
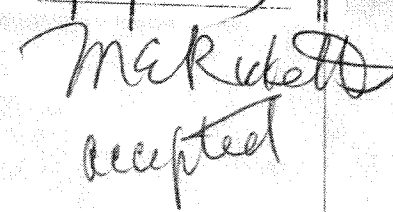
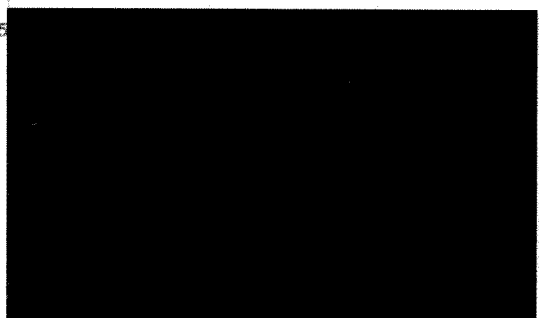


Texas Department of State Health Services

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 04/10/2013
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 Licensure Rules for Abortion Facility.</p> <p>An entrance conference was conducted with the Manager on the morning of 04/11/13. The purpose of the visit and procedure for the inspection was discussed.</p> <p>An exit conference was conducted with the Manager on the afternoon of 04/11/13. The findings and determination of the inspection were discussed. The Manager was given opportunity to ask questions. Deficiencies were cited during this visit.</p>	A 000	<p>REVIEWED</p> <p>MAY 31 2013</p> <p>by: </p> <p>REVIEW POC'S RETURN TO MR. WILRIDGE</p> <p>REVIEW ON 6/6/2013</p> <p> accepted</p>		
A 125		A 125			

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TITLE
MEDICAL DIRECTOR PHYSICIAN

(X6) DATE
04/30/2013

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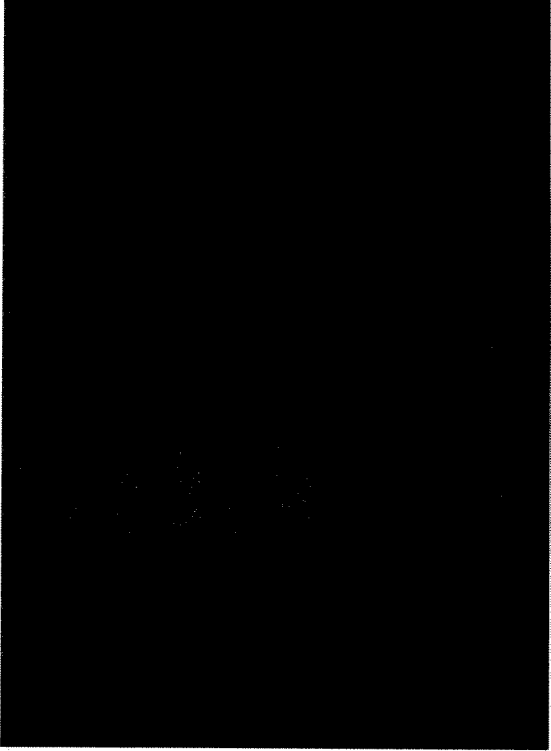
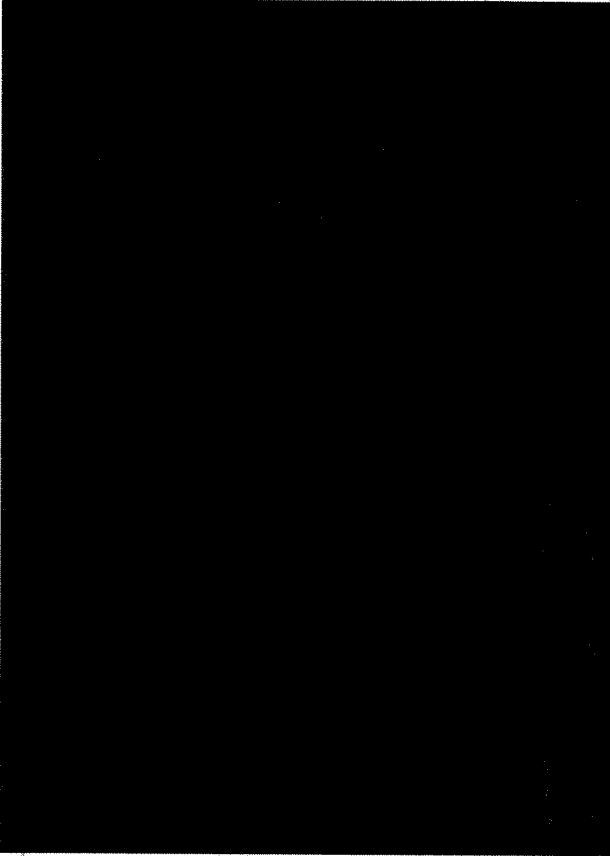
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MAY 31 2013

