide an effective barrier to ecceptable packaging includes orated metal trays, or rigid shall be limited in size to 12 s by 20 inches with a f 12 pounds. Wrapped all not exceed 17 pounds.					

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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SUBURE	SAN WOMENS CLINIC	3101 RICH	HMOND #250)		
JOBOKE	AN WOMENS SERVICE	HOUSTON	I, TX 77098			
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6 034	Continued From page 14		6 034			
	(ii) All items shall be labeled for each sterilizer load as to the date and time of sterilization, the sterilizing load number, and the autoclave.					
	(E) External chemical indicators.					
	(i) External chemical indicators, also known as sterilization process indicators, shall be used on each package to be sterilized, including items being flash sterilized to indicate that items have been exposed to the sterilization process.					
	according to the ma	r results shall be interpreted anufacturer's written licator reaction specifications.				
	(F) Biological ind	icators.				
	(i) The efficacy of the sterilizing process shall be monitored with reliable biological indicators appropriate for the type of sterilizer used (e.g., Bacillus stearothermophilus for steam sterilizers).					
	(ii) Biological indicators shall be included in at least one run each day of use for steam sterilizers.					
	identification, biolog	e maintained with the load gical indicator results, and contents of the load.				
	immediately be take malfunctioning steri	ilizer shall not be put back into n serviced and successfully				

