

Texas Department of State Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 008028	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/06/2012
NAME OF PROVIDER OR SUPPLIER SUBURBAN WOMENS CLINIC			STREET ADDRESS, CITY, STATE, ZIP CODE 3101 RICHMOND #250 HOUSTON, TX 77098		
(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 unannounced visit was made to the above named facility to conduct a Re-licensure Inspection to determine compliance with 25 TAC Chapter 139 State Licensing Rules for Abortion Facility.</p> <p>An entrance conference was conducted on the morning of 7/5/12 with the Clinic Manager. The purpose of the visit and procedure for the inspection was discussed.</p> <p>An exit conference was conducted on the afternoon of 7/6/12 with the Clinic Manager. The findings and determination of the inspection was discussed. The Clinic Manager was given an opportunity to provide additional information and ask questions.</p>	A 000			
A 446	<p>139.56(c) Emergency Services</p> <p>(c) Personnel providing direct patient care shall 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>	A 446			

SOD - State Form

TITLE

(X6) DATE

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

STATE FORM

6899

ZVW411

If continuation sheet 1 of 2

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A 446	<p>Continued From page 1</p> <p>This Requirement is not met as evidenced by: Base on record review and interview the facility failed to ensure that one of four employees was currently certified in basic life support (employee #53).</p> <p>FINDINGS INCLUDE:</p> <p>Review of employee #53's file on 7/5/12 revealed her basic life support certification expired 3/31/12. Employee #53's job title is listed as "Medical Assistant", she has direct contact with the patients per her job description.</p> <p>Review of facility requirement for the above position on 7/6/12 revealed employees must have current basic life support certification on file.</p> <p>Interview with employee #53 on 7/5/12 at 1:15 PM in the manager's office revealed "I did not know my CPR has expired I will call my school to see how I can renew it". This same was interviewed again on 7/6/12 at 11:00 am in the manager's office regarding the status of her expired basic life support certification, she said "I call the school today or try to renew it online today when the patients leave, we were very busy yesterday".</p>	A 446			