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A 125	Continued From page 1 		A 125		
A 193	139.41(a) Policy Development & Review (a) The licensee shall be responsible for the conduct of the licensed abortion facility and shall assume full legal responsibility for developing, implementing, enforcing, and monitoring written policies governing the facility's total operation and for ensuring that these policies comply with the Act and the applicable provisions of this chapter and are administered so as to provide health care in a safe and professionally acceptable environment.		A 193		

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A 193	<p>Continued From page 2</p> <p>This Requirement is not met as evidenced by: Based on observation, interview and record review the facility failed to have policies in place to address the preparation and storage of drugs in a manner to ensure safe administration of the drugs to patients.</p> <p>Findings include:</p> <p>During the observation tour on 4/11/13 at 9:30 am the following unlabelled syringes were observed in the procedure room, and in the refrigerator located in the sterilization. Two vials of 10 mg1% Lidocaine found in the procedure room were previously opened and were not dated.</p> <p>Observation on 4/11/13 at 10:00 am at the facility revealed a 1cc syringe containing 0.1cc of clear looking solution found in the refrigerator located in the sterilization area. There was a 12 cc syringe filled with clear solution found on the table in the procedure room. The syringes were all unlabeled.</p> <p>During an interview with the staff # 51, Office Manager on 4/11/13 at 10:15 am she stated the two syringes containing clear solutions were TB vaccine that was prepared for a patient but she refused it and that the other one syringe was Lidocaine she prefilled "for the physician to use for the patient in the waiting area".</p> <p>Review of staff # 51's job description and personal file on 4/11/13 revealed this employee's training did not include medication preparation.</p>	A 193	<p>I THE MEDICAL DIRECTOR WILL MAKE SURE ALL VIALS OR MEDICATION TO BE USED WILL BE PROPERLY LABELLED AND DATED. THE TUBERCULIN VACCINATION IS FOR MY IMMIGRATION PATIENT AND MY STAFF IS TRAINED BY ME TO COVER THAT ASPECT OF MY MEDICAL PRACTICE. I WILL MAKE SURE ALL MEDI- CATIONS WILL BE LABELLED AND DATED.</p>	4/30/13	

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A 193	Continued From page 3 Review of the facility's policy/procedure manual dated 12/2012 revealed no documented instructions regarding the preparation and storage of medication to ensure patient safety.	A 193			
A 446	139.56(c) Emergency Services (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. 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). FINDINGS INCLUDE: Review of employee #53's file on 4/11/13 revealed her basic life support certification expired 3/2013. Employee #53's job title is listed as "Licensed Vocational Nurse", she has direct contact with the patients per her job description. Review of facility requirement for the above position on 4/11/13 revealed employees must have current basic life support certification on file. Interview with staff # 51, Office Manager on 4/11/13 at 1215 PM in the manager's office revealed employee #53 was not working today and that she contacted her and she said she will renew her CPR as soon as possible.	A 446	I, THE MEDICAL DIRECTOR WILL MAKE SURE THAT ALL EMPLOYEES WILL HAVE CURRENT LICENSE IN BASIC LIFE SUPPORT INCLUDING EMPLOYEE # 53.	4/30/13	

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