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	3101 RICE	HMOND #250)		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	LD BE	(X5) COMPLETE DATE
(v) All available reprocessed if a stellist of all items which negative biological is submitted to the ad (G) Sterilizers. (i) Steam sterilizers pressure) shall be used according instructions. (ii) Other sterilizers accordance with the (H) Maintenance (i) Items that are sterilized shall remains the package becomes seal, is damaged in being compromised (ii) Medication of that deteriorate with dated according to recommendations. (iii) All packages shap a package is torn, viseal, or is damaged The item shall be refor reprocessing. (I) Commercially	items shall be recalled and erilizer malfunction is found. A h were used after the last indicator test shall be ministrator. zers (saturated steam under utilized for sterilization of heat externs. Steam sterilizers shall to manufacturer's written the manufacturer's instructions. For sterility. The properly packaged and ain sterile indefinitely unless hes wet or torn, has a broken some way, or is suspected of all. For materials within a package in the passage of time shall be the manufacturer's all be inspected before use. If evet, discolored, has a broken all the item may not be used. Enterned to sterile processing packaged items.	6 034			
	PROVIDER OR SUPPLIER SAN WOMENS CLINIC SUMMARY STA (EACH DEFICIENCY REGULATORY OR IS Continued From pa (v) All available reprocessed if a ste list of all items which negative biological is submitted to the add (G) Sterilizers. (i) Steam sterilize pressure) shall be used according in structions. (ii) Other sterilize accordance with the (H) Maintenance (i) Items that are sterilized shall remains the package becomes seal, is damaged in being compromised (ii) Medication of that deteriorate with dated according to recommendations. (iii) All packages sh a package is torn, we seal, or is damaged The item shall be re for reprocessing. (I) Commercially Commercially packages (I) Commercially Commercially packages (I) Commercially Commercially	OF CORRECTION O08028 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 (v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A list of all items which were used after the last negative biological indicator test shall be submitted to the administrator. (G) Sterilizers. (i) Steam sterilizers (saturated steam under pressure) shall be utilized for sterilization of heat and moisture stable items. Steam sterilizers shall be used according to manufacturer's written instructions. (ii) Other sterilizers shall be used in accordance with the manufacturer's instructions. (H) Maintenance of sterility. (i) Items that are properly packaged and sterilized shall remain sterile indefinitely unless the package becomes wet or torn, has a broken seal, is damaged in some way, or is suspected of being compromised. (ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations. (iii) All packages shall be inspected before use. If a package is torn, wet, discolored, has a broken seal, or is damaged, the item may not be used. The item shall be returned to sterile processing	OROUDER OR SUPPLIER STREET ADDRESS, CITY, S AN WOMENS CLINIC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 (v) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A list of all items which were used after the last negative biological indicator test shall be submitted to the administrator. (G) Sterilizers. (i) Steam sterilizers (saturated steam under pressure) shall be utilized for sterilization of heat and moisture stable items. Steam sterilizers shall be used according to manufacturer's written instructions. (ii) Other sterilizers shall be used in accordance with the manufacturer's instructions. (ii) Items that are properly packaged and sterilized shall remain sterile indefinitely unless the package becomes wet or torn, has a broken seal, is damaged in some way, or is suspected of being compromised. (ii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations. (iii) All packages shall be inspected before use. If a package is torn, wet, discolored, has a broken seal, or is damaged, the item may not be used. The item shall be returned to sterile processing for reprocessing. (I) Commercially packaged items. Commercially packaged items are considered	OBOUSE STREET ADDRESS, CITY, STATE, ZIP CODE AND WOMENS CLINIC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 (V) All available items shall be recalled and reprocessed if a sterilizer malfunction is found. A list of all items which were used after the last negative biological indicator test shall be submitted to the administrator. (G) Sterilizers. (i) Steam sterilizers shall be used in accordance with the manufacturer's written instructions. (ii) Other sterilizers shall be used in accordance with the manufacturer's instructions. (iii) Medication or materials within a package that deteriorate with the passage of time shall be dated according to the manufacturer's recommendations. (iii) All packages shall be inspected before use, If a package item, wet, discolored, has a broken seal, is damaged, the item manufacturer's recommendations. (iii) All packages shall be inspected before use, If a package item, wet, discolored, has a broken seal, or is damaged, the item manufacturer's recommendations. (iii) All packages shall be inspected before use, If a package item, wet, discolored, has a broken seal, or is damaged, the item manufacturer's recommendations. (iii) All packages shall be inspected before use, If a package item item manufacturer's considered	OF CORRECTION DENTIFICATION NUMBER: DATE DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	008028	B. WING		01/0	8/2019	
NAME OF PROVIDER OR SUPPLIER SUBURBAN WOMENS CLINIC	3101 RIC	DRESS, CITY, S HMOND #250 N, TX 77098				
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
sterility is event relafacility shall ensure of items in a manner the packaging of the packaging of the (i) Sterilized items to maintain cleanling prevent physical date (ii) Sterilized items well-ventilated, limit controlled temperate (iii) Sterilized items the packaging is not or punctured so that compromised. (iv) Storage of stare designated for stare designated for stare designated for stare designated items of disinfection. (i) The manufacture of disinfection manufacturer's when marked on the consolution currently in (iii) Disinfectant	erilized items. The loss of ated, not time related. The proper storage and handling er that does not compromise e product. In shall be transported so as a less and sterility and to amage. In shall be stored in ted access areas with ture and humidity. Items shall be positioned so that of crushed, bent, compressed, at their sterility is not Supplies shall be in areas that storage. In date, determined according written recommendations, shall container of disinfection in use. It solutions shall be kept in well-ventilated areas.	6 034				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
74121244	or contribution	IDENTIFICATION DETE	A. BUILDING:			
		008028	B. WING		01/0	8/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
SUBURE	BAN WOMENS CLINIC		IMOND #250 I, TX 77098			
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
6 034	034 Continued From page 17		6 034			
	(i) Performance records for all sterilizers shall be maintained for each cycle. These records shall be retained and available for review for a minimum of two years.					
	operation for pressi desired temperature	er shall be monitored during ure, temperature, and time at e and pressure. A record shall er manually or machine I include:				
	(I) the sterilizer identification;					
	(II) sterilization	n date and time;				
	(III) load numb	per;				
	(IV) duration and temperature of exposure phase (if not provided on sterilizer recording charts);					
	(V) identification	on of operator(s);				
	(VI) results of biological tests and dates performed; and					
		perature recording charts from t provided on sterilizer				
	maintenance of all according to individ basis by qualified p manufacturer's serv preventive mainten maintained for each shall be retained at	naintenance. Preventive sterilizers shall be performed ual policy on a scheduled ersonnel, using the sterilizer vice manual as a reference. A ance record shall be n sterilizer. These records least two years and shall be to the facility within two hours				

