

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 008246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/01/2012
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD BABCOCK SEXUAL HEALT			STREET ADDRESS, CITY, STATE, ZIP CODE 104 BABCOCK ROAD SAN ANTONIO, TX 78201		
(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 conducted with the Vice President of Planned Parenthood Babcock Sexual Healthcare Services. The purpose of the unannounced onsite survey (re- licensure) and survey process were explained. An opportunity was provided for questions and discussion.</p> <p>A re-licensure survey was conducted per 25 TAC 139.31 to determine the abortion facility 's compliance with the requirements at 25 TAC 139 (abortion facility licensing rules) using the applicable survey report form.</p> <p>An exit conference was conducted with the Vice President and Quality/Risk Manager of Planned Parenthood Babcock Sexual Healthcare Services. The preliminary findings of the survey and the next steps in the survey process were explained. An opportunity was provided for questions and discussion.</p> <p>No evidence of compliance was provided where noncompliance was identified.</p>	A 000			
A 321	<p>139.49(d)(5)(B) Infection Control Standards</p> <p>(d) Policies and procedures for decontamination, disinfection, sterilization, and storage of sterile</p>	A 321			

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TITLE

(X6) DATE

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

STATE FORM

5000

X71S11

If continuation sheet 1 of 3

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 008246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2012
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD BABCOCK SEXUAL HEALT		STREET ADDRESS, CITY, STATE, ZIP CODE 104 BABCOCK ROAD SAN ANTONIO, TX 78201		
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A 321	Continued From page 1 supplies. (5) Equipment and sterilization procedures. (B) Environmental requirements. Where cleaning, preparation, and sterilization functions are performed in the same room or unit, the physical facilities, equipment, and the written policies and procedures for their use shall be such as to effectively separate soiled or contaminated supplies and equipment from the clean or sterilized supplies and equipment This Requirement is not met as evidenced by: 1. Based on inspections, reviews of policies and procedures, and staff interviews Planned Parenthood Babcock Sexual Health failed to follow its own procedures to maintain separation of contaminated and sterile supplies. The findings included: a. During an inspection and tour of the sterile processing area with staff member # 3 on 8/1/12 we found biological indicators used for monitoring the effectiveness of steam sterilizers in the refrigerator used for storing medications. Biological indicators contain live bacillus stearothermophilus spores and although they can be stored in a refrigerator after they have been exposed to a steam sterilization cycle while waiting to be incubated they should be handled as contaminated and separated from storage from injectable medications and other clean supplies. Lastly the medication refrigerator was located in the dirty utility room due to space restrictions. b. Following a review of the policies and procedures with staff members #1 and #2 on 8/1/12 in the sterile processing area they acknowledged the potential for cross contamination and had the refrigerator immediately relocated. By the end of the survey	A 321		

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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD BABCOCK SEXUAL HEALT			STREET ADDRESS, CITY, STATE, ZIP CODE 104 BABCOCK ROAD SAN ANTONIO, TX 78201		
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A 321	Continued From page 2 staff members #1 and #2 were coordinating a solution to storing or processing biological indicators waiting to be incubated.	A 321			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2012
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD BANDERA ROAD SEXUAL	STREET ADDRESS, CITY, STATE, ZIP CODE 6749 BANDERA ROAD SAN ANTONIO, TX 78238
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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 conducted with the Clinical Supervisor of Planned Parenthood Bandera Sexual Healthcare Services. The purpose of the unannounced onsite survey (re-licensure) and survey process were explained. An opportunity was provided for questions and discussion.</p> <p>A re-licensure survey was conducted per 25 TAC 139.31 to determine the abortion facility's compliance with the requirements at 25 TAC 139 (abortion facility licensing rules) using the applicable survey report form.</p> <p>An exit conference was conducted with the Assistant Clinical Supervisor of the abortion facility. The preliminary findings of the survey and the next steps in the survey process were explained. An opportunity was provided for questions and discussion.</p> <p>Planned Parenthood Bandera Sexual Healthcare Services was in compliance with 25 TAC 139 (reporting and licensing rules for abortion facilities).</p>	A 000		

SOD - State Form

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(X6) DATE

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

STATE FORM

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If continuation sheet 1 of 1

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2012
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD NORTHEAST SEXUAL HEA		STREET ADDRESS, CITY, STATE, ZIP CODE 11514 PERRIN BEITEL SAN ANTONIO, TX 78217		
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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 conducted with the clinical supervisor of Planned Parenthood Northeast Sexual Healthcare Services. The purpose of the unannounced onsite survey (re-licensure) and survey process were explained. An opportunity was provided for questions and discussion.</p> <p>A re-licensure survey was conducted per 25 TAC 139.31 to determine the abortion facility's compliance with the requirements at 25 TAC 139 (abortion facility licensing rules) using the applicable survey report form.</p> <p>An exit conference was conducted with the clinical supervisor of the abortion facility. The preliminary findings of the survey and the next steps in the survey process were explained. An opportunity was provided for questions and discussion.</p> <p>Planned Parenthood Northeast Sexual Healthcare was in compliance with 25 TAC 139 (reporting and licensing rules for abortion facilities).</p>	A 000		

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