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
		008028	B. WING		01/08/2019		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
SUBURE	AN WOMENS CLINIC		HMOND #250 N, TX 77098				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
6 034	Continued From pa	ge 18	6 034				
	-						
	of request by the department. This Requirement is not met as evidenced by: Based on a review of documentation and interview, the facility failed to ensure that the a log shall be maintained with the load identification, biological indicator results, and identification of the contents of the load.						
	Finding included:						
	Review of the Autoclave log contained documentation of the load number, however the contents of the loads were not identified.						
	The above was cor staff member #1 or	nfirmed in an interview with 01/08/19.					
6 038	TAC 139.53 Medica	al and Clinical Services	6 038				
	(a) Surgical abortio	n.					
		onsultant shall be responsible nd supervising the medical and ne facility.					
	facility, with the exc procedure, shall be of a physician or re	d clinical services of the seption of the abortion provided under the direction gistered nurse who assumes e clinical employees' facility.					
	surgical consent for prior to the procedu patient is informed	ortion facility shall ensure that a rm is signed by the patient ure being started, that the of the risks and the benefits of that the patient recognizes the					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	008028		B. WING		01/08/2019	
	PROVIDER OR SUPPLIER	3101 RICH	ORESS, CITY, S HMOND #250 I, TX 77098			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
6 038	alternatives to abore be in accordance we Medical Disclosure title (relating to Produce Disclosure of Speci §601.4 of this title (reconsent Form), and §171.011 (relating the Required), and §17 Informed Consent). (4) A licensed abore the attending physic registered nurse, or obtained and documphysical exam, and verification of pregrecation of pregrecation (A) the attending patient immediately the risk to the process to surgery to evaluate (B) the person accordance with §1 Anesthesia Service (7) An abortion shiphysician. (8) A physician, accounts of the physician as licensed vocational disconservations.	tion. Informed consent shall ith rules adopted by the Texas Panel under §601.2 of this cedures Requiring Full fic Risks and HazardsList A), relating to Disclosure and disconting the Health and Safety Code, to Informed Consent 1.012 (relating to Voluntary) Intion facility shall ensure that cian, advanced practice or physician assistant has mented a preoperative history, laboratory studies, including mancy. Intion facility shall ensure that: In physician examines each or prior to surgery to evaluate endure; and diministering the anesthetic the patient immediately prior attention of anesthesia shall be in 39.59 of this title (relating to	6 038			

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
		008028	B. WING		01/0	8/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CUBUBE	AN WOMENS OF INIO	3101 RICI	HMOND #250)			
SUBURE	SAN WOMENS CLINIC	HOUSTO	N, TX 77098				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
6 038	Continued From page 20		6 038				
	room or recovery room. While a patient is in the procedure room or recovery room she shall not be left unattended. (9) The recovery room(s) at the facility shall be supervised by a physician, advanced practice registered nurse, physician assistant, or registered nurse. This supervisor shall be available for recovery room staff within a recommended 10 minutes with a maximum required 15 minutes while any patient is in the recovery room.						
	(10) A physician shall be available for the facility while any patient is in the recovery room within a recommended 10 minutes and a maximum required 15 minutes.						
	(11) The facility shall ensure that a patient is fully reactive and her vital signs are stable before discharging the patient from the facility upon written order by the attending physician.						
	the time of the prod visible fetal parts or examined by magn villi. If this examinal shall be sent to a pa	e shall be examined grossly at sedure. In the absence of placenta, the tissue may be ification for the detection of tion is inconclusive, the tissue athology lab. The results of the shall be recorded in the cord.					
	forth by the departn title (relating to Defi	•					
						 	

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		008028	B. WING		01/08/2019	
	PROVIDER OR SUPPLIER	3101 RICH	DRESS, CITY, S HMOND #250 N, TX 77098			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
6 038	Continued From page 21 (1) The medical consultant shall be responsible for implementing and supervising the medical and clinical policies of the facility.		6 038			
	facility, with the exc procedure, shall be of a physician or re	d clinical services of the eption of the abortion provided under the direction gistered nurse who assumes e clinical employees' facility.				
	(3) A licensed abortion facility shall ensure:					
	(A) the physician is able to accurately	(s) providing medical abortion date a pregnancy;				
		(s) is able to determine that t an ectopic gestation;				
	(C) the physician(s) is able to provide surgical intervention or provide for the patient to receive a surgical abortion if necessary; and					
		access to medical facilities blood transfusion and patient essary.				
	follow-up examinati	rtion facility shall ensure on and services are provided ng medical abortion.				
	the attending physic registered nurse, or obtained and docur	rtion facility shall ensure that cian, advanced practice physician assistant has nented a pre-procedure am, and laboratory studies, n of pregnancy.				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUBURBAN WOMENS CLINIC 3101 RICHMOND #250 HOUSTON, TX 77098 SUMMARY STATEMENT OF DEFCIENCEND BY FULL (EACH DEFCIENCY WIMST BE PRECEDED BY FULL (EACH DEFCIENCY) 6 038 Continued From page 22 (6) A licensed abortion facility shall ensure: (A) written consent is obtained from the patient prior to the commencement of the abortion procedure; (B) the patient is informed of the risks and benefits of the procedure; (C) the patient is informed of the abortion procedure; (D) the patient is informed of the alternatives to abortion; and (E) informed consent is in accordance with rules adopted by the Texas Medical Disclosure Panel under §601.2 of this title, \$601.4 of this title, and Health and Safety Code, \$171.011 and \$171.012. (7) A licensed abortion facility shall provide the patient with written discharge instructions including a direct referral to a physician who shall accept the patient for surgical abortion. (c) Requirements of a physician. A physician performing or inducing an abortion must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that: (1) is located not further than 30 miles from the location at which the abortion is performed or induced; and (2) provides obstetrical or gynecological health care services.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
SUBURBAN WOMENS CLINIC CACH ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY			008028	B. WING		01/08/2019	
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 6 038 Continued From page 22 (6) A licensed abortion facility shall ensure: (A) written consent is obtained from the patient prior to the commencement of the abortion procedure; (B) the patient is informed of the risks and benefits of the procedure; (C) the patient is informed of the possibility that a surgical abortion may be required; (D) the patient is informed of the alternatives to abortion; and (E) informed consent is in accordance with rules adopted by the Texas Medical Disclosure Panel under \$601.2 of this title, \$601.4 of this title, and Health and Safety Code, \$171.011 and \$171.012. (7) A licensed abortion facility shall provide the patient with written discharge instructions including a direct referral to a physician who shall accept the patient for surgical abortion. (c) Requirements of a physician, A physician performing or inducing an abortion must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that: (1) is located not further than 30 miles from the location at which the abortion is performed or induced; and (2) provides obstetrical or gynecological health		SUBURBAN WOMENS CLINIC 3101 RIC)		
(6) A licensed abortion facility shall ensure: (A) written consent is obtained from the patient prior to the commencement of the abortion procedure; (B) the patient is informed of the risks and benefits of the procedure; (C) the patient is informed of the possibility that a surgical abortion may be required; (D) the patient is informed of the alternatives to abortion; and (E) informed consent is in accordance with rules adopted by the Texas Medical Disclosure Panel under §601.2 of this title, §601.4 of this title, and Health and Safety Code, §171.011 and §171.012. (7) A licensed abortion facility shall provide the patient with written discharge instructions including a direct referral to a physician who shall accept the patient for surgical abortion. (c) Requirements of a physician. A physician performing or inducing an abortion must, on the date the abortion is performed or induced, have active admitting privileges at a hospital that: (1) is located not further than 30 miles from the location at which the abortion is performed or induced; and (2) provides obstetrical or gynecological health	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	COMPLETE
	6 038	(6) A licensed abo (A) written conseption to the comment procedure; (B) the patient is benefits of the procedure; (C) the patient is a surgical abortion; (D) the patient is abortion; and (E) informed contrules adopted by the Panel under §601.2 title, and Health and §171.012. (7) A licensed abortion to patient with written including a direct reaccept the patient for (c) Requirements of performing or inducted the abortion is active admitting private (1) is located not for location at which the induced; and (2) provides obste	rtion facility shall ensure: nt is obtained from the patient neement of the abortion informed of the risks and edure; informed of the possibility that may be required; informed of the alternatives to sent is in accordance with a Texas Medical Disclosure of this title, §601.4 of this a Safety Code, §171.011 and rtion facility shall provide the discharge instructions a physician who shall or surgical abortion. If a physician. A physician ing an abortion must, on the performed or induced, have villeges at a hospital that: urther than 30 miles from the elabortion is performed or	6 038			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		008028	B. WING		01/0	8/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SUBURE	SAN WOMENS CLINIC		HMOND #250 N, TX 77098			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
6 038	8 Continued From page 23		6 038			
	The facility failed to consent shall be in adopted by the Texa	is not met as evidenced by: ensure that Informed accordance with rules as Health and Safety Code, o Informed Consent				
	Findings included:					
	The Texas Health and Safety Code, §171.011 (relating to Informed Consent Required)stated in part,					
	"Sec. 171.012. VOLUNTARY AND INFORMED CONSENT. (a) Consent to an abortion is voluntary and informed only if:					
	voluntary and informed only if: (1) the physician who is to perform the abortion informs the pregnant woman on whom the abortion is to be performed of: (4) before any sedative or anesthesia is administered to the pregnant woman and at least 24 hours before the abortion or at least two hours before the abortion if the pregnant woman waives this requirement by certifying that she currently lives 100 miles or more from the nearest abortion provider that is a facility licensed under Chapter 245 or a facility that performs more than 50 abortions in any 12-month period: (A) the physician who is to perform the abortion or an agent of the physician who is also a sonographer certified by a national registry of medical sonographers performs a sonogram on the pregnant woman on whom the abortion is to be performed; (B) the physician who is to perform the abortion displays the sonogram images in a quality consistent with current medical practice in a					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		008028	B. WING		01/08/2019	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	•	
SUBURE	BAN WOMENS CLINIC		IMOND #250 I, TX 77098			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				(X5) COMPLETE DATE	
6 038	them;" Review of medical in * One of six medical an ultrasound comp 09:04AM. The "Medicated that on 06/01/18, no time administered was in when the medication be determined that performed 24 hours medication to initiat abortion. The above findings	records revealed the following: ation abortions (Patient #4) had bleted on 05/31/18 at dical Abortion" form for the at RU486 was administered e when the medication was oted. With no time noted for n was administered, it cannot that the sonogram was a prior to administering the e the process of the medical were confirmed in an aedical director on 01/07/19.	6 038			
6 041	(a) A licensed abort accessible written pemergencies and the requiring further emoratice at the facility shall enterpractice at the facility (1) have active additional that provides obstet care services and is miles from the abort (2) provide the presence (A) a telephone rewoman may reach to care personnel empfacility at which the	ion facility shall have a readily protocol for managing medical ne transfer of patients hergency care to a hospital, sure that the physicians who ty: mitting privileges at a hospital trical or gynecological health is located not further than 30	6 041			

Texas Health and Human Services Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		008028	B. WING		01/0	8/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SUBURE	SUBURBAN WOMENS CLINIC 3101 RICHMOND #250						
HOUSTON			N, TX 77098				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
6 041	Continued From page 25		6 041				
	assistance for any of the performance or	hours a day to request complications that arise from induction of the abortion or questions regarding the					
	nearest hospital to	I telephone number of the the home of the pregnant emergency arising from the reated.					
	(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).						
	be currently certified American Heart Ass Cross, or the Ameri Institute, or in accor	ding direct patient care shall d in basic life support by the sociation, the American Red can Safety and Health rdance with their individual are requirements, and if description or job					
	Based on a review interview the facility physicians who pracpregnant woman winumber of the near pregnant woman at from the abortion walso failed to ensure direct patient care subasic life support by Association, the Amarican Safety and	is not met as evidenced by: of documentation and failed to ensure that the ctice at the facility provide the ith: the name and telephone est hospital to the home of the which an emergency arising ould be treated. The facility the personnel providing shall be currently certified in the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:				
		008028	B. WING		01/0	8/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SUBURE	SAN WOMENS CLINIC		HMOND #250			
		HOUSTON	N, TX 77098			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
6 041	Continued From page 26		6 041			
	licensure requirement description or job re	ents, and if required in their job esponsibilities.				
	Findings included:					
	* Medical Patient aboth had addresses these 2 patients we telephone number of nearest to the home a Google map sear hospitals located clutheir home address * Medical Pateint acarthage, Texas, home and telephon in Houston, Texas. * Medical Patient addischarge instruction name or phone numbome of the patient and the patient acarthage.	records revealed the following: #1 and Surgical Patient # 1 s in Houston, Texas. However are provided the name and of hospitals that were not a of the pregnant women, per och. Both patients had other coser to their home based on ses. #3's home address was owever the facility provided the are number of a hospital located #3's medical record had ons which did not include the other of nearest hospital to the stat which an emergency portion would be treated.				
	Facility based policy Policies" stated in p "1. PERSONNEL * personnel will be					
	PERSONNEL POLI * All staff must be 0	ICIES CPR certified/copy in file."				
	direct staff member cardiopulmonary re online resource tha evaluation" with no	nel files revealed that 1 of 3 rs at facility (#3) obtained suscitation (CPR) through an t contained a "basic skills evidence of hands-on skills son assessment and PR skills.				

Texas Health and Human Services Commission

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		008028	B. WING		01/	08/2019	
	PROVIDER OR SUPPLIER	3101 RICE	DRESS, CITY, 9 HMOND #250 N, TX 77098				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
6 041	Review of the Healt National Safety Cou http://news.hsi.com "No major nationally in the United States practice and evalual According to the Oo Administration (OSI not meet OSHA first requirements."	th & Safety Institute and the uncil website found at /onlineonlycpr reveals that, y recognized training program s endorses certification without ation of hands-on skills. Ecupational Safety and Health HA) online training alone does at aid and CPR training	6 041				

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